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IMPROVEMENT OF METHODS OF DETECTION AND DRUG THERAPY OF CHRONIC PHARYNGEAL INFLAMMATION IN CONCOMITANT CHRONIC TONSILLITIS

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Abstract:
Chronic inflammatory diseases of the pharynx and palatine tonsils are one of the most common and socially significant problems of modern otorhinolaryngology. According to the World Health Organization, chronic pharyngitis is diagnosed in 10-15% of the adult population of developed countries, while in 60-70% of cases it is combined with chronic tonsillitis, which significantly complicates the diagnosis, treatment and prognosis of the disease

Keywords: Chronic pharyngitis, chronic tonsillitis, therapeutic approaches

INTRODUCTION. The combined course of chronic inflammation of the pharynx and palatine tonsils is characterized by mutual aggravation of pathological processes, the formation of a vicious circle of inflammation, a decrease in the effectiveness of traditional therapies and a high frequency of relapses. This pathology significantly reduces the quality of life of patients, leads to impaired social adaptation, reduced ability to work, and requires long-term, often lifelong medical supervision.

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In the structure of diseases of the ENT organs, chronic pharyngitis and tonsillitis occupy one of the leading places, accounting for 35-42% of all referrals to an otorhinolaryngologist. The economic damage caused by this pathology includes not only direct medical costs for diagnosis and treatment, but also significant indirect losses associated with temporary disability, decreased labor productivity and premature retirement due to health reasons.

Epidemiological aspects

According to multicenter epidemiological studies conducted in various regions of Russia and the CIS countries, the incidence of chronic pharyngitis is 8.2-12.4 cases per 1,000 population per year. At the same time, chronic tonsillitis is diagnosed in 4-6% of the adult population and in 12-15% of children and adolescents. The combined course of these diseases is observed in 35-45% of patients with chronic pharyngeal pathology. Of particular concern is the tendency to increase the prevalence of this pathology among young people of working age (20-40 years old), which is associated with adverse environmental factors, stress, changes in the nature of nutrition, a decrease in the body's immune resistance and the widespread, often uncontrolled use of antibacterial drugs.

Gender and age characteristics

Statistical analysis shows that women suffer from chronic pharyngitis 1.8 times more often than men, which is due to the peculiarities of hormonal status, professional activity and lifestyle. The peak incidence occurs at the age of 25-35 years for women and 30-40 years for men.

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In children and adolescents, chronic tonsillitis is more common at the age of 5-12 years, due to the active formation of the immune system, the high frequency of acute respiratory infections and the anatomical features of the lymphoid apparatus of the pharynx.

Geographical and climatic factors

The prevalence of chronic inflammation of the pharynx and tonsils varies significantly depending on climatic conditions and geographical location. The highest incidence rates are observed in regions with a sharply continental climate, high air pollution and unfavorable environmental conditions.

In industrial cities, the incidence of chronic pharyngitis is 2-3 times higher than in rural areas, due to exposure to industrial pollutants, exhaust gases and other adverse environmental factors.

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Pathogenesis and pathophysiological mechanisms

The development of chronic pharyngeal inflammation with concomitant chronic tonsillitis is a complex multifactorial process based on violations of local and systemic immunity, changes in the microbiocenosis of the upper respiratory tract, dysfunction of mucociliary clearance and impaired barrier function of the mucous membrane.

An imbalance between aggressive factors of microbial origin and the body's defense mechanisms plays a key role in pathogenesis. Chronic inflammation of the palatine tonsils creates a permanent focus of infection, which supports the inflammatory process in the mucous membrane of the pharynx. In turn, chronic pharyngitis contributes to a violation of the drainage function of the tonsils, which leads to an aggravation of tonsillitis.

Disorders in the cytokine system are important in the development of pathology, in particular, an imbalance of pro- and anti-inflammatory mediators (IL-1b, IL-6, TNF-α, IL-10, TGF-β), which leads to the chronization of the inflammatory process and the formation of pathological immune reactions.

Modern approaches to diagnosis

Diagnosis of chronic pharyngeal inflammation with concomitant chronic tonsillitis is based on a comprehensive clinical, laboratory and instrumental examination. Traditional diagnostic methods include medical history collection, physical examination, pharyngoscopy, bacteriological examination of pharyngeal smears and tonsillar lacunae.

However, existing diagnostic approaches do not always allow an adequate assessment of the severity of the inflammatory process, its prevalence and prognosis. The lack of sensitivity and specificity of traditional diagnostic methods, the lack of unified criteria for assessing the severity of the disease and the effectiveness of therapy create significant difficulties in managing patients with this pathology.

Problems of modern drug therapy

Treatment of chronic pharyngeal inflammation with concomitant chronic tonsillitis is a complex clinical task that requires an individual approach to each patient. Modern drug therapy is based on the use of antibacterial drugs, anti-inflammatory drugs, immunomodulators and symptomatic drugs.

However, the effectiveness of traditional treatment regimens is often insufficient. Problems include:

- The growing antibiotic resistance of microorganisms
- Insufficient effectiveness of monotherapy
- High recurrence rate (up to 40-60% of cases)
- The development of side effects with prolonged use of medicines
- Lack of a personalized approach to the choice of therapy

CONCLUSIONS. Preventive aspects include primary prevention aimed at preventing disease development, secondary prevention of exacerbations, and tertiary prevention of complications. Primary prevention includes elimination of risk factors, hardening, rational nutrition, and immunity maintenance. Secondary prevention is aimed at timely detection and treatment of chronic infection foci, correction of concomitant diseases, and remission maintenance. Modern trends in chronic pharyngitis and tonsillitis treatment include personalized approaches based on molecular genetic analysis results, probiotic use for normal microflora restoration, application of new drug forms and delivery systems.

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