

# The Origin of Symptoms of Laryngitis and Modern Clinical Diagnostic Methods

**Ziyadullayev Yorqinjon Jumanazar o‘g‘li**

Samarkand State Medical University, Department of Otorhinolaryngology No. 2, 1st year clinical resident

**Khatamov J. A**

Associate Professor, Department of Otorhinolaryngology No. 2, Samarkand State Medical University

**Abstract:** The cause of most cases of acute laryngitis is infection - mainly viruses of the ARVI group (influenza, parainfluenza, adenovirus, etc.), measles virus, less often - bacteria (whooping cough, diphtheria, scarlet fever, tuberculosis, etc.). Less often, the disease develops against the background of allergies, trauma or exposure to chemical irritants on the mucous membrane of the larynx. Laryngitis is rarely an independent pathology and occurs primarily - as a rule, it continues the course of other diseases of the upper respiratory tract (pharyngitis, tracheitis) and is combined with them. It affects people of any age - both adults and children. Patients under 5 years of age, 7-8 years of age are at risk of developing acute stenosing laryngotracheitis or laryngeal stenosis - an emergency condition requiring urgent medical attention.

**Key points:** Laryngitis, causes, treatment, preventive measures for prevention.

## Types

According to the nature of the flow, they are divided into:

acute laryngitis (occurs suddenly, accompanied by severe symptoms);

chronic laryngitis (occurs with alternating phases of exacerbation and remission, even during exacerbations its symptoms are smoothed out and not clearly expressed).

Depending on the structural changes in the mucous membrane of the throat, otorhinolaryngologists distinguish the following types of laryngitis:

catarrhal (the simplest form);

hypertrophic (characterized by the formation of nodular growths in the ligaments; clinically, voice changes predominate);

atrophic (the mucous membrane of the larynx becomes thinner, not only the larynx, but also the back of the larynx is involved in the pathological process);

hemorrhagic (characterized by the presence of obvious hemorrhages in the laryngeal mucosa);

stenotic or obstructive (occurs in children under 5 years of age and is characterized by the rapid development of narrowing of the larynx - stenosis).

Depending on the etiological factor, laryngitis in adults and children can be infectious or non-infectious. Infectious, in turn, is divided into nonspecific (caused by ARVI and nonspecific bacteria) and specific.

**The most common types of specific laryngitis are:**

- a. diphtheria (observed in diphtheria);
- b. syphilitic (in stages 2-3 of syphilis, the laryngeal mucosa becomes infected, and as the wounds heal, scars form on it);
- c. tuberculosis (thickenings in the form of tubercles appear on the mucous membrane).
- d. Symptoms of laryngitis
- e. Acute laryngitis in adults and children is characterized by the following symptoms:
- f. sore throat;
- g. dry throat;
- h. dry paroxysmal ("barking") cough;
- i. hoarseness of the voice up to aphonia (a condition in which the patient loses the ability to speak due to swelling of the vocal folds);
- j. difficulty breathing.

Dry cough is almost constant or paroxysmal in nature and worsens when lying down. It becomes more productive - the patient coughs up a small amount of viscous sputum. Manifestations of intoxication syndrome are detected: increased body temperature, headache, fatigue, general weakness, sweating, etc.

The symptoms of chronic laryngitis, which mainly affects adults, are the same, but they are less intense. During periods of remission, symptoms are minimal or absent.

**Causes of laryngitis**

The cause of most cases of acute laryngitis is infection - mainly viruses from the ARVI group (influenza, parainfluenza, adenovirus, etc.), measles virus, less often - bacteria (pertussis, diphtheria, scarlet fever, tuberculosis, etc.). Less often, the disease develops against the background of allergies, trauma, or exposure to chemical irritants on the mucous membrane of the larynx.

**Risk factors include:**

- a. hypothermia;
- b. increased load on the vocal cords;
- c. smoking;
- d. prolonged stay in a room with dust or chemical contamination;
- e. decreased local and systemic immunity due to severe somatic diseases, hypovitaminosis, overwork, severe stressful situations.

**Laryngitis treatment**

Treatment of laryngitis in adults and children includes, first of all, a set of non-drug measures. The main recommendation is to ensure vocal rest for several days. In addition, the patient should not speak in a whisper, since in this case the ligaments are less loaded than when speaking loudly. Drinking plenty of warm water will alleviate the symptoms and quickly remove the products of intoxication from the body. A diet that excludes irritating foods (carbonated drinks, hot, spicy foods) will reduce the mechanical impact on the affected mucous membranes. It is important to quit smoking.

