

that reveal public confidence in some folk medicine remedies, which in clinical practice can be used to draw up an individual treatment plan.

«These data serve as a valuable reminder to practitioners to ask patients about their use of alternative medicine and should be collected regularly to facilitate prioritization of the traditional medicine research agenda» [5]

CONCLUSION

Thus, Russian and English superstitions in the field of folk medicine, depending on their origin, can be similar and different, which in no way reduces the diversity of methods and their demand for a long time.

The effectiveness of some superstitions has been confirmed by science, while others serve as an illustration of the methods of treatment in folk medicine, forming a kind of cultural code of the nation. The use of folk medicine requires the advice of a specialist.

In the course of analyzing the results of surveys of the residents of the two countries it was found out that in Russia the most widespread methods of folk medicine treatment are the most common, especially among people of the older generation, the other factors have minimal influence (place of residence) or were not sufficiently studied due to the insufficient number of answers (in particular, male respondents). Among residents of England, the frequency of use varies depending on gender (female respondents were the most frequent users), geographical (southern England) and socioeconomic status (the most affluent strata of the population). As in Russia, independent use of folk medicine remedies is widespread. Significant divergence in the spread of certain practices is revealed.

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ИСКРИВЛЕНИЕ НОСОВОЙ ПЕРЕГОРОДКИ, КАК ФАКТОР РИСКА РАЗВИТИЯ ХРОНИЧЕСКОГО РИНИТА И ДРУГИХ СОПУТСТВУЮЩИХ ОТОРИНОЛАРИНГОЛОГИЧЕСКИХ ЗАБОЛЕВАНИЙ В ДЕТСКОМ ВОЗРАСТЕ

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Аннотация

Введение. Хронический вазомоторный ринит - одна из наиболее распространенных форм хронических неаллергических заболеваний верхних дыхательных путей. Хронический ринит является полиэтиологическим заболеванием. Одним из наиболее распространенных факторов риска развития хронического ринита является

искривление перегородки носа. От природы у большинства людей носовые ходы не симметричны, однако искривление перегородки носа приводит к значительному изменению их контуров, функциональным нарушениям. В результате этого морфология слизистой оболочки изменяется, повышается риск заболеваний дыхательных путей и придаточных синусов. **Цель исследования** – выявление закономерности влияния искривления носовой перегородки на развитие хронического вазомоторного ринита и других оториноларингологических заболеваний. **Материал и методы.** Проведен ретроспективный анализ 72 истории болезни детей с диагностированным хроническим вазомоторным ринитом, находившихся на стационарном лечении в оториноларингологическом отделении Детской городской клинической больницы № 9 г. Екатеринбурга в течение 2023 года. **Результаты.** Среди случаев, включенных в выборку, у 2 пациентов (2,8%) не наблюдалось значительного искривления носовой перегородки, однако была отмечена гипертрофия слизистой. У остальных 70 пациентов (97,2%) искривление в костно-хрящевом отделе. У 70 пациентов (97,2%) с диагностированным искривлением перегородки носа наблюдались учащенные случаи ОРИ (Острые респираторные инфекции) с осложнениями, в том числе отиты в 18 случаях (25,7%). **Выводы.** Искривление перегородки носа можно рассматривать как фактор риска развития хронического вазомоторного ринита, но не как решающую причину заболевания. Также деформация носовой перегородки способна приводить к повышенной склонности и учащению осложненных форм острых респираторных инфекций и отитов.

Ключевые слова: нос, перегородка носа, искривление носовой перегородки, хронический ринит.

CURVATURE OF THE NASAL SEPTUM AS A RISK FACTOR FOR THE DEVELOPMENT OF CHRONIC RHINITIS AND OTHER CONCOMITANT OTORHINOLARYNGOLOGICAL DISEASES IN CHILDHOOD

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Abstract

Introduction. Chronic vasomotor rhinitis is one of the most common forms of chronic allergic diseases of the upper respiratory tract. Chronic rhinitis is a polyethological disease. One of the most common risk factors for developing chronic rhinitis is a curvature of the nasal septum. By nature, most people's nasal passages are not symmetrical, but the curvature of the nasal septum leads to a significant change in their contours and functional disorders. As a result, the morphology of the mucous membrane changes, and the risk of diseases of the respiratory tract and paranasal sinuses increases. **The aim of the study** is to identify the patterns of influence of nasal septum curvature on the development of chronic vasomotor rhinitis and other otorhinolaryngological diseases. **Material and methods.** A retrospective analysis of 72 medical histories of children diagnosed with chronic vasomotor rhinitis who were hospitalized in the otorhinolaryngological department of the Children's city clinical hospital No. 9 of Yekaterinburg was carried out during 2023. **Results.** 2 patients (2.8%) did not have significant curvature of the nasal septum, but mucosal hypertrophy was noted. The remaining 70 patients (97.2%) have a curvature in the osteochondral region. In 70 patients (97.2%) with diagnosed nasal septum curvature, there were frequent cases of acute respiratory infections with complications, including otitis media in 18 cases (25.7%). **Conclusion.** Curvature of the nasal septum can be considered as a risk factor for the development of chronic vasomotor rhinitis, but not as a decisive cause of the disease. Also, deformation of the nasal septum can lead to an increased tendency and an increase in complicated forms of acute respiratory infections and otitis media.

Keywords: nose, nasal septum, curvature of the nasal septum, chronic rhinitis.

