

## DIAGNOSIS OF THE ORIGIN OF LARYNGOTRACHEITIS AND MODERN CLINICAL DIAGNOSTIC METHODS

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**Relevance of the problem:** Laryngotracheitis is a complex lesion of the respiratory tract, an acute or chronic disease of the respiratory tract. The pathological process is characterized by inflammation of the trachea and larynx, combined with damage. The disease is infectious in nature. Depending on the clinical situation, it is provoked by bacteria, viruses or several agents at once (in this case, the pathological condition is somewhat more severe). The disorder is dangerous to health, and in some cases to the patient's life. It is fraught with many complications. Therefore, the disease cannot be ignored. Diagnosis and treatment of the pathological process, laryngotracheitis, is the work of an otorhinolaryngologist. Conservative therapy is carried out. Usually outpatient. In rare cases, surgical treatment is required, but this is an extreme and very rare measure of helping the disease.

**Research methods and materials:** The causes of laryngotracheitis are complex. Depending on the nature of the pathological condition, there is an infectious lesion of one or another origin. The patient's weakened and insufficiently functional immunity also plays a negative role. This also includes the so-called risk factors that create an additional probability of the development of the inflammatory process in the respiratory tract. Assessment of the causes is important for prescribing a competent and high-quality course of treatment. The doctor must work with the causes. He prescribes treatment and prescribes preventive measures to prevent relapse of the disease.

**Observable results:** The basis of the disease is inflammation of the trachea and larynx of an infectious nature, as well as a decrease in local and general immunity. These two factors play a

key role in the pathogenesis of the disorder. Inflammation is caused by bacteria or viruses. Among the bacterial agents, the following pathogens play the most important role:

staphylococci (primarily *Staphylococcus aureus*);

streptococci (as an equally dangerous and common representative of the pyogenic flora group);

pneumococcus (slightly less common).

Most often, pathogens are representatives of a specific flora. The causative agents of sexually transmitted diseases: mycoplasmas, chlamydia, syphilitic spirochetes. Mycobacteria can also affect tuberculosis. Such forms of the disease, of course, are more severe and can cause complications. Fortunately, they do not develop as often as others. Such clinical cases are in the minority.

**Conclusion:** The inflammatory process against the background of damage to the trachea and larynx is a normal reaction of the body to a foreign structure. However, in some cases, the natural response to infection is insufficient. This happens when local and general immunity decreases. A similar phenomenon occurs in every fifth patient. In some social groups, there are more people with an inadequate immune system.

The reasons for the development of immunodeficiency in the broad sense of the word can be very different. Among them:

inflammatory processes of a chronic nature affecting the oropharynx, oral cavity and other infections;

History of HIV infection, including active disease, acquired immunodeficiency syndrome (AIDS);

previous operations;

strong negative impact on the patient's body (including low temperatures, overheating of the body, contact with sick people and other options).

Inflammation of the respiratory tract occurs in response to a group of factors that create an additional likelihood of the pathological condition. These factors include:

infections of the oral cavity, pharynx (tonsillitis, caries, recurrent stomatitis and other pathological conditions);

Pharyngitis, by itself, is one of the most important risk factors for the development of laryngotracheitis;

immune system disorders, regardless of the origin of the disorder;

the use of hormonal drugs that potentially reduce the intensity of the patient's body's defenses;

chronic respiratory diseases, including bronchitis, pneumonia, bronchial asthma and other variants;

metabolic diseases such as diabetes;

any hormonal imbalance due to natural or endocrine pathology;

other somatic diseases, damage to the body and its systems;

Diseases of the ENT organs.

Risk factors can be modified as part of quality prevention. By eliminating at least some of them, there is a chance to significantly reduce the likelihood of a patient developing laryngotracheitis.

Acute laryngotracheitis develops within 1-2 days or faster. Accompanied by a bright clinical picture with a complex of local and general manifestations. Requires mandatory medical care as soon as possible. The subacute form develops much more slowly. There is also an truncated clinical picture. In the chronic form, the disease occurs with alternating periods of exacerbation and remission. In remission, symptoms are absent or they are rare and very rare. Almost invisible. It is almost impossible to completely cure chronic laryngotracheitis. Help is symptomatic.

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