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Research Article

RESULTS OF SURGICAL TREATMENT OF PATIENTS WITH POLYPOUS FORMS OF SINUSITIS ACCORDING TO THE DATA CLINICAL-AND LABORATORY STUDIES

Submission Date: May 16, 2024, **Accepted Date:** May 21, 2024,

Published Date: May 26, 2024

Crossref doi: <https://doi.org/10.37547/ajbspi/Volume04Issue05-05>

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ABSTRACT

According to modern concepts, polypous sinusitis refers to diseases with a pronounced violation of the immunological reactivity of the body, the humoral component of which is still insufficiently studied. The inconsistency of the data presented in the literature regarding the content of immunoglobulins in patients with polypous sinusitis, the lack of clear data on their relationship with other indicators of organ resistance, especially in childhood, are the basis for further development of this issue.

KEYWORDS

Cutaneous-vascular reaction, duration index (ID), and character.

INTRODUCTION

This paper presents the results of a dynamic study of a number of indicators of humoral immunity in children suffering from polyporous sinusitis.

The content of immunoglobulins of classes A, G, and M was determined by the radial immunodiffusion method using monospecific

sera, the concentration of magnesium in blood serum was determined by the fluorometric method, and the skin-vascular reaction (CSR) to histamine was studied, which was evaluated by three indicators: intensity, duration index (ID), and character. The intensity was expressed by the erythema diameter that occurred at the injection site of 0.01% histamine solution 5-minutes after scarification. The duration index was calculated as a percentage of the erythema diameter at 5 and 15 minutes. Depending on the ID of the cutaneous-vascular-reaction, it was subdivided as follows. At ID, up to 40% of DAC was changed to normal, from 14 to 80% — to slow, and more than 80% — to stagnant. In addition, the level of glycosaminoglycans in the blood serum was determined by the turbometric method.

A total of 50 patients aged 18 to 35 years with polypoidal sinusitis were examined. In 22 patients, an edematous polyp was found in the general nasal passage, which occupied almost the entire half of the nasal cavity and often descended into the nasal pharynx. At the same time, there was no nasal breathing on the same side. In 28 patients, the polyps were significantly smaller, located in the nasal cavity, causing moderate difficulty in breathing. In 45 children, the polypous process was in the maxillary sinus, in 4 in the maxillary sinus and sinus of the ethmoid bone, in one child the polyps came from the sphenoid sinus

(polypous form of sphenoiditis). Some patients reported head-pain, general malaise, subfebrility, etc. A carefully collected allergic-history revealed that 5 patients had exudative diathesis and 4 had drug intolerance. Bronchopulmonary pathology (recurrent bronchitis, pneumonia, Cartagener's syndrome) was observed in 8 patients simultaneously with sinus involvement — хит, пневмония, синдром Картагенера. Of the patients we examined, 13 patients had previously undergone polypotomy. However, most of them мес — 1 год отме — had recurrent nasal polyposis after 3 months-1 year.

To clarify the diagnosis, we used contrast X-ray-imaging, which allowed us to determine the location of the initial polyp growth and determine the scope of intervention. In 49 patients, a maxillary sinus was performed, 4 of them simultaneously opened the cells of the sinus of the ethmoid bone and 1-the sphenoid sinus. Along with surgical intervention, as a rule, general strengthening and desensitizing treatment was performed. Children were examined in dynamics: at admission to the clinic and 1-2 years after surgery. Of the 50 operated patients, 44 had positive results, and 6 had a recurrence of the disease.

The results of the determination of serum immunoglobulins in the observed patients are shown in Table 1.

