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ASSESSMENT OF CLINICAL CHARACTERISTICS OF ACUTE SINUSITIS, ACCOMPANIED WITH ALLERGIG RHINITIS IN CHILDREN

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Relevance

Allergic rhinitis (AR)- chronic disease of the nasal cavity, the pathogenesis of which is 1E-mediated inflammation of the nasal mucosa. AR is determined in 10-20% of the child population [4]. In children, AR leads to various restrictions in activity, a decrease in the quality of the physical, psychological and social aspects of life [2].

Thus. it is relevant to look for alternative methods for studying SNPs that meet the requirements of otolaryngologists and can be used not only for diagnosis. But also in the process of dynamic monitoring of the disease.[1.3].

The method should be informative and safe. These methods include two-dimensional ultrasound (ultrasound), but the method of its use in the diagnosis of sinusitis in children has not been developed.

Purpose of the study. The aim of the study is to study clinical and experimental features of acute sinusitis in children with AR in order to increase the effectiveness of the treatment of this pathology.

Materials and research methods. To solve the set before us task,we examined a total of 75 children admitted to the department of otorhinolaryngology with acute sinusitis. In order to improve the effectiveness of their treatment, we studied the clinical and experimental features of acute sinusitis in children with allergic rhinitis.

Research results. Time of mucociliary transport and motor activity of the ciliated epithelium of the nasal mucosa in healthy children has no age and sex differences. Normally ,the time of the saccharin test in children is 7.54±0,34 minutes. The frequency of cilia beating in different anatomical zones of the nasal cavity in childhood is different and equal to 3.19±1.71 Hz on the inferior turbinate, and 6.95±2.36 Hz on the middle turbinate ($p<0.001$).

In acute purulent sinusitis in children, a significant lengthening of the time of the saccharin test to 10.84±0.49 minutes is observed and a decrease in the motor activity of the ciliary apparatus of the nasal mucosa to 0.34±0.26 Hz on the inferior turbinate and 3.42±2.17 Hz on the middle turbinate.

As the child grows, there is a change in the main indicators of nasal breathing in the form of an increase in the total volumetric flow and a decrease in nasal resistance, while there are no significant gender differences. The most significant dynamics of the respiratory function of the nasal cavity in children falls on the period of primary school (7-10 years) and adolescence (15-17 years).

The nasal cycle is present in 95% of healthy children and in 66.7% of children with sinusitis. In childhood, the non-classical nasal cycle dominates. In inflammatory processes in the paranasal sinuses, the frequency of fluctuations is shorter than normal, but their species identity is preserved, which allows us to consider the nasal cycle as a persistent physiological phenomenon that reflects the reactivity of the nasal mucosa.

The negative pressure created in the nasal cavity during the YAMIK procedure does not significantly affect the functional state of the nasal cavity. After applying the sinus catheter, there is no persistent inhibition of mucociliary transport and motor activity of the ciliated epithelium, which can serve as evidence of the safety of the YAMIK method.

Conclusion. To evaluate the results of treatment of children with sinusitis, it is recommended use two-dimensional ultrasonography as a safe and informative research method.. The criterion for sanitation of the paranasal sinuses on ultrasound scans is the absence of any echogenic signals in the projection of the sinuses.

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