

PATHOGENETIC TREATMENT OF CHRONIC TONSILLITIS WITH FUNGAL-BACTERIAL INFECTION

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Annotation: This article discusses the pathogenetic treatment of chronic tonsillitis in fungal-bacterial infection

Key words: tonsillitis, tonsils, diagnosis.

Intruduction: The issues of chronic tonsillitis still remain an urgent problem in otorhinolaryngology, since, according to various authors, its proportion among the adult population occurs in 4-6% of cases, and among children - about 8-10%. In some cases, with chronic diseases of the tonsils, superinfection with fungi takes place, which changes the course of chronic tonsillitis and complicates conservative treatment. T.N. Burkutbaeva (2002) in 32% of patients with chronic tonsillitis, along with the bacterial flora, revealed fungi of the genus *Candida*. Based on his research, the author expresses the opinion that the fungal flora in chronic tonsillitis constantly maintains inflammation in the tonsils and has both local and general toxic effects.

At the same time, until now there are no fundamental works in which the frequency of the disease would be established on a large number of studies, rational methods of diagnosis were determined, and methods of therapy were developed .

Purpose of the study and methods: To determine the role of *Candida* fungi in the pathogenesis of chronic tonsillitis and to develop rational methods of treatment. Material and methods of research: Under our supervision there were 120 patients with chronic tonsillitis, in 39 (32.5%) patients with a comprehensive examination, the presence of fungal-bacterial flora in the tonsils was established. Of the 39 patients, 30 were diagnosed with a

compensated form and 9 with a decompensated form. The age of patients is from 7 to 69 years, men-34, women-86. Superinfection is a microscopic examination of the contents of the tonsil lacunae. Under microscopy, the contents of the lacunae of the tonsils were placed on a slide and, without smearing, covered with another slide. The material was examined both in native and dyed form. The elements of the Candida fungus are more clearly revealed when stained according to Romanovsky-Giemsa. With this color, spores of yeast-like fungi of the genus Candida are very clearly visible, they are rounded or elongated. In all 39 patients, microscopic examination of the contents of the lacunae of the tonsils in all cases showed large accumulations of the fungus of the genus Candida in the field of view, and in 14 patients, in addition to blastospores, threads of pseudomycelium were also visible. It is characteristic that not in all cases the microscopic picture corresponded to the results of subsequent patients with fungal-bacterial infection.

The main methods of fungal diagnosis One of the cultural studies. So, in 3 patients, the microscopic picture revealed accumulations of fungal cells and pseudomycelium filaments, while in the crops they received only a single growth of candida (200-300 colonies per 1 ml). Such a discrepancy between the microscopic picture and the cultural study is obviously related to how topically the raids were taken on various types of research. Cultural studies not only confirm the diagnosis of a fungal disease, but also make it possible to isolate the pathogen in each case, as well as to judge the effectiveness of treatment. Of the 39 patients, 18 of both tonsils received growth from 30 to 45 thousand colonies in 1 ml (solid growth), in 12 from 5 to 7.5 thousand colonies in 1 ml and in 9 from 900 to 300 colonies in 1 ml . Detection of fungi of the genus Candida during sowing from the tonsils up to 100 colonies in 1 ml. we did not regard as a diagnostic sign of a fungal infection of the tonsils. Another important study in the diagnosis of fungal superinfection is the sowing of the contents of the lacunae of the tonsils on Sabouraud elective media or beer wort. First, the taken material was placed in a glass tube with Sabouraud's liquid medium and placed in a thermostat for 24 hours at a temperature of 27-28C. After 24 hours, the smear was transferred to Sabouraud's solid medium. Already on the 4th- 5th day , the mushrooms give a characteristic growth, the colonies are rounded, their white surface is convex, smooth.