Table 1

The content of immunoglobulins in blood serum in children
with polypous sinusitis

Class of immunoglobulins	Statistical indicator	Content of immunoglobulins	
		in in patients	in in healthy ¹
Ig	M _{Am+} m	94.8 ₊₉	128.4 _{+5.6}
	n	50	
	t	302	
	P	<0.05	
Ig G	M ₊ m	105.2 ₊₁₃	200 _{+9.9}
	n	50	
	t	5.8	
	P	<0.05	
Ig M	M ₊ m	113.9 _{+7.3}	129 ₊₆
	n	50	
	t	1.6	
	P	>0.05	

From the data in Table 1, it can be seen that the average values of IgA and IgG concentrations in the group of patients were significantly lower than in the norm.

It should be noted that hypoimmunoglobulinemia is characteristic of most patients. The level of Ig M below normal was found in 48 out of 50 patients, a Igand Ig A and Ig M — in 26. High levels of Ig A were observed only in 8 a children, and Ig G — in 6 children.

The results of the CSR test for histamine and the content of one of the components of the properdine system (magnesium) in the blood serum are presented in Table. 2. It is known that there is an inverse relationship between these indicators and they characterize the degree аллергии of allergy of the body.

Table 2 shows that patients suffering from полипозным polypous-sinusitis showed a significant increase in the intensity of CSR, as well as an increase in the number of delayed reactions, which indicates insufficient histamine inactivation by histaminopexy. Despite the fact that the average values of magnesium content in the blood serum in patients did not differ from those in the control group, the distribution of magnesium content had a pronounced bimodality: in 23 out of 50 people, the magnesium level was below 0.75 mmol/l, in 7 — above 1.05 mmol/l. In children of the control group, the distribution of magnesium content in the blood serum was singlemodal: in 90% of patients 0.78-1.05 mmol / l, i.e. within normal values.

Table 2

Data on the skin-vascular response to histamine and serum magnesium levels in patients, страдающих with polypous sinusitis

<i>Groups of examined</i>	<i>patients and intensity of KCP, mm</i>	<i>Показатели CSR values for histamine, %</i>		<i>Serum magnesium content, mmol/l</i>
		<i>nature of reactions</i>		
		<i>normalные</i>	<i>slowные</i>	
<i>Patients</i>	<i>14,8 ± 0,7 ¹</i>	<i>36</i>	<i>64</i>	<i>0,9+0,05</i>
<i>Healthy</i>	<i>7,5±0,6</i>	<i>60</i>	<i>40</i>	<i>0,8±0,02</i>

Note. 1-information about the norm is given according to N. A. Kryukova and other authors, the difference in intensity is significant ($P < 0.01$).

Thus, the characteristic signs of allergization (low-content of magnesium in the blood serum and increased concentration of histamine in the tissues against the background of its delayed inactivation) were detected in almost half of the sick children (the frequency of detection of these disorders was 0.46). This pattern was especially clearly observed in individuals (75%) with аллергия history of allergy symptoms, which may be to some extent associated with a low concentration of Ig of Ig G.

Recurrent polyposis was characterized by a decrease in the level of serum Ig A and Ig G (with a frequency of 0.71) and a violation of the exchange of glycosaminoglycanemia. Low production of class A and G immunoglobulins was noticed (in 8 out of 10 children with persistent relapsing process). Similar data are provided by V. I. Fedorich and N. V. Minin (1985), who studied the content of serum-immunoglobulins in adults with polypous sinusitis.

In the long-term period (1-2 years after rehabilitation), the immunological status of these children underwent the following changes: the content of Ig M decreased, the levels of Ig G and

magnesium in the blood serum increased, and histamine metabolism significantly normalized.

The latter was reflected in a decrease in the intensity and duration index of skin-vascular reactions. During these periods, examinations for slow CSR for histamine were detected in those who underwent surgery with almost the same frequency as in the control group (in 42% and 40%, respectively). Particular importance was attached to the nature of the dynamics of the analyzed indicators. The dynamics characterized by the aggravation of violations detected during the initial examination was considered negative, and the normalization or tendency to it of the corresponding indicators was considered positive. Positive dynamics in all indicators was noted in 40% of children, which, undoubtedly, can serve as an objective criterion for the effectiveness of the rehabilitation performed. Special attention should be paid to patients with negative dynamics of all indicators of humoral immunity. It should be emphasized that the results of their initial examination indicated a high-degree of intensity of immunological processes.

