ISSN NO: 2770-2936
Date of Publication:22-09-2023

The Role of Local Therapy in The Treatment of Patients with Acute Rhinosinusitis in Outpatient Settings

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Abstract. Acute rhinosinusitis is one of the most common diseases encountered in the practice of an otorhinolaryngologist. The frequency of visits from patients with acute rhinosinusitis is increasing both in outpatient and inpatient practice. Despite the development of modern medicine, the relevance of the problem of this disease is growing every year, and this has a number of reasons. In the first hours and days of the disease, local treatment is very important, which helps to quickly stop inflammation and achieve recovery without the use of systemic antibacterial drugs

Keywords: Local therapy, acute rhinosinusitis, protargol, outpatient treatment.

Introduction

The frequency of visits from patients with acute rhinosinusitis is increasing both in outpatient and inpatient practice. Late initiation of treatment, non-use of local therapy, inadequate choice of antibacterial drugs and irrational organization of care reduce the effectiveness of treatment and lead to a number of negative results, including a longer course of the disease, an increase in the number of complications, and the development of a chronic inflammatory process

Materials And Methods

In the USA and Western European countries, most patients with acute rhinosinusitis are treated on an outpatient basis and are hospitalized only in severe forms [3].

The high incidence of rhinosinusitis is associated with a number of negative factors: an increase in the number of viral diseases, an increase in antibiotic-resistant strains of bacteria, and a high incidence of immunodeficiency and allergic diseases. Moreover, inadequate treatment of inflammatory diseases of the nasal cavity and paranasal sinuses leads to an increase in the incidence of chronic processes, so it is necessary to be more careful in the selection and prescription of rational therapy for inflammatory processes in the nasal cavity and paranasal sinuses [4]

Results And Discussion

Acute inflammation of the mucous membrane is accompanied by a pronounced pathomorphological process, which includes tissue, cellular and immune reactions. In the first hours and days of the disease, local treatment of acute rhinosinusitis is very important, which helps to quickly stop inflammation and achieve recovery without the use of systemic antibacterial drugs.

The use of systemic antibacterial therapy for acute rhinosinusitis at the onset of the disease seriously complicates the treatment problem. The overestimation by practitioners of the effect of systemic antibiotics in acute infections of the ENT organs is explained by the high frequency of spontaneous recovery of patients with these infections and the erroneous opinion that systemic antibiotics prevent the development of bacterial superinfection in viral diseases. Irrational antibiotic therapy leads to a catastrophic increase in antibiotic resistance throughout the world.

Do not forget that technically incorrectly performed rinsing and its use in young children lead to the opposite effect. Instead of a therapeutic effect due to the removal of pathological secretions, we get complications in the form of acute otitis media. Therefore, the use of preparations based on sea water in the form of an aerosol or drops for irrigation of the nasal mucosa is more physiological. And the salts and trace elements contained

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in sea water (Ca, Fe, K, Mg, Zn, etc.) help to increase the motor activity of cilia, activate reparative processes in the cells of the nasal mucosa and normalize the function of its glands.

To activate the mechanisms of local immunity, immunomodulators are widely used. Immunomodulators consist of bacterial lysates and stimulate the body's own defenses. At the onset of the disease, their use is aimed at accelerating recovery, reducing the clinical manifestations of the inflammatory process, as the disease progresses, at limiting further generalization and preventing chronic inflammation, and at the rehabilitation stage, at accelerating the restoration of the immune system and preventing relapses of the inflammatory process.

In the initial stage of the disease, as well as in addition to systemic antibiotic therapy, which is carried out according to strict indications, antiseptic solutions in the form of sprays and inhalations can be used locally.

Conclusion

We studied 109 patients who were treated for acute mild and moderate rhinosinusitis. Of these, 54 were in a hospital setting, 55 were in an outpatient setting at a clinical diagnostic center. The patients' age ranged from 18 to 74 years. Pregnant women, patients with polyvalent allergies, and severe concomitant pathologies (severe diabetes mellitus, immunodeficiency, severe rhinosinusitis) were excluded from the study. Health status was assessed using the SNOT 20 questionnaire, the dynamics of laboratory parameters, the severity of symptoms, and recovery time.

Treatment of outpatients consisted of local use of isotonic sprays based on sea water, industrial protargol spray 2 doses 3 times a day, antibacterial drugs in tablet form - protected penicillins or, in case of intolerance, macrolides. In the hospital, vasoconstrictor drugs were used locally and injection antibiotics (second generation cephalosporins). The results of the study indicate the obvious advantage of outpatient treatment, which is expressed in a significant weakening of symptoms already on the 3rd day, improvement in clinical and laboratory parameters at an earlier time, in contrast to the hospital. In the inpatient group, the same result was achieved on average 2 days later. The average duration of disability in the clinic was 6 days, in the hospital – 10 days.

The study showed higher effectiveness with adequate outpatient treatment of patients with acute rhinosinusitis compared with inpatient treatment of an equivalent category of patients.

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