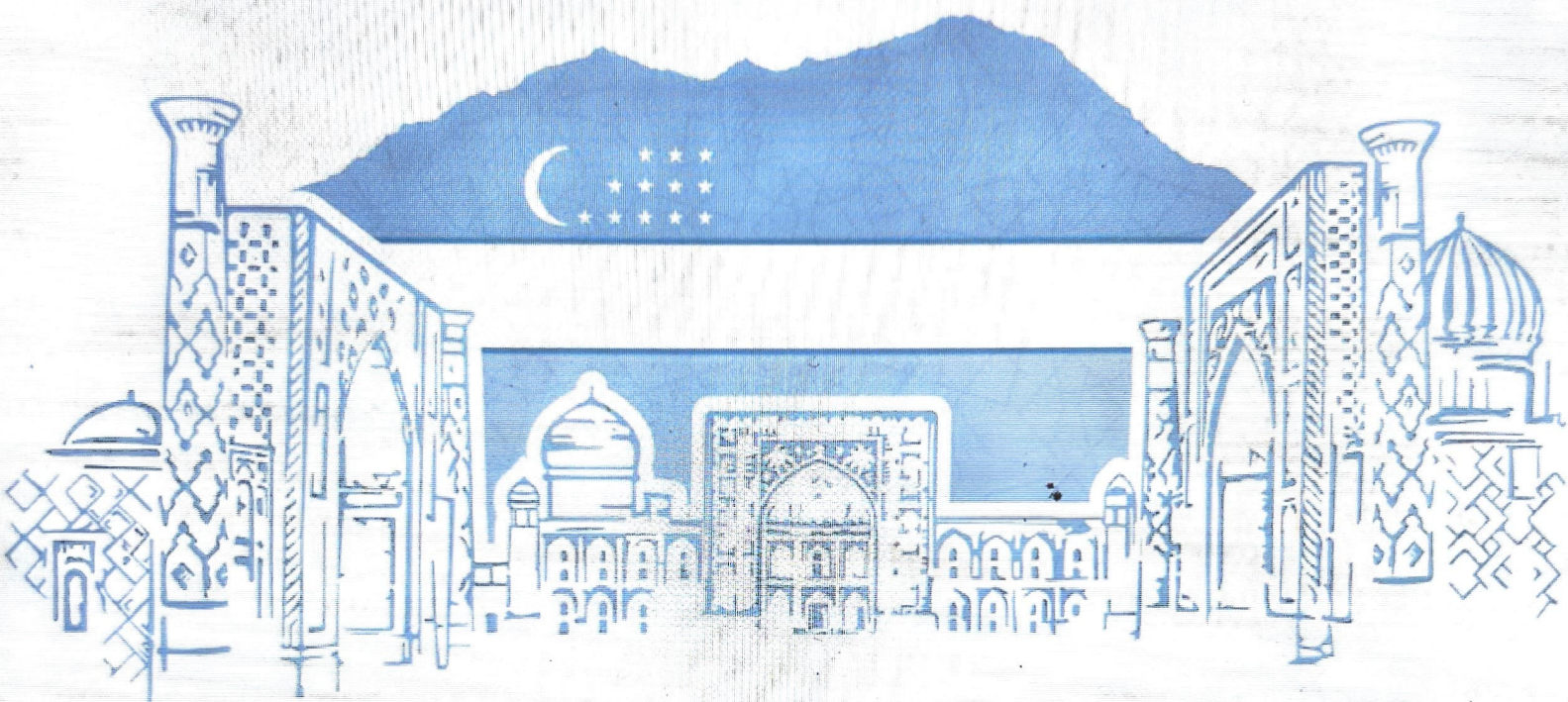


**O'ZBEKISTON RESPUBLIKASI SOG'LIQNI SAQLASH VAZIRLIGI
RESPUBLIKA IXTISOSLASHTIRILGAN OTORINOLARINGOLOGIYA VA
BOSH-BO'YIN KASALLIKLARI ILMIY-AMALIY TIBBIYOT MARKAZI
O'ZBEKISTON OTORINOLARINGOLOGIYASI VA BOSH-BO'YIN
JARROHLIGI ASSOTSIATSIYASI**



**“YANGI O‘ZBEKISTON DAVRIDA OTORINOLARINGOLOGIYADAGI
YUTUQLAR” MAVZUSIDAGI O‘ZBEKISTON
OTORINOLARINGOLOGLARINING VI SYEZDI
MATERIALLARI**

