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**SOME ISSUES OF CONDUCTING AND TREATMENT OF PREGNANT
 WOMEN WITH CHRONIC TONSILLITIS**

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ABSTRACT

The was an analysis carried out for examination of complications among females during a gestation period and during the act of delivery with pathology of the upper respiratory airways. Chronic Tonsillitis is one of the most frequently encountered malfunctions among grvida. Chronic pathological process which gets localized primarily on the palatine tonsils become the focus of permanent pathological impulsing. The evaluation of general condition of functionality of a fetoplacental complex among these groups of patients is the most topical issue at present.

KEYWORDS: *Pregnancy, endogenous Intoxication, chronic Tonsillitis, Lizobact, index, hepilor.*

INTRODUCTION

The issues of chronic tonsillitis still remain an urgent problem in otorhinolaryngology, since, according to different authors, its share among the adult population is 4-6% of cases, and among children - about 8-10% (3,4,5 , 7).Recently, the authors have reported an increase in the incidence of a combination of chronic tonsillitis and pregnancy. Chronic tonsillitis is an unpleasant and dangerous disease for the period of pregnancy, which can cause many problems (5, 7, 8. 12)... During pregnancy, a woman's organism undergoes hormonal changes and against this background, immunity may decrease (1, 2, 7, 10) ...In such cases, chronic tonsillitis worsens, causing not only the expectant mother, but also various complications for the fetus. Such as intrauterine infection of the fetus and provoke premature birth or miscarriages in early pregnancy. In addition, a constant chronic focus of infection can cause developmental disorders in a child and a tendency to various allergic and autoimmune diseases.

Despite all this, until now there are no fundamental works in which a large number of studies would have established the peculiarity of the course of pregnancy in patients with chronic tonsillitis, rational methods of therapy have not been developed (3,4,9).

Objective of the Study:

To determine the effect of chronic tonsillitis on the course of pregnancy and to develop the most rational methods of treatment.

MATERIAL AND METHODS OF RESEARCH

Under our supervision there were 69 pregnant women diagnosed with chronic tonsillitis. Of 69 pregnant women, 50 were diagnosed with a compensated form and 19 with a decompensated form of chronic tonsillitis. All pregnant women underwent clinical, laboratory tests, and also pharyngoscopy. To determine the degree of endogenous intoxication (EI), the most common method is the leukocyte intoxication index (LII), which is determined by the formula of Ya.Ya. Kalf-Kalifa (1941). To calculate the leukocyte index of intoxication (LII), we used the formula of V.K. Ostrovsky (1983).

RESEARCH RESULTS

All the symptoms of the underlying disease, such as sore throat, general weakness and fatigue were observed in all patients. Sometimes in the evening there was a slight increase in body temperature within 37-37.5 degrees. The presence of a painful dry cough and a feeling of a foreign body in the throat were observed in 78% of pregnant women. In mesopharyngoscopy - marked redness, swelling of the anterior arches and tonsils, the presence of purulent plugs in the lacunae. Tonsils are cicatricially welded to the arches. The submandibular and cervical lymph nodes are enlarged and painful on palpation.

The main complaints and objective data characteristic of chronic tonsillitis are sharply expressed in all 19 pregnant women with decompensated form of the disease. A similar manifestation of the disease was observed in 68% of pregnant women with a compensated form of tonsillitis. In the course of observations, out of 50 women with a compensated form of chronic tonsillitis before pregnancy, exacerbations of chronic tonsillitis were observed once a year in 14, among 19 women with a decompensated form of the disease, exacerbations of the process were observed 2 or more times a year in 9. After the onset of pregnancy among 50 women with a compensated form of chronic tonsillitis within 6 months, exacerbations of the disease were observed in 32, and among 19 women with a decompensated form in 15. All this confirms that it is during pregnancy that women often suffer from dangerous diseases. And all because it is during pregnancy that the body of women weakens, immunity is not sufficient to protect not only the mother, but also the child. The proof of the above is the results obtained in the pregnant women we observed. At the initial stage of pregnancy, 36 women showed slight fatigue and a state of discomfort. After exacerbation of chronic tonsillitis, 32 women showed signs of toxicosis, nausea, general weakness, and pain in the abdomen. Increasing shortness of breath during exertion was observed in 28 women; by the end of the first trimester, they had dyspnea even at rest. During the period of exacerbation of chronic tonsillitis, 14 pregnant women showed signs of a threat of spontaneous abortion and premature birth. In one woman 6 months pregnant, exacerbation of chronic tonsillitis provoked a miscarriage. All manifestations of secondary intoxication of chronic tonsillitis in women are associated with the onset of pregnancy. One of the global

problems in obstetrics is the issue of endogenous intoxication in pregnant women (6,8,11). In order to identify the significance of the EI coefficient in pregnant women, women were divided into the following groups. In the first group, 39 pregnant women with chronic tonsillitis of the compensated form, in the second group, 10 pregnant women with the decompensated form, and in the third group, and 20 pregnant women (11 with the compensated form and 9 with the decompensated form of tonsillitis) were assigned to a separate group, since they had an exacerbation of chronic tonsillitis. LII data in pregnant women with chronic tonsillitis are shown in Table 1.

