EUROPEAN JOURNAL OF
MODERN MEDICINE AND PRACTICE
Vol. 4 No. 2 (Feb - 2024) EJMMP ISSN: 2795-921X
http://innovatus.es/index.php/ejmmp

Deviation of the Nasal Septum

Haydarov Musomiddin Muhammadiyevich

Samarkand State Medical University

Assistant of the Department of Clinical Pharmacology

Suvanov Shahzod Iskandar o‘g‘li

Samarkand State Medical University

5th year student of the Faculty of Pharmacy

Abstract: Deviation of the nasal septum is a deformation and deviation of the nasal septum from the midline. The condition is accompanied by nasal breathing disorders, frequent respiratory diseases and snoring. Deviation of the septum is the cause of aesthetic problems and asymmetry of the nasal area. In severe cases, the patient completely loses the ability to breathe through the nose, which can cause serious systemic complications. Pathology is treated by otorhinolaryngologists and surgeons.

Key words: About the disease, Classification, Symptoms, Causes, Diagnosis, Treatment

When a child is born, the nasal septum consists of separate sections of cartilaginous tissue. As they grow, part of the islets become ossified, grow together, form an osteochondral base that serves as a support, and forms the lumen of the nasal passages. But during development, problems may arise due to injuries or other factors. The islands of cartilage can then overlap, causing arch deformity that makes it difficult to breathe through the nose.

It is important to understand how the curvature of the nasal septum affects respiratory functions: when breathing, the speed and volume of the air flow changes, the mucous membrane is constantly irritated, the work of the paranasal sinuses and nasopharynx region is affected, swelling of these tissues, narrowing of the openings in the nasal conchas, maxillary sinuses and Eustachian tubes. Although a person is used to such breathing, he always feels discomfort and often suffers from various ENT pathologies and respiratory diseases and infections.

According to statistics, the disease is more common among adults, and men suffer from stronger curvature than women.

Classification of deviation of the nasal septum

Precise classification is difficult due to the variety of anatomical variants of the curvature of the nasal septum. Specialists group individual types of the disease according to clinical signs, severity of the condition and causes of origin.

Depending on the mechanism of development, the deviation of the nasal septum can be damaged or undamaged. According to clinical signs, they are divided into:

deformation in the area of the septum - subluxation;

bone head;

compressed septum;

deviations in the back region.

Considering the severity of the condition, three degrees of curvature of the nasal septum are distinguished.

I - slight deviation from the midline, breathing is almost not disturbed, there is no visible deformation.

II - the protruding part of the septum is located at the same distance from the midline and the wall of the nasal cavity, during breathing, the air flow is unevenly distributed and clinical symptoms appear.

III - the septum almost touches one of the walls of the nasal cavity, breathing is carried out only through one nasal passage, there is a clear external asymmetry.

Doctors often classify this problem based on how the nasal septum looks. For example, C-shaped or S-shaped septum, spike or ridge formation, complex combinations can occur after injuries that do not conform to standard classifications.

Signs of deviation of the nasal septum

The main symptom is difficulty breathing through one or both nostrils. The problem grows gradually: at first, the patient does not feel discomfort, then a constant dryness and burning sensation appears in the nose. Due to the dryness of the mucous membrane, there may be a sore throat and a feeling of nasal congestion.

severe snoring at night, the development of obstructive apnea (pauses during breathing during sleep), switching to mouth breathing;

tip and back, change the shape of the entire nose;

frequent occurrence of sinusitis due to the violation of air circulation in the sinuses, difficulty in separating mucous secretions, stagnation and the addition of pathogenic flora;

severe dryness of the mouth and nose due to insufficient purification, heating and humidification of the inhaled air.

Against the background of deviation of the nasal septum, systemic complications may appear: signs of tissue hypoxia, anemia and weakness, and decreased performance. Frequent colds (pharyngitis, tonsillitis, laryngitis) are characterized by the transition to mouth breathing and drying, thinning and damage of the nasal mucosa - bleeding.

Causes of deviation of the nasal septum

Otorhinolaryngologists distinguish three groups that cause the formation of pathology.

Physiological deformations. They are the most common cause of curvature of the nose and nasal septum. They develop in the process of uneven growth of cartilage and bone structures.

Traumatic deformations. They are the result of external impact on the nasal structures: impact, pressure. Often we talk about a fracture.

Compensatory deformations. They appear as a result of neoplasms, foreign bodies on the nasal tissues, infectious and inflammatory diseases, autoimmune processes and other pathologies.