16-18 oktabr, 2025-yil, Samarqand

**МАТЕРИАЛЫ
VI СЪЕЗДЕ ОТОРИНОЛАРИНГОЛОГОВ УЗБЕКИСТАНА НА ТЕМУ
«ДОСТИЖЕНИЯ ОТОРИНОЛАРИНГОЛОГИИ В ЭПОХУ НОВОГО
УЗБЕКИСТАНА»**

16-18 октября 2025 года, Самарканд

**MATERIALS
VI CONGRESS OF OTORHINOLARYNGOLOGISTS OF UZBEKISTAN
ON THE TOPIC «ADVANCES IN OTORHINOLARYNGOLOGY IN THE
ERA OF NEW UZBEKISTAN»**

October 16-18, 2025, Samarkand

Mirzatillayeva M.A., Bakiyeva Sh.X. <i>Clinical and functional features of diagnosis and treatment of chronic tonsillitis</i>	213
Nishonboev L.S., Xasanov A.I., Shukurov Z.I. <i>Og'iz bo'shlig'i maxalliy tarqalgan saratonida kompleks davolashning yangicha yondashinuvi.</i>	214
Radjabov A.H., Pardayev F.M., Shodiyev J.A. <i>Turli yoshdagi bolalarda surunkali rinosinusitning tarqalish darajasi va klinik belgilari</i>	215
Rasulova N.Sh., Haydarova G.S., Xodjayeva D.M. <i>Hiqildoqning o'simtasimon kasalliklarida hiqildoqning akustik tahlili</i>	216
Rasulova N.Sh., Xaydarova G.S. <i>Hiqildoq ovozi boylamlari kista va tugunlarining tashxislashni takomillashtirish</i>	217
Shamsiev Dj.F., Tastanova G.E., Abdusamatova I.I. <i>Influence of nasopharynx obstruction and adenotonsillary system hypertrophy on changes in chefface proportions in children</i>	218
Shamsiev D.F., Sultonov D.M., Rajabov D.B., Jurakulov S.Z. <i>Occupational daytime working schedules as a risk factor for obstructive sleep apnea in office-based employees</i>	219
Shaumarov A.Z., Djurayev J.A. <i>Morphological features in different forms of chronic tonsillitis</i>	220
Shaumarov A.Z., Djurayev J.A. <i>Comprehensive treatment of patients with different forms of chronic tonsillitis</i>	220
Sultonov D.M., Kyu-Sung Kim, Young Hyo Kim, Hyelim Park. <i>Therapeutic potential of intermittent hypoxia in mitigating allergic rhinitis and asthma via mapk pathway modulation</i>	221
Uktamov D.Sh. <i>Endoskopik sheyver adenotomiyasi: zamonaviy yondashuvning afzalliklari</i>	221
Абдуллаева Н.Н., Фархатов М.Б. <i>Реконструкция дефектов гортани: обзор современных методов</i>	222
Алиева М.У., Наджмутдинова Н.Ш., Абдукаюмов А.А., Иноятова Ф.И. <i>Анализ акустических параметров голоса джиттер и шиммер у детей с дисфонией после операции на гортани</i>	223
Ашурова Д.Д., Джамбекова Г.С., Ашуров А.М. <i>Аденоидная вегетация и аллергия</i>	224
Болаткан А.К., Карымсакова С.Ж. <i>Реабилитация после микрохирургии гортани: методы восстановления голосовой функции и улучшения качества жизни после операций на гортани</i>	225
Быков Ю.В., Беккер Р.А. <i>Устранение обструкции верхних дыхательных путей как поворотный момент в лечении резистентной депрессии: клиническое наблюдение</i>	227
Быков Ю.В., Беккер Р.А. <i>Клиническое наблюдение: роль санации хронического очага в области верхних дыхательных путей в терапии резистентного орофациального невропатического синдрома</i>	228
Вохидов У.Н., Шерназаров О.Н. <i>Ҳиқилдоқнинг хавфсиз ўсмаларида овоз функциясини акустик баҳолашнинг клиник аҳамияти</i>	229
Гасымов А.В., Панахиан В.М., Абилова Ф.А., Гусейнова М.А. <i>Целесообразность проведения абсцесстонзилэктомии по данным нашей клиники</i>	231
Егоров В.И., Беляева А.П. <i>No-терапия в послеоперационном ведении пациентов с паратонзиллярным абсцессом.</i>	232
Егоров В.И., Беляева А.П. <i>Наш взгляд на проблему хирургического лечения ронхопатии.</i>	233

Jitter, Shimmer va HNR ko'rsatkichlari diagnostik jihatdan eng informativ deb topildi. Jitter va Shimmerning yuqori darajalari ovozning beqarorligini, HNRning pasayishi esa ovozning shovqinli bo'lishini ko'rsatadi. Sog'lom va bemorlar o'rtasidagi farqlar statistik jihatdan ishonchli deb topildi ($p < 0,01$).