TABLE 1

Forms of the disease	Number of patients	Average LII value	
		According to the formula of V.K. Ostrovsky (1983) (before treatment)	(after treatment)
Chronic tonsillitis (compensated form)	39	2,51	1,83
Chronic tonsillitis (decompensate form)	10	3,04	1,95
Chronic tonsillitis (in the acute stage)	20	4,04	2,02
Control group	15	1,81	

The results obtained by us from the LII data indicate a significant degree of intoxication in the body of pregnant women with chronic tonsillitis. With the compensated form of the disease, not sharply expressed phenomena of intoxication were noted - 2.51, as for the decompensated form of tonsillitis, the phenomena of intoxication are more noticeable - 3.04. During the period of exacerbation of chronic tonsillitis there were significant changes in the body of pregnant women. LII was 4.04. LII within 3-4 indicates a significant bacterial effect on the body of pregnant women. We observed the highest degree of endogenous intoxication in pregnant women during exacerbation of chronic tonsillitis. These data indicate the need to quickly eliminate the process of intoxication in order to avoid secondary complications from the mother and child. Our data confirm that the levels of endogenous intoxication on the pregnant body depend on the severity of the infectious process.

The peculiarity and complexity of the treatment of tonsillitis during pregnancy lies in the fact that it is difficult to find the right drugs as many of them are prohibited for use. Many pregnant women, after being diagnosed with chronic tonsillitis, very often engage in improper self-medication, as a result, conditions are created for the transition of tonsillitis from compensated to decompensated form and the presence of various complications.

All pregnant women with chronic tonsillitis in both remission and exacerbation stages underwent sanitizing treatment. In the stage of remission for pregnant women, we recommended a local

antiseptic Lizobact. A medicinal product of natural origin, the active ingredients of Lizobact are lysozyme, which acts as an antiseptic and regulates local immunity. And also pyridoxine, which has a regenerating effect on the oral mucosa and tonsil tissue. Lizobact was prescribed two tablets three times a day for ten days. In order to increase the effectiveness, the tablets were recommended to be sucked whenever possible.

At the same time, as an antibacterial and analgesic agent, we used Hepilor, a drug recommended for the local therapy of infectious and inflammatory diseases of the oral cavity and tonsils, to wash out the lacunae of the tonsils. In the beginning, for the purpose of mechanical removal of pathological contents, tonsil lacunae were washed with 50 ml. saline solution. After that, washing was carried out with 20.0 ml of Hepilor's solution (for washing with 10 ml, the drug was dissolved in 50 ml of warm water), that is, each tonsil was washed with 10.0 ml. Hepilor's solution. The treatment was carried out once a day, the course of treatment consisted of 6-8 procedures.

During the treatment according to this method, pregnant women after 4-5 procedures noted an improvement in their general condition, a decrease in subjective sensations, and objective data also changed in a positive way. In general, as a result of the course of treatment, out of 49 (39 compensated and 10 decompensated forms of tonsillitis) pregnant women, 35 showed a significant improvement in their condition. In 31 of the compensated and 4 in the decompensated form, the improvement was achieved in 11 (7 in the compensated form and 4 in the decompensated form), that is, fatigue disappeared, sore throat, tingling and foreign body sensations disappeared. Regional lymph nodes decreased and became painless, body temperature returned to normal. Treatment was ineffective in 3 (1 compensated and 2 decompensated form), although after treatment an improvement was achieved, but exacerbations of tonsillitis continued. These pregnant women underwent a regular course of treatment; they were recommended tonsillectomy after childbirth.

