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To Increase the Efficiency of Modern Methods of Treatment of Patients with Chronic Obstructive Pulmonary Disease and Observed Associated Manifestations of Rhinosinusitis

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Summary. The comorbid background of patients with chronic obstructive pulmonary disease (COPD) is burdened by no less than the somatic status of "vascular" patients, while it is obvious that COPD, in turn, aggravates the clinical course of the vast majority of diseases known today in a number of clinical and laboratory parameters.

This article discusses the idea of chronic obstructive pulmonary disease and concomitant rhinosinusitis, their modern methods of diagnosis and treatment.

Respiratory diseases are still an important socio-medical problem throughout the world, since they occupy one of the leading places in terms of their share in the total mortality of the population, and the economic damage caused to society due to high morbidity and disability of patients is enormous. During the last 25 years, the overall incidence of respiratory diseases has been steadily increasing. According to official statistics, the share of the respiratory organs accounts for about 40% of all cases of morbidity, which exceeds the levels of morbidity in other classes of diseases.

Keywords: rhinosinusitis, comorbidity, chronic obstructive pulmonary disease.

Relevance. Respiratory diseases are still an important socio-medical problem throughout the world, since they occupy one of the leading places in terms of their share in the total mortality of the population, and the economic damage caused to society due to high morbidity and disability of patients is enormous. During the last 25 years, the overall incidence of respiratory diseases has been steadily increasing [2,6]. According to official statistics, the respiratory organs account for about 40% of all cases of morbidity, which exceeds the levels of morbidity in other classes of diseases [5]. In the structure of the reasons for applying for medical care, their share in various territories ranges from 29.2 to 43.5% among adults and from 65.4 to 83.8% among children.

The most common forms of respiratory diseases are acute diseases: acute respiratory viral infections, acute bronchitis and pneumonia, respectively 94.2; 4.0; 1.8%, among the adult population and 96.6; 2.9; 0.5% - among the child population [1,4].

Currently, more than 1 billion people of all ages in all countries of the world suffer from chronic respiratory diseases (CRD). The burden of preventable CRD has a great negative impact on the quality of life and work capacity of people affected by CRD diseases that cause early death. According to WHO data obtained from a survey of representative samples of the population based on an international questionnaire and spirometry as part of the GARD (Global Alliance against Chronic Respiratory Diseases) epidemiological study, chronic respiratory diseases are a serious health problem in all countries of the world [3,7].

Under the general name "chronic respiratory diseases" a number of serious diseases are grouped together. Preventable CRDs include asthma and respiratory allergies, chronic obstructive pulmonary disease, occupational lung disease, and pulmonary hypertension. They pose a serious threat to society, especially among socially vulnerable groups. The forecast of WHO experts until 2020 indicates that chronic lung diseases will not only become one of the most common forms of human pathology, but will also be among the leading causes of death [4,8].

Currently, signs of chronic damage to the broncho-pulmonary apparatus are detected in 30% of those who applied to the clinic.

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Respiratory diseases are socially conditioned. The emergence of many of them is associated with the influence of various social and hygienic factors, among which the most important are professional, environmental, social [3,5].

Currently, from 16 to 30 main risk factors for chronic diseases of the respiratory system are distinguished, combined into several groups (social, socio-psychological, biological, environmental, socio-demographic, etc.), among which the most recognized are: dust and gas contamination of atmospheric air, professional agents, smoking (duration and intensity), alcohol abuse, repeated acute respiratory infections and acute pneumonia, unfavorable natural and climatic conditions, physical and neuropsychic overstrain, sensitization to allergens, ethnic characteristics, low socioeconomic status, aggravated premorbid background, diseases mothers during pregnancy, physical inactivity, unhealthy diet, decreased immunological reactivity [6].

The medical statistics of recent years convincingly indicates an increase in the number of diseases of the nose and paranasal sinuses, and both the overall incidence of rhinosinusitis and the proportion of this pathology in the structure of ENT diseases are increasing.