Natijalarni muhokamasi

Akustik tahlil xalqaro miqyosda tan olingan va hiqildoq kasalliklarida ovoz funksiyasini baholash uchun muhim usuldir. Bu usul ovoz o'zgarishlari bilan patologiya o'rtasidagi bog'liqlikni aniq aks ettiradi. Usul invaziv emas, bemorlarda dinamik kuzatuv o'tkazishga, biopsiya yoki jarrohlik qarorlarini qabul qilishda yordam beradi.

Xulosa

1. Akustik tahlil hiqildoqning o'simtasimon kasalliklarida xos ovoz o'zgarishlarini aniqlash imkonini beradi.
2. Jitter, Shimmer va HNR parametrlari ovozboylamlari vibratsiyasidagi buzilishlarni aks ettiradi.
3. Bu usul istiqbolli, invaziv bo'lmagan diagnostika yondashuvi sifatida kompleks tekshiruvlarga kiritilishi mumkin.

HIQILDOQ OVOZ BOYLAMLARI KISTA VA TUGUNLARINING TASHXISLASHNI TAKOMILLASHTIRISH

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Dolzarbligi. Ovoz boylamlari patologiyalari, xususan, kistalar va tugunlar otorinolaringologiyada muhim muammo hisoblanadi. JSST ma'lumotlariga ko'ra, ovoz apparati kasalliklari katta yoshdagi aholining 3-7 foizida uchraydi. Ular orasida yaxshi sifatli hosilalar, jumladan, ovoz boylamlari kistalari va tugunchalari yetakchi o'rinlardan birini egallaydi. Qiyosiy tashxislashning qiyinchiliklarini hisobga olgan holda, o'z vaqtida va aniq tashxis qo'yish zarurati juda yuqori.

Diagnostikaga yondashuvlarni takomillashtirish nafaqat tashxis qo'yishning aniqligini oshirish, balki aralashuvning invazivligini minimallashtirish, samarali davolash taktikasini tanlashni tezlashtirish imkonini beradi. Ular ko'pincha doimiy xirillash, fonatsiyaning buzilishi, bemorlarning, ayniqsa kasbiy faoliyati ovoz zo'riqishi bilan bog'liq bo'lganlarning hayot sifatining yomonlashishiga sabab bo'ladi.

Tadqiqotning maqsadi zamonaviy texnologiyalar va klinik yondashuvlarni hisobga olgan holda hiqildoqning tovush boylamlari kistalari va tugunlari diagnostikasini optimallashtirish usullarini tadqiq qilish va asoslashdan iborat.

Tadqiqot maqsadi. Ovoz boylamlari kistalari va tugunlarini tashxislash aniqligini oshirishga qaratilgan samarali diagnostik chora-tadbirlar majmuasini ishlab chiqish va asoslash.

Tadqiqot vazifalari

1. Ovoz boylamlari kista va tugunchalarining klinik va morfologik xususiyatlarini o'rganish.
2. Ushbu patologiyalarni tashxislashning mavjud usullarini tahlil qilish.
3. Diagnostikaning eng ma'lumotli va qulay usullarini aniqlash.

Materiallar va usullar. Tadqiqotga 2024-yildan 2025-yilgacha bo'lgan davrda otorinolaringologiya TTA ko'p tarmoqli klinikasida ovoz boylamlarining xavfsiz hosilalariga shubha qilingan 23 nafar bemor kiritilgan. Tadqiqotda yoshi 40 dan 60 yoshgacha bo'lgan bemorlar qatnashgan. Bemorlarga quyidagi diagnostik algoritm qo'llanildi:

1. 2 haftadan ortiq xirillashi bo'lgan bemor → birlamchi ko'rik (bevosita va bilvosita laringoskopiya);
2. Patologik o'zgarishlar aniqlansa → hosil bo'lish xarakteriga aniqlik kiritish uchun videostroboskopiya;
3. Kist avval tugunga ga shubha qilinganda → MRT yoki hiqildoq UTT;
4. Tugunchalarga shubha qilinganda → foniatri, logoped, akustik tahlil;

Shuningdek, fotohujjatlar ma'lumotlarini tahlil qilish va qo'llanilgan usullarning diagnostik ahamiyatini qiyosiy baholash amalga oshirildi. Sog'lom va bemorlar o'rtasidagi farqlar statistik jihatdan ishonchli deb topildi ($p < 0,01$).

