



CHRONIC TONSILLITIS IN CHILDREN: MODERN APPROACHES

Narzullayeva Sabo Qurbon qizi

Guliston davlat universiteti

Abstract. *Chronic tonsillitis is one of the most common otorhinolaryngological diseases in children and remains an important medical and social problem. The disease is characterized by recurrent inflammation of the palatine tonsils, which may lead to frequent infections, reduced immunity, and impaired quality of life in pediatric patients. In recent years, increased attention has been paid to modern approaches in the diagnosis and management of chronic tonsillitis in children.*

This paper reviews current clinical features of chronic tonsillitis in pediatric patients and highlights contemporary diagnostic and therapeutic strategies. Special attention is given to conservative treatment methods, including rational antibiotic therapy, immunomodulatory approaches, and local treatment techniques. In addition, indications for surgical intervention, particularly tonsillectomy, are discussed from the perspective of evidence-based medicine. The importance of individualized treatment selection based on the severity of the disease, frequency of exacerbations, and overall condition of the child is emphasized.

Modern approaches to the management of chronic tonsillitis aim to reduce the number of exacerbations, prevent complications, and improve the quality of life of affected children. Early diagnosis and an integrated treatment strategy play a crucial role in achieving favorable clinical outcomes.

Keywords. *Chronic tonsillitis, pediatric otorhinolaryngology, children, modern treatment approaches, conservative therapy, tonsillectomy.*

Introduction. Chronic tonsillitis is one of the most common diseases in pediatric otorhinolaryngology and represents a significant clinical and social problem. The condition is characterized by persistent inflammation of the palatine tonsils with recurrent exacerbations, which may negatively affect a child's general health, immune status, and quality of life. Due to anatomical and physiological significance of the lymphoid tissue in children, chronic tonsillitis often develops at an early age and tends to recur frequently.

In recent years, the management of chronic tonsillitis in children has undergone significant changes. Modern approaches focus not only on eliminating acute symptoms but also on preventing complications, reducing the frequency of exacerbations, and preserving the immune function of the tonsils. Therefore, the study of contemporary diagnostic and therapeutic strategies remains highly relevant.

Chronic tonsillitis in children is usually manifested by recurrent episodes of sore throat, fever, and enlargement of the palatine tonsils. Between exacerbations, children may complain of discomfort in the throat, difficulty swallowing, halitosis, and general weakness.



In many cases, chronic tonsillitis is accompanied by regional lymphadenopathy and signs of chronic intoxication, such as fatigue, decreased appetite, and irritability.

The clinical course of chronic tonsillitis in pediatric patients varies depending on the frequency of exacerbations, the severity of inflammatory changes, and the presence of concomitant diseases. Frequent relapses may lead to complications affecting other organs and systems, including the cardiovascular system, kidneys, and joints. Therefore, early identification of clinical signs and careful monitoring are essential.

Modern Diagnostic Approaches. Modern diagnostic approaches to chronic tonsillitis in children are based on a comprehensive evaluation that integrates clinical assessment, laboratory investigations, and, when necessary, instrumental methods. The primary goal of contemporary diagnostics is not only to confirm the diagnosis but also to determine disease severity, identify etiological factors, and guide individualized treatment strategies.

Clinical Assessment. Clinical examination remains the cornerstone of diagnosis. A detailed medical history focusing on the frequency and duration of sore throat episodes, previous treatments, and response to therapy is essential. Physical examination typically reveals hypertrophy of the palatine tonsils, hyperemia of the tonsillar surface, presence of crypt debris, and signs of chronic inflammation. Palpation of regional lymph nodes often demonstrates cervical lymphadenopathy, which supports the diagnosis.

In pediatric patients, particular attention is paid to nonspecific symptoms such as fatigue, reduced appetite, irritability, and recurrent febrile episodes, which may indicate chronic intoxication associated with persistent tonsillar infection.

Laboratory diagnostics play an important role in modern evaluation of chronic tonsillitis. Throat swab cultures are used to identify pathogenic microorganisms, particularly group A beta-hemolytic streptococcus, and to assess antibiotic sensitivity. This approach supports rational antibiotic selection and helps reduce antimicrobial resistance.

Additional laboratory tests, including complete blood count and inflammatory markers, may provide supportive information regarding the activity of the inflammatory process. In selected cases, immunological assessments are performed to evaluate immune status, as chronic tonsillitis in children is often associated with immune dysregulation.

Although imaging is not routinely required, modern diagnostic strategies may include instrumental methods in complex or atypical cases. Ultrasonography of cervical lymph nodes can assist in evaluating lymphadenopathy, while endoscopic examination of the nasopharynx may be useful in identifying concomitant pathologies such as adenoid hypertrophy.

Emerging diagnostic tools, including rapid antigen detection tests and molecular diagnostic methods, are increasingly used to improve diagnostic accuracy and reduce time to treatment. These methods enhance early detection and support timely clinical decision-making.

Contemporary diagnostics emphasize the use of standardized diagnostic criteria to differentiate chronic tonsillitis from other causes of recurrent sore throat, such as viral



pharyngitis or allergic conditions. Differential diagnosis is particularly important in children to avoid unnecessary antibiotic use or surgical intervention.

Contemporary Treatment Strategies. Contemporary treatment strategies for chronic tonsillitis in children are based on a comprehensive and individualized approach that aims to control chronic inflammation, reduce the frequency of exacerbations, and preserve the immunological function of the palatine tonsils. Current clinical practice emphasizes conservative management as the first-line strategy, reserving surgical intervention for strictly defined indications.

