

ADENOIDITIS IN CHILDREN, DIAGNOSTIC AND TREATMENT METHODS

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Annotation: *Chronic inflammation of the lymphoid structures of the nasopharynx is often seen in outpatient and inpatient practice. Often, this pathology occurs in pediatric practice due to the specific characteristics of nasopharyngeal microbes, virulence and invasiveness of microorganisms; anatomical and physiological characteristics of the structure and proximity of the pharyngeal tonsil (GM) to the pharyngeal mouths of the auditory tubes, which provide ventilation of the tympanic cavity and maintain normal tubotympanic pressure, and the immunobiological state of the organism are important.*

Key words: *breath, disease, treatment, frequency, immunology, adenoiditis.*

In recent decades, diseases of the upper respiratory tract (acute and chronic), including diseases related to environmental conditions, have increased significantly, especially in large cities. The spread and growth of this pathology is a serious medical and social problem associated with increasing economic costs for treatment. Especially in the pediatric population, among all diseases of the upper respiratory tract, the maximum frequency of adenoiditis (inflammation of the pharyngeal tonsils) is recorded in 20% - 50% of chronic adenoids, and the frequency of its occurrence in children who are often sick is 70%. From the point of view of modern immunology, the Pirogov-Waldeyer lymphoid ring (which includes the pharyngeal tonsil) plays the role of the immune system of the mucosa, which monitors the state of the immune system of the upper and lower respiratory tract and the gastrointestinal tract. When the mucous membrane of the pharyngeal tonsils comes into contact with various antigens (endo - and exogenous), an immune reaction develops, which leads to the development of an inflammatory process that can take a chronic / repeated course. Today, adenoiditis is considered a polyetiological inflammation of the pharyngeal tonsil, which is based on a violation of immune processes and is often accompanied by its hyperplasia. Acute nasopharyngitis is characterized by seasonality, mainly in the autumn-winter and spring periods, its etiological cause is a variety of viruses that are tropical to the epithelium of the upper respiratory tract, and is often accompanied by an acute respiratory viral diagnosis. infection (ARVI). Flu and SARS account for 90% of all infections in Russia. Often repeated SARS provokes a local inflammatory process in the nasopharyngeal tonsils, which can progress to a chronic course with frequent contact with respiratory viruses that cause SARS and influenza. Hyperplasia accompanied by chronic inflammation of the pharyngeal tonsil is believed to be associated with the immaturity of local and systemic immunity in children. The most common cause of reactive changes in the pharyngeal tonsil is the first among all diseases, not only in children. acute respiratory viral infections taking place. Comparative statistics show that in the Russian Federation, respiratory viral infections occupy a leading place in the total composition of all infectious diseases from 82% to 85%, and the trend of annual growth of the disease

continues. Frequent/repeated viral infections disrupt reparative processes in pharyngeal tonsil mucosa due to long-term exposure to antigens, which leads to increased infiltration of lymphocytes and macrophages into tissues. Viruses preserved in lymphoid tissue cause hypertrophy and chronicity of the inflammatory process in the pharyngeal tonsil, and also contribute to changes in the reactivity of bacterial agents that colonize the nasopharynx, except for SARS. Given the anatomical and physiological characteristics of the pharyngeal tonsil, its hypertrophy and inflammation affect neighboring organs, causing complications from the paranasal sinuses and middle ear. In the presence of a viral-bacterial association, bacteria delay the release of viruses from the body, and viruses support bacterial infection, which is considered in modern immunology as the resistance of cellular antiviral and humoral antibacterial immunity. Analysis of the results of microbiological examination of nasopharyngeal swabs showed that the main aerobic bacterial pathogens are *Streptococcus Pneumoniae*, *Hemophilia influenzae* and *Moraxella catarrhalis*, and anaerobic - *Peptostreptococcus* spp., *Prevotella* spp., *Futures*. There are studies that suggest determining the bacterial flora using mass spectrometry rather than culture of microbial markers, because it detects additional changes in the microbiome of the nasopharyngeal mucosa. The clinical presentation of inflammation of the pharyngeal tonsil (adenoiditis) depends on the severity and duration of inflammation of the pharyngeal tonsil, as well as the extent of inflammation to the mucous membrane of the auditory tube and tympanic cavity.

related to the spread. Taking into account that the tonsils are the starting point of the development of pharyngeal inflammation, respiratory viruses are the background of respiratory infections, and the clinical picture is characterized by the presence of fever. (subfebrile / febrile), runny nose, sore throat / sore mouth, sneezing, cough. After a viral infection, children or their parents experience nasal breathing difficulties of varying severity, mucous/purulent discharge from the nose, night/morning cough, sleep disorders, sleep apnea syndrome, ear congestion, sometimes hearing loss. they complain about the loss. Cough is an important clinical sign of postnasal syndrome. Subjective feelings in children, as a rule, are weakly expressed, and interpretation of complaints is difficult. With rhinoscopy, in the acute period, it is possible to see swelling and/or hyperemia of the mucous membrane of the nasal cavity, the presence of discharge of a different nature in the nasal cavity. During rhinoscopy, adenoid tissue can be seen in the lumen of choanae, its surface can be covered with discharge of various nature. With pharyngoscopy, the presence of mucus or purulent discharge along the back walls of the pharynx, hyperemia of the mucous membrane of the back pharyngeal wall, injection and granulomatous hypertrophy. Otoscopy reveals retraction of the tympanic membrane, reduction of the light reflex, and sometimes accumulation of fluid in the tympanic cavity. With a long-term process in the nasopharynx and tympanic cavity, the permeability of the auditory tube is constantly impaired. An adhesive process develops in the tympanic cavity with the formation of scars and adhesions and the formation of retraction pockets.



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