



HYPERTROPHY OF THE NASOPHARYNGEAL TONSIL OF CHILDREN

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Annotation:

The article is devoted to the most widely spread problem of child otorinolaryngology – adenoids of children. It deals with the peculiarities of etiology, diagnosis and treatment of hypertrophy of nasopharyngeal tonsil. At the present stage there is a need to obtain a single algorithm for examination and treatment of children with this pathology.

Key words:

Adenoidal growths, nasopharyngeal tonsil, pharyngeal tonsil, etiology, pathogenesis, adenoiditis, gland, mucosa, hypertrophy.

Adenoid growth (plant) or adenoids (Greek aden - iron and eides - species), -it is a pathological enlargement of the pharyngeal tonsils, leading to a severe clinical appearance. Nasopharyngeal tonsils develop only in childhood and adolescence; cases the tissue of this almond gland is hypertrophied, it is called adenoids, and if symptoms are noted This is an inflammation of the tonsils, this process is called adenoiditis. Adenoids are one of the most common otorhinolaryngological diseases childhood The frequency of detection of this pathology is 398.8 cases per 1000 children of preschool age, and 1000.2000 cases among schoolchildren. 21% of preschool children were diagnosed with pharyngeal tonsil hypertrophy and 3% with chronic adenoiditis. In the structure of pathology of the ENT organs in preschool children, adenoids account for more than half of all diseases (53.1%). Adenoid tumors (adenoids) usually occur between the ages of 3 and 15 years, but they are also present in young children as well as adults. Adenoids are observed equally in boys girls, approximately 3.5–8% . The pathogenesis and etiology of adenoid plants are almost unclear. Adenoid growth is located in the posterior fornix region of the nasopharynx, but is possible fill its entire dome and spread it down the side walls into the pharyngeal openings of the ear pipes.

Different factors (genetic, environmental, infectious) can cause others disorders of the immune system. Against the background of a state of immunodeficiency, excessive persistent antigenic (bacterial or viral) stimulation leads to compensatory growth of lymphoid tissue of the pharynx with the development of lymphadenopathy. The predominance of pathological changes in the pharyngeal tonsils in preschool children may be associated with a significant period of formation of immunological reactivity of the child observed at the age of 4-6 years, perinatal flow period is characteristic for children with adenoids. Complications of pregnancy (early and late gestosis, anemia, and maternal arterial hypertension) lead to intrauterine pain of the fetus and, above all, chronic intrauterine hypoxia. The threat of termination of pregnancy in the second trimester is of great importance, viz. during laying and shaping of the pharyngeal tonsils. It can be hypothesized that these factors, on the one hand, lead to a state of intrauterine hypocorticism, creating conditions for hypoxic injury of the

hypothalamus - pituitary - adrenal glands - thymus (GGNT) spine. until it is formed placental insufficiency and increased its permeability, which leads to antigenic effects on the developing immune system. Long-term exposure to pathological factors during pregnancy leads to an increase in the functional activity of all parts of the GGNT system with unbalanced production, this leads to an increase in lymphoid tissue. Intrauterine antigenic stimulation in the background .Dysfunction of the HPA system (hypocorticism) causes an inadequate reaction with the formation of a picture of the "frozen" immune system (macrophage reaction).Indications for surgical treatment are blood diseases, serious diseases cardiovascular system, infectious diseases, followed by surgery do it only after 1-2 months. When there is an unfavorable epidemic situation (influenza, measles and etc.) should be avoided by adenotomy .The operation is performed under local anesthesia, some surgeons prefer general anesthesia (anesthesia). During this operation, various complications can occur: anatomical structures adjacent to the nasopharynx (the posterior edge of the larynx, posterior and lateral pharyngeal soft tissue). walls, ear canal rolls, soft palate, palate bone, tongue, as well as spine), further development of soft palate paresis, joining of soft palate with posterior pharyngeal wall, pharyngeal scar formation opening of the ear tubes.One of the most dangerous complications of adenotomy is the aspiration of these adenoids, which can lead to asphyxia. To prevent this complication, the tip of the spatula is brought closer to the posterior wall of the pharynx (so that the removed tissue remains in the spatula) and the patient's head is quickly bent forward during removal of the adenoids. Bleeding is one of the most common complications of adenotomy. This can be observed both during surgery and in the postoperative period. Causes of bleeding: incomplete removal of adenoids, damage to the homer, the posterior ends of the turbinates, the soft tissues of the nasopharyngeal walls;disruption of unrecognized vascular platelets and coagulation hemostasis before surgery.In the postoperative period may be a rise in body temperature, acute purulent otitis media, tonsillitis, regional lymphadenitis, torticollis, aspiration pneumonia.

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