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Modern Methods of Treatment of Patients with Chronic Obstructive Lung Disease and Rhinosinusitis

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Resume. The comorbid background of patients with chronic obstructive pulmonary disease (COPD) is burdened by no less than the somatic status of "vascular" patients, while it is obvious that COPD, in turn, aggravates the clinical course of the absolute majority of diseases known today according to a number of clinical and laboratory indicators.

This article discusses the idea of chronic obstructive pulmonary disease and concomitant rhinosinusitis, their modern methods of diagnosis and treatment.

Key words: rhinosinusitis, comorbidity, chronic obstructive pulmonary disease.

Relevance. Diseases of the respiratory system still represent an important social and medical problem all over the world, since they occupy one of the leading places in the total mortality rate of the population, and the economic damage caused to society due to the high morbidity and disability of patients is enormous. Over the past 25 years, the overall incidence of respiratory diseases has been steadily increasing [2,6]. According to official statistics, the share of the respiratory system accounts for about 40% of all cases of morbidity, which exceeds the incidence rates of other classes of diseases [5]. In the structure of reasons for seeking medical care, their share in different territories ranges from 29.2 to 43.5% among adults and from 65.4 to 83.8% - among children.

The most common forms of respiratory diseases are acute diseases: acute respiratory viral infections, acute bronchitis and pneumonia, which make up 94.2, respectively; 4.0; 1.8%, among the adult population and 96.6; 2.9; 0.5% - among the child population [1.4].

Currently, more than 1 billion people of all ages in all countries of the world suffer from chronic respiratory diseases (CRD). The burden of preventable CRD has a major negative impact on the quality of life and work capacity of people affected by CRD, which causes early death. According to WHO data obtained from a survey of representative samples of the population based on an international questionnaire and spirometry in the framework of the GARD (Global Alliance against Chronic Respiratory Diseases) epidemiological study, chronic respiratory diseases are a serious problem for public health in all countries of the world [3,7].

A number of serious diseases are grouped together under the general name "chronic respiratory diseases". Preventable CRDs include asthma and respiratory allergies, chronic obstructive pulmonary disease, occupational lung disease, and pulmonary hypertension. They pose a serious threat to society, especially among socially vulnerable groups. The forecast of WHO experts until 2020 indicates that chronic lung diseases will become not only one of the most common forms of human pathology, but will also be among the leading causes of death [4,8].

Currently, signs of chronic lesions of the broncho-pulmonary apparatus are detected in 30% of those who applied to the polyclinic.

Respiratory diseases are socially conditioned. The emergence of many of them is associated with the influence of various social and hygienic factors, among which the most important are professional, environmental, social [3,5].

Currently, there are 16 to 30 main risk factors for chronic diseases of the respiratory system, combined into several groups (social, socio-psychological, biological, environmental, socio-demographic, etc.), among which the most recognized are: dustiness and gas pollution of atmospheric air, professional agents, smoking (duration and intensity), alcohol abuse, repeated acute respiratory infections and acute pneumonia, unfavorable climatic conditions, physical and neuropsychic stress, sensitization to allergens, ethnic characteristics, low socioeconomic status, aggravated premorbid



background, diseases mothers during pregnancy, physical inactivity, unhealthy diet, decreased immunological reactivity [6].

Medical statistics of recent years convincingly indicate an increase in the number of diseases of the nose and paranasal sinuses, and both the overall incidence of rhinosinusitis and the proportion of this pathology in the structure of ENT diseases are increasing.

The close anatomical and physiological relationships of the upper and lower respiratory tract are the reason that the increase in the number of rhinosinusitis is, as it were, "in step" with the increase in the number of pulmonary diseases, in particular chronic obstructive pulmonary disease (COPD), and this trend has not yet been disrupted, despite on the joint efforts of leading experts from all over the world. COPD ranks 4th in the world among the causes of death in the age group over 45, and the number of deaths continues to increase.

It has been proven that chronic inflammation of the upper and lower respiratory tract has a similar etiology, due to the fact that the mucous membrane of the airways from the nasal cavity to the middle bronchi has a similar anatomical and histological structure [9].

It is known that one of the factors contributing to the exacerbation of COPD, and in some cases to its development, is a bacterial infection [3]. This circumstance dictates the need to obtain convincing evidence of the relationship between the nature of a chronic bacterial infection of the upper respiratory tract (bacterial chronic rhinosinusitis) and the severity, nature, clinical features of COPD, as well as the number of exacerbations.

