

MODERN OPTIONS FOR THE TREATMENT OF ACUTE RHINOSINUSITIS

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Abstract. *An integrated approach to the treatment of acute rhinosinusitis allows you to speed up the recovery process, reduce the duration of the disease and the number of its complications. A solution of silver proteinate, added to the standard therapy regimen for acute rhinosinusitis, relieves the main symptoms of the disease and alleviates the patient's condition.*

Key words: *rhinosinusitis, diabetes mellitus, nasal congestion, hyposmia, anosmia, halitosis, silver proteinate, Sialor.*

Acute rhinosinusitis is an inflammatory disease of the nasal mucosa and paranasal sinuses (ANS) lasting less than six weeks. Acute rhinosinusitis is one of the most common diseases of the upper respiratory tract in the practice of general practitioners and otorhinolaryngologists.

The triggering factor for the development of rhinosinusitis are viruses: rhinovirus, adenovirus, influenza virus and parainfluenza virus. When a virus is damaged, the mucous membrane of the nasal cavity and paranasal sinuses is irritated and inflamed, which leads to a change in the frequency of movement of the cilia, as well as mucus stagnation, followed by dysfunction of the sinus fistulas. These pathogenetic mechanisms predispose to the formation of a bacterial infection. The most common bacterial pathogens are *Streptococcus pneumoniae* (38%), *Haemophilus influenzae* (36%), other *Streptococcus* species, *Moraxella catarrhalis* (16%).

In rare cases, fungal infections can cause acute rhinosinusitis, predominantly in immunocompromised individuals (severe diabetes mellitus, HIV-positive, cancer patients, those undergoing immunosuppressive therapy for organ transplantation, or rheumatological patients). Typical types of fungal flora are *Mucor*, *Rhizopus*, *Rhizomucor* and *Aspergillus*. In terms of the frequency of involvement in the inflammatory process, the maxillary sinus

ranks first, followed by cells of the ethmoid labyrinth, frontal and sphenoid sinuses.

History and physical examination of the patient are the main components in the diagnosis of acute rhinosinusitis. Using major and minor diagnostic criteria, the physician can make the correct diagnosis. Bacteriological examination of the nasal cavity and SNP is performed only in the case of recurrent rhinosinusitis. An objective assessment of the condition of the SNP is carried out using radiological methods. X-ray signs of sinusitis are accompanied by a decrease in SNP pneumatization, from parietal mucosal edema to a total decrease in transparency.

In Uzbekistan, it is customary to perform radiography of the SNP in the naso-chin projection for suspected maxillary sinusitis and nasolabial for suspected frontal sinusitis. A decrease in SNP pneumatization in acute respiratory viral infections is noted in 90% of cases. Therefore, when prescribing treatment, one should focus primarily on the clinical picture. Based on the recommendations of EPOS-2012, with mild severity of rhinosinusitis on an outpatient basis, an x-ray examination is not indicated. Foreign standards AAO-HNS and IDSA recommend computed tomography of SNPs only in severe cases. In accordance with the EPOS-2012 recommendations, computed tomography is performed in a specialized care setting (otolaryngologists) with severe symptoms and no improvement after 48 hours.

The main principles of the treatment of acute rhinosinusitis are to reduce the duration of the disease, prevent the development of severe bacterial complications, restore the function of SNP fistulas, eradicate the pathogen, and restore the patient's quality of life as soon as possible. Complex therapy of acute rhinosinusitis, especially in the first days of the disease, involves the use of local antiseptic drugs. One of them is Sialor, characterized by antibacterial, antiseptic, astringent and anti-inflammatory properties, confirmed in numerous studies. Silver proteinate prevents the reproduction of bacterial flora on the mucous membranes. As a result of the interaction of silver proteinate with a bacterium, a protective film is formed on the damaged mucous membrane, which helps to reduce the sensitivity of nerve endings and constrict blood vessels, slowing down the inflammatory process. Silver ions also inhibit the reproduction of various bacterial agents, are active against gram-positive and gram-negative microorganisms (*Pseudomonas aeruginosa*, *Aspergillus niger*, etc.). In turn, the topical use of silver proteinate does not disturb the balance of normal microflora. Silver proteinate solution is safe and well tolerated by both children and adults. It can be recommended for use as part of the complex therapy of acute rhinosinusitis.

Compliance with the principles of an integrated approach to the treatment of acute rhinosinusitis helps to accelerate the recovery process, reduce the duration of the disease and the number of its complications. A solution of silver proteinate, added to the standard therapy regimen for acute rhinosinusitis, relieves the main symptoms of the disease and alleviates the patient's condition.

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