MODERN APPROACHES TO DIAGNOSTICS OF DISEASES ASSOCIATED WITH CHRONIC TONSILLITIS

Mukhamadiyeva Lola Atamurodovna
Belykh Natalya Anatolevna

Chronic tonsillitis (CT) is one of the most common diseases in ENT practice , found in approximately 30% of the adult population according to statistics [1]. Despite the fact that the diagnostic criteria for local manifestations of CT are well defined, there are many uncertainties regarding the diagnosis of concomitant diseases. Unfortunately, many otolaryngologists rely only on pharyngoscopic data and local diseases associated with CT when choosing treatment tactics. Traditional pharyngoscopic findings include the signs of Zak , Giese, Preobrazhensky, as well as the presence of pus and caseous plugs in the lacunae, tonsil adhesions, etc., often along with already developed local diseases (paratonsillitis, parapharyngitis , mediastinitis) [2].

The purpose of this study is to analyze risk factors and modern features of the general course of diseases associated with chronic tonsillitis. A review of both domestic and foreign literary sources is conducted, and the results of our own clinical observations are presented. Factors contributing to the complicated course of chronic tonsillar pathology are identified and the need for surgical intervention to prevent toxic-allergic forms of the disease is emphasized. Emphasis is placed on the importance of accurately identifying concomitant pathologies of CT to establish its form and prevent serious fatal complications.

At the same time, with regard to the general pathology associated with CT, there is still uncertainty in understanding this problem and its assessment. Meanwhile, it is the diagnostics of the associated pathology that underlies the determination of the form of chronic tonsillitis and, consequently, in the issue of choosing an adequate patient management tactic, choosing between the possibility of conservative therapy and the need for surgical treatment. It is worth noting that general diseases associated with CT can manifest themselves after just one sore throat.

It should be emphasized that pharyngoscopic manifestations of chronic tonsillitis (CT) may be weakly expressed. Unfortunately, many otolaryngologists and therapists continue to believe that the palatine tonsils (PT) play a key role in the functioning of the immune system, even in chronic inflammation, which has given rise to many conservative and organ-preserving therapies, including, for example, endoscopic lacunatomy and correction of the palatine arches. However, it is known that the PT represent only an insignificant part of the immune system, providing mainly local immunity for up to 30 years. The histological structure of the tonsils contributes to the chronicity of infection, regardless of their ability to synthesize cytokines and

immunoglobulins. In this regard, the most effective method for eliminating constant intoxication and preventing serious complications is tonsillectomy . It should also be noted that in chronic inflammation in the LM, the cardiovascular , musculoskeletal and urinary systems are most often affected, which is due to the similarity of the antigens of β-hemolytic streptococcus group A and connective tissue proteins. Also, possible causative agents of CT may be myoplasms and chlamydia , which can cause reactive arthritis. An important part of the diagnosis of concomitant diseases of the cardiovascular system is the detection of acute rheumatic fever and rheumatic heart disease, which requires an analysis of the family history and previously suffered diseases.

It should be emphasized that people with congenital connective tissue dysplasia have a significant risk of developing acute respiratory febrile diseases (ARF). This pathology can manifest itself with symptoms such as prolapse of the mitral and other heart valves, myopia, joint hypermobility , asthenovegetative syndrome and vegetative disorders, including neurocirculatory asthenia (NCA). Symptoms characteristic of NCA include rapid heartbeat, shortness of breath, episodic pain in the heart, fatigue and decreased performance. ECG signs indicating cardiovascular disorders associated with tonsillar-streptococcal infection are manifested in the form of flattening, biphasic or inversion of the T-wave. The combination of NCA with chronic angina (CT) causes particularly severe conditions in patients, since constant intoxication disrupts the functioning of the already unstable nervous system. Radical sanitation of chronic infectious foci, including tonsillitis , is the only effective treatment method. For early diagnosis of ARF, factors such as persistent toxic syndrome and high levels of protein Myocardial damage by streptococcal antibodies in CT is characterized by the appearance of atrioventricular block, more often grade I (prolongation of the PQ interval), less often grade II (loss of QRS complexes recorded on the ECG). In addition, signs of ARF may be previously unrecorded rhythm and conduction disturbances (bundle branch block, sinoatrial and intra-atrial blocks). The gold standard for diagnosing rheumatic heart disease is echocardiography . All of the above manifestations also serve as screening criteria that a practicing otolaryngologist should use to determine the clinical form of CT. To prevent toxic-allergic complications of CT, it is advisable to refer patients with an increased risk of complications to TE. Such patients include: - persons with a family history of rheumatological diseases - persons with congenital connective tissue pathology (including MVP); — persons with high titers of streptococcal antibodies after acute or exacerbation of chemotherapy; — persons who have had ARF with any manifestations and outcomes; — persons with arthralgia and high titers of streptococcal antibodies. Diagnostics of associated diseases of the musculoskeletal system Among the diseases of the musculoskeletal tissue associated with tonsillar pathology, reactive arthritis (ReA) occupies a special place.

