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PERITONSILLITIS: CAUSES, SYMPTOMS, AND TREATMENT

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Abstract
The oropharynx and the larynx are considered to be the most affected areas of the digestive system and respiratory system. Teeth and other infectious diseases of the oral cavity, acute and diseases of the nose and nasal cavities cause the pharynx and palate to be affected, which makes it difficult to breathe through the nose. Diagnosis and treatment of acute or chronic inflammation of the palate in the early stages can prevent paratonsillitis and its dangerous complications. Enter. Peritonsillitis is one of the most severe in otorhinolaryngological practice. Literally translated, the diagnosis means "inflammation around the tonsils". acute purulent process here in direct penetration. The essence of the pathology, in fact, lies in the penetration of the pathogenic microorganism into the soft tissues of the peritonsillar area, where an acute purulent process begins. It should be noted that a complication of paratonsillitis is a paratonsillar abscess: a cavity filled with necrotic masses is formed due to the purulent process of the tonsil tissue.There are three forms of paratonsillitis that come to the otorhinolaryngologist doctor with different severity: swelling (5%), infiltrative (20%) and abscess (75%, that is, most of the patients are complicated by abscess).
Keywords: Peritonsillitis, Peritonsillar abscess, Tonsillitis, Streptococci, Staphylococci, Pneumococci.

Introduction

A number of sources emphasize that these pathomorphological types of paratonsillitis are actually successive stages of the dynamics of the purulent-inflammatory process. According to published epidemiological estimates, patients with paratonsillitis make up 15-16% of patients in specialized otorhinolaryngology hospitals and departments.The disease depends on age (mostly young people are affected) and the season (paratonsillitis is often noted in the cold season).The disease does not depend on gender.

The main part. According to the literature, 4/5 of all cases of paratonsillitis develop against the background of chronic inflammation of the tonsils, and paratonsillitis itself corresponds to the recurrence of chronic tonsillitis in 10-15% of patients. Although the causative agent is almost always bacterial cultures (streptococci, staphylococci, pneumococci, Escherichia coli, Klebsiella, etc.), sometimes a fungus (candida) or a lymphogenous infection has been identified. The spread of infection is also possible through the hematogenous route, so the risk factors include any foci of inflammation, especially those located near the tonsils (in particular, odontogenic paratonsillitis, which develops against the background of untreated

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periostitis, gingivitis, caries and other dental diseases). common occurrence). In addition, the likelihood of paratonsillitis increases with hypothermia, in people with weak immunity (regardless of the reasons for the lack of immunity), as well as in smokers.

Causes:

Peritonsillitis is primarily caused by bacterial infections, with Streptococcus pyogenes (group A streptococcus) being the most common pathogen. Other bacteria that may contribute include Staphylococcus aureus, Haemophilus influenzae, and various anaerobic bacteria. Factors that increase the risk of developing peritonsillitis include:

Recurrent tonsillitis
Chronic pharyngitis
Immunosuppression
Poor oral hygiene
Smoking

Symptoms and Diagnosis

The symptoms of peritonsillitis can develop rapidly and may include:
Severe sore throat, usually on one side
Swelling and redness in the throat
Difficulty and pain when swallowing (dysphagia)
Fever and chills
Swollen lymph nodes in the neck
Muffled or altered voice (hot potato voice)
Trismus (difficulty opening the mouth)
Ear pain on the affected side
Bad breath (halitosis)

The classic clinical presentation of phlegmonous tonsillitis includes severe pain on one side: bilateral paratonsillitis accounts for no more than 10% of all cases.The pain is sharp, increases during swallowing (even when swallowing dry), spreads to the jaw and or ear.As a rule, general signs of intoxication are identified: restlessness, headache, high fever, weakness, insomnia. Later, irritability is accompanied by increased salivation, spasm of chewing muscles and dysphonia (impression and articulation disorders).Usually, the patient bends his head to the affected side and tends to take a forced position. Bad breath is one of the main symptoms. In the absence of medical help, the abscess may burst on its own, as a result of which the symptoms disappear.

At the same time, we can also see a prolonged course of illness lasting two weeks or more;We must know and remember that almost any complication of paratonsillitis is life-threatening: spread of the inflammatory process to the organs of the thoracic cavity, involvement of intracranial spaces and tissues (meningoencephalitis, brain abscesses), sepsis, massive bleeding, etc. Diagnose paratonsillitis: paratonsillitis is detected during laboratory tests and pharyngoscopy, complaints and anamnesis data analysis.In addition, additional examinations may be ordered for clarification and differential diagnosis: X-ray, CT, MCCT ultrasound.

Diagnosis:

Diagnosis of peritonsillitis is primarily clinical, based on the characteristic symptoms and physical examination findings. Key diagnostic steps include:

Physical examination of the throat to identify swelling, redness, and pus near the tonsils.

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Needle aspiration or incision and drainage of the abscess to obtain a sample for culture and sensitivity testing.

Imaging studies, such as ultrasound or CT scan, may be necessary in atypical cases or to assess the extent of the infection.

Treatment

The patient is treated in hospital.Strong antibiotic therapy is prescribed.If an abscess appears, the abscess is surgically opened and the pus removed, and drainage procedures are performed.Analgesics, anti-inflammatory drugs, (antipyretics) and gargling with an antiseptic are recommended.In some cases (usually with chronic recurrent paratonsillitis), removal of the tonsils along with paratonsillar abscess is indicated.It should be noted that in order to get an effective result, the treatment should be started on time and complications should be prevented, otherwise serious complications may occur.

The treatment of peritonsillitis typically involves a combination of medical and surgical approaches:

Antibiotics:

Broad-spectrum antibiotics are initiated to cover the likely pathogens, with adjustments made based on culture results. Common choices include penicillin, clindamycin, or metronidazole.

Surgical Intervention:

Needle aspiration or incision and drainage are performed to remove the pus and reduce the infection load.

In severe or recurrent cases, a tonsillectomy may be considered to prevent future occurrences.

Supportive Care:

Pain management with analgesics.

Hydration and nutritional support.

Use of corticosteroids to reduce inflammation and swelling.

Conclusion

Peritonsillitis is a serious complication of tonsillitis that requires prompt medical attention to prevent severe outcomes. Early diagnosis and appropriate treatment, including antibiotics and possible surgical intervention, are essential for effective management. Preventive measures, such as addressing recurrent tonsillitis and maintaining good oral hygiene, are crucial in reducing the risk of developing this condition. Further research into optimized treatment protocols and preventive strategies will enhance patient outcomes and reduce the incidence of peritonsillitis.

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