FEATURES OF DIAGNOSIS AND TREATMENT OF ACUTE RHINOSINUSITIS IN PREGNANT WOMEN DURING THE SECOND AND THIRD TRIMESTERS

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Abstract: *Physiological changes that occur in a woman's body during pregnancy increase the susceptibility to the development of acute rhinosinusitis. In particular, immune suppression and mucosal edema become more pronounced in the second and third trimesters. During this period, safe and effective approaches to diagnosis and treatment of acute rhinosinusitis are discussed. To ensure the safety of both the mother and the fetus, special clinical protocols should be developed for this stage of pregnancy.*

Keywords: *Pregnancy, second and third trimesters, acute rhinosinusitis, diagnosis, treatment, safety, physiological changes.*

Introduction

Acute rhinosinusitis often develops against the background of physiological and hormonal changes during pregnancy. This condition can negatively affect the mother's general health and pose potential risks to fetal development. Therefore, timely diagnosis and safe treatment of acute rhinosinusitis are of great importance.

Diagnosis

During pregnancy, the diagnosis of acute rhinosinusitis is based on clinical and instrumental methods:

1. **Clinical signs:**

- Nasal congestion and nasal discharge.
- Increased pressure or pain in the facial area.
- Headache and general weakness.

2. **Instrumental diagnosis:**

- Endoscopic examination to assess the condition of the nasal cavity and paranasal sinuses.
- Radiological methods are generally avoided during pregnancy; however, if necessary, low-dose computed tomography may be recommended.

Treatment Features

Treatment is carried out with careful consideration of maternal and fetal safety:

1. **Pharmacological treatment:**

- Nasal irrigation with saline solutions (safe and effective).
- Topical decongestants are used only for a limited period and strictly on a physician's recommendation.
- Antibiotics are prescribed only when bacterial infection is confirmed, with preference given to safe agents (e.g., amoxicillin).

2. **Physiotherapy:**

- Steam inhalations (at temperatures not exceeding 37°C).
- Local symptomatic relief methods.

3. **Surgical intervention:**

- Performed only in severe cases when there is a life-threatening condition.

Conclusions and Recommendations

The diagnosis and treatment of acute rhinosinusitis in pregnant women require an individualized approach. When selecting safe and effective

therapeutic strategies, healthcare professionals must prioritize the health of both the mother and the fetus. Local treatments, physiological methods, and cautious pharmacotherapy are preferred.

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