

TREATMENT OPTIMIZATION OF CHRONIC ODONTOGENIC MAXILLARY SINUSITIS

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Abstract: *The article describes odontogenic maxillary sinusitis that occurs in diseases of the teeth or upper jaw. The main reasons for its occurrence have been given: foreign bodies such as splinters, roots of teeth embedded in the maxillary sinus during their removal, filling material brought into the sinus, dental implants that have migrated to its cavity. Today's methods of treatment of chronic odontogenic maxillary sinusitis are described. A large number of studies have been devoted to the problem of odontogenic sinusitis. However, the treatment and diagnostic tactics of otorhinolaryngologist and dentist at this form of nosological pathology is not determined. The presented data testify to expediency of the correct approach to treatment of patients with chronic odontogenic sinusitis.*

Keywords: *chronic odontogenic sinusitis, causes of chronic odontogenic sinusitis, surgical treatment, maxillary sinus.*

Introduction. Chronic odontogenic maxillary sinusitis (COPS) - inflammatory disease of the mucous membrane of the maxillary sinus (HP) caused by odontogenic infection is a widespread disease. According to G.Z. Piskunov, about 15% of the population suffer from chronic rhinosinusitis in Russia. According to foreign sources, 14-20% of the world population [2].

Sinusitis of odontogenic etiology make up from 26 to 40% among all inflammatory diseases of the maxillary sinus [9].

For the last 10 years the morbidity rate has increased 3 times, making up from 2 to 50% of all maxillary sinusitis (MJS) patients [5].

According to Arias-Irimia O. and co-authors. (2010), women over 50 years of age are more likely to have CVS. The most frequent cause of CSPS is the focus of chronic infection in the area of molars, and the main aggravating factor is their extraction [10].

In studies by Matsumoto Y. and co-author. (2015) of 190 patients with unilateral chronic sinusitis in 138 (72,6%) have been identified as a single cause of the inflammatory process [11].

Jerome R. Lechien and co-authorship. (2015 y.) In a study of the causes of CBC in 674 patients, 65.7% of cases revealed a iatrogenic cause and 25.1% of cases an apical focus of infection [11].

Gram-positive coccus (53.5%) and Gram-negative sticks (39.6%) are the dominant microflora in CBC in children; Gram-positive sticks are less common (6.9%). Sowing in the form of two-component microbial associations was also a characteristic feature [8].

Endoscopic heymorotomy is a method of choice for the treatment of patients with CHOVS in need of sinus-lifting surgery. According to Kevin L. Wang and co-author. (2015)

treatment of COVS patients requires an individual approach to each patient, and should include dental surgery and endoscopic surgery on the maxillary sinus [12].

This pathology occupies an essential place in the practice of a dentist-surgeon both on an outpatient basis and in the in-patient department, not to mention the maxillofacial surgeon. The information published in many sources about the methods of treatment of this disease is not always clearly stated, and in addition, there are even contradictory to each other [1; 3]. Assistance is often provided late, due to difficulty in diagnosing and preventing such complications (7). Immune reactions in chronic sinusitis are characterized by involvement of both cellular-mediated and humoral links of immunity [8], which suggests involvement of both groups of cytokines in inflammatory process in rhinosinusitis. To date, there are several methods of its extraction - from classical radical surgery on the maxillary sinus to 4 endoscopic methods [4; 6].

Proceeding from the above mentioned, the questions connected with diagnostics, clinic and operative treatment of odontogenic sinusitis of the upper jaw are still significant and actual.

Target: study the incidence of chronic odontogenic CSFs in the practice of otorhinolaryngologist.

Materials and methods. The retrospective analysis of 30 case histories of patients with chronic odontogenic sinusitis was carried out on the basis of 7 GKB and "BAXTLI HAYOT" clinic in Tashkent. The number of women was 63% (19 people) and men 37% (11 people). The following parameters were included in the statistical analysis: sex, age, number of bed days and method of treatment.

Results and discussion. The average age of patients with chronic sinusitis was 47.0 years. The age of patients in the group with CSFS is varied from 19 to 70 years, on the average it was 45,0 years (Fig. 1).

