تعتبر المعلومات في هذة المحاضرة ملخصة لذلك يجب الرجوع للمرجع (الكتاب) الرئيسي المعلومة

Infections of the Pharynx, Tonsils, and Adenoid ا.م.د. محد ردیف

Pharyngitis: It is inflammation of the mucosal lining of the pharynx.

Acute Non-specific Pharyngitis:

• Is viral infection in association with common cold and influenza, which may be followed by secondary bacterial infection.

Clinical picture:

Symptoms: Sore throat worse by swallowing, preceded by symptoms of upper respiratory tract infection.

Signs: diffuse congestion of the pharyngeal mucosa.

Treatment:

• Warm fluids, analgesics, antipyretics, and antiseptic gurgle, antibiotics for secondary bacterial infection.

Acute Tonsillitis

• Acute inflammation of the palatine tonsils.

Aetiology:

• Causative organism: Group A β-haemolytic Streptococcus.

Symptoms:

- 1- Sore throat, halitosis
- 2- Referred otalgia.
- 3- High fever, malaise and arthralgia.

Signs:

- 1- High temperature.
- 2- Throat examination: shows congested hypertrophied tonsils with yellowish spots on its surface.
- 3- Enlarged jugulo-diagestric cervical lymph nodes.

Treatment:

- 1- Warm fluids, soft diet, analgesics, antipyretics and mouth wash.
- 2-Systemic antibiotics: penicillin for 7-10 days, if allergic to penicillin prescribes erythromycin.

Differential diagnosis:

- 1- Diphtheria.
- 2- Glandular fever (Infectious mononucleosis).
- 3- Scarlet fever.

Complications:

- 1- Peritonsillar abscess.
- 2- Parapharyngeal and retropharyngeal abscesses.

- 3- Acute glomerulo-nephritis.
- 4- Acute rheumatic fever.
- 5- Acute otitis media.

Tonsillectomy

Indications:

- 1- Repeated attacks of acute tonsillitis (more than 5 attacks per year).
- 2- Obstructive sleep apnea.
- 3- Peritonsillar abscess (Quinsy).
- 4- Suspected tumour of the tonsil.
- 5- Recurrent attacks of rheumatic fever,
- 6- Attacks of acute glomerulonephritis,
- 7-As a part of other operations: Excision of long styloid process or glossopharyngeal neurectomy.

Contraindications:

- 1- Bleeding tendency as haemophilia.
- 2- Acute upper respiratory tract infections.
- 3- Epidemics of poliomyelitis.
- 4- Cleft palate.

Complications:

- 1- General anaesthesia:
- 3- Haemorrhage;
- a) Primary
- b) Reactionary
- c) Secondary
- 4- Pneumonia or lung abscess.
- 5- Trauma to the teeth, uvula, or the posterior pharyngeal wall.
- 6- Haematoma and edema of the uvula.
- 7- Infection of the tonsillar fossa, and acute otitis media.
- 8- Postoperative scarring of the palate.
- 9- Tonsillar remnant.
- 10- Subacute bacterial endocarditis.

Adenoid: (nasopharyngeal tonsil)

Mass of lymphoid tissue located in the upper and posterior wall of the nasopharynx, it is a normal structure with definite function namely the production of antibodies.

Physiological enlargement occurs at the age of 3 to 7 years. Pathological enlargement is due to inflammation during recurrent attacks of upper respiratory tract infection, which make it sufficient to produce symptoms.

Clinical picture:

- 1- Nasal obstruction: this leads to mouth breathing, snoring, and obstructive sleep apnea syndrome.
- 2- Post-nasal drip.
- 3- Eustachian tube obstruction this may lead to OME.
- 4- Adenoid face..
- 5-Mental dullness and apathy.

Diagnosis:

- 1- Posterior rhinoscopy
- 2- Endoscopic examination by fibro-optic nasopharyngeoscopy is the best method.
- 3- Lateral X-ray soft tissue for nasopharynx is good.

Treatment:

Adenoidectomy.

Adenoidectomy

Indications:

Enlargement of the adenoids sufficient to produce persist symptoms or recurs regularly. Nasal obstruction which lead to mouth breathing, obstructive sleep apnea, snoring and sleep disturbance, adenoidal face, otitis media with effusion, recurrent acute otitis media.

Contraindications: similar to tonsillectomy.

Complications: Similar to tonsillectomy.

Other complications: include trauma to Eustachian cushions.



