

Modern Solutions to Pathogenetic Risk Factors Causing Acute Laryngotracheitis

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Abstract: Mixed forms of pathology are combined in nature and are caused by the effects of viruses and bacteria (in this case, often the primary viral infection is primary, and the bacterial component is layered later).

The classification is based on the nature of the clinical appearance and morphological (tissue) changes in the affected organs. Discharge: the classic catarrhal form, swelling of the larynx and trachea is observed, but there are no long-term and serious changes; atrophic form, in which the volume of mucous membrane tissue decreases; hypertrophic type, the most dangerous, because it is accompanied by an increase in tissue volume, cyst and pseudotumor changes, can lead to cancer.

Laryngotracheitis occurs in adults and children. Men and women get sick equally often. There are no significant gender differences in the course of the disease.

Key words: Pathological conditions, detection, prevention and prevention.

Symptoms of a pathological condition

Symptoms are determined by the type of disorder. At the same time, there are also general clinical manifestations of the disease. The disease is accompanied by symptoms of both laryngitis and tracheitis, from which the disorder got its name. The clinical picture includes:

throat, neck pain, usually the patient cannot clearly and clearly indicate the place of pain, because the discomfort is widespread;

sensation of a foreign body in the throat, as if something were stirring;

itching and burning in the neck, somewhere inside;

cough, with a small amount of sputum or dry, itching characteristic of laryngitis;

pain when speaking;

disruption of normal speech, suffocation, suffocation, complete loss of voice (aphonia);

shortness of breath, possible disturbances in normal breathing, feeling of lack of air;

suffocation does not always happen;

signs of general intoxication of the body.

With the development of classic laryngotracheitis, all the described symptoms are present. They are characteristic of laryngitis and tracheitis. Which clinic comes first depends on the dominant component. If inflammation of the larynx predominates, the cough becomes dry, hoarse with the development of voice disorders until its complete disappearance. If tracheitis is primary, breathing problems and cough with the release of clear or purulent sputum come to the fore. Symptoms of general intoxication are definitely present (headache, weakness, drowsiness, increased body temperature). The situation is complicated by the possible development of signs of damage to the bronchi and lungs. In this case, the diagnosis will be a little more difficult. We estimate that half

will develop lower respiratory tract symptoms if not adequately treated. Such combined forms of pathology are more complicated in terms of treatment and diagnosis.

Symptoms of laryngotracheitis require a qualified assessment. Otorhinolaryngologists and therapists (pediatricians, if we talk about children) work with patients.

Complications of the disease

As an independent disease, laryngitis is accompanied by many complications. They develop with a significant decrease in immunity, an advanced form of pathology, late treatment or the aggressiveness of the causative agent of the disease. When infected with viruses, laryngotracheitis is usually a little more severe. The same can be said about the combined forms of the pathological process. There may be complications:

downward movement of the infection: in this case, bronchitis and pneumonia of varying severity and severity develop;

obstruction or narrowing of the respiratory tract with the development of suffocation: obstructive laryngotracheitis can begin immediately or after a certain period without treatment (the obstructive form is usually treated in a hospital, which once again shows the risks);

stenotic laryngotracheitis or false croup: develops in children in the first years of life, in adults - very rarely.

The final result can be asphyxiation and death of the patient. Although this is a very rare condition, the risk of a pathological process should not be dismissed. The likelihood of complications depends on the degree of development of laryngotracheitis and other factors.

Diagnosis of the pathological process

Diagnosis of the pathological condition is carried out by instrumental and laboratory methods. At the initial consultation, the otolaryngologist interviews the patient, collects anamnestic data, examines the oropharynx, and then prescribes the necessary tests, including:

bacteriological studies;

laryngotracheoscopy (an endoscopic method for examining the tissues of the larynx and trachea);

general and biochemical blood tests.

X-rays are also taken to rule out lung damage. If necessary - computer tomography. A biopsy is indicated in the hypertrophic form of the pathological process. Taking part of the mucous membrane to exclude the possibility of cancerous degeneration of cells. In general, the diagnosis of laryngotracheitis is not difficult. The doctor requires minimal time and effort.

Treatment of the pathological process

The main method of treatment of laryngotracheitis is conservative correction. It is recommended to drink plenty of liquid at room temperature or slightly warmer. A protective mode is prescribed (less talking, more vocal rest). Special drugs play an important role in the treatment of disorders and in eliminating their main causes:

antiviral;

antibiotics;

anti-inflammatory;

local antiseptics;

antipyretics;

mucolytics (for wet cough, sputum);

antitussives (if the cough is ineffective).

Alkaline and oil inhalations help well.

With the development of a hypertrophic form of the disease, surgical correction may be required. Prevention of oncological process, development of laryngeal cancer.

Forecasts

With early treatment, there is every chance to overcome the disease completely and without a trace. Exceptions are chronic, advanced forms of pathology. In this case, therapy is aimed at preventing attacks of laryngotracheitis. Complete recovery cannot be achieved, but new episodes can be prevented. Achieve the goal of high-quality remission.

