

ACUTE TONSILLITIS (ANGINA) - CAUSES, COMPLICATIONS, DIAGNOSIS, TREATMENT, PREVENTION

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Abstract. Acute tonsillitis is an infectious disease in the form of acute inflammation of the components of the lymphatic ring of the larynx, often the palatine tonsils, with local manifestations, most often streptococci or staphylococci, less often other microorganisms, viruses and called by fungi. An exacerbation of chronic tonsillitis is also called angina.

Keywords: angina, etiology, angina symptoms, diagnosis, complications, treatment, treatment of angina using natural means, prevention.

ОСТРЫЙ ТОНЗИЛЛИТ (АНГИНА) - ПРИЧИНЫ, ОСЛОЖНЕНИЯ, ДИАГНОСТИКА, ЛЕЧЕНИЕ, ПРОФИЛАКТИКА

Аннотация. Острый тонзиллит — инфекционное заболевание в виде острого воспаления компонентов лимфатического кольца гортани, чаще небных миндалин, с местными проявлениями, чаще всего стрептококковыми или стафилококковыми, реже другими микроорганизмами, вирусами и вызываемыми грибами. Обострение хронического тонзиллита также называют ангиной.

Ключевые слова: стенокардия, этиология, симптомы стенокардии, диагностика, осложнения, лечение, лечение стенокардии народными средствами, профилактика.

ANGINA

Acute tonsillitis is one of the fairly common diseases of the upper respiratory tract. It takes the third place in terms of the number of cases (influenza and acute catarrh of the upper respiratory tract are the first). Angina is a known disease since ancient times. This disease was mentioned in the works of Hippocrates (4th-5th century BC), Celsus (1st century BC). In the manuscripts of Abu Ali ibn Sina (Avicenna, 11th century) there is talk about intubation and tracheotomy in asphyxia (suffocation) against the background of angina.

CLASSIFICATION

The most common types are vulgar (traditional, simple) angina: catarrhal, lacunar, follicular, fibrinous, phlegmonous, herpetic and ulcerative.

CATARRHAL ANGINA

Catarrhal angina develops acutely, the patient complains of burning, dryness, burning in the throat, and then mild pain during swallowing is added to the list of symptoms. Astheno-vegetative syndrome clinic is observed. The temperature is usually subfebrile. During the examination, the tonsils may be hyperemic, slightly enlarged, sometimes covered with a thin membrane with muco-purulent exudate. The tongue is dry, covered with crusts. Regional lymph nodes may be slightly enlarged. Clinical signs usually disappear within 3-5 days.

FOLLICULAR ANGINA

Follicular angina begins with an increase in body temperature to 38-39 °C. The clinic begins with severe pain in the throat when swallowing, often the pain spreads to the ear. Depending on the severity of intoxication, headache, back pain, fever, malaria, and general

weakness may be observed. In general blood analysis — neutrophilic leukocytosis, eosinophilia, high ECHT. Often regional lymph nodes are enlarged, their palpation is painful, in some cases the spleen is enlarged. Children may experience vomiting, meningism phenomenon, confusion, diarrhea. Hyperemia of the soft palate and tonsils is observed, many round, slightly raised yellow or yellow-white dots are visible on their surface. The duration of the disease is 5-7 days.

LACUNAR ANGINA

Lacunar angina has symptoms similar to follicular angina, but they are more severe. A yellowish-white appearance appears against the background of the hyperemia surface of the enlarged tonsils. The duration of the disease is 5-7 days. In some cases, follicular or lacunar angina can develop according to the type of fibrinous angina, in which the basis for the formation of the membrane is a ruptured purulent follicle, or in lacunar angina, the fibrinous membrane spreads from the area of epithelial necrosis in the opening of the lacuna.

FIBRINOSIS ANGINA

Fibrinous angina is characterized by the formation of a single, continuous, yellow-yellow discharge that can extend beyond the tonsils. Angina of this type can develop from a lacunar form or pass independently with the presence of a solid membrane from the first hours of the disease. In the second case, it is characterized by high temperature, fever, severe symptoms of general intoxication, sometimes with symptoms of brain damage.

Phlegmonous Angina (Intratonsillar Abscess)

Phlegmonous angina is relatively rare. Its development is associated with purulent dissolution of the tonsils. The injury is usually unilateral. The gland is enlarged, hyperemic, the surface is tense, pain is felt during palpation.

At the time of the examination, the forced position of the head, enlargement of the regional lymph nodes, and pain during palpation are characteristic. When swallowing and speaking, there is a complaint of sore throat, headache, fever up to 39-40 °C, signs of general intoxication. Pharyngoscopy can be performed for diagnosis. The asymmetry of the part of the oral cavity transition to the larynx is characteristic due to trismus of the chewing muscles, displacement of the tongue and tonsils to the healthy side. The mobility of the soft palate is limited.

