

**ACUTE TONSILLOPHARYNGITIS**

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**ABSTRACT**

In this article we know pharyngitis is an acute inflammation of the pharyngeal mucosa, usually of viral, less often bacterial origin. tonsillitis (tonsillitis) is an acute inflammation of the palatine tonsils, usually resulting from streptococcal, less often a viral infection. currently, the use of the term "acute tonsillofacial ringitis" is relevant, since inflammation of the tonsils rarely goes without inflammation of the posterior pharyngeal wall and vice versa.

**Keywords:** *Acute tonsillopharyngitis, antimicrobial therapy*

Perhaps this is due to the close anatomical proximity and due to the similarity of the histological structure. The tonsils and follicles of the posterior pharyngeal wall are accumulations of lymphoid tissue. acute infectious inflammation of the mucous membrane and lymphatic structures of the oropharynx (palatine tonsils, lymphoid follicles of the posterior pharyngeal wall). The term AP itself is a unifying term for acute inflammation of the palatine tonsils (acute tonsillitis) and acute inflammation of the posterior pharyngeal wall (acute pharyngitis); however, in the vast majority of cases, there is inflammation of both localizations (with the exception of pharyngitis in a patient who underwent tonsillectomy). Currently, it is proposed to abandon the term "angina", because its classification based on the pharyngoscopic picture does not correlate with both etiology and therapeutic tactics.

Acute tonsillopharyngitis refers to acute inflammation of one or more components of the lymphoid pharyngeal ring. Moreover, for acute tonsillopharyngitis, acute inflammation of the lymphoid tissue mainly of the palatine tonsils is typical (acute tonsillitis). In some cases, acute inflammation of the mucous membrane and lymphoid elements of the posterior pharyngeal wall with minimal interest of the palatine tonsils - the so-called acute pharyngitis.

Therefore, according to ICD X, acute pharyngitis and acute tonsillitis are distinguished. acute tonsillopharyngitis is a term that came to us from foreign literature, and our old term is angina. I must say that the term angina is certainly outdated, firstly, because inflammation of only the palatine tonsils are rare, usually in the process the posterior wall is involved to some extent pharynx. Secondly, because the term angina was also used for other diseases, for example, with acute heart failure, etc. the posterior wall is involved to some extent pharynx. Secondly, because the term angina was also used for other diseases, for example, with acute heart failure, etc.

The most common pathogens are respiratory viruses (adenovirus, parainfluenza virus, respiratory syncytial virus, rhinovirus). Possible role of enteroviruses (Coxsackie B), Epstein-Barr virus.

Among bacterial pathogens, beta-hemolytic group A streptococcus (GABHS, or Streptococcus pyogenes) is of paramount importance. A number of authors point to a specific role for other bacterial pathogens, such as streptococci of groups C and G, Streptococcus pneumoniae, Arcanobacterium haemolyticum, anaerobes, Mycoplasma pneumonia and Chlamydia pneumonia.

Nevertheless, the lack of evidence of the participation of these microorganisms in the formation of complications of acute tonsillopharyngitis and the practical impossibility of differentiating the carriage of such

flora from its direct etiological significance force us to treat with a certain degree of criticism the above data and the need for antibacterial therapy in relation to these pathogens.

Even rarer bacterial pathogens of acute tonsillitis are spirochetes (Simanovsky-Plaut-Vincent sore throat), anaerobes. We must not forget that acute tonsillitis is one of the main symptoms of diseases such as diphtheria (*Corynebacterium diphtheriae*), gonorrhoea (*Neisseria gonorrhoeae*). The main causative agent of mycotic lesions of the oropharynx are yeast-like fungi of the genus *Candida*, which cause disease in 93% of patients.

However, *Candida albicans*, being a normal inhabitant of the oropharynx, causes pathological processes mainly in conditions of systemic or local immunodeficiency and the line between normal carriage, or pharyngeal dysbiosis and or pharyngeal candidiasis is very blurred. Most likely, it is worth focusing on the severity of local inflammatory reactions and systemic inflammatory response. The therapeutic effect of Imudon is realized through natural factors of immune defense, which begin produced immediately after you start taking the drug.

While taking Imudon, an increase in the number of immune competent cells in the mucous membrane, the production of specific immunoglobulin A, an increase production of lysozyme and endogenous interferon. So Thus, due to the multilevel activation of immunological mechanisms, Imudon acts as a bacterial flora and viral. In addition, the drug has antifungal effect due to its the composition of the *Candida albicans* lysate, to which antibodies are also produced. The effectiveness of the drug Imudon proven for symptoms such as sore throat, swelling, dryness, sore throat, sore throat, dysphonia, bad breath. In addition, the effectiveness of using Imudon after tonsillectomy has been proven.

Octenisept - has a wide spectrum of antibacterial activity, both for gram-positive and and gram-negative bacteria, intracellular microorganisms, fungi, viruses. Non-toxic, but highly irritating.

Treatment is mainly carried out on an outpatient basis. But in severe and complicated cases, hospitalization of the patient is indicated, and it is better, if hospitalization is carried out in the boxed ward. Thus, the indications for hospitalization are:- severity of the disease: hyperthermia, severe intoxication, respiratory failure, suspected systemic infectious disease (secondary to diphtheria, severe scarlet fever, tularemia, HIV; infection, severe Epstein-Barr viral infection, etc.) - the development of complications - paratonsillitis or retropharyngeal abscess, regional lymphadenitis. In general, the prognosis of the disease, with the exception of secondary TF should be recognized as favorable.

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