ЎЗБЕКИСТОН РЕСПУБЛИКАСИ
СОҒЛИҚНИ САҚЛАШ ВАЗИРЛИГИ
ТОШКЕНТ ТИББИЁТ АКАДЕМИЯСИ



ВЗГЛЯД МОЛОДЫХ УЧЕНЫХ» «ИННОВАЦИИ В МЕДИЦИНЕ:

СБОРНИК МАТЕРИАЛОВ
УЧЕБНО-МЕТОДИЧЕСКОЙ КОНФЕРЕНЦИИ

ТИББИЁТДАГИ ИННОВАЦИЯЛАР: ЁШ ОЛИМЛАР НАЗАРИ

ЎҚУВ-УСЛУБИЙ АНЖУМАН
МАТЕРИАЛЛАРИНИНГ ТЎПЛАМИ

"INNOVATIONS IN MEDICINE: VIEW OF YOUNG SIENTISTS"

THE COLLECTION OF MATERIALS OF
THE EDUCATIONAL AND PROCEDURAL
CONFERENCE

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USING VARIOUS TYPES OF INTRANASAL STEROIDS IN CHRONIC RHINOSINUSITIS WITH NASAL POLYPS

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Nowadays treatment of chronic polypoid rhinosinusitis with nasal polyps (CPRwNP) is of the modern problems of otorhinolaryngology. Every doctor uses different types of intranasal steroids for the treatment in postsurgical period. And they think that effectiveness of treatment in some cases related to the type of steroids.

The aim of this study was to study effectiveness of different types of intranasal steroids in patients with CPRwNP.

Materials and methods. We studied 45 patients with CPRwNP in the 2nd and 3rd clinics of Tashkent Medical Academy during the last two years. We divided patients into 2 groups: in the first group we used mometasone furoate 200 μg (25 patients) and in the second group fluticasone propionate 400 μg (20 patients). Most patients were male (75,6%) and all patient were in the age of 35 to 60. In all patients underwent functional endoscopic sinus surgery. We used intranasal steroids during 3 months after surgical procedure.

Results. In the first group of patients, there is only in 2 patient (8%) were relapse of disease after 1 year. Another patients were not recognized the relapse of disease during two years. In the second group of patients only in 1 patient (5%) was relapse of disease after 6 months. In all other patients were not recognized the relapse of CPRwNP.

Conclusion. The small study shows that no difference was found between the effectiveness of two steroids: mometasone furoate and fluticasone propionate when they using after surgical procedure in patients with CPRwNP.

EVALUATION OF A DAILY USED NAVIGATION SYSTEM FOR FESS

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PROBLEM: The aim of this study is to proof the clinical efficiency by using a modern navigation system for Functional Endoscopic Sinus Surgery (FESS).

MATERIAL AND METHODS: An optical navigation system was used in clinical routine of 300 patients. Two groups with 150 patients each were examined. Group A was treated with navigation assistance (Karl Storz Navigation Panel Unit NPU), Group B was treated without navigation by conventional FESS. Examination period was limited to 12 months. Median follow-up is 22 and 26 weeks. Perioperative, intraoperative and postoperative parameters were recorded by workflow-analysis, clinical and radiological findings and standardized questionnary.

RESULTS: Application of the navigation system needs 1.1 min additional perioperative time in average. Intraoperative time reduction by the navigation system was about 10 min per case (Group A 32.6 (SD 11.2) min, Gruppe B 42.7 (SD 9.5) min). Specific information by the navigation system was evaluated in all surgical areas as usefull and additional to a-priori-knowledge. Postoperatively patients from group A (10/89) show lower rate of re-polyposis then in group B (24/71). Fenestration of the sphenoid

sinus were sufficient by CT-evaluation in 100% (group A) and 23% (group B).

CONCLUSIONS: The advantages of the examined navigation system in comparison to the gold standard of FESS are proven. Navigation assistance led to an reduced intraoperative time consumption, increased postoperative results and lowered the workload of the surgeons.

ENDOSCOPIC SINUS SURGERY UNDER NAVIGATION SYSTEM. ANALYSIS REPORT OF 40 CASES WITH CHRONIC POLYPOID RHINOSINUSITIS.

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Tashkent Medical Academy

The aim of this study is to proof the clinical efficiency by using a modern navigation system for Functional Endoscopic Sinus Surgery (FESS).

Material and methods. An optical navigation system was used in clinical routine of 40 patients. Two groups with 20 patients each were examined. Group A was treated with navigation assistance (Karl Storz Navigation Panel Unit NPU), Group B was treated without navigation by conventional FESS. Examination period was limited to 12 months. Median follow-up is 22 and 26 weeks. Perioperative, intraoperative and postoperative parameters were recorded by workflow-analysis, clinical and radiological findings and standardized questionnaire.

Results. Application of the navigation system needs 1.1 min additional perioperative time in average. Intraoperative time reduction by the navigation system was about 10 min per case (Group A 32.6 (SD 11.2) min, Group B 42.7 (SD 9.5) min). Specific information by the navigation system was evaluated in all surgical areas as useful and additional to a-priori-knowledge. Postoperatively patients from group A (10/89) show lower rate of polyposis then in group B (24/71). Fenestration of the sphenoid sinus were sufficient by CT-evaluation in 100% (group A) and 23% (group B).

Conclusions. The advantages of the examined navigation system in comparison to the gold standard of FESS are proven. Navigation assistance led to an reduced intraoperative time consumption, increased postoperative results and lowered the workload of the surgeons.

CLINICAL FEATURES OF DEVELOPMENT OF SECONDARY ISCHEMIA IN ACUTE PERIOD OF HEMORRHAGIC STROKE

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Background. The triggers for the development of secondary ischemia in hemorrhagic stroke are both the various primary lesions of the vessels and cardiovascular system with a critical decrease in flow rate of the cerebral blood flow.

Aim of the study was to assess clinical features of acute period of hemorrhagic stroke in the development of secondary cerebral ischemia.

Materials and methods. We observed and surveyed this study over 30 patients,