HERPETIC ANGINA

Herpetic angina often develops in childhood. Its causative agent is the Coxsackie virus, and the disease is highly contagious, transmitted by air-droplet and rarely fecal-oral route. Herpetic angina begins acutely, fever appears, the temperature rises to 38-40 °C, pain in the throat, headache, muscle pain in the abdominal area are observed when swallowing; vomiting and diarrhea may occur. Small red bubbles are visible on the soft palate, tongue, palate arches, tonsils and the back wall of the larynx. After 3-4 days, the blisters will burst or be absorbed, the mucous membrane will look normal.

ANGINA WITH ULCERATION

The cause of ulcerative angina is the symbiosis of oral spirochetes and staphylococci, which often live in the oral cavity of healthy people. Morphological changes are characterized by necrosis of the surface of one tonsil and the formation of ulcers. The patient complains of a feeling of pain when swallowing and the presence of a foreign body, a purulent smell from the mouth, increased salivation. Body temperature usually does not rise. Moderate leukocytosis in

the blood. Regional lymph nodes on the side of the injury are enlarged. The duration of the disease lasts from 1 week to 3 weeks, and sometimes several months.

Some sources mention another type of disease - necrotic angina.

ETIOLOGY

In more than 50% of cases of angina, the main etiological role belongs to group A β -hemolytic streptococcus.

The bacteria are most commonly group A β -hemolytic streptococci, less commonly staphylococci, or a combination of both.

Viruses - mostly adenoviruses (1-9 types), Coxsackie enterovirus, herpes viruses.

Symbiosis of Spirochete Vincent and Escherichia coli (ulcerative angina).

Candida avoldi fungi in symbiosis with pathological cocci.

Motivating factors:

Local and general hypothermia (cooling);

Decreased local and general immunity;

Damage to the tonsils;

The state of the central and autonomic nervous system;

Nasal breathing disorder;

Chronic inflammatory processes in the oral cavity, nose and paranasal sinuses.

SYMPTOMS OF ANGINA

In primary acute tonsillitis, the clinical picture is as follows:

Different degrees of pain in the throat during swallowing;

Symptoms of general intoxication;

Hyperemia;

Swollen tonsils (catarrhal angina);

Fibrinous-purulent discharge in the lacuna hole (lacunar angina);

"Starry sky" image (follicular angina);

A grayish-yellow discharge and superficial, less painful sores under it (ulcer angina);

Regional lymphadenitis.

Angina begins with a sore throat and a sharp rise in body temperature (up to 39-40 °C, sometimes up to 41 °C). Pain in the throat, as a rule, is strong and sharp, but it can also be moderate. Lymph nodes are enlarged. They are well palpated under the lower jaw and cause painful sensations. Angina can also occur with a lower body temperature - from 37 to 38 °C, but the damage to the throat is more extensive.

DIAGNOSIS

DIFFERENTIAL DIAGNOSIS

Pain in the throat is often observed in ARVI, especially in infections of adenovirus origin, but enlargement of lymph nodes is relatively rare.

Severe inflammation of the tonsils and constant enlargement of the lymph nodes are the main symptoms of infectious mononucleosis, which can be confirmed by an extended blood analysis.

INSTRUMENTAL DIAGNOSIS

The main diagnostic method of the disease is examination of the larynx - pharyngoscopy, as well as evaluation of the patient's complaints and medical history. In addition, to determine

the type of infection, a smear of mucus or pus is taken from the tonsils. Biomaterial is sent to various analyses:

Cultivation in nutrient medium - in this medium, microorganisms multiply very quickly and form colonies, which allows to determine their type, as well as their sensitivity and resistance to antibiotics;

Rapid antigen tests are specially designed tests that react to particles of certain microorganisms (often used to detect group A beta-hemolytic streptococci);

PCR-analysis allows to determine the type of microorganisms present in mucus by their DNA fragments.

COMPLICATIONS

Acute otitis media, acute laryngitis, laryngeal swelling, neck phlegmon, paratonsillar abscess, and acute neck lymphadenitis are the most common complications of angina.

The most dangerous complications of angina:

In early periods:

Abscesses of the larynx (formation of large cavities filled with pus);

As a result of the spread of infection to the chest through the fascial channels of the neck, mediastinitis spreads to the cavity of the skull, and the development of inflammation of the meninges (meningitis);

Infectious-toxic shock (poisoning of the body with the vital activity of microbes and products of decomposition of the body's tissues);

Sepsis ("blood damage", that is, the infection enters the blood and spreads throughout the body);

In the last terms (after 2-4 weeks):

Acute rheumatic fever;

Glomerulonephritis (inflammation of the kidneys of non-infectious origin, which leads to serious health disorders, including kidney failure).

