

IMPROVING CONSERVATIVE TREATMENT OF LARYNGOSTENOSIS IN CHILDREN

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The aim of the study was to optimize the treatment of patients with subglottic laryngeal stenosis. We examined a total of 14 patients who presented with subglottic laryngeal stenosis.

The etiological factors and underlying conditions of laryngeal stenosis were prolonged intubation in 4 patients, Wegener's granulomatosis in 6 patients, and idiopathic stenosis of the larynx in 4 patients. All patients underwent balloon dilatation using videoendoscopic techniques.

Surgical treatment of all patients allowed to permanently expand the lumen of the subglottic part of the larynx, reduce the duration of inpatient treatment and rehabilitation of patients. Restenosis of the laryngeal lining stenting was observed in one patient with Wegener's granulomatosis, which was associated with a relapse of the underlying disease.

Materials and methods. The invention relates to medicine, in particular to otorhinolaryngology and thoracic surgery, and can be used for the treatment and prevention of cicatricial stenosis of the larynx and trachea. For this purpose, a medicinal mixture of diprospan 0.5-1.0 ml, longidase 1500-3000 IU, lidocaine 2% 0.04 g, ketorolac 0.03 g, diluted with 10% glucose solution to 5 ml is administered peritracheally. Administration is carried out once a week, with a course of 1-3 injections. In between injections, as well as after the end of the course of injections, inhalations are carried out once a week through a compressor nebulizer with Longidase 1500 IU diluted in 3 ml of a bronchodilator or mucolytic drug. 3-5 inhalations.

Object of observation: The invention allows to increase the effectiveness of stenosis treatment and restenosis prevention by improving lymph flow, blood flow, microcirculation, tissue trophism, reducing the level of long-term anesthesia and endotoxemia, which leads to rapid elimination of inflammation and prevention of excessive development of scar-granulation tissue in the larynx and trachea.

Results. To solve the problem, a medicinal mixture consisting of diprospan 0.5-1.0 ml, longidaza 1500-3000 IU, lidocaine 2% 0.04 is used for the prevention and treatment of cicatricial stenosis of the larynx and trachea, including when administering the drug. retrosternal near the trachea, ketorolac 0.03 g, diluted in 5 ml with a 10% solution glucose, once a week, in a course of 1-3 injections, and between injections and after the end of the course of injections, inhalations Longidase 1500 ME diluted in 3 ml of solution through a compressor nebulizer. bronchodilator or mucolytic drug, a total of 3-5 inhalations once a week.

The set of features that lead to the solution of the problem is new, unknown from the state of the art and not obvious to a specialist. This method has undergone clinical trials. Thus, it meets the criteria of invention: "novelty", "inventive step", "industrially applicable".

The method is carried out as follows. On the eve of bougiena, dilatation, cryosurgery or any endoscopic method of restoring airway patency, after reconstructive plastic interventions due to cicatricial stenosis of the larynx or trachea, laryngeal-tracheal stenosis or tracheal anastomosis. excessive growth of scar-granulation tissue, immediately before administration, a medicinal mixture is prepared by mixing drugs consisting of diprospan. 0.5-1.0 ml, longidaza 1500-3000 IU, lidocaine 2% 0.04 g, ketorolac 0.03 g, diluted with 10% glucose solution to 5 ml and injected retrosternal into the peritracheal tissue once a week, in 1-3 courses, and in the intervals between injections and after the end of the course of injections, inhalations are performed through a compressor. Longidase nebulizer 1500 IU, diluted and 3 ml of bronchodilator or mucolytic drug, once a week for a total of 3-5 inhalations.

Conclusion: The regimen we propose is selected based on literature data on normal and pathological human anatomy and physiology, pharmacodynamics and pharmacokinetics of drugs. The effect of the proposed medicinal mixture on the formation of scar-granulation tissue in the larynx and trachea and the method of its application are experimentally based and clinically confirmed.

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