

**CONFERENCE ARTICLE****CLINICAL FEATURES OF PATIENTS WITH MAXILLARY SINUS CYSTS****Alisher Mukhiddinov<sup>1</sup>, Jamolbek Djuraev<sup>2</sup>, Ilyasjon Soatov<sup>3</sup>**<sup>1</sup>Researcher, Tashkent medicine Academy (Tashkent, Uzbekistan)<sup>2</sup>DSc, professor, Tashkent medicine Academy (Tashkent, Uzbekistan)<sup>3</sup>PhD, doctoral student, Tashkent medicine Academy (Tashkent, Uzbekistan)**ABSTRACT**

Maxillary sinus sinuses cysts was headache in patients many in cases permanent and occasionally with was, but years during his/her intensity increased. Daily in life wide applicable analgesics acceptance to relieve headaches (citramon, analgin, pyramidon, baralgin) eliminate to reach take came.

**Keywords:** Epithelium, morphology, sinus, micropreparation.

**INTRODUCTION**

Since most patients had no rhinological symptoms, 27.5% of the patients we observed sought medical help from a therapist or neurologist, who referred the patients immediately or after some time for a diagnostic X-ray of the paranasal sinuses. Difficulty in nasal breathing of varying degrees was noted by 37 patients with cysts of the maxillary sinuses. Patients described nasal congestion that bothered them in different ways: some patients experienced nasal congestion at night on the side facing the pillow; in other patients, difficulty in breathing occurred several times during the day in one or the other half of the nose; 12 patients, due to difficulty in nasal breathing, had to take vasoconstrictor drops periodically for a period of 1 to 7 months.

In 80% of patients with maxillary sinus cysts, difficulty in nasal breathing was previously explained by their allergic background. However, this of patients allergic history attention with our study allergy did not confirm. Our In our opinion, some in patients nose of breath violation maxillary sinus cysts not only cyst mucus to the floor mechanic pressure As a result, sinus and nose mucus floor blood and lymph in circulation local to changes dependent, also autonomous nerve system reflexive developing imbalance his/her parasympathetic department the tone increase direction according to, this nose both in the middle vasodilation, cavernous venous plexuses excess blood with fullness and lumen obstruction with manifestation will be nose of the cavity.

**CONCLUSION**

Maxillary sinus cysts clinical in the signs leader Complaint of headache is considered. Strong without, gradually increase to the trend has is the patients work ability limits, constant discomfort status brought releases and eventually medical help to ask forced does.

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