This disease is characterized by the development of aseptic inflammation of the joints 2-4 weeks after tonsillitis or exacerbation of chemotherapy. Unilateral damage to the joints of the lower extremities or joints of the spine (seronegative spondyloarthritis) is most often observed. Some rheumatologists consider poststreptococcal arthritis (PSA) as part of ARF, and patients who have had PSA are recommended to undergo secondary prevention of RL. For diagnosis, confirmation of previous streptococcal, mycoplasmal or chlamydial infections (high antibody titers or detection of the pathogen by PCR) is necessary. In addition, an increase in protein markers of inflammation is detected. An important fact is a genetic predisposition to ReA : patients who have had this disease often have a special structure of the major histocompatibility complex (HLA B27), which probably determines the features of the immune response to microorganisms [13]. Diagnosis of associated diseases of the urinary system (UDS) Diagnosis of UD pathology as a complication of chronic tonsillar pathology is quite difficult, since there is no single view on the pathogenesis of kidney damage in CT. In addition, the detected changes in the urine analysis are not often associated by physicians of therapeutic specialties, with the exception of nephrologists, with chronic inflammation of the palatine tonsils. It should be noted that renal tissue damage occurring in the form of glomerulonephritis (GN) is considered the most severe, resistant to therapy, prone to chronicity and a frequent outcome in chronic renal failure (CRF). GN occurs as an immune complex inflammation in response to streptococcal tonsillitis or develops as a result of the effect of structurally defective immunoglobulins of class A1 (IgA nephropathy) on the glomerular apparatus. To summarize the above, we can conclude that radical surgical intervention, such as total extirpation (TE), is a reasonable step to prevent potential serious complications. The key indications for TE in patients with urinary system pathologies are: hematuria, proteinuria, decreased renal concentration function and signs of chronic renal failure (CRF). In this case, consultation with a nephrologist and therapy aimed at protecting the kidneys are important. Timely surgical intervention to eliminate the source of chronic infection can prevent the development of severe (grade III–IV) CRF. It is important to note once again that it is necessary to carefully identify concomitant pathologies associated with chronic infection in order not only to determine an appropriate treatment strategy for the patient, but also to reduce the risk of serious, life-threatening complications.

LITERATURE

1. Kryukov A.I., Izotova G.N., Zakharova A.F., Chumakov P.L., Kiseleva O.A. Relevance of the problem of chronic tonsillitis. Vestn Otorinolar 2009; 5: 4-6.
2. Palchun V.T., Luchikhin L.A., Kryukov A.I. Inflammatory diseases of the pharynx. M: GEOTAR-Media 2007. 24 BULLETIN OF OTORINOLARINGOLOGY, 3, 2013

3. Proceedings of the X All-Russian Congress of Otolaryngologists "Science and Practice in Otolaryngology". M 2011.
4. Royt A., Brostoff J., Mayle D. Immunology. M: Mir 2000; 592.
5. Preobrazhensky B.S. Chronic tonsillitis and its connection with other diseases. M. 1954.
6. Stevens D., Kaplan E. Streptococcal infections. Clinical aspects, microbiology and molecular pathogenesis. New York Oxford University Press 2000; 102-132. 7. Macolkin V. I. Neurocirculatory dystonia Ter archive 1995; 67: 6: 66–70.
7. Polubentseva E.I., Anokhin V.N. The course and outcomes of rheumatic carditis (clinical and echocardiological study). Rheumatology 1986; 4: 3-10. 9. Jones TD Diagnosis of rheumatic fever. Journal of the American Medical Association 1944 ; 126: 481–484.
8. Palchun V.T., Gurov A.V., Aksenova A.V., Guseva O.A. Modern concepts of toxic-allergic manifestations of chronic tonsillar pathology, its etiological and pathogenetic role in the occurrence and course of common diseases. Vestn . Otorinolar 2012; 2: 5-12.
9. Jansen TL, Jansen M., Macfarlane JD, De Jong AJL Poststreptococcal reactive myalgia : a novel syndrome secondary to infection with group A or G streptococci. British Journal of Rheumatology 1998; 37: 1343–1348.
10. Belov B.S. Acute rheumatic fever: current state of the problem. Rus honey Jur. 2004; 6: 418–422.
11. Schumacher HR Chlamydial arthritis. Pros Meet Eur Soc Chlam Res. Helsinki, Finland 2000; 229-230.
12. Tomioka S., Miyoshi K., Tabata K., Hotta O., Taguma Y. Clinical study of chronic tonsillitis with IgA nephropathy treated by tonsillectomy. Acta Otolaryngol Suppl 1996; 523: 175–177.
13. Tareeva I.E. Glomerulonephritis : clinical features, treatment. Russ Med Zhurn 2000; 8: 3: 121-124. 16. Mukhin N.A. Is it indicated for chronic glomerulonephritis ? tonsillectomy ? Clin Nephrol 2010; 2: 16-18.