

SIGNIFICANCE OF COMPUTER TOMOGRAPHY IN NOSE LIQUIRO

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Nasal liquorrhoea (BL) - leakage of cerebrospinal fluid into the nasal cavity - is a rare but potentially fatal disease that is not always correctly diagnosed by doctors and can exist for many years under the guise of allergic or vasomotor rhinitis. . fistula occurs due to defects in bone structures and cerebral vessels. If the bone defect is large, the membranes and substance of the brain can fall through it and form a hernia sac, which is called a meningo(encephalo)cele [1].

Key words

Nasal liquorrhoea, meningo(encephalo)cele, spontaneous nasorrhoea, inflammation, nasal discharge, metabolic diseases, weight gain, increased intracranial pressure.

INTRODUCTION

Nasal liquorrhoea (BL) - leakage of cerebrospinal fluid into the nasal cavity - is a rare but potentially fatal disease that is not always correctly diagnosed by doctors and can exist for many years under the guise of allergic or vasomotor rhinitis. . fistula occurs due to defects in bone structures and cerebral vessels. If the bone defect is large, the membranes and substance of the brain can fall through it and form a hernia sac, which is called a meningo(encephalo)cele [1]. Such a fistula can appear as a result of craniofacial trauma, previous surgery in the nasal cavity and the base of the skull. Or on its own, against the background of increased intracranial pressure. Thus, it is possible to distinguish between traumatic and spontaneous nasal discharge. On the other hand, spontaneous nasorrhoea can be congenital or as a result of intrauterine diseases in the formation of bone structures of the base of the skull. In the second case, a fistula may appear against the background of various problems [1, 2]. These include metabolic diseases, weight gain, increased intracranial pressure, anomalies in the development of the anterior parts of the skull base, etc. [2]. A large amount of liquid coming out of the nose is very unpleasant, because it seriously reduces the quality of life. But a serious complication is meningitis, i.e. inflammation of the membranes and substances of the brain, because in any cold there are conditions for infection to enter the cranial cavity from the nasal cavity [3]. Another terrible complication is pneumocephalus, when air enters the cranial cavity through an open fistula. These complications require urgent hospitalization of the patient [4, 5]. Spontaneous nasal fluid (SBL) is a rare but serious condition. Its diagnosis is difficult and different [6]. Often, SBL is hidden behind the masks of other diseases of the respiratory organs - various rhinitises [7]. The problems of liquorice inside the nose remain relevant, especially at the current stage of health care development. The number of patients with this nosology is increasing every year, and the number of intracranial complications is increasing accordingly [8]. In some cases, recurrence of SBL occurs after surgical treatment. The problem of repeated SBL diagnosis, as well as the assessment of the quality of surgical treatment, remains relevant to this day. Recurrent SBL is currently suspected. There is no generally accepted algorithm for screening patients [9,10].

THE PURPOSE OF THE STUDY.

Development of CT diagnostic algorithm in patients with suspected recurrence of nasal liquor. Materials and methods. From 2017 to 2020, we examined and treated 65 SBL patients in the otorhinolaryngology department of the Fergana regional clinical hospital. All patients underwent computed tomography (CT) in axial and coronary projections with a slice thickness of 0.625 mm in bone and soft tissue windows, as well as endoscopic examination of the nasal cavity in the supine position. If there were no reliable signs of liquorice during the axial scan, the study was performed in

the coronary projection after 15-20 minutes, depending on the LS flow rate and the localization of the presumed defect.

RESULTS.

Most of the patients with intranasal lororrhea were in the age group of 40 to 60 years, which is 80.3% of the total number of observed patients, 89.2% of them are women. All patients with SBL consult an ENT doctor with complaints of nasal cavity, liquid transparent discharge, which increases in volume with a change in body condition and headache. We did not find a clear relationship between acute respiratory diseases, any injuries and the occurrence of licorice. 10 patients (15.4%) returned to the clinic with the above complaints. 5 of them (50%) one year after the operation, and the other half, after three to six years. Three patients presented for a third time after reoperation. In six patients (70%), the cerebrospinal fluid fistula was re-identified in the area of the ethmoid sieve plate, in four patients (40%) it was localized in the area of the walls of the sphenoid sinus. Computed tomography scans revealed decreased skull density in all patients, with negative density readings in one case. Bony defects of the sphenoid sinus walls were re-identified in all patients with recurrent sphenoidal sphenoid gyrator. In one of the cases, the resorbed bone flap reliably closed the defect against the background of LS composition. After a meningocele in which the bony substance had spread to the enke sinus, two patients were shown pachyonovic granulation.

We were also approached by a patient who had a positive effect of surgical treatment against ethmoidal nasoliquore, after a year the complaints returned and a spinal fluid fistula was detected in the sphenoid sinus. All patients with repeated ethmoidal nasoliquore (plasty performed with the middle turbinate) showed resorption of the flap covering the defect in the sieve plate. In one case, it was not possible to reliably diagnose a bone defect on the sieve plate, but there were signs of the presence of licorice in the bilnik: fluid density in the lumen of the ethmoid labyrinth cells. In one patient, the meningocele spread through a defect in the sieve plate. One of our patients with ethmoidal nasolichorea underwent seven operations to close a cerebrospinal fluid fistula in N.N. Burdenko, after which he performed a lumboperitoneal maneuver. Licorice stopped. A relapse occurred in 2014, a CT scan revealed: the size of the anterior sphenoid sinus was reduced compared to previous studies, its walls were thickened, the periosteal formation of bones was depicted along the inner contour, the wedge-shaped pocket was destroyed (previously identified), the sinus was filled with LS density. The middle turbinate, located on the right side of the nasal septum, is missing. The olfactory holes are deep, 7 mm on the right, 8 mm on the left. The left olfactory foramen expands locally to 4.8 mm in the third; a small air bubble is visible in the projection of the foramina fibrosa in the area of the bottom of the expansion. In retrofrontal cells on the left grid maze, on the right The sphenoidal cells of the lattice labyrinth are pathological contents of the density of the cerebrospinal fluid.

CONCLUSION

The largest number of patients with intranasal fluid is in the age group of 40 to 60 years, which is 80.3% of the total number of observed patients, 89.2% of them are women. 15.4% of patients had recurrent nasoliorrhea. X-ray computed tomography, as well as endoscopic examination of the nasal cavity in the supine position, play an important role in the diagnosis of recurrence of licorice. For patients with repeated SBL, it is advisable to conduct a computer tomography in two projections - coronary and axial. In the absence of direct CT signs of LS flow and to better visualize the LS pathways, the scan should be repeated 10-20 minutes after the patient is in the supine or prone position, depending on the speed and location of the LS flow. The picture of relapses of nasolichorea in different localizations on CT is difficult and diverse. An important role in its development is played by a decrease in the bone density of the skull. There is liquorrhea: the content of liquor is dense in the sphenoid sinus, lattice labyrinth cells, the presence of bone defects in the walls of the

sinuses. Bone graft resorption was visualized in all patients with ethmoidal and sphenoidal nasoliquorum. Bone defects in the walls of the sphenoid sinuses were re-identified in patients with sphenoid nasoliquorrhea.

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