Here is an example of the data obtained during the examination of patient F., 18 years old.

When the patient was admitted, the serum magnesium content was 1.05 mmol / l, a pronounced CSR for histamine was determined (the intensity of 17 mm ID is 4.7), a low concentration of immunoglobulins (IgA-81.4 IU / ml, IgG-95.2 IU / ml).

7 months after the rehabilitation, there was a sharp decrease in the level of magnesium (up to 0.55 mmol/l), IgA (up to 20.3 IU/ml), IgG (up to 34.1 IU/ml) and complete areactivity according to the data of skin-vascular reactions to histamine (intensity is 0, erythema is absent). In this case, we can probably speak of an immunological breakdown caused by an intervention performed against the background of a significant strain of immunological protection.

The determination of non-specific indicators of humoral immunity confirmed the concept of a number of researchers that the development of a chronic infectious and allergic process in the paranasal sinuses is associated with general autoimmune disorders and helps to clarify the relationship between the features of the immune response and the clinical manifestations of recurrent polyposis in children. The development of pronounced hyporeactivity in a number of patients may serve as a basis for measures aimed at stimulating general immunological resistance. A comprehensive dynamic study of the listed indicators of human immunity deserves attention as an objective criterion for the

effectiveness of treatment of persons with polypous forms of sinusitis.

It seems promising to further study the relationship between the increased concentration of serum GAGS, on the one hand, and excessive formation of polypous tissue in children, on the other, as well as between the low concentration of these structural components of connective tissue and the recurrent nature of the pathological process.

You are a water user

1. пациентов, страдающих полипозной формой синусита. The content of serum immunoglobulins of classes A and G is reduced in patients suffering from the polypous form of sinusitis. G- There is also a tendency for the Ig M level to decrease. M.

2. Pronounced signs of allergy in the form of hypomagnesemia and altered skin-vascular reactions to histamine are detected in almost half of the examined patients. They were especially clearly observed in patients with a history of an allergic condition.

3. The recurrence of the polypous process is characterized by a decrease in the concentration of GAG in the blood serum, and for excessive expansion of the polypous tissue-its increase.

4. 1-2 years after the rehabilitation, 40% пациентов от of patients showed positive unidirectional dynamics of a number of indicators of humoral immunity (the level of magnesium and Ig G in blood serum), as well as skin and vascular reactions to

histamine, indicating increased immunological protection of the body.