TREATMENT

The main recommendations: taking antibiotics, bed rest in the first days of the disease, non-stimulating, soft and nutritious diet, vitamins, drinking plenty of fluids.

In the treatment of bacterial angina, various antibiotics and synthetic antimicrobial drugs (depending on the sensitivity of the microbe and the patient's reaction to the drugs), various local antiseptics, which are released in the form of sprays or aerosols, as well as tablets and lozenges, are used.

Antifungal drugs are used in the treatment of fungal angina (this disease is mainly caused by fungi belonging to the genus *Candida*). Fungal angina often occurs after long-term treatment with antibiotics.

Antipyretics may be prescribed for temperatures above 38 degrees. In angina of bacterial etiology, in most cases, antibiotics with activity against coccal flora (streptococci and staphylococci) are prescribed, the course of treatment lasts at least 7 days. The purpose of antibiotics in group A streptococcal infection is to prevent rheumatic fever, which may develop as a complication.

Because of the lack of evidence, the widely advertised "immunomodulators" and "antiviral drugs against all ARVIs" do not help against tonsillitis and pharyngitis caused by either ARVI or viruses.

It is not recommended to eat spicy, hard and very hot foods in case of angina. It is better to use a warm weak salt solution to rinse the throat. This treatment is also effective in the last stages of the disease. The doctor, in turn, recommends rinsing with antibacterial agents, such as Furatsilin, Rivanol, Eludril solutions.

Sometimes the effect of the treatment is felt quickly and the patient can start to feel better in 3-4 days, but at this time it is strictly forbidden to stop the treatment and go to work or study. Because at this time, the inflammatory process is not yet complete, many systems of the body are still weak or in a state of reconstruction (including immunity).

If on the contrary, i.e. the patient's condition does not improve or the pain increases, the fever is stable, hoarseness of the voice or other discomforts begin to be observed, then additional consultation of the doctor is required immediately.

In case of angina, an otorhinolaryngologist (ENT) or a therapist is consulted.

TREATMENT OF ANGINA WITH THE HELP OF MEDICINES

At the beginning of the disease, it is necessary to slowly chew half a lemon with its peel. After that, you should not eat anything for an hour, which allows the essential oils and citric acid of the lemon to do their job. Instead of fresh lemon, you can use a 30% solution of citric acid, in which the throat is rinsed with the solution every hour during the day.

To other tools:

Herbal mixture for rinsing and inhalation: 2 parts of chamomile flowers, 4 parts of marigold leaves, 3 parts of eucalyptus leaves, 2 parts of mint leaves, 2 parts of togjambil leaves, 3 parts of pine cones, 4 parts of andis root are mixed. Half a liter of boiling water is poured into 3 tablespoons of the mixture, it is boiled for 3-4 minutes, and then the throat is rinsed with a warm solution. This content can also be used for inhalation.

For a sore throat, add half a teaspoon of salt and baking soda and a few drops of iodine solution to a glass of boiling water and mix. Gargle with this solution.

The bitter tea is brewed and cooled to a tolerable temperature. Add a spoonful of salt and mix. Gargle with the solution several times a day. This tool is effective for removing pus when it accumulates.

Chewing propolis has a good effect on any type of angina. After a meal, propolis pieces the size of a fingernail should be chewed. About 5 grams of propolis is eaten per day. In order to distinguish good propolis from old or weak, it is necessary to know that when chewing new propolis, a slight pain in the mouth and numbness of the tongue is felt.

The onion is removed from the meat grinder or cut into very small pieces. The resulting porridge is placed in a flat dish and breathed on it for 2-3 minutes through the mouth, it should be repeated 3 times a day. Freshly prepared porridge is needed for this, because in the open air the phytoncides contained in it lose their healing properties after 10-15 minutes.

Cut a head of garlic, put it in a bowl, pour 1 liter of water over it and put it on the fire, when the water starts to boil, add a teaspoon of baking soda, mix it, remove it from the fire and inhale (bring the head over the bowl and put the head in the bowl breathing with closed mouth) is done. It should be repeated 3 times a day.

Namatak tincture, teas with honey and lemon help as a tonic and fluid source.

Important: self-treatment at home is not recommended, you should consult a doctor before using the tools, otherwise serious complications may occur.

PREVENTION

In order to prevent angina, it is necessary to timely rehabilitate the foci of chronic infection (caries teeth, chronic tonsillitis, purulent lesions of the paranasal sinuses, etc.), eliminate the causes of nasal breathing disorders.

Angina can be contagious (especially in scarlet fever), so the patient should be placed in a separate room, the room should be frequently ventilated and wet cleaned, and children and the elderly should not enter the room where the patient is lying. A separate dish is provided for the patient and after each use it should be boiled or rinsed with boiling water.

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