

МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ КЫРГЫЗСКОЙ РЕСПУБЛИКИ
ОШСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ ФАКУЛЬТЕТ
КАФЕДРА «ХИРУРГИЧЕСКИХ ДИСЦИПЛИН С КУРСОМ ТРАВМАТОЛОГИИ»

«Обсуждено»

на заседании кафедры ХДТ

Прот. № 5 от 24/11/2023г.

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Курманалиев Н.К.

Открытое занятие

Тема: Острые и хронические синуситы.

Дисциплина: Оториноларингология.

для студентов, обучающихся по направлению: (560001) -«Лечебное дело» (GM)»

Преподаватель: Туйбаев А.З.

2023-2024 г.

Рецензия

на проведенное открытое занятие преподавателя кафедры
«Хирургических дисциплин с курсом травматологии»
Международного медицинского факультета
Туйбаева А.З.

Тема: «Острые и хронические синуситы»

Дата: 10.11.23

Цель открытого занятия изучить всю анатомию и физиологию ППН. Критерии диагностики и лечения синуситов. Дифференцировать разные типы синуситов. Изучить методы исследования и лечения острых и хронических синуситов.

Проведенная занятия соответствует регламенту. Материал урока связан с темой урока, построен методически правильно. Во время открытого занятия использованы элементы развивающего обучения, демонстрационные материалы. Презентационный материал (PPT) содержит весь необходимый, наглядный и практический материал.

Преподаватель рассчитала время необходимое для выполнения задания на каждом этапе, чтобы успеть, в заключении провести выводы, объяснить задание на дом, выставить оценку студентам за работу на занятии.

Занятие было интересно не только для студентов, но и для посещающих преподавателей.

Цель данного занятия достигнута, задачи полностью реализованы.

и.о. зав. каф. Кайыпов А.А.



ПРОТОКОЛ

обсуждения открытого занятия преподавателя кафедры «Хирургических дисциплин с курсом травматологии» Туйбаева А.З.

на тему: «Физиологическая оптика»

от «10» 01 2023г.

Дисциплина: «Оториноларингология»

Группа: Инл 20А - 20

Место проведения: кафедра «Хирургических дисциплин с курсом травматологии»

Слушали: и.о.зав.каф. «ХДТ» Кайыпов А.А., Саид Али Аббас Рахат,
Курманалиев Н.К.

Цель и задачи занятия: Цель открытого занятия изучить всю анатомию и физиологию ППН. Критерии диагностики и лечения синуситов. Дифференцировать разные типы синуситов. Изучить методы исследования и лечения острых и хронических синуситов.

Студент должен знать:

- анатомию и физиологию ППН
- методы исследования ППН
- основные терминологии по теме занятия
- основные классификации
- клинические симптомы, методы диагностики
- основные принципы лечения и профилактики

Вопросы плана занятия:

1. Анатомия и физиология ППН
2. Виды синуситов
3. Этиология и патогенез синуситов
4. Основные симптомы синуситов.
5. Методы исследования и диагностики синуситов
6. Лечение острых и хронических синуситов
7. Профилактика и осложнения.

Распределения учебного времени на занятии:

1. Установка цели, задач. Знакомство с планом занятия - 5 мин.
2. Устное интервью, разбор контрольных вопросов - 20 мин.
3. Демонстрация учебных материалов и презентаций по теме занятия - 30 мин.
4. TBL (Командное обучение) - 15 мин.
5. Проверка степени усвоения темы путем тестирования студентов - 5 мин
6. Объяснение домашнего задания - 10 мин.
7. Оценка знаний студентов - 5 мин.

Активность студентов на занятии: студенты принимали активное участие в обсуждении темы занятия; отвечали на теоретическую часть темы, высказывали свои мнения, в конце занятия провели совместно с преподавателем анализ полученной информации и ее практическую ценность в использовании; организации интересного занятия способствовало и эффективное применение интерактивного метода.

Выступили:

Выступил и.о. зав каф. «ХДТ» Кайыпов А.А.: Открытое занятие был интересен не только для студентов, но и для присутствующих. Этапы занятия проведены по плану, была командная работа, где студенты показали себя, участвовали активно на всех этапах урока и бурно обсуждали тему.

