

## DIAGNOSIS AND TREATMENT OF DACRYOADENITIS

Kodirov M.Sh.

Department of ophthalmology Andijon state medical institute, Uzbekistan, Andijon

**Annotation:** Dacryoadenitis is an inflammatory lesion of the lacrimal gland. Independently occurs rarely, more often serves as a complication of various diseases. There are acute and chronic forms. Clinically, acute dacryoadenitis is manifested by edema and pain in the projection of the lacrimal gland, a change in the shape of the eye slit. The chronic process is manifested by a moderate painless enlargement of the gland, mild conjunctival hyperemia. Diagnostics include examination, visometry, tonometry, and biomicroscopy. To clarify the etiology in the chronic form, a number of additional studies are prescribed. Conservative treatment (antibiotics, physiotherapy), and surgical treatment for the formation of a breast abscess.

**Key words:** dacryoadenitis, inflammation, visometry, tonometry, biomicroscopy.

Dacryoadenitis (Greek: dakryon tear + adēn gland) is an acute or chronic inflammation of the lacrimal gland. This gland is an element of the adnexal apparatus of the eye, belongs to the tubular glands, has the shape of a horseshoe and consists of two parts. Its functioning creates optimal conditions for the normal functioning of the eyeball. Diseases of the lacrimal gland are infrequent, reaching 0.56% in the population. Dacryoadenitis accounts for approximately 25% of all lacrimal gland lesions. Acute dacryoadenitis in ophthalmology is quite rare, usually in children with weakened immune systems, against the background of infectious diseases. In adults, the pathology manifests itself in a chronic form. Men and women get sick with the same frequency. There are acute and chronic dacryoadenitis. The acute form is a complication of many infectious diseases, such as influenza, sore throat, mumps, intestinal infections, and others. The chronic process occurs against the background of an active form of tuberculosis, syphilis, blood diseases (chronic lymphocytic leukemia). In recent years, the main role in the development of chronic dacryoadenitis is attributed to non-specific inflammation of the lacrimal gland in sarcoidosis, Wegener's granulomatosis, and reactive arthritis. More rarely, chronic dacryoadenitis is based on Mikulich's disease, which occurs with lymphomatous hyperplasia, also affecting the salivary, submandibular and parotid glands.

Symptoms of acute dacryoadenitis are characterized by a sharp onset, the patient complains of pain on palpation in the projection of the lacrimal gland. There is hyperemia and edema of the outer part of the upper eyelid, which lead to the development of a specific S-shaped ptosis and a slight deviation of the eye inside and down. The eye movement is disrupted in full. An injection of the conjunctival part of the lacrimal gland and sclera is visualized. The patient also notes dryness in the eye due to reduced tear production. The lesion is more often unilateral and is accompanied by symptoms of general intoxication: hyperthermia, headache, weakness and enlargement of regional lymph nodes.

The course of the chronic form of dacryoadenitis in various diseases is similar to each other. The lacrimal gland is enlarged, compacted and painless on palpation. Mild conjunctival hyperemia and superficial injection of scleral vessels are possible. Due to a slight ptosis on the background of an enlarged lacrimal gland, the eye gap is reduced in size

from the outside. Eye movements are not affected. Dry eye syndrome is not typical, more often tear production is not disturbed for a long time. Symptoms develop gradually, and it may take more than a month to see an ophthalmologist. The pathology has a one - or two-sided character.

Diagnosis of dacryoadenitis.

Diagnosis of acute dacryoadenitis is carried out by an ophthalmologist using visual examination and history collection, visometry, tonometry, and biomicroscopy of the eye. The clinical picture of the acute form is pronounced, it does not cause any difficulties. To diagnose chronic dacryoadenitis, an additional ultrasound of the eyeball, MRI or CT is performed (if a neoplasm of the eyelid or lacrimal gland is suspected). In order to clarify the etiology of inflammation, an X-ray examination of the chest (to determine changes in lung tissue), a Mantoux test, treponemal serological tests, a biopsy of the lung tissue (if sarcoidosis of the lungs is suspected) or a salivary gland (if Mikulich's disease is suspected) is additionally performed.

Treatment of dacryoadenitis

Treatment of the acute form is more often conservative, while the chronic form depends on the underlying disease. The conservative course of treatment of acute dacryoadenitis is carried out in a hospital, includes physiotherapy (UHF therapy, dry heat), the appointment of antibacterial (oral or intramuscular), anti-inflammatory drugs, analgesics. Intensive treatment of the underlying disease is carried out. Surgical intervention is required for the formation of an abscess of the lacrimal gland. The abscess is opened, the wound is thoroughly washed with a solution of hydrogen peroxide or other antiseptic, and drainage is installed until the wound surface is completely cleaned.

Treatment of chronic dacryoadenitis depends on the etiology of the underlying disease and is carried out together with other specialists (hematologist, venereologist or phthisiatrist). For long-term ongoing, poorly treatable dacryoadenitis, it is necessary to conduct X-ray irradiation of the lacrimal gland area (moderate doses). The prognosis in acute form is favorable, in chronic dacryoadenitis depends on the course of the underlying disease.

Prevention

The most effective way to prevent dacryoadenitis is to strengthen the immune system. Exercise, proper nutrition, walking in the fresh air, avoiding alcohol and cigarettes - all this significantly reduces the risk of infectious diseases that can lead to acute dacryoadenitis. During an epidemic of influenza or ARVI, it is necessary to regularly wet clean the apartment, wash your hands more often, and avoid crowded places. In addition, timely detection and proper treatment of major diseases (syphilis, tuberculosis, sarcoidosis) significantly reduces the risk of dacryoadenitis.

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