

ETIOLOGICAL FACTORS OF CHRONIC SINORITIS

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<https://doi.org/10.5281/zenodo.7280135>

Relevance. Chronic inflammatory diseases of the pharynx and larynx are among the most common in the pathology of ENT organs [1, 3, 14, 15]. According to various sources, from 70 to 80% of patients who seek help from an ENT doctor present complaints characteristic of chronic pharyngolaryngitis. The reasons for the development of this pathology are quite diverse, and diseases of the nasal cavity and paranasal sinuses occupy a special place among them [5, 16]. Despite this, ENT doctors often carry out long-term unsuccessful treatment of chronic inflammatory diseases of the pharynx and larynx without establishing the true cause of this pathology, which may be due to a carious process, periodontitis, and a low level of oral hygiene [4, 8, 9, 10, 11, 12]. A chronic inflammatory process in the paranasal sinuses, as a rule, contributes to the development of chronic pharyngolaryngitis with impaired sonority of the voice due to the flow of pathological discharge from the nasal cavity [6, 7, 13]. An important place in the pathology of the nasal cavity and paranasal sinuses is occupied by odontogenic sinusitis. The relationship with diseases of the dentition, the tendency to protracted course and the ineffectiveness of conservative treatment distinguish them from other pathologies of the paranasal sinuses [6]. The proportion of sinusitis in the structure of sinusitis is 56-73%, i.e., the majority of patients, and there is no tendency to decrease. Moreover, recently there has been an annual increase in the incidence of 1.5-2.0%, and the incidence of chronic sinusitis has doubled over the past 8 years. This is due to a number of circumstances, among which we can single out the load on the upper respiratory tract due to the unfavorable environmental situation and environmental pollution, the level of acute respiratory viral infections and influenza that does not decrease [6,8]. In addition, the increase in the number of patients with chronic forms of sinusitis can be explained to a certain extent by the lack of a unified treatment strategy and, as a result, by a high percentage of the transition from an acute process to a chronic one. In connection with the foregoing, it becomes relevant to study the morphological changes in the mucous membrane of the maxillary sinus, against the background of inadequate therapy. [Palchun V. T., Mikhaleva L. M., Gurov A. V., Muzhichkova A. V., 2010].

The human nasal cavity communicates through many channels with the surrounding paranasal sinuses - the paranasal sinuses. There are seven of them in total: 2 frontal, 2 maxillary, 2 - ethmoid labyrinth and 1 main (wedge-shaped). These sinuses were formed in the course of evolution in the human skull not by chance: they perform important buffer, resonant, protective and receptor functions. Only 2 out of 7 sinuses have the author's name - maxillary sinuses. The name was given to them by the name of the English physician Nathaniel

Highmore, who in the 17th century described inflammation of the maxillary sinuses.

Causes of sinusitis: viruses - rhinoviruses, adenoviruses, influenza virus and parainfluenza. They cause sinusitis in 98% of cases [19].

Bacteria — pneumococcus (38%), Haemophilus influenzae (36%), Moraxella catarrhalis (16%), etc. [17]

Fungi - Mucor (white mold), Rhizopus and Aspergillus. Fungi rarely cause acute rhinosinusitis, more often chronic. It only develops in immunosuppressed patients, such as those with uncontrolled diabetes, HIV, cancer, or while taking immunosuppressants.

Predisposing factors for the development of sinusitis: allergic rhinitis (for example, associated with dust mites or mold), regular exposure to pollutants (such as cigarette smoke), individual structural features of the nasal cavity: deviated nasal septum, enlarged inferior turbinates, too narrow nasal passages, polyps in nose, mechanical injuries of the nose and sinuses, tumors of the nasal cavity, hypothermia, dental infection - caries of the teeth of the upper jaw (4, 5, 6 teeth), proliferation of adenoids (mainly in children), weakened immunity caused by an unbalanced diet, poor environment, stress, an inactive lifestyle, a lack of vitamins in the body, etc., an immune system disease such as AIDS or cystic fibrosis, bronchial asthma [Zaitsev Vladimir Mikhailovich, 2021].

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