Выступил PhD, старший преподаватель Саид Али Аббас Рахат: Применение наглядного материала, позволило обеспечить более активное взаимодействие обучающихся не только с преподавателем, но и друг с другом. Урок соответствует теме и поставленным целям. Цель данного занятия достигнута, задачи полностью реализованы.

Замечания и предложения: Усовершенствовать английский язык, использовать новые методы преподавания, увеличить наглядные пособия.

В целом урок прошел успешно, все остались довольны, замечаний и предложений сделаны.

Протокол записан после проведения открытого урока.

Секретарь:



Курманбек кызы Айзирек.

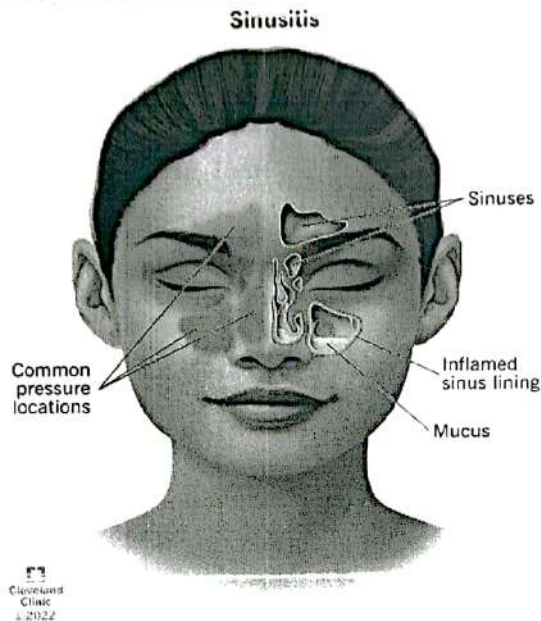
1. Organizing time.

2. Oral Interview.

3. Presentation, team work

Sinus Infection (Sinusitis)

Sinusitis is an inflammation of the tissues in your sinuses (spaces in your forehead, cheeks and nose usually filled with air). It causes facial pain, a stuffy or runny nose, and sometimes a fever and other symptoms. It's usually caused by the common cold, but other viruses, bacteria, fungi and allergies can also cause sinusitis.



Sinusitis is an inflammation of your sinuses. It can cause facial pain and a stuffy or runny nose with thick mucus.

What is sinusitis (sinus infection)?

Sinusitis is an inflammation, or swelling, of the tissue lining your sinuses. Sinuses are structures inside your face that are normally filled with air. Bacterial infections, viral infections and allergies can irritate them, causing them to get blocked and filled with fluid. This can cause pressure and pain in your face, nasal congestion (a stuffy nose) and other symptoms.

Sinusitis is also sometimes called rhinosinusitis.

What are sinuses?

Your sinuses are four paired cavities (spaces) in your head. Narrow passages connect them. Sinuses make mucus that drains out of the passages in your nose. This drainage helps keep your nose clean and free of bacteria, allergens and other germs (pathogens).

Types of sinusitis

We describe types of sinusitis based on how long it's been going on (acute, subacute, chronic or recurrent) and what's causing it (bacteria, virus or fungus).

Acute, subacute, chronic and recurrent sinusitis

- **Acute sinusitis** symptoms (nasal congestion, drainage, facial pain/pressure and decreased sense of smell) last less than four weeks. It's usually caused by viruses like the **common cold**.
- Subacute sinusitis symptoms last four to 12 weeks.
- **Chronic sinusitis** symptoms last at least 12 weeks. Bacteria are usually the cause.
- Recurrent acute sinusitis symptoms come back four or more times in one year and last less than two weeks each time.

Bacterial and viral sinusitis

Viruses, like the ones that cause the common cold, cause most cases of sinusitis. Bacteria can cause sinusitis, or they can infect you after a case of viral sinusitis. If you have a runny nose, stuffy nose and facial pain that don't go away after ten days, you might have bacterial sinusitis. Your symptoms may seem to improve but then return and are worse than the initial symptoms. Antibiotics and decongestants usually work well on bacterial sinusitis.

Fungal sinusitis

Sinus infections caused by fungus are usually more serious than other forms of sinusitis. They're more likely to happen if you have a weakened immune system.

