

ADENOID VEGETATIONS: EFFECTIVENESS OF THERAPY (REVIEW)

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ABSTRACT: There are two points of view regarding the pharyngeal tonsil in cases of its increase in size. The first point of view is shared by a number of otorhinolaryngologists, who advocate the need to remove the enlarged pharyngeal tonsil even if it at least to some extent interferes with nasal breathing. The justification in this case is the circumstances that the developed volumetric enlargement of this tonsil negatively affects the child's body, making it difficult to breathe through the nose, reducing the oxygen supply to the body, and disrupting metabolic processes. This leads to developmental delays in the child, including mental development [2]. At the same time, the functions of the nasal mucosa in cleansing, warming and humidifying the inhaled air suffer.

KEYWORDS: The same time, the functions of the nasal mucosa in cleansing, warming and humidifying.

INTRODUCTION

Proponents of this point of view also note that enlarged tissue of the pharyngeal tonsil disrupts the physiology of the auditory tube, creating conditions for the development of acute inflammatory or exudative processes in the middle ear [1]. This, in turn, according to this group of specialists, leads to hearing loss, in some cases irreversible or requiring prompt intervention. The intervention. At the same time, removal of the pharyngeal tonsil is justified in the presence of chronic inflammatory process in adenoid tissue, occurring in isolation and not amenable to conservative therapy [3-7]. Opposing group of otorhinolaryngologists I think It is clear that hypertrophy of the pharyngeal tonsil is due to various reasons that should be identified and appropriate conservative therapy carried out. policy aimed at eliminating them. At the same time, frequent ARVI in children is considered the most significant among the reasons [7-10]. In this situation, pediatricians quite often prescribe courses of immunocorrective therapy.

CONCLUSIONS

If conservative therapy is ineffective or if the parents of a patient with CA of a child are not compliant, They are considering surgical treatment - adenotomy , while the immunomodulatory process has already started, and the formation of local immunity has not yet been completed

(completion occurs by the age of 14). This situation can in no way be classified as rational, and often leads to the development the occurrence of adverse effects on the child's body (the development of frequent inflammatory diseases of the upper and lower respiratory tract, bronchial asthma, etc.). In this regard, clinical studies have not yet been carried out and follow-up data have not been analyzed that would help resolve this situation. In addition, during the removal of chronically inflamed adenoid tissue, the main problem is increased bleeding of the surgical wound [2]. In this regard, during periods of exacerbation of the course of CA, operative This intervention is strictly contraindicated [8]. Considering the presence of a number of unresolved issues in the study Based on the study of the morphology of the pharyngeal tonsil and changes in immunity under the influence of modern means of therapy, the question of the advisability of adenotomy in childhood remains open.

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