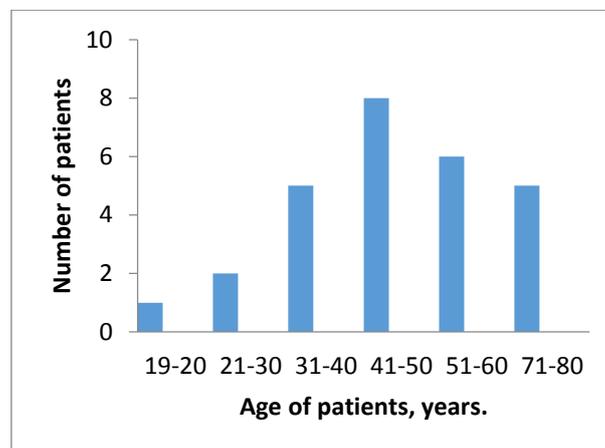


Fig. 1. Distribution of patients by age.

The number of women in this group is 63%, men - 37%. The treatment of patients with chronic odontogenic CSF by operative method (endoscopic maxillary sinusotomy) was carried out in 71% of cases, by puncture of the maxillary sinus (VP) - 22% and conservatively - 7% (Fig. 2).

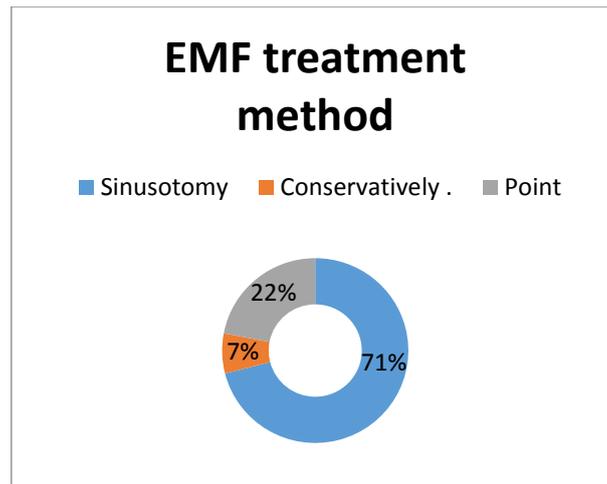


Fig. 2. Method of treatment of EMERCOM .



Fig. 3. Boydays spent in hospital.

Patients who underwent surgical intervention were hospitalized for 7.5 bed days, patients with HPL - 9.5 and with conservative treatment - 6.5 (Fig. 3).

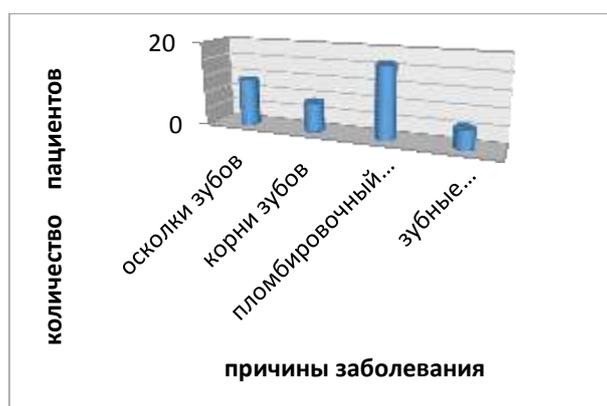


Fig. 4. Causes of disease.

The cause of the disease are foreign bodies such as splinters, roots of teeth embedded in the maxillary sinus at the time of their removal, filling material removed into the sinus, dental implants that have migrated into its cavity (Fig. 4).

Conclusions:

1. In our practice in the ENT department of 7 GKB and the "BAXTLI HAYOT" clinic the frequency of occurrence of chronic odontogenic sinusitis among patients with chronic sinusitis is 20%.
2. Frequency of occurrence of chronic odontogenic sinusitis has a large age variation from 19 to 70 years, which indicates a weak relationship of the feature with the disease.
The most frequent and effective treatment method for chronic odontogenic sinusitis is endoscopic maxillary sinusotomy in 71% of cases.
4. In most cases, the etiology of chronic odontogenic sinusitis is a foreign body in the maxillary sinus.

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