How do I know if I have sinusitis, COVID, a cold or an allergy?

Colds, **COVID-19**, allergies and sinus infections all have similar symptoms. It can be difficult to tell them apart. The common cold typically builds, peaks and slowly disappears. It lasts a few days to a week. Nasal allergies cause sneezing, itchy nose and eyes, congestion, runny nose and postnasal drip (mucus in your throat). They usually don't cause the facial pain that sinus infections do. COVID-19 can cause additional symptoms, like fever and shortness of breath.

A cold, COVID or allergies can all cause sinus infections. You can test yourself or have a provider test you for some viral infections, like COVID-19 and **the flu**.

Symptoms and Causes

What are the signs and symptoms of sinusitis?

Common symptoms of a sinus infection include:

- Postnasal drip (mucus dripping down your throat).
- Runny nose with thick yellow or green mucus.
- Stuffy nose.
- Facial pressure (particularly around your nose, eyes and forehead). This might get worse when you move your head around or bend over.
- Pressure or pain in your teeth.
- Ear pressure or pain.
- Fever.

- Bad breath (halitosis) or a bad taste in your mouth.
- Cough.
- Headache.
- Tiredness.

What causes sinus infections?

Viruses, bacteria, fungi and allergens can cause sinusitis. Specific triggers for sinusitis include:

- The common cold.
- The flu (influenza).
- Streptococcus pneumoniae bacteria.
- Haemophilus influenza bacteria.
- Moraxella catarrhalis bacteria.
- Nasal and seasonal allergies.

What are the risk factors for sinusitis?

Some people are more likely to get sinusitis than others. Risk factors include:

- Nasal allergies.
- Asthma.
- Nasal polyps (growths).
- Deviated septum. Your septum is a line of tissue that divides your nose. A deviated septum isn't straight, narrowing the passage on one side of your nose. This can cause a blockage.
- A weakened immune system. This can be from illnesses like HIV or cancer, or from certain medications.
- Smoking.

Is sinusitis contagious?

Sinusitis itself isn't contagious. But the viruses and bacteria that can cause it are. Remember to follow good handwashing practices, avoid other people if you're sick and sneeze or cough into your elbow.

What happens if sinusitis is left untreated?

You don't necessarily need to treat sinusitis — it often goes away on its own. Very rarely, untreated sinus infections can lead to life-threatening infections. This happens if bacteria or fungi spread to your brain, eyes or nearby bone.

Diagnosis and Tests

How is a sinus infection diagnosed?

Healthcare providers diagnose sinusitis based on your symptoms and health history. A provider will check your ears, nose and throat for swelling, draining or blockage. They might use an endoscope (a small, lighted instrument) to look inside your nose.

A primary care provider may also refer you to a specialist, like an **otolaryngologist** (also called an ENT — an ear, nose and throat specialist).

Specific tests to diagnose sinusitis

Specific tests your provider might order to diagnose sinus infection include:

- **Nasal endoscopy.**
- **Nasal swabs.** Your provider may use a soft-tipped stick to get a fluid sample from your nose. They'll test it for viruses or other germs that might be causing your symptoms.
- **Imaging.** In some cases, your provider might order a **computed tomography (CT) scan** to better understand what's happening inside your sinuses.
- **Allergy testing.** If you have chronic sinusitis, your provider may test you for allergies that could be triggering it.
- **Biopsy.** Rarely, a provider may take a tissue sample from your nose for testing.

Management and Treatment

How is sinusitis treated?

There are many treatment options for sinusitis, depending on your symptoms and how long you've had them. You can treat a sinus infection at home with:

- Decongestants.
- Over-the-counter (OTC) cold and allergy medications.
- **Nasal saline rinses.**
- Drinking plenty of fluids.

If symptoms of sinusitis don't improve after 10 days, a provider may prescribe:

- Antibiotics.
- Oral or topical decongestants.
- Prescription intranasal steroid sprays. (Don't use nonprescription sprays or drops for longer than three to five days — they may actually increase congestion.)

Providers treat chronic sinusitis by focusing on the underlying condition. Treatments can include:

- Intranasal steroid sprays.
- Topical antihistamine sprays or oral pills.
- **Leukotriene antagonists**, like montelukast.
- Surgery to treat structural issues, polyps or fungal infections.

