

Clinical Characteristics of Acute Otitis Media in Children against the Background of Chronic Viral Hepatitis B

Rahmatov Alizot Ahtamovich

Assistant of the Department of Otorhinolaryngology, Bukhara State Medical Institute

Article Information

Received: Aug 02, 2023

Accepted: Sep 01, 2023

Published: Oct 05, 2023

Keywords: *Hepatitis, acute otitis media, purulent otitis, clinical presentation, ways of transmission.*

ABSTRACT

World Health Organization experts according to the opinion, effective treatment of hepatitis, especially for these diseases to wide use of modern methods in affected children directed. Constant modern diagnostic methods Despite the improvement, it is socially developed countries of highly effective antibacterial drugs availability and their widespread use, from chronic hepatitis morbidity and mortality rates remain unknown and adequate not studied to the extent. This article provides information about the clinical course of acute otitis media in children against the background of chronic viral hepatitis B.

The reason for the development of hepatitis B is the introduction of the disease-causing virus into the human body. The disease is especially common in people whose immunity is weakened due to a number of negative factors (alcohol, nicotine, chemical and toxic substances, drugs). Patients are not required to be in social isolation, as the virus does not spread through airborne droplets. Anyone who comes into contact with the patient should follow the necessary precautions and personal hygiene rules. According to the results of many years of research conducted all over the world, the course of this disease depends on how the patient was infected, as well as his age. If the patient is infected with hepatitis B in a natural way (for example, during sexual intercourse), in this case, there is a high risk of the disease progressing to a chronic stage. This form of hepatitis often occurs in young people, because they do not pay serious attention to their health and do not take measures to respond to alarming signals of the body.

If acute hepatitis B is mild, the patient can be treated at home. First of all, it is necessary to detoxify the body, for which a large amount of clean water is used. The attending physician prescribes drugs that help the patient fight infection and restore liver function. During treatment, patients should be in bed and avoid any physical exertion. Adherence to the diet is a necessary measure, thanks to which the recovery process of the liver takes place faster. In many patients, acute hepatitis B passes on its own, so they are not prescribed a special drug treatment course. Doctors may recommend supportive therapy to help the patient clear the viral infection. If severe intoxication is observed in the patient's body, the attending physician prescribes special solutions that are administered intravenously by drip. Toxins are removed from the blood faster and the general health of the patient is improved through Hemodez drops.

Otitis media, including acute otitis media (AOM) and otitis media with effusion (OME, also known as 'glue ear'), is one of the most common childhood conditions. While closely related, AOM and OME are two different, distinct conditions. AOM is characterised by the presence of middle-ear effusion together with an acute onset of signs and symptoms caused by middle ear inflammation. Symptoms of AOM include earache in older children; or pulling, tugging, or rubbing of the ear or non-specific symptoms such as fever, irritability, or poor feeding in younger children. AOM signs include a distinctly red, yellow, or cloudy tympanic membrane. AOM diagnosis is strengthened by the presence of a bulging tympanic membrane, an air-fluid level behind the tympanic membrane, tympanic membrane perforation, and/or discharge in the ear canal. Pneumatic otoscopy and/or tympanometry can be used to assess the presence (or absence) of middle ear effusion (MEE). In children with ventilation tubes (grommets) in place, ear discharge is a symptom of AOM whereby fluid that has built up in the middle ear drains through the tube into the child's ear canal. Interventions for ear discharge associated with ventilation tubes are beyond the scope of this review. While most children have occasional AOM episodes, an important subset suffer from recurrent AOM, defined as three or more episodes in 6 months or four episodes in 1 year. Middle ear effusion without signs of an acute infection indicates OME (see review on Otitis media with effusion), which can arise as a result of AOM, but can also occur independently. Chronic suppurative otitis media (CSOM, see review on CSOM) is characterised by continuing (>3 months) middle-ear inflammation and ear discharge through the tympanic membrane (perforation or ventilation tubes). Interventions for these conditions are assessed in separate reviews in Clinical Evidence (see review links above). For the purposes of this review, the age range used to define children is from birth to 15 years of age.

Without antibiotic treatment, AOM symptoms improve in 24 hours in 60% of children, and symptoms settle spontaneously within 3 days in 80% of children. Serious complications of AOM include acute mastoiditis, meningitis, and, rarely, intracranial complications. If antibiotics are withheld, acute mastoiditis occurs in about 1 to 2 per 10,000 children. The information contained in this publication is intended for medical professionals. Categories presented in Clinical Evidence indicate a judgement about the strength of the evidence available to our contributors prior to publication and the relevant importance of benefit and harms. We rely on our contributors to confirm the accuracy of the information presented and to adhere to describe accepted practices. Readers should be aware that professionals in the field may have different opinions. Because of this and regular advances in medical research we strongly recommend that readers' independently verify specified treatments and drugs including manufacturers' guidance. Also, the categories do not indicate whether a particular treatment is generally appropriate or whether it is suitable for a particular individual. Ultimately it is the readers' responsibility to make their own professional judgements, so to appropriately advise and treat their patients. To the fullest extent permitted by law, BMJ Publishing Group Limited and its editors are not responsible for any losses, injury or damage caused to any person or property (including under contract, by negligence, products liability or otherwise) whether they be direct or indirect, special, incidental or consequential, resulting from the application of the information in this publication.

Summary: Analysis of the above studies shows that acute purulent medium frequency of occurrence of otitis and the age of patients, the clinic of XGV there is a dependence on the passage. These are in different years of children's lives associated with a decrease in immunity and other protective systems. Therefore, the incidence rate of acute purulent otitis media is XGV clearly depended on the clinical stage. Most acute purulent otitis media with the addition of a large amount of opportunistic infections can be explained. Although none of the currently available drugs can completely clear the patient's body of the virus, they can stop the virus from multiplying and thus minimize the damage to the liver. In order to get a positive result from drug

treatment, it is very important that the doctor carries out the main medical measures at the replication stage. In order to correctly determine the phase of the disease, the patient should undergo laboratory tests. Thanks to the serological analysis of blood, the specialist can accurately find the stage of development of chronic hepatitis. In some cases, the viral antigen remains in the blood for many years in patients who have been successfully treated for hepatitis B. People in this category are carriers of this infection, and they should undergo regular medical examinations.

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