



Article

Perfection in Conservative Treatment of Chronic Tonsillitis

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Abstract: Chronic tonsillitis is a pressing issue in modern otolaryngology due to its high prevalence, recurrent course, and risk of developing systemic complications. This article examines modern approaches to the conservative treatment of chronic tonsillitis, based on an analysis of domestic and international scientific literature. The article highlights the pathogenetic mechanisms of the disease, the role of microbial associations and immune disorders in the development of chronic inflammation. Particular attention is paid to improving conservative treatment methods, including rational antibiotic therapy, local antiseptic treatment, immunomodulatory therapy, and physiotherapy. The importance of a comprehensive and individualized approach is emphasized, allowing for the preservation of the functional activity of the palatine tonsils, a reduction in the frequency of relapses, and a decrease in the need for surgical intervention.

Keywords: *chronic tonsillitis; conservative treatment; antibiotic therapy; immunocorrection; physiotherapy; ultrasound therapy; palatine tonsils.*

1. Introduction

Chronic tonsillitis remains one of the most important problems in otolaryngology due to its high prevalence, tendency to recurrence, and the risk of developing systemic complications. According to various authors, the incidence of chronic tonsillitis is 4–10% in the adult population and up to 12–15% in children [1]. Modern concepts consider chronic tonsillitis as a multifactorial infectious-allergic and immunopathological disease that goes beyond local damage to the palatine tonsils. It is also noted that surgical treatment of chronic tonsillitis may not always lead to positive results and may often be contraindicated [2]. In this regard, improving conservative treatment aimed at preserving the organ and its immune function is of particular importance[3].

Purpose of the Study. The aim of the study was to summarize and analyze current scientific data on the conservative treatment of chronic tonsillitis in order to evaluate the effectiveness of comprehensive and pathogenetically based therapeutic approaches aimed at reducing inflammatory activity, maintaining the functional activity of the palatine tonsils, and preventing relapse.

2. Materials and Methods

The study is based on an analysis of current domestic and international scientific publications devoted to the pathogenesis and conservative treatment of chronic tonsillitis. The study materials included data from scientific articles, clinical reviews, and the results of clinical and experimental studies published in specialized medical journals and collections of scientific papers from 2010 to 2025[4]. This study was analytical and review in nature and included the registration, systematization, and analysis of clinical and

laboratory data from patients diagnosed with chronic tonsillitis, as determined by ICD-10 criteria (code J35.0 "Chronic tonsillitis")[5]. The diagnosis of chronic tonsillitis was confirmed by the presence of characteristic clinical symptoms, pharyngoscopy data, laboratory and microbiological tests, and the severity of local and systemic manifestations of chronic inflammation of the palatine tonsils[6].

In the Republic of Uzbekistan, chronic tonsillitis is a common ENT disease, significantly affecting the population's morbidity. According to research and clinical observations, the incidence of chronic inflammatory diseases of the palatine tonsils remains high and shows no significant decline compared to the past decade, mirroring global trends[7]: the prevalence of chronic tonsillitis in the general population varies, according to reviews, from 10 to 15% and can reach 37–63% in certain age groups and clinical samples. These data indicate a high incidence and the need to improve diagnostic and treatment methods for CT, both in outpatient clinics and in specialized practice [8].

3. Results and Discussion

Analysis of modern clinical and experimental studies indicates the high clinical significance of personalized conservative treatment of chronic tonsillitis. According to multicenter randomized studies, combination therapy taking into account the form of the disease, microbiological status and immunological parameters allows achieving clinical remission in 71–85% of patients, while the frequency of sore throat relapses decreases by more than 2 times, and the duration of the interrelapse period increases by 2.5–3 times ($p < 0.05$) [9]. Additional inclusion of drugs with a pathogenetic effect is accompanied by a statistically significant decrease in the severity of local inflammatory changes, a decrease in the level of streptococcal infection markers and a decrease in the need for systemic antibiotic therapy by an average of 1.5–1.6 times ($p < 0.01$)[10]. The obtained data confirm the feasibility of an organ-preserving approach and substantiate the priority of conservative treatment of chronic tonsillitis as an effective strategy for the prevention of tonsillogenic complications. The clinical and social significance of chronic tonsillitis is determined not only by its high prevalence but also by the wide range of complications associated with hetero- and autoimmune mechanisms[11]. Among these, acute rheumatic fever, arthritis, vasculitis, glomerulonephritis, and other systemic diseases occupy a special place, significantly reducing the quality of life of patients. In the structure of ENT morbidity, CT consistently occupies a leading place and, according to ICD-10, is considered an infectious disease associated primarily with *Streptococcus pyogenes*[12].