In addition, there is a congenital form of curvature of the nasal septum, which is caused by anomalies in the development of the osteochondral structures of the facial area in the fetus, defects of cartilage tissue, and diseases suffered during intrauterine life.

People involved in contact or team sports at risk (boxing, martial arts, football, basketball), lifeguards, law enforcement and other professions related to dangerous activities, as well as extreme entertainment fans.

Diagnosis of deviation of the nasal septum

The examination is carried out by an ENT doctor. He conducts an examination, palpates the nasal area, determines the degree of deformity, evaluates the nose according to its appearance, checks the quality

of smell and nasal breathing separately for each nostril using a cotton bag (vibration of its villi). Complaints, clinical signs, and medical history are collected as part of the patient interview.

Then rhinoscopy is performed - a visual examination of the nasal cavity using a number of instruments (mirrors, spatulas). Previous rhinoscopy determines the condition of the mucous membrane and the presence of formations (hematomas, polyps, tumors or abscesses). During posterior rhinoscopy, the nasal area is examined using a spatula and mirrors from the side of the pharynx.

Treatment of deviated nasal septum

Conservative methods of correction in the form of massage, wearing clamps and other similar methods are ineffective. The only way to treat deviation of the nasal septum is surgery. It is carried out both planned and emergency (if there are certain indications).

Indications for surgical methods of treatment of deviated nasal septum:

violation of complete nasal breathing through one or both nostrils;

repeated nosebleeds;

constant snoring during sleep;

Frequent pathologies of ENT organs and upper and lower respiratory tract;

damage to the nose with a deviated septum;

obvious aesthetic defect;

chronic tissue hypoxia.

Surgery to correct the nasal septum is called septoplasty. It is performed through the nasal passages, without skin incisions. The essence of the operation is isolation, restoration of the anatomy of the septum and its replantation. The mucosa above the septum is kept intact.

A slight curvature of the nasal septum can be eliminated with the help of laser correction. During the operation, an incision is made, the mucous membrane and perichondrium are cleaned, then the cartilage part is heated with laser rays, flattened, and then the mucous membranes are sutured.

Prognosis is favorable for timely detection and correction of nasal septum deviation by surgery. Nasal breathing is restored, tissue oxygen supply is normalized, and the general condition improves.

Prevention of deviation of the nasal septum

Special methods have not been developed to prevent deformation of the osteochondral structures of the nose. During pregnancy, women are advised to be closely monitored, to follow the doctor's instructions, to undergo regular ultrasound examination of the fetus and to protect themselves from infectious diseases.

The basis of prevention in adults is to protect the facial area from injury. Blows to the face, falls, collisions should be avoided, and when engaging in dangerous or contact sports, you should use protective equipment.

If a foreign body enters the nasal passages or there is a suspicion of mucosal tumors, you should immediately seek help from an ENT doctor.

Rehabilitation after surgical treatment of deviated nasal septum

Full recovery takes from 3 to 6 months. During the first 2-5 days after septoplasty, you may experience mild tissue pain and swelling. It is recommended to follow the following rules for 14 days.

Take painkillers, anti-inflammatory and antibacterial drugs according to the prescribed regimen.

Wash the nasal cavity daily with antiseptic solutions (this will help prevent infection and soften crusts).

Do not expose the body to sudden changes in temperature, excessive heat or hypothermia (do not go to the bath or sauna, do not visit the beach or solarium, do not swim in pools or open water bodies, do not dress according to the weather conditions).

It is recommended not to wear glasses for a month, to refrain from sports and physical exercises, to avoid bending and lifting heavy objects. Taking into account the condition of the nasal structures, the doctor can recommend physiotherapeutic procedures (microcurrent or ultrasound therapy): they help normalize blood circulation and accelerate tissue healing.

List of used literature:

1. Kurbonalievich, A. S., Mardonovich, N. R., Muxammadievich, X. M., Anvarovich, O. R., Negmatovich, T. H., & Usmonovna, B. M. (2021). Experience of the Combination of Tiflox and Immunomax in the Treatment of Trichomoniasis Combined with a Bacterial Process. Annals of the Romanian Society for Cell Biology, 2376-2380.
2. Зиядуллаев, Ш. Х., Хайдаров, М. М., & Нуралиева, Р. М. (2014). Иммунный статус здорового населения подростков и юношей. Академический журнал Западной Сибири, 10(3), 80-80.

