

COMPLICATIONS AND TREATMENT OBSERVED IN THE PATHOLOGY OF THE ADENOID GLAND IN CHILDREN WHO PRONE TO THE DISEASE

Husanov Shoyatbek Rustamjonovich

Abstract

In this case, the annotation summarizes the article "Complications and Treatment of Adenoid Hypertrophy in Children." It highlights the prevalence of adenoid hypertrophy in children, its associated complications such as nasal obstruction and sleep apnea, and various treatment options including watchful waiting and adenoidectomy. The annotation also underscores the importance of early detection, comprehensive care, and collaboration among healthcare professionals and caregivers in managing adenoid hypertrophy effectively.

Keywords: Complications, Treatment. Nasal obstruction, Obstructive sleep apnea, Recurrent ear infections, Sinusitis, Adenoidectomy, Multidisciplinary approach.

Introduction

Today, treatment of adenoids in children is becoming increasingly important and relevant in medicine. Doctors will try various methods and methods that can get rid of this ailment. Under adenoids involve abnormal pharyngeal tonsil growths that occur in children. Usually by the age of 18 this problem ceases to bother. But before that, it poses a serious problem for many children and their families. In addition, adenoids are fraught with serious complications, and even a backwardness in development. In many cases, they arise after the child has overcome infectious diseases. Particularly susceptible to this disease are children who spend a lot of time in public places, visit kindergartens and additional mugs. The peak incidence falls on 3-10 years. But in recent years, more and more adenoids are found in young children.

The disease begins slowly. At first the child is often sick, the illnesses are quite protracted, difficult to treat, there are frequent relapses. From infection, the adenoid tissue grows, the child has difficulty breathing, there are nocturnal snoring. More and more, the child gasps for air. Quite often adenoids are found only with a preventive examination. A routine examination of the nose for the detection of this pathology is not enough: a professional consultation of a specialist is required, which, with the help of special tools, can detect pathology.

A direct indication for treatment is actually adenoiditis - inflammation of the adenoid tissue, its proliferation, which the doctor diagnoses during the examination. Indirectly, the need for treatment is indicated by long catarrhal diseases, frequent relapses, a persistent runny nose, and stuffiness of the nose, which practically do not lend themselves to treatment. Indications are shortness of breath, in which the child breathes his mouth, snores at night, chronic chronic diseases of the nose and throat.



Treatment of adenoids of 1 degree in children

This is the initial form, which already greatly hinders the child's life, reduces the quality of life and gives parents a lot of trouble. The child becomes capricious, breathes his mouth, snores at night, often gets sick. Diseases are long, exhausting the child, are not amenable to treatment. Recovery is accompanied by new relapses. Constantly allocated mucus from the nose, constant swelling. The child is changing and externally: he looks tired, tortured, his face gets an irregular shape, puffiness.

Already at this stage the disease requires treatment. If treatment is neglected, the disease inevitably goes to the second stage, which is fraught with more serious pathologies and numerous complications. At this stage, the adenoids are the easiest to treat. Here, non-surgical treatment is still possible. A positive result can be achieved through the use of medicines, physioprocedures, homeopathic medicines. Well proven and alternative medicine, which for this case has numerous recipes.

But, unfortunately, even at the first stage there are such cases when surgical intervention can not be avoided. In this case, it is better to consult several specialists, which will help you navigate the situation and choose the best option for action. The fact is that adenoids are the main organs of the immune system, which ensure the protection of one's body from infection. They are inflamed in case of congestion, with excessive fight against infection. Sometimes there is so much infection in the body that adenoids can not fight it, they become inflamed and become a source of infection. Often, antibacterial or antiviral therapy helps to reduce the level of microbial contamination and reduce the inflammatory process. It is necessary to understand that after removal of adenoids the body becomes defenseless before infection.

1. Nasal Obstruction and Breathing Difficulties: Adenoid hypertrophy can significantly obstruct the nasal airway, leading to mouth breathing, snoring, and difficulty breathing through the nose. This can result in disrupted sleep patterns, daytime fatigue, and even developmental issues in children.

2. Obstructive Sleep Apnea (OSA): Severe adenoid hypertrophy can contribute to OSA, a condition characterized by recurrent episodes of partial or complete obstruction of the upper airway during sleep. Children with OSA may experience loud snoring, pauses in breathing, restless sleep, and daytime sleepiness. OSA can have long-term consequences on cardiovascular health and cognitive function if left untreated.

3. Recurrent Ear Infections and Otitis Media with Effusion (OME): Enlarged adenoids can obstruct the Eustachian tube, impairing ventilation and drainage of the middle ear. This predisposes children to recurrent episodes of otitis media (ear infections) and accumulation of fluid in the middle ear, known as OME. Chronic fluid accumulation can lead to hearing loss, speech delays, and impaired language development.

4. Sinusitis: Adenoid hypertrophy can interfere with proper sinus drainage, predisposing children to sinusitis. Symptoms of sinusitis include facial pain, pressure, headache, nasal congestion, and purulent nasal discharge. Chronic or recurrent sinusitis can impact a child's quality of life and may require prolonged treatment with antibiotics or sinus surgery.