The close anatomical and physiological interrelationships of the upper and lower respiratory tract are the reason that the increase in the number of rhinosinusitis keeps pace with the increase in the number of pulmonary diseases, in particular chronic obstructive pulmonary disease (COPD), and this trend has not yet been broken, despite on the joint efforts of leading experts from around the world. COPD is the 4th leading cause of death in the over 45 age group in the world, and the number of deaths from the disease continues to increase.

It has been proven that chronic inflammation of the upper and lower respiratory tract has a similar etiology, due to the fact that the mucous membrane of the airways from the nasal cavity to the middle bronchi has a similar anatomical and histological structure [9].

It is known that one of the factors contributing to the exacerbation of COPD, and in some cases its development, is a bacterial infection [3]. This circumstance dictates the need to obtain convincing evidence of the relationship between the nature of chronic bacterial infection of the upper respiratory tract (bacterial chronic rhinosinusitis) and the severity, nature, clinical features of COPD, as well as the number of its exacerbations.

Purpose of the study. The purpose of this study is to determine the therapeutic efficacy of modern drugs in the treatment of the Complex in patients with chronic rhinosinusitis and chronic obstructive pulmonary disease.

Materials and research methods. To solve the tasks set, 40 patients were examined. All patients were divided into 2 groups of 20 people. The first group consisted of 12 men and 8 women aged 39 to 66 years (mean age 52 years). All patients of this group suffered from exacerbation of chronic rhinosinusitis in combination with COPD of the 1st-2nd stage during the exacerbation.

Research results. All patients, along with standard otorhinolaryngological and radiological examinations, underwent a bacteriological examination of nasal discharge, ultrasound (US) scanning of the maxillary sinuses, a study of mucociliary function using a saccharin test, and analyzed the results of rhinopneumomanometry. To clarify the dynamic state of the bronchopulmonary system, patients underwent a pulmonological examination (consultation of a pulmonologist, determination of respiratory function). All patients of this group were added to the treatment regimen Erespal at a dose of 160 mg per day with 2 doses. Patients in this group were also prescribed bronchodilators.

Group 2 included 10 men and 10 women aged 40 to 68 years (mean age 54 years) with exacerbation of chronic rhinosinusitis in combination with stage 1-2 COPD during the exacerbation period. The examination was carried out according to the scheme indicated above. Treatment of patients in this group consisted of the appointment of mucolytics and bronchodilators. Hormone therapy was not performed, except for patients with concomitant bronchial asthma. These patients were further excluded from the study.

We took into account such indicators as headache, malaise, difficulty in nasal breathing, nasal discharge, shortness of breath (the severity of shortness of breath was assessed according to the original Borg scale), as well as cough, the number of dry wheezing, and sputum production. The effectiveness of the drug was evidenced by the dynamics of the parameters of ultrasound scanning of the paranasal sinuses.

The results of this study were interpreted as follows: 2-4 LEDs - normal, 4-6 - I degree of edema of the mucous membrane of the maxillary sinus, 6-8 - II degree, 8-10 - III degree, gap between the LEDs - the presence of pathological content, which produced using a SIHUSCAN one-dimensional ultrasound machine with a built-in LED indicator, as well as the dynamics of mucociliary clearance and rhinopneumometry parameters. The results of the study were recorded in a specially designed card filled in by patients during the study. The severity of symptoms was assessed in points from 0 to 5 using a special scale.

Our study indicates a fairly high therapeutic efficacy of fenspiride.

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Conclusion. The results obtained indicate a sufficiently high therapeutic efficacy of fenspiride in relation to acute and exacerbation of chronic sinusitis with comorbid COPD, and we consider it expedient to widely use this drug in the complex treatment of these patients.

Thus, the assessment of comorbidity in patients with COPD is an important component of clinical prognosis. Targeted identification of comorbidity would allow taking into account the prevalence of diseases of the cardiovascular system in patients with COPD when choosing cardiosafe drugs to prolong the quality of life of patients.

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