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## RESULTS OF MORPHOLOGICAL EXAMINATIONS OF THE NASAL CAVITY MUCOSA AFTER VARIOUS SURGICAL PROCEDURES

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**ABSTRACT:** A significant deviation of the nasal septum is one of the most common local factors that accompanies PN pathology and requires single-stage surgical correction with other anatomical structures. The nasal septum, consisting of the anterior cartilaginous and posterior bone segments, is one of the anatomical structures that occupy a central position in the nasal cavity. The bony part of the septum consists of a perpendicular ethmoidal bone graft and the vomer, while the cartilaginous part consists of a rectangular cartilage. Deformation of the nasal septum causes hypertrophy of the nasal turbinates, vasomotor changes, creates conditions for the development of acute rhinitis and the formation of chronic rhinitis and sinusitis.

**KEYWORDS:** Nasal turbinates, vasomotor changes, acute rhinitis, chronic rhinitis and sinusitis, Pathomorphological examination.

### INTRODUCTION

Pathomorphological examination of the mucous membrane removed from the injured stump revealed pronounced edema, vascular dilation, diffuse stromal infiltration with leukocytes and eosinophils.

In the observed case, based on the analysis of the developed changes in the nasal cavity, the need arose to achieve sanitation of the maxillary sinus and concha bullosa affected by the purulent process, to perform limited septoplasty in combination with surgical intervention in order to correct the middle nasal concha.

The second type of barrier deformation, located in front of the ostiomeatal complex, closes the common nasal passage, not only causing a violation of aerodynamics, but also returns from the anatomical structures of the ostiomeatal complex, where the anterior group of adjacent cavities opens natural holes. It also participates in the formation of "narrow spaces," ensuring secretion retention, activation of viral or bacterial infection, and the development of an exudative form of mucosal inflammation of the paranasal sinuses, which is the most common in clinical practice

Conclusion. Therefore, in cases where there is a need for endovascular surgical interventions for purulent involvement of the paranasal sinuses, in the first stage of the combined operations to be performed, with the aim of opening the ostiomeatal complex and its correction, septoplasty is performed, and in the next stage, with the involvement of the injured sinuses, sanitation operations are performed. The method of performing these operations was developed by A.S.

Lopatin, F.3. The works of Piskunov and S.Z. Piskunov are described in detail. Depending on the extent of the inflammatory process in the adjacent cavities, their volumes may vary.

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