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# PREVALENCE OF EAR, NOSE AND THROAT DISEASES IN THE URBAN POPULATION

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**Abstract:** The basis of the organization of medical care is the study of the prevalence of diseases. The registration of morbidity was carried out according to the data of visits to medical institutions, according to the materials of preventive examinations of the population. When analyzing the incidence, a high level of prevalence of ENT diseases, both acute and chronic diseases, was revealed: in 1st place - diseases of the pharynx, in 2nd place - diseases of the nose and paranasal sinuses, in 3rd place - ear diseases, in 4th place - diseases of the larynx.

**Keywords:** Prevalence of ear, nose and throat diseases, acute diseases of ENT organs, chronic diseases of ENT organs.

# **INTRODUCTION**

The basis of the organization of medical care is the study of the prevalence of diseases. This learning process can be compared to intelligence activities and reconnaissance during a military operation. Morbidity recording is carried out in various ways. The most common method is to take into account morbidity based on visits to medical institutions, in particular to clinics [1].

### MATERIALS AND METHODS

We took multidisciplinary clinics with a fairly constant composition of the assigned contingent with a total number of 67,120 people. The age and sex composition is presented in Table. 1. The number of attached contingents varies from year to year, so the table shows the average annual number of attached contingents. All cases of seeking medical help were recorded in outpatient cards and statistical documentation. The assigned contingent underwent a mandatory medical examination, which was designated as medical examination. This made it possible to identify chronic diseases that were of little concern to the patient. Thus, we received comprehensive information about the health status of the assigned contingent. Inpatient ENT care was studied separately.

#### Table 1

|            | Age, years |       |       |       |       |       |       |       |                 |       |  |
|------------|------------|-------|-------|-------|-------|-------|-------|-------|-----------------|-------|--|
| Sex        | up to 15   | 15–19 | 20–29 | 30–39 | 40–49 | 50–59 | 60–69 | 70–79 | 80 and<br>older | Total |  |
| Men        | 18         | 652   | 2877  | 6520  | 5995  | 6474  | 5338  | 1827  | 1341            | 31042 |  |
| Women      | 10         | 669   | 4629  | 7595  | 6050  | 7630  | 5478  | 2141  | 1876            | 36078 |  |
| Both sexes | 28         | 1321  | 7506  | 14115 | 12045 | 14104 | 10816 | 3968  | 3217            | 67120 |  |

Age and sex composition of the attached contingent

# **RESULTS AND DISCUSSION**

An analysis of the age and sex composition of the assigned contingent shows that this is a typical ratio of gender and age for the urban structure, mainly an able-bodied contingent, which is typical for a medical institution serving the adult population of the city.

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Statistical processing was carried out in the computer center of the institution, from where we received data on the prevalence of ENT diseases by individual nosological forms per 1000 attached contingent. Data were recorded over several years, which makes it possible to track the dynamics of the incidence rate. In table Table 2 presents the results of studying the prevalence of ENT diseases registered in 2018–2023.

#### Table 2

Prevalence level of individual nosological forms of ENT diseases by year (per 1000 attached population)

|                            | Years | Years |       |       |       |       |  |  |  |  |
|----------------------------|-------|-------|-------|-------|-------|-------|--|--|--|--|
|                            | 2018  | 2019  | 2020  | 2021  | 2022  | 2023  |  |  |  |  |
| Nosologies                 |       |       |       |       |       |       |  |  |  |  |
| Acute tonsillitis          | 4,6   | 5,1   | 3,3   | 2,45  | 1,95  | 2,3   |  |  |  |  |
| Acute nasopharyngitis      | 10,5  | 12,8  | 12,4  | 7     | 5,5   | 9,8   |  |  |  |  |
| Acute otitis media         | 8,3   | 9,7   | 8,4   | 8,2   | 8     | 6,1   |  |  |  |  |
| Acute sinusitis            | 9,1   | 12    | 13,1  | 18,5  | 19,3  | 18,4  |  |  |  |  |
| ARVI with complications    | 4,5   | 10,5  | 6,7   | 2,9   | 7,5   | 4,6   |  |  |  |  |
| Acute external otitis      | 13,1  | 12,4  | 13,2  | 12,4  | 13,3  | 10,4  |  |  |  |  |
| Sensorineural hearing loss | 15,6  | 16,7  | 15    | 15    | 8,7   | 8,8   |  |  |  |  |
| Eustachian tube diseases   | 7,1   | 7,4   | 7,3   | 2,6   | 3,5   | 2,9   |  |  |  |  |
| Vasomotor rhinitis         | 24,2  | 11,9  | 12,6  | 59,4  | 65,2  | 66,5  |  |  |  |  |
| Allergic rhinitis          | 69,9  | 74,5  | 77    | 53,5  | 41,5  | 41,2  |  |  |  |  |
| Chronic tonsillitis        | 110   | 111   | 112,6 | 53,9  | 71,1  | 75,6  |  |  |  |  |
| Chronic sinusitis          | 14,3  | 17,4  | 19,7  | 14,65 | 46,4  | 26,2  |  |  |  |  |
| Chronic otitis media       | 6,8   | 4,9   | 5,9   | 6     | 9,7   | 5,15  |  |  |  |  |
| Chronic pharyngitis        | 79,1  | 80.0  | 81.2  | 174,1 | 167,7 | 166,5 |  |  |  |  |
| Chronic laryngitis         | 19,7  | 19,3  | 10    | 24,2  | 29,5  | 28,7  |  |  |  |  |
| Malignant neoplasms        | 0,9   | 1     | 0,9   | 0,45  | 0,7   | 0,8   |  |  |  |  |
| Benign neoplasms           | 8,3   | 3,9   | 4,7   | 5,85  | 7,85  | 7,8   |  |  |  |  |
| General level              | 406   | 410,2 | 404   | 461,1 | 507,2 | 481,8 |  |  |  |  |

Table data 2 show a fairly high level of prevalence of ENT diseases. Almost half of the assigned contingent has diseases of the ENT organs.

There is a high prevalence of chronic tonsillitis. This disease is a risk factor for the development of diseases such as rheumatism, endocarditis, kidney disease, and thyroid disease. Chronic tonsillitis is considered the root cause of up to a hundred diseases of other organs and systems. The prevalence of chronic tonsillitis, according to long-term studies, remains largely unchanged. B.S. Preobrazhensky [4] noted that about 4% of the population suffers from this disease. The occurrence and development of chronic tonsillitis is associated with bacterial microflora, especially hemolytic streptococcus. Another significant fact is viral infection of the palatine tonsils. This nosological form of the disease should be the focus of attention; patients with this form require dynamic observation. The fact of such a high prevalence of chronic tonsillitis should be given special attention, additional examination of these patients should be carried out.

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a group of patients in need of surgical treatment should be identified, and treatment should be carried out. Patients with a simple form of chronic tonsillitis should regularly undergo a course of preventive conservative treatment.

# CONCLUSION

The data obtained stimulates many thoughts. First of all, there is a high level of diseases, many of which affect the quality of human life. These are chronic pharyngitis, vasomotor and allergic rhinitis. These diseases are also associated with a person's lifestyle. The increase in chronic diseases indicates possible incorrect treatment tactics for acute diseases. The high level of chronic diseases that directly affect a person's life expectancy requires an assessment of the state of dynamic monitoring of this category of patients.

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