DIAGNOSIS AND TREATMENT OF ANGINA

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Abstract: The article describes sore throats of various etiologies, classifications of acute tonsillitis aregiven. The main emphasis is placed on the treatment anddi agnostic algorithm for angina vulgaris - acutetonsillitis cause d by group A hemolytic streptococcus. Also, the issues of ang ina prevention against thebackground of chronic tonsillitis are highlighted.

Key words: tonsillitis, chronic tonsillitis, palatine tonsils, hemolytic streptococcus group A.

Angina has been known since ancient times. Thisdisease is described in the writings Hippocrates (I V-
V century BC), Celsus (I century AD), and in themanuscripts of Avicenna (XI century) mentionsintubation and tracheotom y with asphyxiation due toangina. Angina is a common acute infectious a disease in which local inflammation lesion affects lymphoid tissue once personal tonsils of the pharynx. Overwhelming angina occurs in most cases palatine tonsils, other tonsils in # are involved in the processmuch less often. Angina is not a homogeneous disease# neem, differing in etiology, pathogenesis and clinicalcourse.

Etiology and pathogenesis Among the various pathogens engins (bacteria, viruses, spirochetes, fungi and others) the main etiological role in # should be βhemolytic streptococcus group A (BGSA). This pathogen, according to # different authors, is found when angina in 50-80% of cases. Much less often oststreptococci cause tonsillitis groups C and G, Arcanobacterium haemolyticum, Neisseriagonorrhoeae, C orynebacterium diph # theriae, anaerobes and spirochetes (tonsillitis Simanovsky-Vincent), extremely rarely - mycoplasma and Chlamydia. The reason is acute viral tonsillitis can be adenoviruses, rhinoviruses, corona viruses, virus # influenza, par influenza, Epstein-Barr, Coxsackie and others. Penetration of exogenous excite l in the mucous membrane of the tonsils can occur air # drip and alimentally, as well as with direct contact. In the occurrence of endogenous infections attach great importance to chronicle tonsillitis. High frequency of sore throats with chronic tonsillitis is explained the fact that with this disease in 75% of cases there is a carriage of BGSA, I vegetate in the crypts of the tonsils. In the pathogenesis of angina, a certain role can play a decrease in overall reactivity the body to the cold, sharp fluctuations in the mustache free environment (temperature, humidityness, nutrition, intake vitamins, etc.), tonsil injury, co institutional predisposition to tonsillitis (for example, in children with lymphatic hyper plastic constitution), consisting of central and autonomic nervous systems. Predisposing to sore throat factors are chronic inflammation body processes in the mouth, nose and par nasal sinuses.

The development of angina occurs as a hyperergicreaction, which is a prerequisite for complications such as rheumatism, acute glomerulonephritis, and othersdiseases of infectious allergic nature and associated with GABHS antigens. Classification of sore throats Inpractice, the most widespread classification was B.S.

Transformation of the female, based on pharyngoscopic signs. In this classification, the following forms of angina are distinguished:

• catarrhal;
• follicular;
• lacunar;
• fibrinous;
• herpetic;
• phlegmonous (intratonsillar abscess);
• ulcerative necrotic (gangrenous);
• mixed forms.

To the main diagnosis after receiving the corresponding data can be added to the name of the pathogen (streptococcal, staphylococcal, etc.) or pathogenesis features (traumatic, toxic, monotypic, etc.). In clinical practice, it is customary to subdivide all sore throats into vulgar (banal) and atypical.

For the vulgar angina is characterized by the presence of four common signs:

• severe symptoms of general intoxication;
• pathological changes in both palatine tonsils;
• the duration of the disease does not exceed 7 days;
• the primary etiological factor serves as a bacterial or viral infection.

Clinical forms of angina vulgar is Vulgar sore throats are the most common and are associated with the introduction of a bacterial or viral infection. These angina are divided mainly by pharyngoscopic characteristics; the most common are catarrhal, follicular and lacunars tonsillitis.

Catarrhal sore throat

The disease begins acutely: burning, dryness, perspiration appear in the throat, and then a slight pain when swallowing. Disturbed by general malaise, weakness, headache. The body temperature is usually subfebrile, there are small inflammatory changes in the blood test. In rare cases, catarrhal angina is more severe. With pharyngoscopy, diffuse hyperemia of the tonsils and the edges of the palatine arches is determined, the tonsils are somewhat swollen. Tongue dry, coated. There is often a slight increase in regional lymph nodes. In children, clinical symptoms are more pronounced than in adults. Usually illness lasts 3-5 days.

Follicular tonsillitis

Follicular tonsillitis is characterized by a predominant lesion of the parenchyma of the tonsils - their follicular apparatus. The disease begins with a sudden chill and an increase in body temperature to 39-40 ° C, as well as severe sore throat. Intoxication phenomena are expressed: sharp weakness, headache, pain in the heart, muscles and joints. Sometimes dyspeptic symptoms or oliguria are noted. The palatine tonsils are hyperemic, sharply edematous. The follicles appear through the epithelium in the form of a whitish # yellowish formations the size of a pinhead - the surface of the tonsil

Treatment of atypical sore throats atypical tonsillitis primarily includes Simanovsky-Vincent tonsillitis (ulcerative necrotic), as well as tonsillitis arising from systemic diseases blood and leukemia, herpetic and fungal sore throats. Treatment of ulcerative non-necrotic sore throat Simanovsky-Vincent caused by the symbiosis of the fusiform bacillus (Fusobacteriumfusiformis) and spirochete (Spirochaeta buccalis), performed by an otorhinolaryngologist. It consists in lubricating the

ulcerated mucous membrane of the pharynx with a 10% solution of novarsenol in glycerin, 2% solution of methylene blue, 1% solution of boric acid, 10% solution of copper sulfate. Prescribe a rinse throat 0.1% ethacridine lactate solution or 0.1% potassium permanganate solution. In severe cases, amoxicillin / clavulanate is recommended (according to 625 mg 3 times a day), intravenous infusion of novarsenol (0.3-0.4 g with an interval of 1-2 days). Fungal tonsillitis (pharyngomycosis) occurs mainly in young children and is caused by yeast-like fungi Candida albicans (in 95% of cases) or Leptotrixbuccalis. Treatment of such a sore throat should be comprehensive. It includes oral administration of antifungal antibiotics for 10-14 days
(levorin, nystatin, decamine, mycoheptin, amphoglucamine, k etoconazole, fluconazole), ascorbic acid, antihistamines and B vitamins. Rinses (solutions of boric acid, gramicidin, potassium permanganate, quinosole) and inhalation (amphotericin B, levorin, fluconazole) are prescribed locally. Treatment of patients suffering from secondary acute tonsillitis in infectious diseases is carried out in an infectious diseases hospital. Etiotrope is used # naya and pathogenetic therapy, topically use disinfectant rinses. Therapy of secondary acute tonsillitis associated with blood diseases is carried out in the therapeutic or hematological department. Prevention In addition to general strengthening therapy, an effective means of preventing exacerbations in various forms of pharyngitis and recurrent tonsillitis were immunomodulators of bacterial origin - complexes of lysates of the most common pathogens that cause diseases of the upper respiratory tract, oral cavity and pharynx.

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