INTRODUCTION

The nasal septum is located in the area of the facial skull in the middle part of the nasal cavity. The nasal septum is a mixed bone-cartilaginous structure consisting of several components: the cartilage of the nasal septum, the medial legs of the large cartilages of the wings, the perpendicular plate of the latticed bone, the couler, the nasal ridges of the maxillary bones and palatine bones. During embryogenesis, the nasal septum develops from three sources: ectoderm, neural crest and mesoderm [1-4].

A curvature of the nasal septum is any deviation of the septum contour relative to the sagittal plane. This can be described as a right-sided, left-sided, or S-shaped curvature. Also, the curvature of the nasal septum may be the result of trauma, including birth or injury at an early age. Deviations in the development of the nasal septum in the embryonic and postembryonic periods entail an increased risk of otorhinolaryngological pathologies and cause a violation of the nasal air-carrying function. According to the literature, in such a condition there is a risk of impaired circulation of the discharge

from the paranasal sinuses, which leads to the creation of a favorable environment for the reproduction of infectious agents, the development of inflammation of the sinuses and mucosal hypertrophy. Inflammation of the nasal mucosa becomes the main cause of chronic rhinitis [5, 6].

Chronic vasomotor rhinitis is one of the most common forms of chronic non-allergic diseases of the upper respiratory tract. The main manifestation of the disease is persistent difficulty in nasal breathing up to its complete absence.

The aim of the study is to identify the patterns of influence of nasal septum curvature on the development of chronic vasomotor rhinitis and other otorhinolaryngological diseases.

MATERIAL AND METHODS

The study was conducted on the basis of the archive of the Children's City Clinical Hospital No. 9. Yekaterinburg. A retrospective analysis of 72 medical records of children with diagnosed chronic vasomotor rhinitis who were hospitalized in the otorhinolaryngological department of the hospital in 2023 was conducted. The study included children aged 14 to 17 years (of which 14 years - 7 people 9.7%, 15 years - 13 people 18%, 16 years - 24 people 33.3%, 17 years old - 28 people 38.9%). In the sex ratio, boys (70.8%) prevailed over girls (29.2%).

The selection criteria included patients who had hypertrophy of the mucous membrane of the upper and lower nasal concha (71 people - 98.6%).

Children prone to allergic reactions or with confirmed allergic rhinitis were excluded from the study, since in this case it is not possible to establish the dependence of the development of the disease on the curvature of the nasal septum.

The research material was statistically processed using the Microsoft Excel 2012 software package. Descriptive statistics methods were used to analyze the data obtained.

RESULTS

Among the cases included in the sample, 2 patients, representing 2.8% of the total number of patients, did not have a significant (diagnosed) curvature of the nasal septum, but mucosal hypertrophy was noted. In the remaining 70 patients (97.2%), curvature in the osteochondral region to the right in the form of a ridge - 42 cases (60%), curvature to the left in the form of a ridge (fig. 1) - 24 cases (34.3%), S-figurative curvature was observed less frequently - 4 cases (5.7%).



Fig. 1 Computer tomogram of a child's head with a curvature of the nasal septum to the left in the form of a ridge in a horizontal projection.

In most cases (87.1%), a deviated nasal septum was formed as a result of uneven growth of the skull bones, leading to a change in the size of the nasal cavity, and, as a consequence, a curvature of the nasal septum. However, there were cases (12.9%) when the curvature was a consequence of injury.

When analyzing the data, a case of chronic vasomotor rhinitis was discovered with a deviated nasal septum due to trauma, but without concomitant hypertrophy of the nasal turbinate mucosa.

Also, in 2 patients, if tracked by medical history, septoplasty was performed, after which short-term remission was recorded for 1.5-2 years and repeated treatment with renewed symptoms of chronic rhinitis. In these cases, complete recovery of the patients was achieved only after vasotomy.

In 70 patients (62.7 cases, 97.2%) with diagnosed deviated nasal septum, frequent cases of acute respiratory infections with complications were observed, including otitis in 18 cases (25.7%).

When analyzing the duration of the disease with chronic vasomotor rhinitis from the onset of symptoms to going to the hospital, the following time groups were formed: 1.5-2 years - 15 patients (20.8%), 3-5 years - 34 patients (47.2%), 6 -8 years - 10 patients (13.8%), 9-10 years - 13 patients (18%), 14-15 years - 2 patients (0.2%).

All children were hospitalized as planned and referred for submucosal septoplasty and vasotomy.

DISCUSSION

The data obtained by us that the curvature of the nasal septum affects the development of chronic vasomotor rhinitis coincide with the literature data, since in 97.2% of cases of chronic vasomotor rhinitis, a curvature of the nasal septum was observed. However, this factor should not be considered as the main cause of the disease, since this study presents cases where chronic rhinitis was not accompanied by a significant curvature of the nasal septum or septoplasty surgery did not lead to the patient's recovery [5, 6].

According to the literature, the occurrence of otitis is based on reasons that contribute to the development of negative pressure in the tympanic cavity. The main cause is tubular dysfunction, the mechanisms of its occurrence are different - changes in aeration in the nasal cavity and nasopharynx due to deviated septum, hyperplasia of lymphoid tissue, persistence of viruses and bacteria in it, anatomical changes in the shape and position of the nasal structures, anatomical features of the auditory tube, etc. During the study, cases of otitis were found (25.7%) [7].

CONCLUSION

A deviated nasal septum can be considered as a risk factor for the development of chronic vasomotor rhinitis, but not as a decisive cause of the disease. Also, deformation of the nasal septum can lead to an increase in complicated forms of acute respiratory infections and otitis media.

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