Muhokama. Zamonaviy tadqiqotlar videostroboskopiya va akustik tahlilning yuqori diagnostik qiymatini tasdiqlaydi. Mashinali o'qitish yordamida ma'lumotlarni talqin qilishni avtomatlashtirish eng istiqbolli yo'nalish hisoblanadi. Shuningdek, xavf guruhlarida (pedagoglar, vokalistlar, diktorlar) profilaktika va tashxisni erta aniqlashning ahamiyatini ta'kidlash lozim.

Xulosa. O'tkazilgan tadqiqotlar zamonaviy vizualizatsiya va funksional usullarni o'z ichiga olgan kompleks diagnostika algoritmini qo'llashning samaradorligini tasdiqladi. Eng muhim usullar videostroboskopiya va akustik tahlil bo'lib, ular ovoz boylamlari kistalari va tugunlarini yuqori aniqlikda farqlash imkonini beradi.

INFLUENCE OF NASOPHARYNX OBSTRUCTION AND ADENOTONZILLARY SYSTEM HYPERTROPHY ON CHANGES IN CHEFFACE PROPORTIONS IN CHILDREN

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Abstract. The group most susceptible to the development of craniofacial anomalies are children with chronic nasopharyngeal obstruction, who often experience oral breathing, leading to problems with food intake, swallowing, and speech. Children due to difficulty breathing simultaneously during these actions. A decrease in chewing effectiveness, in turn, can lead to a disruption of the bite. Moreover, children with adenotonsillar hypertrophy are more likely to experience sleeping respiratory disorders such as snoring or obstructive sleep apnea. Enlarged adenoids and tonsils obstruct the upper respiratory tract and force breathing through the mouth. The imbalance between the opening and closing muscles of the mouth negatively affects the craniofacial structure due to weak stimulation of the local bone attachment.

Research goal: assess the craniofacial proportions in children with adenotonsillar system hypertrophy, taking into account the degree of nasopharyngeal obstruction and enlargement of the nasopharyngeal and palatine tonsils.

Materials and methods: The study was conducted at the Department of Pediatric ENT Diseases of the Tashkent Medical Academy. The anthropometric and clinical data of 75 children (39 boys and 36 girls) referred to the clinic for surgical adenoidectomy or adenotonsillectomy were collected. All these patients met the criteria for the procedure, which included 1) chronic hypertrophic tonsillitis caused by focal infections or recurrent upper respiratory tract infections. 2) having one of the symptoms, such as nasal congestion, recurrent upper respiratory tract infections, snoring, hearing impairment, apnea, or recurrent otitis media in the anamnesis. Nasopharyngeal obstruction was assessed using flexible fibrooptic nasopharyngolaryngoscopy. The degree of adenoid hypertrophy was assessed on a 3-point scale, where nasopharyngeal obstruction $<50\%$ corresponded to the 1st degree, $50-75\%$ - to the 2nd degree, and $>75\%$ - to the 3rd degree. To assess the size of the tonsils, we used a four-point Brodsky scale.

The total sample consisted of 75 children aged 6.3 years. The first symptoms of adenotonsillary hypertrophy appeared at an average age of 3.4 years. In most patients (75%), the duration of the disease was up to 3 years. We observed enlarged adenoids in approximately 40% of patients, and enlarged palatine tonsils in 33%. After a combination of the degree of adenoid and palatine tonsil hypertrophy, we observed severe nasopharyngeal obstruction in approximately 38% of the total sample.

Discussions: In our study, we observed an increase in craniofacial width relative to facial height with increasing age of first symptoms, wider forehead, wider jaw, and shorter overall and upper facial area relative to facial width in children with symptoms lasting more than 3 years. Standard anthropometric methods were used. Simple facial measurements using publicly available equipment make anthropometry suitable for screening the population as a whole.