

# THE MODERN VIEWS ON THE PROBLEM OF DIAGNOSING CHRONIC TONSILLITIS OF CYTOMEGALOVIRUS AETIOLOGY

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## Abstract

Currently, there are a lot of works devoted to the problem of chronic tonsillitis and adenoiditis. Chronic tonsillitis is one of the main problems of otorhinolaryngology and paediatrics and accounts for 74% according to some authors. The analysis of foreign and domestic literature has shown an important role of viral infections in the development of chronic tonsillitis and adenoiditis in children [1].

**Keywords:** Chronic tonsillitis, infection, organism, health, viral infection.

## Introduction

The decisive role in the development of inflammation of adenoid vegetations is played by infection of the organism with the most frequent intrauterine infection. In our country, special attention is paid to the protection of maternal and child health [2,3].

Very often inflammatory pathology of ENT organs leads to chronicity of the process, especially if the process is localised in the palatine tonsils. Chronic inflammatory process in the palatine tonsils has its own peculiarities, in particular, the process is characterised by a stage of development, as well as a close relationship between normal and pathological processes. So far it has not been established exactly about the onset of irreversible pathomorphological changes in the structure of the palatine tonsils, which would serve as an indication for tonsillectomy.

A number of scientific studies have been obtained worldwide that aim to improve clinical and diagnostic methods for the investigation of chronic tonsillitis and adenoiditis in children [4,5].

The researchers highlighted the issues of definition, epidemiology, etiology, classification, clinic, diagnosis and treatment of adenoid vegetations, acute adenoiditis and exacerbations of chronic adenoiditis in childhood, as well as presented their own results of experimental work studying the in-vitro effect of silver proteinate on the polyresistant strain of *Candida tropicalis* isolated from a child with fungal adenoiditis [6].

Hypertrophy of pharyngeal tonsils occurs according to different authors at the age of 2-15 years from 3.5 to 8% and plays a leading role in the formation of the inflammatory process. Mechanisms of causative factors, pathogenesis of chronic tonsillitis and its complications are multifaceted, in





this regard, research on this problem is carried out intensively all over the world. The main cause of chronic inflammation in the pharyngeal tonsil is viruses and bacteria [7,8].

Since long ago, the leading etiological factor in the occurrence of acute rheumatic fever has been attributed to frequent exacerbation of chronic tonsillitis associated with haemolytic streptococcus. Currently, studies of single nucleotide polymorphisms are of great interest. These studies are conducted to elucidate the multifactorial genesis of chronic tonsillitis [9].

Especially many works are devoted to various methods of surgical treatment of tonsillotomy, tonsillectomy.

At the same time, a number of authors note various complications from these surgical interventions and ways to prevent them. At the present stage, alternatives to the surgical method of treatment of CHT are offered. One of such methods is antimicrobial photodynamic therapy using lidase enzyme.

Difficulty in diagnosing CHT in children is one of the reasons for the increasing number of complications. Clinical diagnosis of CHT is based mainly on anamnestic data and the results of examination of the pharynx. Meanwhile, it is very difficult to reliably assess the nature of inflammatory diseases of the pharynx in a child based on anamnestic data, and local symptoms of CHT are nonspecific. In addition, the diagnosis of CHT is hampered by the presence of its angina-free forms. Recently, additional methods of investigation for the diagnosis of CHT have been proposed: assessment of the functional state of the palatine tonsils based on the cytological composition of the contents of their crypts, determination of rheumatoid factor, C-reactive protein, antistreptolysin O, leukocyte indices of peripheral blood, salivary lysozyme and anti-lysozyme activity of microorganisms - representatives of the tonsil biotope, fine-needle biopsy of the palatine tonsils, but these methods are applicable in practice only for predicting the course of the disease, the diagnostic value of many of them was overestimated [7,8,9,10].

The lack of simple and reliable methods for diagnosing CHT explains the fact that patients are often referred for surgical treatment only after the development of severe complications.

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