3. Зиядуллаев, Ш. Х., Турдибеков, Х. И., Хайдаров, М. М., Исмоилов, Ж. А., & Пулатов, У. С. (2014). Генетические маркеры гиперреактивности бронхов при бронхиальной астме. Академический журнал Западной Сибири, 10(3), 19-19.
4. Мурадова, Р. Р., Хайдаров, М. М., & Бегнаева, М. У. (2021). Современные клинико-фармакологические аспекты применения нефротоксичных антибиотиков. Достижения науки и образования, (3 (75)), 98-100.
5. Мурадова, Р. Р., & Хайдаров, М. М. (2021). КЛИНИКО-ФАРМАКОЛОГИЧЕСКИЕ АСПЕКТЫ ПРИМЕНЕНИЯ ГОРМОНАЛЬНЫХ ПРЕПАРАТОВ В ОФТАЛЬМОЛОГИИ. Достижения науки и образования, (3 (75)), 100-102.
6. Мурадова, Р. Р., Хайдаров, М. М., & Омонов, Э. М. (2021). ОПТИМИЗАЦИЯ ТЕРАПИИ БОЛЬНЫХ С ОТКРЫТОУГОЛЬНОЙ ГЛАУКОМОЙ С УЧЕТОМ ПАРАМЕТРОВ СОСТОЯНИЯ МИКРОЦИРКУЛЯТОРНОГО РУСЛА ЦЕНТРАЛЬНОЙ ЗОНЫ СЕТЧАТКИ. Вопросы науки и образования, (10 (135)), 66-69.
7. Siddikov, O., Daminova, L., Abdurakhmonov, I., Nuralieva, R., & Khaydarov, M. OPTIMIZATION OF THE USE OF ANTIBACTERIAL DRUGS DURING THE EXACERBATION OF CHRONIC OBSTRUCTIVE PULMONARY DISEASE. Turkish Journal of Physiotherapy and Rehabilitation, 32, 2.
8. Азимов, Ш. Т., Шакиров, Б. М., Карабаев, Ж. Ш., Хайдаров, М. М., & Кодиров, В. М. (2008). Ранняя некрэктомия в комплексном лечении детей с глубокими ожогами. Сб. науч. тр. II Съезда комбустиологов России:-М, 159-160.
9. Хайдаров, М. М., Мурадова, Р. Р., & Худойбердиева, Г. С. (2020). Оптимизация премедикации при хирургических вмешательствах в гинекологии. Достижения науки и образования, (5 (59)), 98-102.
10. Muxammadievich, H. M., Uktamovna, M. D., Abdullaevich, S. O., Rustamovna, M. R., & Usmanovna, B. M. (2022). BURN SHOCK IN PEDIATRIC AFTER THERMAL INJURY AND MULTIPLE ORGAN FAILURE SYNDROMES. World Bulletin of Public Health, 8, 140-142.
11. Kurbonalievich, A. S., Fayozjonovich, A. Z., Anvarovich, O. R., Abdullaevich, S. O., & Mukhammadievich, H. M. (2021). Careful Attention To The History Of Chronic Urticaria Is One Of The Important Factors Of Productive Therapy. The American Journal of Medical Sciences and Pharmaceutical Research, 3(02), 55-58.
12. Хакимов, Э. А., Тагаев, К. Р., & Хайдаров, М. М. (2019). Осложнения со стороны желудочно-кишечного тракта у детей с ожоговой травмой. Детская хирургия, 23(1S4), 64-64.
13. Хайдаров, М. М., & Мурадова, Р. Р. (2020). Гепатотоксичность лекарственных средств как одна из проблем современной медицины. Наука через призму времени, (11), 46-49.
14. Мурадова, Р. Р., Хайдаров, М. М., & Тураев, Х. Н. (2022). NEFROTOKSIKLIK-ZAMONAVIY ANTIBIOTIKOTERAPIYANING MUAMMOSI SIFATIDA (ADABIYOTLAR TAHLILI). ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ, 3(2).
15. Хайдарова, М. М. (2016). Особенности изменения показателей клеточного иммунитета у детей при бронхолегочной патологии, протекающей с бронхиальной обструкцией. Медицинские новости, (7 (262)), 58-60.