Ways to prevent laryngotracheitis

Prevention of laryngotracheitis includes sanitation of infectious foci, compliance with hygiene and sanitary standards (wearing a mask during ARVI, etc.), as well as avoiding contact with sick people. When the first suspicious symptoms appear, you should consult a doctor.

List of used literature:

1. Джураев Ж. Д. Абдукодирова Ш. Б. Мамаризаев И. К. Оптимизация лечения острых обструктивных бронхитов у детей с миокардитами на фоне аллергических реакции //Студенческий вестник. – 2021. – №. 21-4. – С. 84-85.
2. Шавази Н. М. и др. Эффективность наружного применения сульфата цинка в базисной терапии атопического дерматита у детей //Достижения науки и образования. – 2020. – №. 15 (69). – С. 54-56.
3. Шавази Н. М. и др. Факторы риска развития острого обструктивного бронхита у часто болеющих детей //Вопросы науки и образования. – 2021. – Т. 9. – №. 134. – С. 26-29.
4. Abdukodirova S., Shernazarov F. SPECIFIC CHARACTERISTICS AND TREATMENT OF ACUTE OBSTRUCTIVE BRONCHITIS IN CHILDREN OF EARLY AGE //Science and innovation. – 2023. – Т. 2. – №. D11. – С. 5-8.
5. Абдукодирова Ш. Б., Джураев Ж. Д., Мамаризаев И. К. ОСТРЫЙ ОБСТРУКТИВНЫЙ БРОНХИТ У ЧАСТО БОЛЕЮЩИХ ДЕТЕЙ //Студенческий вестник. – 2021. – №. 21-4. – С. 80-81.
6. AA Blotsky, VV Antipenko. RENEWAL DISEASES OF ENT ORGANS: textbook - Blagoveshchensk, 2021, 553 p.
7. Otorhinolaryngology: textbook for universities / VT Palchun, MM Magomedov, LA Lukhin. - 2nd edition, rev. and supplement - 2008. - 656 p.: ill.
8. Pogosov S. et al. Psychogenetic properties of drug patients as risk factors for the formation of addiction //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 186-191.
9. Sedenkova M. et al. The possibility of predicting the time of formation and development of alcohol dependence: the role of genetic risk, family weight and its level //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 173-178.
10. Shamilov V. et al. Disorders of decision-making in the case of depression: clinical evaluation and correlation with eeg indicators //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 198-204.
11. Uskov A. et al. Modern methods of therapeutic fasting as a way to overcome the pharmacoresistance of mental pathology //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 179-185.
12. Prostyakova N. et al. Strategy for early diagnosis with cardiovascular diseaseisomatized mental disorders //Science and innovation. – 2023. – Т. 2. – №. D12. – С. 166-172.

13. Tahirova, J., Roziklov, N., Mamatkulova, F., & Shernazarov, F. (2022). Insomnia problem causes of sleep disorder, help measures at home. *Science and innovation*, 1(D8), 521-525.
14. Qizi T. J. I., Farrukh S. Treatment of myocardial infarction and first aid //*Science and innovation*. – 2022. – T. 1. – №. D3. – C. 317-320.
15. Rotanov A. et al. Elderly epilepsy: neurophysiological aspects of non-psychotic mental disorders //*Science and innovation*. – 2023. – T. 2. – №. D12. – C. 192-197.
16. Abdurakhmanov I., Shernazarov F. SPECIFIC ASPECTS OF TREATMENT OF CHRONIC RHINOSINUSITIS IN CHILDREN //*Science and innovation*. – 2023. – T. 2. – №. D10. – C. 164-168.
17. Tahirova J. et al. Neurose causes and mechanisms of development, symptoms, treatment, prevention //*Science and innovation*. – 2022. – T. 1. – №. D8. – C. 515-520.
18. Tahirova J., Shernazarov F. Symptoms of hymoritis, treatment, methods of folk medicine, prevention //*Science and innovation*. – 2022. – T. 1. – №. D8. – C. 983-990.
19. Shodiyeva D., Shernazarov F. Analysis of the compounds providing antihelmitic effects of chichorium intybus through fractionation. *Science and innovation*, 2 (D2), 64-70. – 2023.
20. Jalalova D., Normatova N., Shernazarov F. Genetic markers for the development of diabetic retinopathy //*Science and Innovation*. – 2022. – T. 1. – №. 8. – C. 919-923.
21. Abdukodirova S., Shernazarov F. SPECIFIC CHARACTERISTICS AND TREATMENT OF ACUTE OBSTRUCTIVE BRONCHITIS IN CHILDREN OF EARLY AGE //*Science and innovation*. – 2023. – T. 2. – №. D11. – C. 5-8.
22. Bogomilsky, MR *Diseases of the ear, nose and throat in childhood: a national guide* / Ed. MR Bogomilsky. - 2nd edition. , revised and supplemented - Moscow: GEOTAR-Media, 2021. - 1072 p.