

**12<sup>th</sup> BALKAN CONGRESS OF  
OTORHINOLARYNGOLOGY - HEAD AND NECK SURGERY**

**1<sup>st</sup> JOINT MEETING WITH AMERICAN ACADEMY OF  
OTOLARYNGOLOGY - HNS**

**1<sup>st</sup> JOINT MEETING WITH CONFEDERATION OF  
EUROPEAN ORL - HNS**

**ABSTRACT BOOK**

**inoco® 50 µg**

сатоне propionate  
ој за нос

**ПЛИВИН**

антирачагален

кортикостероид  
са јакајија на  
антическа  
ринг.



**PLIVA Allergy**

**ПРЕПОРАЧАНО ДОЗИРАЊЕ**

ВОЗРАСНИ И ДЕЦА НАД 12 ГОДИНИ

ДЕЦА ОД 4 ДО 11 ГОДИНИ

х 2 прснувања во секоја ноздра (вкупно 200 µg)

1 x 1 прснување во секоја ноздра (вкупно 100 µg)

*Прегорака: ја можностите лекот да се ѕиромени научија*

никлон пропионат е слабо растворлив во вода и поради тоа неговата директна апсорпција во носот  
кориснијата на проглочната доза е занемарлива. После интраказална примена, максималните  
интраказални пропионат во плазмата не се мерили. Во споредба со плацебо,  
интраказалната примена кај деца не доведува до статистички значајни разлики во брзината на раст.

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## CONTENT

## LARYNGOTRACHEITIS IN A 66 YEAR OLD FEMALE - CASE REPORT

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**Introduction:** Laryngotracheitis represents group of diseases that affect the larynx, trachea and bronchi. It is generally diagnosed in children. Adults rarely manifest this kind of infection. Laryngotracheitis may result in severe illness that causes respiratory distress which provide prolonged hospitalization, intensive care unit treatment and mechanical ventilation.

**Case presentation:** We report a case of laryngotracheitis in adult population. A 66-year-old female with a history of nonregulated diabetes. She underwent hysterectomy 15 years ago for abortion and nephrectomy 6 years ago due to pyelonephritis. She was also diagnosed for metastases in lumbar vertebrae but of unknown origin, so treatments with three cycles of bisphosphonate therapy were performed. One year ago, she survived bronchopneumonia caused by covid 19. She presented at the ENT clinic with inspiratory stridor, hoarseness, cough and dyspnea for 2 weeks. Initial laboratory result was unremarkable. Based on our tracheal aspirate specimen no bacteria were found. Fiberoptic tracheobronchoscopy was performed: a malacic wall of the trachea was visualized, accompanied by severe inflammation, edema and cruciate stenosis that narrow the respiratory lumen. CT scan of the neck region and chest where preformed identifying thickening, soft tissue swelling and change of the wall of the tracheal ring. A five-day parenteral therapy were given: antibiotic, corticosteroids as well as inhalations with moist air, dexamethasone and garamycin.

After 24 hours of monitoring, the situation improved significantly. Control fiberopticbronchoscopy was performed, which showed mild hyperaemia of the trachea. We established our diagnose based on our CT scan and fiberscope.

**Conclusion:** Our case report highlights the importance of early detection of acute laryngotracheitis. Using appropriate timely therapy reduces the risk of airway obstruction, tracheotomy or intubation.

**Key words:** Laryngotracheitis, adult, airway, fiberscopy, CT scan

## COMPARATIVE ANALYSIS IN RESOLVING THE SYMPTOMS PATIENTS WITH LARYNGITIS POSTERIOR TREATED WITH AND LEVOCITIRIZINE AND PPI AND DESLORATADINE

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**Introduction:** Living in a covid 19 pandemic lockdown, and the "new normal" over all, is a stressful situation for all of us. As an ENT specialist I confront higher incidence of laryngitis posterior and GER patients from March 2020 December 2020 compared with the previous years.

**Methods and materials:** two different treatments of the patients with laryngitis posterior and GER patients in the clinical hospital of Bitola, between March 2020 and December 2020. All of these patients had allergy in their medical history. The first treatment consists of esomeprazole and levocitirizine, and the second consists of esomeprazole and desloratadine. These treatments were applied to two different groups – first group comprising 24 patients, and the second comprising 29 patients. The follow up was a month after a given therapy.

**Results:** All the patients were evaluated a month after treatment. First part of the evaluation was subjective and the patients had to answer if they are feeling better on the scale from 1 to 5. The second part was fiberoptic laryngoscopy and evaluation of the interarytenoid space. Only 15% (3 patients) of the first group were feeling completely good, and 34% (10 patients) from the second group finding of laryngoscopy and evaluation of the interarytenoid space was without hyperemia and oedema in 50% (12 patients) from the first group and 69% patients) in the second group.

**Conclusion:** The comparison of the results of the two groups shows that patients in the second group, treated with esomeprazole and desloratadine feeling better more than twice from the first group, and for almost more 20% have no more hyperemia and oedema compared to the first group. In order to enhance the results of the patients' treatment further follow up all patients necessary.

**Keywords:** laryngitis posterior; levocitirizine, desloratadine