16. Азимбегова, С. Н., Нуралиева, Р. М., Абдурахмонов, И. Р., Хайдаров, М. М., & Тохиров, С. Т. (2022). МОДИФИКАЦИЯ ЛЕЧЕНИЯ САХАРНОГО ДИАБЕТА 1 ТИПА У ДЕТЕЙ И ПРОФИЛАКТИКА ДИАБЕТИЧЕСКОЙ РЕТИНОПАТИИ. In Биотехнология и биомедицинская инженерия (pp. 202-206).
17. Farrukh S. ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE //Science and innovation. – 2023. – Т. 2. – №. Special Issue 8. – С. 493-499.
18. Тураев, Х. Н. (2021). Абдурахмонов Илхом Рустамович Влияние будесонида на качество жизни пациентов с бронхиальным обструктивным синдромом. Вопросы науки и образования, 7, 132.
19. Абдурахманов, И., Шамсиев, Д., & Олимжонова, Ф. (2021). Изучение эффективности мукорегулярных препаратов в лечении острого и хронического параназального синусита при детском церебральном параличе. Журнал стоматологии и краниофациальных исследований, 2(2), 18-21.
20. Farrukh S. ORGANIZATION OF DIGITALIZED MEDICINE AND HEALTH ACADEMY AND ITS SIGNIFICANCE IN MEDICINE //Science and innovation. – 2023. – Т. 2. – №. Special Issue 8. – С. 493-499.
21. Абдураҳмонов, И. Р., & Шамсиев, Д. Ф. (2023). БОШ МИЯ ФАЛАЖИ ФОНИДАГИ ПАРАНАЗАЛ СИНУСИТЛАРНИ ДАВОЛАШДА ЎЗИГА ХОС ЁНДАШИШ. MedUnion, 2(1), 14-26.
22. Орипов, Р. А., Абдурахмонов, И. Р., Ахмедов, Ш. К., & Тураев, Х. Н. (2021). ОСОБЕННОСТИ ПРИМЕНЕНИЕ АНТИОКСИДАНТНЫХ ПРЕПАРАТОВ В ЛЕЧЕНИИ НЕЙРОДЕРМИТА.
23. Ахмедов, Ш. К., Тураев, Х. Н., Абдурахмонов, И. Р., & Орипов, Р. А. (2021). НЕКОТОРЫЕ ОСОБЕННОСТИ ТАКТИКИ ПРОДУКТИВНОГО ЛЕЧЕНИЯ ХРОНИЧЕСКОЙ КРАПИВНИЦЫ.
24. Абдурахмонов, И. Р. (2021). Исследование мукоцилиарной транспортной функции слизистой оболочки полости носа у больных с параназальным синуситом на фоне детского церебрального паралича. In Актуальные аспекты медицинской деятельности (pp. 256-259).
25. Абдурахмонов, И. Р., & Тураев, Х. Н. (2022). ОПЫТ ПРИМЕНЕНИЯ СИНУПРЕТА С АНТИБАКТЕРИАЛЬНЫМИ ПРЕПАРАТАМИ В КОМПЛЕКСНОЙ ТЕРАПИИ РИНОСИНУСИТОВ У БОЛЬНЫХ ДЕТСКИМ ЦЕРЕБРАЛЬНЫМ ПАРАЛИЧОМ. Достижения науки и образования, (2 (82)), 88-92.
26. Abdurakhmanov, I., & Shernazarov, F. (2023). SPECIFIC ASPECTS OF TREATMENT OF CHRONIC RHINOSINUSITIS IN CHILDREN. Science and innovation, 2(D10), 164-168.
27. Ашурова, Н., Шакиров, Б. М., Мурадова, Р. Р., Хакимов, Э. А., Хайдаров, М. М., Некбаев, Х. С., & Тожиев, З. Ю. (2022). Особенности термоингаляционной травмы у детей. In Скорая медицинская помощь-2022 (pp. 15-16).
28. Ашурова, Н., Шакиров, Б. М., & Хайдаров, М. М. (2021). ОСОБЕННОСТИ ПРОТЕОЛИЗА В РАЗВИТИИ ОСТРОЙ ОЖОГОВОЙ ПНЕВМОНИИ У ДЕТЕЙ.
29. Мурадова, Р. Р., & Хайдаров, М. М. (2020). ФОТОТОКСИЧЕСКИЕ И ФОТОАЛЛЕРГИЧЕСКИЕ РЕАКЦИИ ПРИ ИСПОЛЬЗОВАНИИ СОВРЕМЕННЫХ ЛЕКАРСТВЕННЫХ СРЕДСТВ И НЕКОТОРЫХ РАСТЕНИЙ. Вопросы науки и образования, (37 (121)), 41-44.

30. Хакимов, Э. А., Тагаев, К. Р., & Хайдаров, М. М. (2019). ГЕМАТОЛОГИЧЕСКИЕ ПОКАЗАТЕЛИ КРОВИ У ДЕТЕЙ С ОЖОГОВОЙ ТРАВМОЙ. Детская хирургия, 23(1S4), 63-63.