Conservative Therapy

Conservative treatment remains the cornerstone of chronic tonsillitis management in pediatric patients. During acute exacerbations, rational antibiotic therapy is recommended based on clinical presentation and microbiological findings. The choice of antibiotics should consider bacterial sensitivity, previous treatment history, and the risk of antibiotic resistance. In modern practice, the emphasis is placed on avoiding unnecessary antibiotic use and ensuring full adherence to prescribed treatment courses.

Local therapy plays a significant role in conservative management. This includes antiseptic gargles, topical anti-inflammatory agents, and irrigation of the tonsillar lacunae, which help reduce microbial load and inflammatory activity. Such methods are particularly valuable in children, as they are minimally invasive and well tolerated.

Immunomodulatory therapy is increasingly recognized as an important component of modern treatment strategies. Since chronic tonsillitis is often associated with immune dysfunction, immunostimulants and vitamin supplementation may be used to enhance the child's immune response and decrease susceptibility to recurrent infections. These interventions are usually prescribed as part of a long-term preventive program rather than for acute symptom relief.

Physiotherapeutic Methods. In recent years, physiotherapy has gained attention as an adjunctive treatment modality in pediatric chronic tonsillitis. Methods such as ultraviolet irradiation, low-level laser therapy, and ультразвуковая терапия have been shown to improve local blood circulation, reduce воспаление, and promote tissue regeneration in the tonsillar region. When used in combination with conservative therapy, physiotherapeutic interventions may shorten recovery time and reduce the frequency of disease exacerbations.

Physiotherapy is especially useful in children with mild to moderate forms of chronic tonsillitis and in those with contraindications to surgical treatment. Its non-invasive nature makes it an attractive option in pediatric practice.

Surgical Management. Despite the emphasis on conservative treatment, surgical intervention remains an important option in selected cases. Tonsillectomy is indicated for children with frequent and severe exacerbations, development of local or systemic complications, or failure of prolonged conservative therapy. Modern approaches to surgical management stress the importance of строгий отбор пациентов and adherence to evidence-based guidelines.



Advances in surgical techniques, including minimally invasive and laser-assisted tonsillectomy, have improved postoperative outcomes and reduced complication rates. However, the potential impact of tonsil removal on immune function should always be carefully considered, particularly in younger children.

Preventive and Supportive Measures. Contemporary management of chronic tonsillitis also includes preventive and supportive strategies aimed at long-term disease control. These measures involve regular follow-up by an otorhinolaryngologist, своевременное лечение сопутствующих заболеваний верхних дыхательных путей, and health education for parents. Strengthening general immunity through balanced nutrition, adequate physical activity, and соблюдение гигиенических правил plays a crucial role in preventing recurrence.

Modern approaches to chronic tonsillitis management in children aim to balance the preservation of tonsillar immune function with the need to prevent recurrent infections and complications. The shift toward conservative and individualized treatment reflects current trends in pediatric otorhinolaryngology. Early diagnosis, rational therapy, and regular follow-up are key factors in improving long-term outcomes.

Conclusion. Chronic tonsillitis in children remains a common and challenging condition in clinical practice. Modern approaches to diagnosis and treatment emphasize early detection, comprehensive evaluation, and individualized therapy. Conservative treatment methods play a leading role, while surgical intervention should be reserved for strictly defined cases. An integrated approach contributes to reducing disease recurrence, preventing complications, and improving the quality of life of pediatric patients.

References

1. Windfuhr J.P., Toepfner N., Steffen G., Waldfahrer F., Berner R. Clinical practice guideline: Tonsillitis I. Diagnostics and nonsurgical management // *European Archives of Oto-Rhino-Laryngology*. – 2016. – Vol. 273(4). – P. 973–987.
2. Windfuhr J.P., Toepfner N., Steffen G., Waldfahrer F., Berner R. Clinical practice guideline: Tonsillitis II. Surgical management // *European Archives of Oto-Rhino-Laryngology*. – 2016. – Vol. 273(4). – P. 989–1009.
3. Brook I. The role of bacteria in chronic tonsillitis // *International Journal of Pediatric Otorhinolaryngology*. – 2018. – Vol. 105. – P. 120–124.
4. Baugh R.F., Archer S.M., Mitchell R.B. et al. Clinical practice guideline: Tonsillectomy in children // *Otolaryngology–Head and Neck Surgery*. – 2019. – Vol. 160(1). – P. 1–42.
5. Mitchell R.B., Archer S.M., Ishman S.L. et al. Clinical practice guideline: Tonsillectomy in children (update) // *Otolaryngology–Head and Neck Surgery*. – 2019. – Vol. 160(1). – P. S1–S42.



6. Pynnonen M., Brinkmeier J.V., Thorne M.C., Chong L.Y., Burton M.J. Coblation versus other surgical techniques for tonsillectomy // *Cochrane Database of Systematic Reviews*. – 2017. – Issue 8. – CD004619.

7. Schilder A.G.M., Marom T., Bhutta M.F. et al. Otitis media and tonsillitis in children // *The Lancet*. – 2016. – Vol. 387(10020). – P. 1278–1292.

8. Sykes E.A., Wu V., Beyea M.M., Simpson M.T., Beyea J.A. Pharyngitis: Approach to diagnosis and treatment // *Canadian Family Physician*. – 2020. – Vol. 66(4). – P. 251–257.

9. Alho O.P., Koivunen P., Penna T. et al. Tonsillectomy versus watchful waiting in recurrent streptococcal pharyngitis in children // *BMJ*. – 2007. – Vol. 334(7600). – P. 939.

10. World Health Organization. Prevention of recurrent respiratory infections in children: clinical and public health perspectives. – Geneva : WHO, 2019.