Treatment of 20 pregnant women in whom an exacerbation of chronic tonsillitis occurred during the observation period was somewhat different from those in whom chronic tonsillitis was in remission. They were also prescribed Lizobact 2 tablets 4 times a day, and were recommended to suck until completely dissolved. Hepilor was used to gargle. For this, 2 teaspoons of the preparation was dissolved in ¼ glass of warm water. Rinsing was carried out 4-5 times a day for 6-8 days. Clinical improvement in the condition was achieved in all pregnant women already on the 4th-5th day of treatment: subjective sensations decreased - symptoms of intoxication, weakness, fatigue disappeared, sleep and appetite improved, body temperature returned to normal. The pharyngoscopic picture has changed - the plaques on the tonsils have disappeared, and the tonsils themselves have decreased in volume, edema and hyperemia have decreased.

In all pregnant women with chronic tonsillitis in remission and during an exacerbation, after the treatment, the symptoms of the threat of spontaneous abortion and premature birth disappeared. On the tenth day after treatment, repeated studies were performed to determine the degree of EI. As our studies have shown, the EI index returned to normal in pregnant women with a compensated form of chronic tonsillitis. And in pregnant women with decompensated form and chronic tonsillitis in the stage of exacerbation, the EI index approached the norm.

CONCLUSIONS

1. In the body of pregnant women with chronic tonsillitis, the phenomena of endogenous intoxication are observed to a large extent.
2. A high degree of EI index is observed in pregnant women in whom chronic tonsillitis was in the acutest age.
3. Carrying out preventive sanitizing treatment of chronic tonsillitis leads to an improvement in the state of endogenous intoxication and prevents the threat of spontaneous abortion and premature birth.
4. Lizobact and Hepilor in the treatment of chronic tonsillitis are effective drugs and do not give complications for both the mother and the child.

REFERENCES

1. Alekseeva M.L. Changes in the immune status of puerperas as a prognostic criterion for the development of pyoinflammatory diseases / M.L. Alekseeva, V.G. Kolodko, OA Pustotina et al. // Materials of the V All-Russian Forum "Mother and Child". M. - 2003 .-- S. 8.
2. V. V. Zubkov Features of the course of the neonatal period with infection in a pregnant woman / V.V. Zubkov, O. I. Mikhailova, I. V. Ishenina, B.JI. Tyutyupnik // Materials of the IV Congress of Obstetricians and Gynecologists of Russia, Moscow 30 Sept. 2 oct. 2008, M. - 2008 .-- S. 545 - 546.
3. Kryukov A.I. Rational antibiotic therapy for angina and chronic tonsillitis / A.I. Kryukov, Yu.V.Luchsheva, A.V. Balandin, A.D. Dimova // Consil. Med. 7. - 4. - 2005 .-- S. 297 - 299.
4. Kostyuk V.N. Surgical and conservative treatment of patients with chronic tonsillitis, taking into account their clinical and immunological status: Author's abstract. diss. Cand. medical sciences. - Moscow. 2003 .-- 23 p.
5. Kryukov A.I. The urgency of the problem of chronic tonsillitis / A.I. Kryukov, G.N. Izotova, A.F. Zakharova, P.A. Chumakov, O. A. Kiseleva / Bulletin of otorhinolaryngology. No. 5. - 2009 .-- S. 4 - 6.
6. Peshev, S. L. Regional hemodynamics and endotoxycosis in chronic tonsillitis in pregnant women. honey. Sciences. Saransk. 2010.
7. Pluzhnikov M.S. Chronic tonsillitis: clinical picture and immunological aspects / M.S. Pluzhnikov, G. V. Lavrenova, M. Ya. Levin, P.G. Nazarov, K.A. Nikitin. Art. - Petersburg, Publishing House "Dialogue". - 2005.215 p.
8. Slavsky A.N. The role of tonsillitis in the formation of pathology of the reproductive system in women of childbearing age / A.N. Slavsky // Bulletin of otorhinolaryngology scientific and practical. magazine. MediaSphere. - No. 4.- 2009. - S. 40 - 44.
- 9 .Crockett D.M. Laryngeal laser Surgery / D.M. Crockett, B.N. Reunolds // Otolaryngol. Clin.North.Am. 1990. - V. 23. - P. 49 - 66.
10. Petrek M. Immunomodulatory effects of laser therapy in the treatment of chronic tonsillitis / M. Petrek et al // ActaUniver. Palack.Olomuc. F. Medical. 1991.-V. 129.-P. 119-126.
11. Roblin P.M., Hammerschlag M.R. Antimicrob Agents Chemotherapy. -1998.-42.- 1.-p. 194-196.
12. Steele C. Cytokine and chemokine production by human oral and vaginal epithelial cells in response to Candida albicans / C. Steele, P.L. Fidel // In-fec. Immun. 2002. - V. 70. - No. 2. - P. 577 - 583.