Purpose of the study. The purpose of this study is to determine the therapeutic efficacy of modern drugs in the treatment of the Complex in patients with chronic rhinosinusitis and chronic obstructive pulmonary disease.

Materials and research methods. To solve the set tasks, 40 patients were examined. All patients were divided into 2 groups of 20 people. The first group consisted of 12 men and 8 women aged 39 to 66 years (mean age 52 years). All patients in this group suffered from exacerbation of chronic rhinosinusitis in combination with COPD stage 1-2 during exacerbation.

Research results. All patients, along with standard otorhinolaryngological and X-ray examinations, underwent bacteriological examination of nasal discharge, ultrasound (US) scanning of the maxillary sinuses, examination of mucociliary function using saccharin test, and the results of rhinopneumomanometry were analyzed. To clarify the dynamic state of the bronchopulmonary system, the patients underwent a pulmonary examination (consultation with a pulmonologist, determination of FVD). Erespal was added to the treatment regimen for all patients in this group, 160 mg per day, taken twice. Patients in this group were also prescribed bronchodilators.

Group 2 consisted of 10 men and 10 women aged 40 to 68 years (mean age 54) with exacerbation of chronic rhinosinusitis in combination with COPD stage 1-2 during exacerbation. The survey was carried out according to the scheme indicated above. Treatment of patients in this group consisted of the appointment of mucolytics and bronchodilators. Hormonal therapy was not carried out, with the exception of patients with concomitant bronchial asthma. These patients were further excluded from the study.

We took into account such indicators as headache, malaise, difficulty in nasal breathing, nasal discharge, shortness of breath (the severity of shortness of breath was assessed using the original Borg scale), as well as cough, dry wheezing, and sputum production. The effectiveness of the drug was evidenced by the dynamics of indicators of ultrasound scanning of the paranasal sinuses.

The results of this study were interpreted as follows: 2-4 LEDs - normal, 4-6 - I degree of edema of the mucous membrane of the maxillary sinus, 6-8 - II degree, 8-10 - III degree, a gap between the LEDs - the presence of pathological contents that were produced using a one-dimensional ultrasound device SIHUSCAN with a built-in LED indicator, as well as the dynamics of mucociliary clearance and rhinopneumometry indicators. The results of the study were recorded in a specially developed card filled out by patients during the study. The severity of symptoms was assessed in points from 0 to 5 using a special scale.

Our study indicates a fairly high therapeutic efficacy of fenspiride.

In group 1, by the end of treatment (day 10), 20 (100%) had no nasal discharge.

In patients of the 2nd group, by the end of treatment (10th day) there was no discharge in 7 (35%), in 7 - the amount of discharge was sharply reduced. In 6 (30%) patients, there was no positive dynamics against the background of the treatment. In general, a positive clinical effect was observed in 14 (70%) of 20 patients.

No changes in the microbial landscape under the influence of fenspiride were noted.

After analyzing the dynamics of indicators of mucociliary transport, it can be concluded that while taking the drug Erespal improves the function of the ciliated epithelium.



In the study of FVD, we determined volumetric and speed indicators: vital capacity of the lungs (VC), forced vital capacity of the lungs (FVC), forced expiratory volume in 1 second (FEV1, modified Tiffno's index (FEV1 / FVC). relation from the norm.

The results of the study of FVD in the period of exacerbation of COPD showed that against the background of the use of fenspiride there was an increase in FEV1 indicators by 1.32 times (in the comparison group - 1.03 times) and there was a tendency to an increase in the modified Tiffno index, but this indicator did not reach the degree of statistical significance.

From the data presented, it can be concluded that there is a confident decrease in the clinical signs of exacerbation of chronic rhinosinusitis and concomitant COPD both in the first and in the second groups of patients, however, while taking fenspiride, the positive effect arose faster and more actively. In no case did we notice any undesirable side effects during drug treatment. This indicates the safety of the drug in clinical practice.

The results obtained indicate a fairly high therapeutic efficacy of fenspiride in relation to acute and exacerbation of chronic sinusitis with comorbid COPD, and we consider it appropriate to widely use this drug in the complex treatment of these patients.

Conclusion. The results obtained indicate a fairly high therapeutic efficacy of fenspiride in relation to acute and exacerbation of chronic sinusitis with comorbid COPD, and we consider it appropriate to widely use this drug in the complex treatment of these patients.

Thus, the assessment of comorbidity in patients with COPD is an important component of the clinical prognosis. Purposeful identification of comorbidity would allow taking into account the prevalence of diseases of the cardiovascular system in patients with COPD when choosing cardio-safe drugs to prolong the quality of life of patients.

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