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FUNCTIONAL CHANGES NOSE IN VASOMOTOR RHINITIS

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Resume. *Vasomotor Rhinitis (rhinitis, from the Greek rhinos - nose, suffix -itis, denotes inflammation) is an inflammatory disease of the mucous membrane of the nasal cavity, accompanied by difficulty in nasal breathing and nasal discharge. The concepts of "vasomotor rhinitis", "non-infectious year-round nonallergic rhinitis" (perennial nonallergic rhinitis - PNAR), "idiopathic rhinitis", "neurovegetative form of vasomotor rhinitis" are synonymous and include a group of diseases similar in pathogenesis and clinical manifestations that can be caused by different causes*

Key words: *Vasomotor rhinitis, paranasal sinuses, paroxysmal sneezing, rhinorrhea, difficulty in nasal breathing.*

ФУНКЦИОНАЛЬНЫЕ ИЗМЕНЕНИЯ НОСА ПРИ ВАЗОМОТОРНОМ РИНИТЕ

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Резюме: *Воспалительное заболевание, поражающее слизистую оболочку носа, называется вазомоторным ринитом. Отклонение от нормального тонуса сосудов носовой полости приводит к развитию патологического процесса. Инфекции в анамнезе, гормональный дисбаланс и нарушения нормального функционирования головного мозга служат фоном для изменений. Существует множество вариантов развития патологического процесса.*

Ключевые слова: *вазомоторный ринит, приступообразное чихание, ринорея, затрудненное носовое дыхание.*

ВАЗОМОТОР РИНИТДА БУРУННИНГ ФУНКЦИОНАЛ ЎЗГАРИШЛАРИ

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Резюме. бурун шиллиқ қаватининг яллиғланишсиз кечувчи касаллиги вазомотор ринит деб аталади. Бурун бўшлиғи томирларининг нормал ҳолатининг ўзгариши патологик жараённинг ривожланишига олиб келади. Бу ҳолат инфекциялар, қондаги гормонал мувозанат ва миянинг нормал фаолиятининг бузилишига сабаб бўлиб хизмат қилади. Шунга ўхшаш патологик жараён ривожланишининг кўплаб сабаблари мавжуд.

Калит сўзлар: *вазомотор ринит, пароксисмал аксириш, ринорея, бурун орқали нафас олишнинг қийинлишуви.*

Microcirculation of the nasal mucosa is important in maintaining tissue homeostasis, tissue water balance and local temperature. One of the complex adaptive reactions of the vascular system is the formation of closure arteries, which regulate peripheral blood circulation, have vasomotor activity and sensitivity to temperature,

mechanical and chemical agents. The vascular reaction is one of the early changes that occur in response to damage, and occupies a significant place in the pathogenesis of diseases of the nasal cavity [1,2].

The morphological organization of the nasal mucosa in the early age periods of postnatal development determines the functional features of the mucociliary apparatus, glandular complexes and endonasal blood flow. In the early age periods of postnatal ontogenesis in some forms of pathology of the nasal cavity (hypertrophic rhinitis, vasomotor rhinopathy, atrophic rhinitis) Specific compensatory and adaptive changes in the functional state of the mucous membrane and its vascular bed were identified, requiring pathogenetic correction [2,3].

Compensatory and adaptive changes in the structures of the nasal mucosa and its changes in chronic hypertrophic and vasomotor rhinitis are most specifically manifested in shifts in morphometric parameters, restructuring of the circulatory microvascular bed [2,3,1].

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Of particular interest are the features of the occurrence and clinic of vasomotor rhinitis in pregnant women, which is a common pathology and is associated with a change in the hormonal status of pregnant women, develops in 5-32% of pregnant women. The authors conducted studies in Tashkent in 2015-2016 and found that the main clinical symptoms of vasomotor rhinitis in pregnant women are nasal congestion and paroxysmal sneezing (77.5%), the use of aromatherapy with harmola and basil has a beneficial effect on the course of the disease and gives a clinical effect in up to 95% of cases [15,20].

Materials and methods:

At the first stage, a contingent of patients and patients with vasomotor rhinitis was selected. At this stage, 916 adult patients were interviewed.

At the second stage, 216 adult patients with vasomotor rhinitis were selected from the above-mentioned contingent of patients, who were divided into 2 representative groups, differing only in the method of treatment (the main group and the comparison group). In addition, to compare the indicators before and after treatment, 30 healthy individuals were selected, whose sex and age composition was identical with the compared groups of patients, differing only in that they did not have vasomotor rhinitis. When selecting patients, diseases with similar symptoms and course were excluded.

In total, 916 adult patients with vasomotor rhinitis and those who suffered from this disease aged 19 to 60 years were involved in carrying out the planned research work. Among the examined patients were patients with vasomotor rhinitis, who replied that they had been diagnosed with vasomotor rhinitis (n=594, 64.8%) and had had this disease in the past (n=322, 354.2%), but with the absence of these symptoms during the studies. Among all the surveyed (n=916) there were 487 men (53.2±1.6%) and 429 women (46.8±1.6%). It can be seen that representativeness is observed in both cases, which allows us to obtain reliable results. 167 otorhinolaryngologists working at different levels of healthcare were involved in medical and social research.

Results

This fact indicates that the selection of patients and their inclusion in these groups was correct, which once again proves the representativeness between the groups and the randomization of the study.

At the next stage of clinical trials, we conducted rhinoscopic (endoscopic) studies in the examined patients. The analysis of the results showed that the parameters of the patients included in the main group and the comparison group were significantly higher than those of healthy individuals (Table.1), involved in the study for comparison with the data of patients

Comparative parameters of the incidence of complaints from patients with vasomotor rhinitis showed that in patients of the main group, constant difficulty in nasal breathing was determined in all patients (100%, n=122). Periodic difficulty of nasal breathing was detected in 40.2% of the examined patients (n=49), almost the same indicators were found for difficulty of smell (41.8%, n=51).

It is noteworthy that complaints such as headaches and the negative effect of symptoms on sleep were also detected in most cases - 86.1% (n=105) and 86.1% (n=105), respectively. Some symptoms, such as sneezing and itching in the nasal area, were rare (Table.1).

Table 1.

Comparative indicators of rhinoscopic examinations in adult patients with vasomotor rhinitis

Parameters		Healthy, n=30		The main group, n=122		Comparison group, n=94	
		Abs	%	Abs	%	Abs	%
Curvature of the nasal septum		4	13,3	113	92,6	86	91,5
Hypertrophy of the inferior nasal concha		0	0	76	62,3	59	62,8
Perforation of the nasal septum		0	0	7	5,7	8	8,5
Hyperemia of the nasal mucosa		2	6,7	20	16,4	14	14,9
Swelling of the nasal mucosa		1	3,3	73	59,8	54	57,5
The nasal shells are bluish in color		1	3,3	94	77,1	71	75,6
Purulent discharge from the nose	+	2	6,7	8	6,6	7	7,4
	-	28	93,3	114	93,4	87	92,6

There was also no significant difference between permanent and periodic nasal discharge between the indicators of the compared groups. These complaints were expressed by patients in 18.9% (n=23) and 29.5% (n=36) cases, respectively.

The study of the incidence of complaints of patients with vasomotor rhinitis included in the comparison group was very similar to the main study group. There were no significant differences between the studied indicators in practice.

Conclusion.

Thus, the comparative characteristics of the rhinoscopic picture indicated that there was practically no distinguishing feature between the compared groups of patients. In addition, the indicators of the functional state of the nasal mucosa in healthy and patients with vasomotor rhinitis were studied in a comparative aspect.

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