pISSN:2349-5707 Volume:13,Issue 1, January -2026 eISSN:2349-5715

UDC: 616.323-007.61+616-08-035

NASOPHARYNGEAL MICROBIOTA IN CHILDREN WITH CHRONIC ADENOIDITIS

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Annotation

The study was carried out in the LOR-Department and polyclinic of the Bukhara regional children's Multidisciplinary Medical Center and in the clinic "BUKHARA LOR MED CENTRE". During the research, a bacteriological examination was carried out, in which all patients were smeared from the burunhalgum. The study examined 154 patient children between the ages of 3 and 18 who were diagnosed with adenoiditis. Among them, boys made up 67.5% and girls made up 32.5%.

Keywords

chronic adenoiditis, rhinoceros mite, viruses, bacteria.

МИКРОБИОТ НОСОГЛОТКИ У ДЕТЕЙ С ХРОНИЧЕСКИМ АДЕНОИДИТОМ

Аннотация

Исследование проводилось в ЛОР-отделении и поликлинике Бухарского областного детского многопрофильного медицинского центра, а также в клинике “BUKHARA LOR MED CENTRE”. В ходе исследований применялись различные методы, в том числе клинико-лабораторные. В исследовании приняли участие 154 больных ребенка в возрасте от 3 до 18 лет с диагнозом хронический аденоидит. Среди них мальчики составляли 67,5%, а девочки-32,5%.

Ключевые слова

хронический аденоидит, глоточный миндалина, вирусы, бактерии.

Relevance of the problem. In addition, with a constant increase in lymph nodes, complications associated with impaired hip joint function often occur. Frequent enlargement of lymphatic vessels may also be the cause [7,8]. This is mainly due to the special properties of the microbiota, as well as the fact that microorganisms have high viral and invasive activity.

Scientific researchers have mentioned in their scientific research about the peculiarities of the microflora of the burunhalghum in children, that is, the ability of microorganisms to high virulence and invasiveness is important in the development of the inflammatory process. This is especially characteristic of pathogenic bacteria, which are often detected in surtma from patients who have a chronic inflammatory process in the nose.

Treatment of this disease requires an individual approach, taking into account the age of the patient, the clinical picture of the disease and the characteristics of the burunhalghum microbiota. Conservative treatment usually involves the use of topical and systemic anti-inflammatory and antibacterial drugs, as well as physiotherapeutic treatments. However, when the disease recurs more often or complications associated with this disease develop, adenotomy surgery is recommended.

In the Prevention of chronic inflammation of the burunhalghum, it is necessary to strengthen local and general immunity, eliminate foci of chronic infection in the oral cavity and burunhalghum, and also attach importance to the correct Organization of lifestyle and diet.

pISSN:2349-5707 Volume:13,Issue 1, January -2026 eISSN:2349-5715

Particular attention is paid to measures to reduce the risk of infectious diseases, such as oral hygiene, preventing contact with infectious diseases and strengthening the immune system with vitamins and probiotics [6,10].

The Eustachian wedge is important in middle ear ventilation, providing a balance of the pressure between the middle ear and the larynx by providing aeration of the thoracic cavity. In addition, the general immunobiological state of the body also affects the development of the disease [5,9].

In modern medicine, there are various methods of treating sani, but their effectiveness is limited to this day. One of the main causes of long-lasting, slow-moving, frequent relapses and chronic diseases that are difficult to treat is a decrease in the body's protective strength. These changes are often associated with the frequent and unreasonable use of systemic antibiotics in the treatment of the disease against the background of stunted immune reactivity in children prone to disease [1,4]. In modern applied medicine, great attention is paid to the importance of respiratory viruses in the development and recurrence of inflammatory diseases in the burunhalcum. This connection is especially relevant considering the interaction of herpes infections with bacterial flora in the formation of bioplyonka [2,3]. However, studies in the literature aimed at studying the incidence and specificity of clinical signs in patients with hm disorders are rare in the literature. Especially in the treatment of the disease, there is not enough data on the development of specific diagnostic and prognostic criteria, including when complications associated with this disease develop [4,7].

The purpose of the study is to study the microbiota of the burunhalghum in children with chronic adenoiditis.

Research material and verification methods. This research was carried out at the LOR-Department and polyclinic of Bukhara regional children's Multidisciplinary Medical Center and the BUKHARA LOR MED CENTRE Clinic. During the research, a bacteriological examination was carried out, in which all patients were smeared from the burunhalgum. The study examined 154 patient children between the ages of 3 and 18 who were diagnosed with adenoiditis. Among them, boys made up 67.5% and girls made up 32.5%. The average age is 7.5 years.

