

## TREATMENT OF G-AYMORITIS WITH MODERN DRUGS

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**Relevance of the topic:** Inflammation of the maxillary sinuses in the respiratory system is among the most common diseases. Chronic inflammation of the maxillary sinus is observed as a result of incomplete recovery at the stage of its acute inflammation, which is not necessarily a continuation of this phenomenon. It can develop as a result of the transition of chronic inflammation of the nasal cavity to inflammation of the ethmoid labyrinth and nearby sinuses. Inflammation of the roots of the maxillary teeth, as well as their rotting, can cause chronic inflammation. The main link in the chain of pathogenesis of maxillary inflammation is occlusion of the maxillary sinus openings. Various infectious diseases such as influenza, scarlet fever, measles have high virulence of microflora and low reactivity of macroorganisms, which contribute to the transition of acute inflammation of the maxillary sinuses to the stage of chronic inflammation. Recently, there has been a significant increase in the incidence of maxillary sinus inflammation and its consequences in both young and adults. 4 The disease sinusitis occurs quite often and requires the use of various types of antibiotics, for the best result in its treatment.

**Purpose of the study.** To check the effectiveness of using modern drugs.

Ampicillin sodium salt was used as an etiological treatment. This drug was used for comparison. As a pathogenetic treatment of drugs that reduce mucosal edema, we used 0.1% naphthyzine, it was necessary to drip this drug 2-3 drops, 2-3 times a day in each nostril of the nose. From anti-inflammatory and antiseptic drugs, a 2% solution of protargol was used, 2 drops 3-4 times a day. Of the 6 desensitizing drugs, a 10% solution of calcium gluconate was used for injection. Of the antihistamines, 25 mg suprastin tablets were used. As an etiological treatment of

modern drugs, Klamok tablets were used. It is available in tablet form Clam 375, Clam 625, Clam 1000 coated. Klamok consists of the broad-spectrum antibiotic amoxicillin and the unique beta-lactamase inhibitor clavulanic acid. Clavulanic acid protects against beta-lactamase-producing microbes. Clavulone acid in the passive state acts on microbes. Klamok is considered a broad-spectrum antibiotic that actively affects microbes that produce beta-lactamase and are resistant to amoxicillin.

1. Gram-positive aerobes: *S. Pneumonia*, *S. Piogenes*, *S. Viridans*, *S. Bovis*, *S. Aureus*, *S. Epidermidis*, *Listeria* spp, *Enterococcus* spp. 2. Gram-negative aerobes: *H. Influenzae*, *Maroxella catarralis*, *E. coli*, *Proteus* spp, *Klebsiella* spp, *N. Gonorrhoeae*, *N. Meningitidis*, *Pasteurela multocida*. 3. АНАЭРОБЫ: *Peptococcus* spp., *Peptostreptococcus* spp., *Clostridium* spp., *Bacteroides* spp. Klamok is well absorbed through the gastrointestinal tract. The diet does not affect the degree of absorption of the drug. The peak concentration of the drug in the blood plasma occurs after about 1 hour. It is recommended to take the drug tablets Klamok 625 every 8 hours. Based on the research of the above scientists, we chose the drug Klamok and used it as follows. We selected 20 patients divided into 2 groups. Patients of the first group 7 were treated in the traditional way, patients of the second group were treated with a modern drug. The study patients in the 1st group received recommended injections of ampicillin sodium salt, which were administered 1.0 x 3 times a day. 0.1% naphthyzine was used as a pathogenetic treatment of drugs that reduce mucosal edema. After prescribing 2-3 drops 2-3 times on each nostril of the nose, a 2% solution of protargol was used. Take 2 drops 2-3 times a day. From the physiotherapy procedures, UHF was prescribed. After treatment with the above drugs, the results of recovered patients were ineffective. There were few recovered patients in group 1. Group 2 patients were treated with Klamok 625 every 8 hours. The same methods were repeated for the first method of treatment with ampicillin sodium salt. The treatment results were highly effective. The main reason for the recovery of these patients is the selected drug that has an effect on the microorganisms that produce

beta-lactamase. Almost all microorganisms that cause chronic sinusitis produce beta-lactamase.

Of the first group, 60% were completely cured after treatment with Ampicillin sodium salt, and 40% of patients were found to have an exacerbation of the disease. Klamok 625 was recommended for patients of group 2 of modern drugs Кламок. At the same time, the results were different (2-table). 90 % of these patients were completely cured, and 10% were found to have an exacerbation. This indicates the positive effect of this drug and requires its regular, systematic implementation in practice.

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