REFERENCES

1. Lund VJ, Howard D, Wei W. Tumours of the nose, sinuses and nasopharynx. Thieme 2014;1–595
2. Edge SB, Compton CC, Fritz AG, Greene FL, Trotti A. AJCC Cancer Staging Manual, 7th edn. New York: Springer, 2010
3. Dragonetti A, Gera R, Sciuto A, Scotti A, Bigoni A, Barbaro E et al. Sinonasal inverted papilloma: 84 patients treated by endoscopy and proposal for a new classification. Rhinology 2011;49:207–13
4. Nicolai P, Berlucchi M, Tomenzoli D, Cappiello J, Trimarchi M, Maroldi R et al. Endoscopic surgery for juvenile angiofibroma: when and how. Laryngoscope 2003;113:775–82
5. Ganly I, Patel SG, Singh B, Kraus DH, Bridger PG, Cantu G et al. Craniofacial resection for malignant paranasal sinus tumors: report of an international collaborative study. Head Neck 2005;27:575–84
6. Snyderman CH, Carrau RL, Kassam AB, Zano A, Prevedello D, Gardner P et al. Endoscopic skull base surgery: principles of endonasal oncological surgery. J Surg Oncol 2008;97:658–64
7. Lund V, Stammberger H, Nicolai P, Castelnuovo P, Beal T, Beham A et al. European position paper on endoscopic management of the nose, paranasal sinuses and skull base. Rhinol Suppl 2010;22:1–144
8. Lund V, Wei W. Endoscopic resection of malignant sinonasal tumors: an eighteen year experience. Rhinology 2015;40:407–11
9. Nicolai P, Battaglia P, Bignami M, Bolzoni Villaret A, Delu G, Khrais T et al. Endoscopic surgery for malignant tumors of the sinonasal tract and adjacent skull base: a 10-year experience. Am J Rhinol 2008;22:308–16
10. Eloy J, Vivero R, Hoang K, Civantos FJ, Weed DT, Morcos JJ et al. Comparison of transnasal endoscopic and open craniofacial resection for malignant tumors of the anterior skull base. Laryngoscope 2009;119:834–40
11. Batra P, Luong A, Kanowitz SJ, Sade B, Lee J, Lanza DC et al. Outcomes of minimally invasive endoscopic resection of anterior skull base neoplasms. Laryngoscope 2010;120:9–16
12. Devaiah AK, Andreoli MT. Treatment of esthesioneuroblastoma: a 16-year meta-analysis of 361 patients. Laryngoscope 2009;119:1412–16
13. Rimmer J, Lund V, Beale T, Howard D, Wei W. Olfactory neuroblastoma – a 35 year experience and suggested follow-up protocol, Laryngoscope 2014;124:1542–49
14. Lund VJ, Chisholm EJ, Howard DJ, Wei W. Sinonasal melanoma: a review of 115 cases assessing outcomes of surgery, postoperative radiotherapy and endoscopic resection. Rhinology 2012;50:203–10

15. Zanation A, Ferlito A, Rinaldo A, Gore M, Lund V, Mckinney K et al. When, how and why to treat the neck in patients with esthesioneuroblastoma: a review. Eur Arch ORL 2010;267:1667–71
16. Ang KK, Garden AS. Radiotherapy for Head and Neck Cancer: Indications and Techniques, 3rd edn. Lippincott, 2006
17. Shakhanova Sh. Sh., Rakhimov M. N. Aspects of sarcopenia syndrome in oncological practice: diagnosis and treatment (literature review) // Journal of Biomedicine and Practice. 2023, vol. 8, issue 3, pp. 406-417
18. Rakhimov M. N., Tulanov T. B., Shakhanova Sh. Sh., Aslsnova M. L. Pathogenetic aspects of cancer anorexia// Journal of Biomedicine and Practice. 2023, vol. 8, issue 4, pp.192-201
19. Dirix P, Vanstraelen B, Jorissen M, Vander Poorten V, Nuyts S. Intensity-modulated radiotherapy for sinonasal cancer: improved outcome compared to conventional radiotherapy. Int J Radiat Oncol Biol Phys 2010;78:998–1004
20. Shakhanova Sh. Sh., Rakhimov N. M., & Murodov Sh. T.. (2024). Aspects of sarcopenia syndrome in oncological practice: diagnosis and treatment. The American Journal of Medical Sciences and Pharmaceutical Research, 6(02), 16–25. <https://doi.org/10.37547/TAJMSPR/Volume06Issue02-03>
21. Bristol IJ, Ahamad A, Garden AS, Morrison WH, Hanna EY, Papadimitrakopoulou VA et al. Postoperative radiotherapy for maxillary sinus cancer: long term outcomes and toxicities of treatment. Int J Radiat Oncol Biol Phys 2007;68:719–30
22. Brasnu D, Laccourreye O, Bassot V, Laccourreye L, Naudo P, Roux FX. Cisplatin-based neoadjuvant chemotherapy and combined resection for ethmoid sinus adenocarcinoma reaching and/or invading the skull base. Arch Otolaryngol Head Neck Surg 1996;122:765–68
23. Dulguero P, Allal AS. Nasal and paranasal sinus carcinoma: how can we continue to make progress? Curr Opin Otolaryngol Head Neck Surg 2006;14:67–72