

# Bolalarda yuz-jag' sohasi va bo'yin limfadeniti va adenoflegmonalari

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**Annotatsiya:** Yuz-jag' sohasi va bo'yin limfadenitining paydo bo'lishiga olib keladigan turli xil omillar ko'pincha asosiy kasallikni tashxislashda qiyinchiliklarga olib keladi. Limfadenitning etiologiyasidagi farqlar, birinchi navbatda, davolash jarayonida har doim ham kuzatilmaydigan kasallikning sababiga ta'sir ko'rsatishi mumkin.

**Kalit so'zlar:** yuz-jag', bo'yin, limfident, adenoflegmona

## Lymphadenitis and adenophlegmons of the face-jaw area and neck in children

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**Abstract:** Various factors causing lymphadenitis of the maxillofacial area and neck often lead to difficulties in diagnosing the underlying disease. Differences in the etiology of lymphadenitis, first of all, may affect the cause of the disease, which is not always observed during treatment.

**Keywords:** face-jaw, neck, lymphadent, adenophlegmon

Material va metodlar. Oldindan ishlab chiqilgan sxema bo'yicha, yuz-jag' sohasi va bo'yinning limfadenit va adenoflegmonasi bilan og'rigan 150 ta bolalar tarixi o'rganildi. Jinsi, yoshi, kasallikning individual shakllarining chastotasi va asosiy kasalliklar va ularning ikkilamchi ko'rinishlari o'rtasidagi munosabatlar tahlil qilindi.

Tadqiqot natijalari. Bemorlarning yoshi va mahalliy limfa tugunlarida yallig'lanish jarayonlarining chastotasi o'rtasidagi bog'liqlik qayd etildi. Limfadenit va adenoflegmona bilan kasallanish yoshi bilan kamayadi, bu limfa tizimining differentsiatsiyasi bilan izohlanadi. O'g'il bolalarda (58,1%) o'ngdagagi limfatik submandibular va yuqori bo'yin tugunlari ko'proq ta'sirlangan. Shunga o'xshash kuzatishlar bir qator mualliflarning asarlarida tasvirlangan [1,2,4].

150 nafar bemorning 59 nafarida (39,3%) o'tkir yiringli limfadenitning klinik ko'rinishi, 74 nafarida (49,1%) adenoflegmona bor edi. V.V.Roginskiy va boshqalarning fikriga ko'ra. [3, 4], kasallikning barcha bosqichlarida yiringli

shakllarning ustunligi limfadenit bilan og‘rigan bemorlarga klinikada o‘z vaqtida ratsional davolash olmaganligini ko‘rsatadi.

Limfadenit va adenoflegmonaning lokalizatsiyasi va asosiy kasallik o‘rtasidagi munosabatlar qiziqish uyg‘otadi. Bolalarda, ayniqsa, submandibular va yuqori bo‘yin limfa tugunlari bronxopulmoner, tonzillogenik va odontogen yallig‘lanish jarayonlaridan ta’sirlangan. Bu o‘tkir respirator virusli kasalliklar, suvchechak, ekssudativ diatez, piodermiya va furunkuloz tufayli terining shikastlanishi uchun ham xos edi. Bundan tashqari, odontogen limfadenitdan farqli o‘laroq, yuqoridagi kasalliklar ko‘pincha limfa tugunlariga ikki tomonlama zarar yetkazadi (88 bemorda - 55,3%), adenoflegmona bilan asoratlanadi, ayniqsa og‘ir holatlarda.

Yangi tug‘ilgan chaqaloqlarda va hayotning birinchi oylarida bolalarda limfadenitning sabablarini tahlil qilish shuni ko‘rsatdiki, ba’zida kasallik omfalit yoki kindik sepsis paytida yoki undan keyin sodir bo‘lgan (4 kuzatuv - 2,6%). 5 oydan katta bo‘lgan 21 nafar bolaning 1 nafari shishadan oziqlangan, bu shubhasiz bolalarning infektsiyaga chidamliligiga ta’sir qildi. Odontogen kelib chiqadigan limfadenit 18 (12%) bolada kuzatilgan va stomatologlar uchun diagnostikada hech qanday qiyinchilik tug‘dirmagan.

Bemorlarning asosiy kontingenti tashxisni to‘g‘ri ajratmasdan statsionar davolanishga yuborilgan, ko‘pincha bitta klinik simptom – yuz-jag‘ sohasi va bo‘yin limfa tugunlarining kattalashgan va yallig‘langanligi yoki shoshilinch yordam uchun rivojlangan adenoflegmonalar mavjudligi. Qabul qilingandan keyingi dastlabki 2 kun ichida 123 (82%) bemorda yiringli limfadenit va adenoflegmona uchun kesmalar qilingan.

Yuz-jag‘ jarrohlik bo‘limining imkoniyatlari asosiy bo‘lmagan patologiyalari bo‘lgan bemorlarni to‘liq tekshirishga imkon bermaydi, bu ba’zan limfadenitning qaytalanishiga yoki asosiy kasallikning kuchayishiga olib keladi.

Kuzatishdagi bemorlardan na’munalar.

Bemor G., 2 yosh, tumovdan aziyat chekadi, shundan so‘ng o‘ng jag‘ osti sohasida shish paydo bo‘ldi. Shu bilan birga, bolada yo‘tal va burundan shilliq oqadi. U pediatr tomonidan tekshirildi. Epidemik parotit tashxisi qo‘yilgan. Quruq issiqlik va sut-sabzavotli parhez tavsiya etiladi. 5 kundan keyin hech qanday yaxshilanish kuzatilmadi. Pediatrning qayta tekshiruvidan so‘ng, tashxis submandibulyar limfadenitga o‘zgartirildi. Submandibulyar hudud uchun UVCh buyurildi. 4 kundan keyin qiz nafas olishda qiynalda boshladи. laringeal stenoz II bosqich tashxisi bilan bemor tez yordam mashinasida LOR bo‘limiga olib borilib, intensiv dori-darmonlar bilan davolash amalga oshirildi. Laringeal stenoz belgilari to‘xtatildi. 5-kuni pnevmoniya tashxisi bilan bolalar somatik bo‘limiga o‘tkazildi.

Shunday qilib, yuz-jag‘ sohasi va bo‘yinning limfadenit va adenoflegmonasi bilan og‘rigan bemorlarda asosiy kasallikning o‘z vaqtida aniqlanmasligi jiddiy asoratlarni

keltirib chiqarishi mumkin, shu bilan birga davolashning optimal muddati o'tkazib yuboriladi. Anamnez bemorning boshqa tekshiruv ma'lumotlari bilan birgalikda kasallikning etiologiyasini tushunishga imkon beradi va tashxis qo'yishda muhim yordam beradi. Limfa tugunidagi yallig'lanish jarayoni mustaqil kasallik xarakterini olgan hollarda ham, uni davolash faqat asosiy kasallikni davolash bilan birgalikda samarali bo'ladi.

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