Volume 2, Issue 10, October 2024 ISSN (E): 2938-3765

RESULTS OF CIRCULATING IMMUNE COMPLEXES OF PATIENTS WITH DISEASES OF THE NOSE

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Abstract

Contradictions remain in the approach to the treatment of diseases of the nose and BYoB. Scientific studies on the evaluation of the effectiveness of various tools in diseases of the nose and BYoBs developed against the background of myocarditis are not many and conflicting. In this case, the use of metabolic agents in various pathologies of the myocardium, according to some authors, is undoubtedly necessary, but others believe that their recommendation is not justified. Thus, at present, there are no universally accepted criteria for diagnosing myocardial damage in diseases of the nose and BYoBs around the world, an algorithm for treating such patients has not been developed, and recommendations for this or that treatment have not been substantiated.

Keywords: Mucociliary clearance, rhinitis, mucous membrane.

Introduction

Inflammatory diseases of the nose and ENT are the most common diseases of the ENT organs [3-9]. Nose and BYoB's sharp and relapsing diseases problems learning relevance from that consists of otorhinolaryngology except bronchus- lung pathology , heart and blood vein system , body allergy and local and humorous in immunity changes with organic depends .

In the world each 40 million per year. a person infectious disease with get sick, 90% of them are flu and acute respiratory disease right will come Scientists that's it confirms that different sharp infectious in diseases of patients Cardiovascular in about 80% vein system of the function violation observation possible [1,2]. Theirs most of them of the organism legitimate functional reaction to be, addition special without treatment independent respectively the end finds _ However of children one in the part heart rhythm violation, often long stretchable pass, sometimes while death with the end to find danger with heart deficiency develops.

Clinical and epidemiological inspections inflammation markers, heart crown veins and of the myocardium damage between dependence found out that with heart-blood vein system of diseases surface coming and in development infectious to theory has been interest restored [10-16]. The last 10-20 years in myocarditis and pericarditis with illness important way grow up went [7]. of

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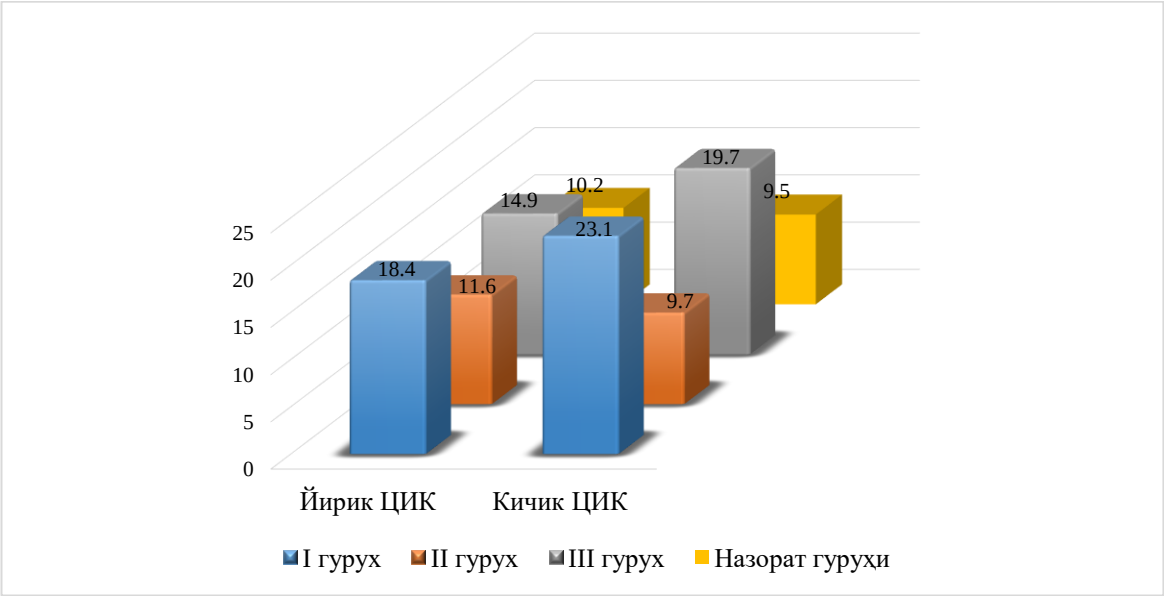
the myocardium non-coronarogenic diseases all heart-blood vein system 7-9% of diseases does [6]. After the flu and O'RK which develops chronic therapeutic pathology and serious somatic diseases between directly contact is available the fact that proved [17,18-24]. From the hospital in 80-85% individuals at exit X-ray, clinical, laboratory and functional-diagnostic examinations in the indicators changes preserved remains [6,9,10,19,20]. Sharp infectious in diseases of the heart primary damage [21-23], viral infection spent patients with myocarditis and dilatative of cardiomyopathies development not without possibility that is [22]. Heart muscles dystrophy [26], myocarditis and of rheumatism surface in the arrival [25] extremely a lot reason to be , heart of pathology surface on arrival of angina role learning separately current being is considered If transferred from angina after 1 month after heart in the function even irrelevant changes if detected too , to them residual circumstances like regardless , surface came complications - infectious - allergic myocarditis or rheumatism search necessity common done [27]. Acute respiratory infections inflammatory without changes psychovegetative disorders with manifestation dividing " from virus " following asthenia" syndrome with said that it will pass thought available [28,29].

Results

Circulating immune complexes (CICs) at the beginning of the disease, except for 2 groups of patients, it increased unbelievably in all groups and did not decrease to the normal level until the 30th day of the disease (diagram 1) . 1 group in 63.7 % of patients , 2 group in 42.0% of patients and In 35.0% of patients of the 3rd group, TsIK exceeded the upper limit value - 11.2 units .



1 diagram Dynamics of immune complexes in circulation

In the analysis of these tests, the development of the immunopathological process is observed, which can be divided into several stages. At the beginning of the disease, when the pathogen enters the body, characteristic reactions are determined by the cellular and humoral factors of protection. In the analysis, as non-specific signs of inflammation, increased neutrophil phagocytic activity, leukocytosis, EChT, fibrinogen, aminotransferases, SRO, ASLO, and sialic acid are observed in the analysis. Macrophages initiate an immune response and activate T and V lymphocytes. V-

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lymph. transforms into plasmatic cells and increases the production of Ig M, and later - ^O. Immunoglobulins of class M and V are considered activators of complement, breaking down and removing antigens from the body. Symptoms of immunopathological changes in the body remained after clinical recovery in ENT, pneumonia, and angina, and signs of myocardial damage were present. During the 30th day of the disease, the following were observed in the conducted investigations: an increase in EChT in the group of pneumonia and angina; increased fibrinogen in all groups; increased phagocytic activity of neutrophils; ^M and ^O are highly conserved; High titer of RTML and AKAT. Data received In inflammatory diseases of the nose and paranasal sinuses, it indicates an immune-inflammatory damage to the heart, according to the literature, although these changes speak of myocarditis, they can only be explained in a myocardial biopsy.

Xulosa

A reliable change in the results of the biochemical examination of patients in the blood of 1 group of patients was shown in the form of a decrease in rO2, an increase in rSO2, an increase in CFC, LDG, large and small TsIK (in group 1 patients, rSO2 - up to 49.9 mmol/l, 13.1% of the average value of the norm ((r<0.05) is higher; O2 reduction to 32.6 mmol/l is 50.3% (r<0.05) lower than the average values of laboratory norms).

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