TREATMENT OF INFECTED ALLERGIC RHINOSINUITIS BY A MODIFIED TECHNIQUE OF A LONG-TERM DRAINAGE OF MAXILLAR SINUSES

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Nasal obstruction and abundant rhinorrhoea with allergic rhinosinuitis (AR) are the reason of a decreased sinus ventilation and collected secretion in sinuses which favours the development of bacterial flora there. That is why the acute allergic process is often followed by a purulent and inflamatory one (2) with a prolonged course due to the aforementioned drainage conditions. It is most important specially for the maxillar sinus (MS) which corresponds to the nasal cavity via the high-levelled ostium maxillare. The obligatory sinus punctures are the ordinary therapeutic behaviour; MS is washed, necessary medicines are sprayed, thus reventilation is provided, inflamatory process is located and influenced.

The necessity of this procedure repeated several times is usually denied by adults or simply rejected by children. The result is a chronification due to the proteolytic effect of the purulent exudation on sinus mucosa (5); the further course of inflamation and allergic process is heavier.

Various techniques of a long-term drainage of MS are applied in rhinologic practice (1, 3, 4, 6, etc.), thus avoiding the numerous punctures, physical and psychic trauma of the patients. Until now 2 techniques of MS-drainage are used in our country: 1) by applying a cardio-catheter (6) inserted in MS via a puncture through lower nasal cavity; it is not always successful because of bleeding and unsufficient visuality; 2) soft-wall tube implied via the lumen of a puncture-needle (3); there is a necessity of a bigger needle which is not suitable for children.

In order to improve the aforementioned techniques we suggest a new variant of implying a tube in MS: puncture, soft-wall tube inserted in needle lumen, removed away needle, little pipe inserted through the tube, tube taken out; outer end of pipe sticked on the cheek skin.

We applied our modified technique in the treatment of 75 patients with following diseases: infected AR (62), maxillar sinuitis of dental origin (7), maxilloethmoiditis of children with orbital periostitis and sepsis (6). The latter were subjected to a drainage under total anaesthesia.

Usually we washed sinuses with saline solution and sprayed Teracortrill or other medicines. The pipe was left in its place until end of inflamation; it could be taken out easily.

Results

Patients with infected AR were cured for a period of 3—5 days (no purulent exudation was established after that). It assisted to improve the general status quicker and to continue the treatment with specific and nonspecific

desensitivating therapy. Sinuitis of dental origin was successfully cured either by healing of the dental alveolar defect (3 patients) or by an additional (to the drainage) operation (4 patients). All cases (6 children) with acute maxilloethmoiditis with orbital periostitis and sepsis proved our technique's advantages; total block of ostium maxillare, heavy sepsis with splenohepatomegalia and unfavourable general status was registered with only 3 of the cases. After the long-term sinus drainage, evacuation of purulent collection and reventilation of sinuses we could report excellent results and considerable improvement without operative treatment.

Our experience and practice of application of the suggested modified technique allows the conclusion that it is a valuable method in modern rhinological clinics. It is based on no traumas, functional therapeutic behaviour, shorter curative period including both: infected AR and other inflammatory lesions of MS.

REFERENCES

1. Безшапочный, С. Б. *Вест. оториноларинг.*, **2**, 1976, 102—103. — 2. Димов, Ив. Алергични заболявания в оториноларингологията. С., Мед. и физк., 1973. — 3. Кисьов, Д. *Оториноларингология*, **3**, 1975, 3, 108—111. — 4. Лиманский, С. С. и сътр. *Вест. оториноларинг.*, **4**, 1977, 4, 57—59. — 5. Лосицкая, В. М. и сътр. *Журн. ушни, носни и горл. болезни*, **6**, 1978, 17—21. — 6. Пръвчев, Н. Риносинуити в детската възраст. С., Мед. и физк., 1975.

ЛЕЧЕНИЕ ИНФЕЦИРОВАННЫХ АЛЛЕРГИЧЕСКИХ РИНОСИНУИТОВ С ПОМОЩЬЮ МОДИФИЦИРОВАННОЙ ТЕХНИКИ ПРОДОЛЖИТЕЛЬНОГО ДРЕНИРОВАНИЯ МАКСИЛЛЯРНЫХ СИНУИТОВ

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РЕЗЮМЕ

Проведено лечение продолжительным дренированием максиллярного синуса по модифицированной авторами технике. Проводилось лечение 75 больных следующими заболеваниями: инфецированными аллергическими риносинуитами — 62 больных, максиллярным синуитом зубного происхождения — 7 больных и максиллоэтмоидитом в детском возрасте с орбитальным периоститом и сепсисом — 6 больных. Модифицированная техника наложения мягкостенной трубки на максиллярный синус (посредством мандрена) показан на 5 схематических рисунках. При применении метода получены очень хорошие результаты. Очевидно его преимущество перед многократными пункциями. С его помощью больные освобождаются от многократных физических и психических травм. Достигается также сокращение метода лечения.