Modern data indicate a diverse microbial landscape of the palatine tonsils in chronic tonsillitis. Along with group A β -hemolytic streptococci, *Staphylococcus aureus*, *Haemophilus influenzae*, group C and G streptococci, as well as fungal-bacterial associations, particularly involving *Candida* spp, are detected. In the vast majority of cases (up to 80%), microbial associations are detected, significantly complicating the course of the disease and reducing the effectiveness of standard antibacterial therapy[13-15]. An additional complication is the ability of microorganisms to form biofilms, which provide resistance to immune factors and drugs.

Immunological disorders play a significant role in the pathogenesis of chronic tonsillitis. According to modern concepts, the primary factor in the development of chronic tonsillitis may be an immunodeficiency state, characterized by the functional failure of lymphocytes and macrophages. This leads to incomplete phagocytosis, intracellular persistence of pathogenic microorganisms, and the development of a chronic inflammatory process[16-18]. The formation of antigen-antibody immune complexes in tonsil tissue contributes to damage to lymphoid tissue, denaturation of the body's own proteins, and the development of autoimmune reactions, which underlies disease progression and the development of toxic-allergic forms of chronic tonsillitis[19-20].

Currently, treatment for chronic tonsillitis is divided into conservative and surgical options, with the choice of treatment strategy determined by the type of disease and the severity of clinical manifestations. Conservative treatment remains the priority, especially in children and young adults, due to the important role of the tonsils in the development of local and systemic immunity[21-23].

Conservative therapy for chronic tonsillitis is comprehensive and includes both

general and local measures. These include measures to enhance the body's overall resistance, hyposensitization and immunocorrective therapy, physiotherapy, and local sanitation of the palatine tonsils using antiseptic solutions for rinsing the lacunae. An important step is the sanitation of foci of chronic infection in the oral cavity and nasopharynx, as well as the restoration of nasal breathing[24-25].

Antibiotic therapy remains an essential component of treatment for bacterial chronic tonsillitis. A modern approach involves mandatory microbiological testing of the lacunae contents to determine the sensitivity of the flora to antibacterial drugs. Penicillins, cephalosporins, and macrolides are most commonly used [26]. A key element in improving therapy is the rational choice of drug and strict adherence to the full course of treatment, which reduces the risk of chronicity and the development of antibiotic resistance. Systemic antibacterial therapy is indicated for chronic streptococcal infections, including non-anginal forms of chronic tonsillitis with elevated antistreptolysin-O levels. When selecting an antibacterial agent, the spectrum of pathogens and their ability to persist intracellularly are considered. In case of positive cultures, preference is given to inhibitor-protected β -lactams, and if these are ineffective or the bacteriological results are negative, macrolides are used[27-28].

The use of drugs with complex pathogenetic action has attracted particular interest in recent years. One such agent is Tonsilotren, developed for the treatment of acute and chronic inflammatory diseases of the lymphopharyngeal ring. The drug has a multicomponent effect on key links in the pathogenesis of chronic tonsillitis, promoting the restoration of the structure of the palatine tonsils and enhancing their protective function. Results of international and domestic randomized clinical trials demonstrate the high efficacy and good tolerability of Tonsilotren, a reduction in the frequency of relapses, and a decreased need for systemic antibiotic therapy[29].

Local antiseptic therapy is also important in the treatment of chronic tonsillitis, as regular rinsing of the tonsil lacunae with antiseptic solutions (furacilin, miramistin, saline solutions), and the use of antiseptic sprays and herbal infusions help reduce microbial contamination and the severity of inflammation. This method is well tolerated and can be used both during exacerbations and remission[30].

Physiotherapy techniques make a significant contribution to the improvement of conservative treatment. Ultrasound therapy, laser therapy, infrared radiation, electrophoresis, and ultraphonophoresis of medicinal solutions (particularly Lugol's solution and interferons) have demonstrated high efficacy in reducing inflammatory activity, improving microcirculation, and stimulating tissue regeneration. These methods are particularly valuable in compensated forms of chronic tonsillitis and can reduce the need for surgical intervention[31].

4. Conclusions

Current understanding of chronic tonsillitis emphasizes its complex nature and the need for a new approach to treatment. Improved conservative therapy, based on consideration of pathogenetic principles and the use of modern medications, can increase treatment effectiveness, reduce the risk of complications, and preserve the functional activity of the palatine tonsils. This improved approach can significantly reduce the frequency of relapses, improve patients' quality of life, and reduce the need for surgical interventions, confirming the leading role of conservative treatment in modern otolaryngology.

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