Children and their mother approached the medical facility with major complaints such as difficulty breathing through the nose (98%), decreased hearing (72%), and nasal detachment (61%).

Children were diagnosed with allergic rhinitis (67%), obstructive syndrome (49%), bronchial asthma (23%), chronic tonsillitis (16%), and other accompanying diseases of the upper respiratory tract.

Research results. 154 patients involved in the study were subjected to bacteriological examination of children with the extraction of rub from the burunhalgum.

Based on complaints identified from the word patients and their parents, Anamnesis data, as well as the results of an otorhinolaryngological examination and the results of a comprehensive instrumental and laboratory analysis, including bacteriological examination of the smear obtained from the surface of the larynx murtagi, we studied the causes of the manifestation of adenoiditis of various etiologies in children.

The microorganism most identified in this sample was Staphylococcus aureus, found in 26.6% of patients. Next, Streptococcus pneumoniae was found in 21.7% of patients and Haemophilus influenzae in 17.2% of patients. Other microorganisms such as Klebsiella pneumoniae, Moraxella catarrhalis, Pseudomonas species and Streptococcus pyogenus were scarce, accounting for 5.9%, 2%, 3.2% and 2% respectively.

Also noted was the Association of microorganisms consisting of two and three types of bacteria. The combination of Staphylococcus aureus and Streptococcus pneumoniae was found in 4% of patients, while Staphylococcus aureus and Streptococcus pyogenus were also found in 4% of patients together. Combinations of Staphylococcus aureus and Acinetobacter baumannii, as well

pISSN:2349-5707 Volume:13,Issue 1, January -2026 eISSN:2349-5715

as Haemophilus influenzae and Streptococcus viridans, were found in 5.8% and 4% of patients respectively. 4% of patients reported that three microorganisms, Staphylococcus aureus, Streptococcus pneumoniae, and Streptococcus viridans, occur together.

Thus, chronic adenoiditis in children was found to be caused by microorganisms such as Staphylococcus aureus (26.6%), Streptococcus pneumoniae (21.7%), Haemophilus influenzae (17.2%), Klebsiella pneumoniae (5.9%), Moraxella catarrhalis (2%), Pseudomonas species (3.2%) I Streptococcus pyogenus (2%).

Literature

1. Kyulev A.I. Irrigationaya therapy verkhnix dixatelnix putey. Media. -1987. - S.112.
2. Lebedev Yu.A. Sekretorny sredny otit I ego Hirurgicheskoe lechenie / / Uchebno-Metodicheskoe posobie. - 2000. - S.128.
3. Luss L.V. Mesto immunomodulatorov v pediatricheskoy praktike //Pediatrics. - 2010. - № 3. - S. 72-76.
4. Maev I.V. Vne pitshevodnie proyavleniya gastroezofagealnoy refluksnoy bolezni / / experiment. Cline I, gastroenterol. -2005. -№5. - S.55-56.
5. Ostrovskaya A.S., Ivanichkin S.A. Aktualnie aspect lechenia ostrix respiratornix zabolevaniy U detey: drug topicheskogo deystviya pri rinofaringite// voprosi sovremennoy pediatrician. – 2012. №11(5). - S.160-166.
6. Paleev N.R., Isakov V.A., Chereyskaya N.K. I dr. Gastroesophagealnaya refluksnaya bolezn I pathology organov dixania: dokazatelstva vzaimosvyazi I nereshennie problem// Voprosi sovremennoy pediatrician. – 2005. -No. 6 – S.3-7.
7. Radaev A.A. Istoricheskie aspect razvitia photodynamicheskoy terapii / / Sbornik lectius po photodynamicheskoy terapii. -2014. - S. 1-3.
8. Bacteriology of Symptomatic Adenoids in Children / A. Rajeshwary, S. Rai, G. Somayaji [et al.] / / North Am. J. of Medical Sciences. – 2013. - №5(2). - R. 113-118.
9. Firangiz Suleymanovna Ikramova (2022). IMPORTANCE OF IMMUNOLOGICAL PARAMETERS IN THE CLINICAL COURSE OF PURULENT OTITIS MEDIA. Scientific progress, 3 (1), 151-156.
10. U. I. Nurov, F. S. Ikramova, & Sh. A. Alimova (2021). FUNCTIONAL STATUS OF IMMUNE STATUS IN INFLAMMATORY DISEASES OF THE PARANASAL SINUSES IN TWIN CHILDREN. Academic research in educational sciences, 2 (5), 238-246.