



Features Of The Course Of Chronic Tonsillitis In Rhinosinusitis

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ABSTRACT

Rhinosinusitis is a bacterial or viral infection of the mucous membrane of the cavity and paranasal sinuses; it occurs in children and adults with the same frequency in all age groups. Rhinosinusitis, as one of the forms of upper respiratory tract infection, is perhaps the most common pathology faced by local therapists and pediatricians. According to American researchers, 4.6% of all visits to a general practitioner occur in cases of rhinosinusitis. The presence of 2 to 4 episodes of acute rhinosinusitis throughout the year indicates a recurrent course of the disease. According to some foreign authors, latent forms of sinusitis in adults account for 57 to 86% of cases. According to some researchers, Streptococcus pneumoniae and Haemophilus influenzae account for 70% of acute sinusitis in children. For many decades, the question of the choice of tactics for the treatment of hypertrophy of the pharyngeal tonsil (adenoids) and hypertrophy of the palatine tonsils (chronic tonsillitis) remains open. Chronic diseases of the lymphopharyngeal ring are the dominant pathology in which children are observed by an otolaryngologist and pediatrician.

KEYWORDS

Rhinosinusitis, mucous membrane, paranasal sinuses, nasal breathing.

INTRODUCTION

Purpose of the study

Prove that the cause of tonsillitis is chronic rhinosinusitis, which is latent and manifests edema (hyperplasia) of the turbinates.

MATERIALS AND RESEARCH METHODS

A total of 20 people were examined (15 children, 5 adults). Three children were examined with a diagnosis of adenoiditis (grade 2–3 adenoid hypertrophy - 100%). There

was no history of acute rhinosinusitis. At the age of 2–5 years - 10 people. At the age of 6–12 years - 5 people. Difficulty nasal breathing periodically - 12 people. Difficulty nasal breathing constantly - 8 people. Of these, adenotomy was performed 1 year ago - 1 person, from 3 to 5 years ago - 3 people. The hypertrophy of the palatine tonsils of the 2nd-3rd degree - in 95%, hyperplasia of the epithelium of the posterior pharyngeal wall - in 51%, a history of recurrent laryngitis - in 10.2%, regional lymphadenitis of the submandibular, tonsillar, cervical lymph nodes - in 72% was associated. In clinical practice, the above nosological units in their pure form are extremely rare. Systemic reactions from the peripheral part of the immune system were revealed: 1. Adenoiditis, tonsillitis, regional lymphadenitis, hyperplastic pharyngitis. Adenoiditis, recurrent laryngitis (often with stenosis), regional lymphadenitis. 2. Adenoiditis, hyperplastic pharyngitis, recurrent bronchitis, etc. When examining the nasal cavity, attention is drawn to edema (hypertrophy) of the turbinates - in 20 (100%); bilateral edema of only middle turbinates - in 2; edema of only the inferior turbinates - in 6, of which edema of the inferior turbinates on both sides - in 1, edema of the inferior turbinate on one (or mainly on one side) - 13. Concomitant changes - edema of the middle and inferior turbinates - in 5 All children underwent bacteriological and cytomorphological examinations of nasal swabs. X-ray of the paranasal sinuses. Also examined 5 adults with diagnoses: chronic pharyngitis (hyperplastic, mixed) - 1, chronic pharyngitis of the lateral pharyngeal ridges - 1, periodic hoarseness - 3, chronic laryngitis - 2, chronic tonsillitis, hypertrophy of the tonsils, deep lacunae, plugs in the lacunae - 4. Examination of the nasal cavity in adults revealed edema of the inferior turbinates - on one or predominantly one (with bilateral edema) side - in 3. Additional research methods: MPT, CT of the paranasal sinuses, cytomorphological and bacteriological examinations of nasal swabs.

RESEARCH RESULTS

The radiographs of the paranasal sinuses in children revealed changes characteristic of rhinosinusitis - parietal or total darkening of the ethmoid and maxillary sinuses. In smears from 95 to 100% of neutrophils, cocci from + to ++++. In bacteriological research, *St. aureus*, *Str. pneumoniae*, *E. coli*, *Haemophilus influenzae*. As a result of the study, in adults, in 100% of cases, changes in the paranasal sinuses from parietal to total darkening in the maxillary, ethmoid sinuses were revealed. And also the phenomenon of pansinusitis (15% of cases). In 73% of cases, hyperplasia of the inferior turbinate is noted contralateral hyperplasia and edema in the maxillary sinus. Bacteriological research highlighted - *st. aureus*, *str. pneumoniae*, *M. catarrhalis*, *str. pyogenes*, *H. influenzae*. Cytomorphological examination: neutrophils - from 70 to 100%.

Thus, changes on the part of lymphoid organs: chronic adenoiditis, chronic tonsillitis, chronic hyperplastic pharyngitis, chronic pharyngitis of the posterolateral pharyngeal ridges, chronic laryngitis, regional lymphadenitis (as nosological units and their combinations) are systemic reactions from the peripheral part of the immune system and indicate for the presence of a chronic inflammatory process in the paranasal sinuses, which occurs, including in a latent form. These reactions may be markers of latent chronic rhinosinusitis. These changes can be used for additional diagnostics in case of hypertrophy (or predominant hypertrophy) of the inferior turbinate on one side revealed during examination of the nasal cavity. In this case, it is advisable to X-ray examination of the sinuses and laboratory cytomorphological and bacteriological examination of nasal swabs. If parietal or total darkening of the maxillary sinus, contralateral hypertrophy (or predominant hypertrophy) of the inferior turbinate, neutrophilic leukocytosis during cytomorphological examination and pathogenic microflora during bacteriological examination are detected,

chronic rhinosinusitis is diagnosed, which proceeds latently.

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