Treatment Options:

1. Watchful Waiting: For mild cases of adenoid hypertrophy without significant symptoms or complications, a period of watchful waiting may be recommended. Regular follow-up visits with



a healthcare provider allow for close monitoring of symptoms and assessment of disease progression.

2. Medications:

- Nasal Steroid Sprays: These medications help reduce inflammation and congestion in the nasal passages, improving airflow and relieving symptoms.
- Decongestants: Oral or nasal decongestants can provide temporary relief from nasal congestion by constricting blood vessels in the nasal mucosa. However, prolonged use should be avoided to prevent rebound congestion.

3. Surgical Removal (Adenoidectomy): Adenoidectomy is a common surgical procedure performed to remove the adenoid tissue, typically under general anesthesia. It is indicated for children with severe adenoid hypertrophy or complications such as recurrent infections, OSA, or chronic sinusitis. Adenoidectomy effectively restores nasal airflow, alleviates symptoms, and reduces the risk of complications.

4. Multidisciplinary Management of OSA:

- Continuous Positive Airway Pressure (CPAP) Therapy: For children with moderate to severe OSA, CPAP therapy may be recommended to maintain open airways during sleep and improve oxygenation.
- Weight Management and Lifestyle Modifications. Addressing underlying risk factors such as obesity and allergies can help improve OSA symptoms and reduce disease severity.
- Orthodontic Interventions: In some cases, orthodontic treatments such as rapid maxillary expansion or mandibular advancement devices may be beneficial in managing OSA by increasing airway space and improving breathing during sleep.

In summary, adenoid hypertrophy in children can lead to various complications affecting respiratory function, ear health, and sleep quality. Timely recognition and appropriate management are crucial to alleviate symptoms, prevent complications, and improve the overall quality of life for affected children. A multidisciplinary approach involving pediatricians, otolaryngologists, pulmonologists, and sleep specialists ensures comprehensive care tailored to the individual needs of each child.

The second degree is more severe. Symptoms that were in the first stage are worse. Increases the focus of inflammation and the amount of growth. The child is already constantly breathing nose. Often at this stage, traditional treatment with medicines, homeopathy is ineffective. Many doctors are trying to cure adenoids by resort rehabilitation, climatotherapy.

Indeed, the resorts of the Crimea and the Caucasus have a positive impact on the state of the child's body as a whole, eliminate the inflammatory and infectious process, enhance the immune system. Specialized sanatoriums are provided with various services for the treatment of adenoids, the restoration of the body. The force of sea water is applied, which due to its composition has a positive effect on the mucous membrane of the nose, on the state of the immune system. Complex impact of climate, sea water, sun, fresh air, local flora and fauna, algae and just the pleasure that the child receives from rest, contribute to the recovery of the body, increase resistance and resistance to disease. The immune system begins to actively fight infection, which leads to a reduction in the inflammatory process and infection. As a result, the lymphoid tissue also normalizes.



Also at this stage, various physiotherapeutic agents are used, for example, electrophoresis, ultraviolet radiation, various kinds of light and heat effects. With the help of electrophoresis, drugs are injected. Under the influence of microcurrents, substances penetrate deeply into tissues, which helps to reduce inflammation. Introduce medicines, vitamin complexes, calcium. The advantage of this method of treatment is high efficiency, deep penetration into tissues, the need for small dosages of the drug. Antibacterial and immunomodulating agents are used.

If such treatment is ineffective, an operation is required. Up to the third stage it is better not to bring, because it is fraught with serious complications, affects the condition of the body as a whole, it complicates other organs. Today, there are new techniques that allow you to remove adenoids quickly and painlessly. For example, laser removal. In this case, the operation does not require general anesthesia, it passes quickly enough and does not entail any complications. Also at this stage, laser therapy is actively used, in which inflamed tissue is exposed to laser radiation, which contributes to its reduction. At this stage, as additional methods can be used traditional and alternative medicine, treatment with alternative means. These funds are particularly effective at the stage of postoperative rehabilitation.

Adenoid hypertrophy poses significant challenges for children, impacting their respiratory function, ear health, and sleep quality. The complications associated with this condition, including nasal obstruction, obstructive sleep apnea, recurrent ear infections, and sinusitis, can have profound effects on a child's well-being and development. However, with timely recognition and appropriate management, these complications can be effectively addressed, improving the quality of life for affected children.

Treatment options for adenoid hypertrophy range from conservative measures such as watchful waiting and medication to surgical intervention in the form of adenoidectomy. Each approach is tailored to the individual needs of the child, considering the severity of symptoms, risk of complications, and response to previous treatments. Additionally, a multidisciplinary approach involving healthcare professionals from various specialties ensures comprehensive care and optimal outcomes for children with adenoid-related pathology.

Ultimately, by raising awareness, promoting early detection, and providing timely intervention, healthcare providers can effectively manage adenoid hypertrophy in children, minimizing complications and enhancing their overall health and well-being. Through collaborative efforts between healthcare professionals, caregivers, and families, children prone to adenoid disease can thrive and enjoy a better quality of life.

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