- a. Drug treatment of laryngitis includes: gargling with antiseptic solutions;
- b. inhalation of saline solution to moisten the respiratory tract;
- c. oral antiseptics;

- d. if the disease is bacterial in nature - antibiotic therapy (after identifying the pathogen);
- e. antitussives / expectorants;
- f. antipyretic.
- g. As part of complex treatment, physiotherapy methods are used as an auxiliary method - UHF, electrophoresis, etc.

### **Prevention of laryngitis**

- a. To reduce your risk of developing laryngitis, you can:
- b. quit smoking;
- c. do not overcool;
- d. lead an active lifestyle;
- e. complete and balanced nutrition;
- f. do not drink very cold drinks;
- g. prevent increased stress on the vocal apparatus;
- h. timely treatment of viral and bacterial infections of the upper respiratory tract;
- i. do not provoke a course of somatic diseases that can negatively affect the immune system.

### **Rehabilitation**

With the right actions of the patient, most cases of acute viral laryngitis lead to its recovery. Bacterial laryngitis, especially with the wrong therapeutic approach (for example, with an incomplete course of antibiotic therapy), becomes chronic - the symptoms of such a pathology accompany the patient throughout his life, periodically increasing or decreasing.

After recovery or achieving remission, the patient should adhere to preventive measures that will help consolidate the positive effects of therapy and prevent relapse of the disease.

### **List of used literature:**

1. Mamatkulov Shekhruz Bahadirovich , R. K. A. qizi, (2024) “Modern Views on the Origin and Treatment of Ozena’s Disease ”, EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE, 4(2), pp. 481–485.
2. Abdurashidov Asilbek Abdurashidovich , R. K. A. qizi ,. (2024). MODERN INTERPRETATION OF THE ORIGIN AND TREATMENT OF SYMPTOMS OF LARYNGITIS . International Journal of Integrative and Modern Medicine, 2(3), 49–52.
3. Pirmqulov Jumaniyoz Ravshan o‘g‘li , R. K. A. qizi ,. (2024). Diagnosis of Odontogenic Sinusitis. American Journal of Pediatric Medicine and Health Sciences (2993-2149), 2(4), 152–157.
4. Rasulova, K. (2023). TREATMENT AND PREVENTION OF FUNGAL RHINITIS AND ALLERGIC RHINITIS. Science and innovation, 2(D10), 150-154.
5. Maqsud, M. (2024). Significance of Diagnosis of Nystagmus in Miner's Disease. EUROPEAN JOURNAL OF MODERN MEDICINE AND PRACTICE, 4(2), 214-217.
6. Sayfullayeva Asila Abdulla qizi, R. K. A. qizi ,. (2024). Age-Related Characteristics of Vestibular Neurons. International Journal of Integrative and Modern Medicine, 2(4), 53–56. Retrieved from <https://medicaljournals.eu/index.php/IJIMM/article/view/239>
7. Расулова, К. А., & Насретдинова, М. Т. (2022). ХАЛҚУМДАГИ ЗАМБУРУҒЛИ ЗАРАРЛАНИШНИНГ САМАРАЛИ ДАВОЛАНИШИНИ БАҲОЛАШ. Биология ва тиббиёт муаммолари, (2), 135.

8. Ашуров, З. Ш., & Усербаева, Р. К. (2022). Влияние тревожности и депрессии у матерей на эффективность воспитания подростков, основанного на технике повышения осознанности (mindfulness).
9. Rasulova, K.A. (2023). Treatment and Prevention of Otitis or Ear Inflammation. SCHOLASTIC:Journal of Natural and Medical Education,2(10), 322-325.
10. Alimova, O., Karabaev, A., & Kim, O. (2022). CLINICAL AND IMMUNOLOGICAL FEATURES OF ACUTE DIARRHEA IN CHILDREN WITH HEMOCOLITIS SYNDROME. Theoretical aspects in the formation of pedagogical sciences, 1(5), 285-293.
11. Tadjiev, B., Xudayberdieva, C. H., & Alimova, O. (2022). CLINICAL AND IMMUNOLOGICAL FEATURES OF ACUTE DIARRHEA IN CHILDREN WITH HEMOCOLITIS SYNDROME. Science and Innovation, 1(4), 214-217.
12. Исмадова, М., Юлдашева, Ф., & Алимова, О. (2021). Влияние гибискуса и оральных препаратов на уровень глюкозы в крови. Общество и инновации, 2(8/S), 333-338.
13. Bekmurodovna, A. O., O'G'Li, N. F. F., & Qizi, R. G. S. (2022). KORONAVIRUS INFEKSIYASINING KLINIK KECHISHIDAGI O'ZGARISHLAR. Science and innovation, 1(D3), 9-12.