Since we examined patients with chronic tonsillitis, the bacterial nature of which is recognized by most authors, we, along with the fungal flora, studied the nature of the bacterial flora of the tonsils. Along with the fungal flora, various bacteria were isolated from the tonsil both in monoculture (71%) and in various combinations (29%). In total, streptococcus was isolated from the tonsils in 45% of cases, staphylococcus in 26.7% and Escherichia coli in 3.3%. To compare the frequency of isolation of various bacterial flora from the tonsils, we simultaneously studied 40 patients with chronic tonsillitis in the absence of fungal infection. Comparison of the sown bacterial flora in patients with chronic tonsillitis with fungal-bacterial infection and those in patients with chronic tonsillitis of a bacterial nature did not reveal a significant difference between them. To establish the most effective antibacterial treatment, we determined the sensitivity of the bacterial flora isolated by us from patients with chronic tonsillitis to antibiotics. It turned out that the isolated strains were weakly sensitive or not sensitive to many antibiotics. This may be due not only to the long-term use of various antibiotics in the examined group of patients, but also to the fact that in the presence of a fungus of the genus Candida, the resistance of the bacterial flora to antibiotics increases. Taking into account the obtained data, in the treatment of patients with chronic tonsillitis of fungal-bacterial etiology, we used a bactericidal antifungal paste, which included both antifungal and antibacterial agents. As an antifungal agent, we used the sodium salt of levorin, and the antibacterial dioxidin. The basis of the paste was Shostakovsky's balm and propolis. We have laboratory established the high activity of dioxidine against bacterial flora. All this gave us reason to use dioxidine as an antibacterial drug for the treatment of patients with chronic tonsillitis in the presence of a combination of fungal and bacterial flora.

Our studies have shown that the use of antibiotics is undesirable in the presence of fungal flora in the tonsils, since antibiotics with a mixed fungal-bacterial association are ineffective, and they aggravate the course of a fungal disease. The ineffectiveness of the conservative treatment of chronic tonsillitis in some patients is also associated with the underestimation of the presence of fungal superinfection of the tonsils, in which the treatment should include an impact on both the bacterial and fungal flora. We injected antibacterial and antifungal drugs into the lacunae of the tonsils in the form of hardening

pastes. A similar treatment of chronic tonsillitis was first proposed in 1965 by A.T. Kostishin and at the same time received a stable clinical effect. The hardening paste proposed by us has the following composition: sodium salt of levorin 5 million units, dioxidine (powder) - 5.0, propolis and Shostakovsky's balm 10.0 each. Shostakovsky's balm and propolis contribute well to tissue regeneration, restore the epithelium. In order to remove the contents of the lacunae, the tonsils were first washed with saline, and then, using a specially curved and blunted Kulikovsky needle and a conventional injection syringe, the pastes were injected into the lacunae. At body temperature, the injected paste quickly hardened and sealed the lacunae. As a result, a depot of medicinal substances is formed in the tonsils for 3-5 days. The paste was injected 2 times a week, in total, 4-5 procedures were performed for the course of treatment. In each tonsil for one procedure, an average of 0.3-0.5 ml of paste was injected. Usually, patients noted a significant improvement in their condition after 3-4 injections of the paste. After the course, a significant improvement in the condition was achieved in 23 patients (21 with compensated and 2 with decompensated form of chronic tonsillitis). Improvement was noted in 12 patients (9 with compensated and 3 with decompensated form) and treatment was ineffective in 4 patients (all patients with decompensated form of chronic tonsillitis).

Dynamic observation of patients was carried out for 2 years. Of the 23 patients who achieved a significant improvement in the condition, exacerbation of the disease was only in one patient 2 years after 5 treatments. Among the 12 patients who showed improvement, repeated exacerbations of chronic tonsillitis after treatment were in 5 (after 6 months in 2, after 1.5 years in 3 patients). Of the 39 patients, repeated courses of treatment were carried out in 11, due to inefficiency in 4 patients, in 5 due to developed exacerbations and in 2 due to the inoculation of fungal flora from the tonsils.

In 4 patients with the effectiveness of the first course of treatment, a second course was carried out in a month. As a result of the repeated course, improvement was achieved in 2 patients. In 5 patients who again had an exacerbation of tonsillitis, repeated treatment was carried out within a period of 5 months to 2 years, depending on the time of the onset of the exacerbation. A repeated course in 3 of them led to a significant improvement and in 2 improvement. In 2 patients, in whom, despite a significant clinical improvement in the

condition, fungi from the tonsils continued to be sown, a repeated course led to the sanitation of the focus of the fungal infection. In general, as a result of the treatment by introducing a bactericidal-antifungal paste into the lacunae of the tonsils, during dynamic observation, a significant improvement was achieved in 26 patients, improvement in 11 patients, and treatment was ineffective in 2 patients. with a long duration of the disease and a decompensated form of chronic tonsillitis. And mycological studies of the tonsils. A continuous growth of Candida fungus was treated by repeated cultures. After in patients in whom treatment was ineffective. As a result of treatment, the nature of the bacterial flora of the tonsils has also changed, manifested by a decrease in the sowing of the most pathogenic species, such as hemolytic and green streptococcus, aureus and hemolytic staphylococcus.

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