What are the best medications for a sinus infection?

If you need an antibiotic, which one your provider prescribes depends on your specific situation. Some options include:

- Augmentin (amoxicillin/clavulanate).
- Amoxicillin.

- Doxycycline.
- Levofloxacin.
- Cefixime.
- Cefpodoxime.
- Clindamycin.

Are complementary and alternative therapies useful for treating sinusitis?

You might find acupressure, acupuncture or facial massage helpful in reducing symptoms of sinusitis, including draining, pressure and pain. Ask a provider if these therapies might help in your specific case.

Do I need antibiotics for every sinus infection?

No. Providers often wait to see how long your symptoms last before prescribing antibiotics. Many sinus infections are caused by viruses. You can't cure viral infections with antibiotics. Overusing antibiotics or using them to treat viral infections can lead to unnecessary side effects or antibiotic resistance. This may make future infections harder to treat.

Prevention

Can sinusitis be prevented?

Depending on the cause, there are a few ways to reduce your risk of getting sinus infections, including:

- Rinsing your nose with saline (salt water) as directed by your provider.
- Taking steps to prevent allergies. This includes medications, allergy shots and avoiding your known allergy triggers (like dust, pollen or smoke).
- Using steroid nasal sprays if your provider recommends them.
- Establishing good handwashing and other habits that reduce your risk of getting sick with infectious diseases.
- Avoiding smoke. There are ways to help you quit smoking, if you do.

Teamwork

Audience will be split into 2 groups and will be provided with two small articles on our topic. My goal is to extract as much information as possible while working with students. Each student from 2 teams alternately go out and write as much information as possible on the topic covered.

4. Test

To consolidate your knowledge, I will give you MCQ tests.

1. What percent of adult acute viral rhinitis/sinusitis develops into acute bacterial sinusitis?

- a. 0.5-2%
- b. 10-20%
- c. 20-30%
- d. 40-50%

2. Which imaging study is the most appropriate for the diagnosis of chronic sinusitis?

- a. MRI
- b. CT scan
- c. X-ray
- d. Ultrasound of the sinusitis

3. Which sinus is important in endoscopic skull base injury?

- a. frontal sinus
- b. ethmoid sinus
- c. maxillary sinus
- d. sphenoid sinus

4. Which sinus is present at birth?

- a. frontal sinus
- b. ethmoid sinus
- c. sphenoid sinus
- d. all of the above

5. Secondary bacterial infection of the paranasal sinuses after a viral infection of the upper respiratory tract develops

- 1) in 30% of adults and 50% of children;
- 2) in 0.5-2% of adults and 5% of children;+
- 3) in 12% of adults and 15% of children;
- 4) in 20% of adults and 50% of children.

The diagnosis of "Acute pansinusitis" has the following code according to the International Classification of Diseases ICD-10

- 1) H80.7;
- 2) H80.0;
- 3) H30.0;
- 4) H70.1;
- 5) J01.4;+
- 6) H50.3.

The main goal of treatment for acute bacterial sinusitis is

- 1) increasing the clearance of ascorutin;
- 2) decreased clearance of ascorutin;

3) eradication of the pathogen;+

4) decreased mucociliary clearance.

The pathogenesis of acute sinusitis is associated with

1) stagnation of secretions and impaired air exchange in the paranasal sinuses;+

2) stagnation of secretions in the lungs;

3) stagnation of secretions in the middle ear;

4) stagnation of secretions in the auditory tube.

Under the "mask" of acute sinusitis, you can encounter

1) hepatogenic sinusitis;

2) odontogenic sinusitis;+

3) thrombogenic sinusitis;

4) toxic sinusitis.

Symptoms of acute sinusitis should resolve completely within

1) 20 weeks for both adults and children;

2) 16 weeks only in children;

3) 18 weeks for both adults and children;

4) 12 weeks for both adults and children;+

5) 16 weeks only for adults.

5. Evaluation of students' knowledge

6. Summing up the results.

7. Explanation of homework.

If you remember, we have some questions that still require answers. Therefore, I ask you to prepare uncovered questions and items under consideration for independent work.

Thank you all, I'll see you next time!

Literature:

Basic

1. Dinghra- diseases of ENT