

CURRENT ASPECTS OF TREATMENT OF ACUTE TONSILLOPHARYNGITIS IN CHILDREN

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Abstract.: The article presents diagnostic and therapeutic aspects of acute tonsillopharyngitis in children. The choice of treatment tactics for ATPh is a crucial task. On the one hand, this pathology is most often associated with excessive and unjustified prescribing of systemic antibacterial therapy, on the other hand, refusal of antibiotics can contribute to the development of serious complications. Timely etiological diagnosis and rational therapy of ATPh are an important link in the effectiveness of treatment of ATPh in children and prevention of antibiotic resistance of microorganisms.

It is shown that drugs are more important for local therapy. Clinical examples demonstrate the effectiveness of Rinojermi nasa Ispray, which consists of two strains of live bacteria that displace from the mucosa those pathogenic bacteria that have already entered the mucosa, and do not allow new ones to enter.

Key words: acute tonsillopharyngitis, antibacterial therapy, local therapy Rinojermi nasa.

Relevance. Acute tonsillopharyngitis is a common disease in all age groups, including children starting from the 2nd year of life. Most often, the disease is caused by viruses (adenovirus, parainfluenza virus, respiratory syncytial virus, ino virus). The role of enteroviruses (Coxsackie B and others), Epstein-Barr virus is not excluded. Bacterial etiology is detected in 25-30% of cases, of which the main bacterial agent (90-95%) is beta-hemolytic streptococcus group A (BSA), less often — streptococci of groups C and G, even less often gonococci, anaerobes, diphtheria bacillus. However, not so much bacteria as viruses, as already emphasized above, are currently considered leading in the etiology of tonsillopharyngitis.

Studies of Taiwanese scientists who examined almost 300 children with The results of the study showed that HSA occurs only in 1% of cases, and all these children were over the age of 6 years. The viral etiology of the disease was reliably confirmed in 47.6% of children, and more often adenovirus (18.7%) and enterovirus (16.3%) were cultured, less often – influenza viruses (5.4%), parainfluenza (5.1%), herpes simplex type 1 (2.7%) and respiratory syncytial virus (0.3%) [6]. The most frequently detected viruses were adenovirus (47.1%), enterovirus (40.5%), rhinovirus (38%), bocavirus (29.8%), metapneumovirus (17.4%), and respiratory syncytial virus (15.7%). It is considered the most widespread community-acquired drug in the world is an unknown infectious disease. In Europe and North America, as well as in Ukraine, the incidence of tonsillopharyngitis reaches 5 % in the adult population and 10 % in children. At the same time, the number of patients the chronic form of tonsillitis is 1.5 times more. In the United States, up to 15 million children with ATPh are registered annually [1, 2]. In ATPh, acute inflammation of mainly the palatine tonsils, as well as surrounding tissues, occurs with edema, hyperemia, and the presence of exudate on the tonsils (tonsillitis) with the involvement of the pharyngeal mucosa (pharyngitis). The disease is often accompanied by an increase in body temperature, intoxication, sharp pain when swallowing and a reaction of regional lymph nodes.

According to numerous studies worldwide, as well as WHO data, in more than 70% of cases, antibacterial therapy is prescribed in the absence of indications. That is, this type of

therapy not only does not have a positive effect on the course of the disease (WHO expert assessment), but on the contrary, it often leads to adverse side effects [7]. In addition, new clans of antibiotic -resistant microbial flora are being formed, which will eventually lead to a decrease in the capabilities of this undoubtedly important therapy method for all mankind [4,5]. Thus, the approach to antibacterial treatment of children with sore throats should be reasonable and carefully considered: if bacterial infection is excluded, local anti-inflammatory therapy becomes the leading method in the treatment of ATPh. Local treatment of ATPh is easing the course of the disease as quickly as possible: to remove inflammatory phenomena, pain, and unpleasant sensations in the throat, which are often the reason for patients' refusal to eat and drink, which in children, especially in the presence of fever, can quickly lead to exsiccosis. It should be emphasized that it is the inflammatory process in ATPh, regardless of the etiology of the disease — bacterial, viral, fungal — that causes the developing symptoms. Therefore, stopping the mechanisms of inflammatory reactions is one of the most important methods of local therapy. The authors concluded that the addition of a spray containing two strains of live bacteria to antibiotic therapy, which displace the pathogenic bacteria that have already entered the mucosa, can significantly reduce the severity of clinical symptoms in patients with streptococcal pharyngitis. Identical data were obtained in children with the use of Rhinojermina.

Rhinojermina is a nasal spray that creates a biological barrier on the nasal mucosa against the microorganisms that cause the disease. It is the nasal mucosa that first encounters pathogenic bacteria and viruses, but due to weakened immunity, smoking, antibiotic therapy or after applying local antiseptics, the protective properties of this barrier are reduced. Rhinojermina contains two strains of live bacteria that displace from the mucosa those pathogenic bacteria that have already entered the mucosa, and do not allow new ones to enter. **Objective:** study the therapeutic efficacy and safety of Rhinojermina in the treatment of acute tonsillopharyngitis in children.

Materials and methods of research. The study included 40 children aged 2 to 4 years (median age — 7.22) who were admitted to the hospital with a diagnosis «of "acute respiratory disease»". Of these, there were 21 — boys and 19 girls. All examined children were divided into 2 groups: the main group (group 1) consisted of 20 children who received local treatment with Rhinojermina spray; group 2—a comparative group of children received traditional antibacterial therapy by parenteral and oral route.

Results and their discussions. Children admitted to the hospital had a limitation period of acute respiratory infections from several hours to 3 days; on average, in the main group it was 2.1 ± 1 day, in the control group — 1.99 ± 1 day. In the clinic, increased body temperature, lethargy, and decreased appetite were observed in all children of the main and comparison groups. At the same time, in half of the cases, the temperature was subfebrile-67 and 60% of cases, respectively, in other children it did not exceed 39°C . The average value of hyperthermia was recorded within $37.99 \pm 1.5^{\circ}\text{C}$ in the main group and $37.77 \pm 1.33^{\circ}\text{C}$ in the comparison group. 80% of children in both groups complained of sore throat. In half of the cases, catarrhal syndrome was detected in the form of rhinitis and cough. In the symptoms of acute respiratory disease were distributed approximately equally in the two study groups. In the group of children receiving Rinozhermin, there was a significantly faster decrease in the duration of symptoms such as hyperemia and sore throat compared to the comparison group. So, in the main group $1,3 \pm 0,5$ сутки происходило, all changes in the oropharynx decreased by 1.3 ± 0.5 days, while in the comparison group — by 2.44 ± 0.5 days ($p < 0.05$). Pharyngeal hyperemia



disappeared by $2.6,6 \pm 1.0$ days in the main group and by $3.8,8 \pm 1.0$ days in the comparison group ($p < 0.05$). Sore throat disappeared by 1.2 ± 0.5 days in the main group and by 2.04 ± 0.5 days in the comparison group ($p < 0.05$). **Conclusion.** Taking into account the more pronounced positive dynamics of clinical manifestations of tonsillopharyngitis in children with acute respiratory infections, namely, hyperemia and sore throat against the background of ongoing therapy with Rinozhermin, we can recommend it to pediatric practice as a means for treating inflammatory diseases of the oropharynx in children.

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