MANAGEMENT AND TREATMENT OF PREGNANT WOMEN WITH CHRONIC RHINOSINUSITIS

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Abstract:
Pregnant chronic rhinosinusitis is a disease accompanied by nasal congestion and secretions, periodic sneezing without signs of inflammation, allergies or other causes. This condition can occur in any trimester of pregnancy and usually disappears within two weeks after giving birth.

Key words:
Chronic rhinosinusitis, pregnant rhinosinusitis, nasal congestion, viral infections, sleep disturbance, arterial hypertension, and fetal growth retardation.

Recent studies indicate that although the cause of allergic rhinitis AR is not completely clear, the combination of pregnant rhinosinusitis PR, especially poorly controlled with PR, can lead to pronounced nasal congestion, to insufficient oxygen supply, and, as a result, to increased fatigue, irritability, frequent acute respiratory viral infections, sleep disturbance, which certainly can affect the development of the fetus. Moreover, the presence of AR is associated with snoring in women during pregnancy, and together they can provoke the development of apnea syndrome (respiratory arrest in sleep), which leads to arterial hypertension, preeclampsia, fetal growth retardation. Therefore, the relevance of this problem is only growing.

Nasal congestion is a very common problem during pregnancy (found in about 65% of cases), which can occur due to various reasons. According to various sources, PR occurs in 9-40% of cases, and, in one of the latest observations, an increasing occurrence is observed, that is, RB is most observed in the 3rd trimester - 38.9%, including those who did not have problems in 1st and 2nd trimester.

Causes and mechanism of occurrence

The mechanism of occurrence is not fully understood, and it is believed that PR occurs due to hormonal changes, in particular, under the influence of progesterone, estrogen, Human chorionic gonadotropin hCG and other hormones, the concentration of which gradually increases during pregnancy. Some authors believe that the onset of PR is associated with a worsening of concomitant AR. Some studies show that hormonal effects relax the smooth muscles that make up the vascular wall of the nasal mucosa, resulting in nasal congestion. Such findings are supported by other studies that show that oral contraceptives cause similar effects in the nasal cavity (but not all). Other works show that an increased body mass index, overweight, and multiple pregnancies provoke or aggravate PR.

Progression and Potential Risks. In the absence of adequate treatment, PR has an adverse effect on the course of pregnancy and can lead to the development of rhinosinusitis, which is especially difficult to tolerate in the 3rd trimester. On the other hand, pregnancy is a special period in a woman's life, in which a large number of drugs are prohibited, and ENT pathology, these restrictions are also not spared. Very often I hear at the reception: "Doctor, I'm pregnant and tormented with my nose all this time, but doctors tell me - there's nothing to be done, you have to endure." On the other hand, the opposite situation is often observed: "Doctor, I'm pregnant and I can't live without vasoconstrictive drops." These situations, of course, are not correct, since on the one hand there is a way out and optimal treatment, and on the other hand, constant exposure to vasoconstrictor drugs is not a way out of the situation.

Diagnostics

At the moment, there is no specific test to confirm or exclude PR. The diagnosis is made on the basis of patient complaints and exclusions of other pathologies of the nasal cavity.

The choice of medical tactics. Saline solutions

Before considering more serious medications, you should start with our favorite saline solutions. It should be noted that this is not about ordinary saline solutions, but hypertonic saline solutions (with a high salt content, about 19-23 g / l). Such sprays are sold in all pharmacies, but they will not be sold immediately to you (you need to ask). Several studies have noted significant effectiveness in reducing congestion when used in AR, chronic rhinosinusitis. Comparative studies also show their greater effectiveness compared to conventional isotonic solutions.

As is known from past publications, intranasal glucocorticosteroids (IGCS) are currently the most effective in the treatment of AR. They have proven effectiveness in reducing nasal congestion, as well as itching in the nose and lacrimation, and allow for adequate control of symptoms. But, given their hormonal effect and possible detrimental effect on the fetus, there are certain risks in their use. It should also be noted that at the moment there are no studies providing reliable data confirming the danger of their use. Modern IHCS - mometasone (nasonex, desrinitis) and fluticasone (avamis, flixonase) have a very low systemic bioavailability, less than 1% and proven effectiveness thereby can be considered as an initial treatment for RB. The studies did not reveal a statistically significant relationship between the development of fetal malformations and the use of these drugs.

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