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OPTIMIZATION OF DIAGNOSIS AND COMPREHENSIVE TREATMENT OF CHRONIC PHARYNGITIS IN CHILDREN

Resume: Inflammatory pharyngeal disease is a widespread pathology in childhood. The complex of pharyngitis treatment often includes rinsing solutions, sprays, tablets for resorption, lozenges or lozenges containing various anti-inflammatory components. Their use reduces the severity of pain and shortens the duration of treatment, but does not exclude the use of systemic anti-inflammatory drugs.
Key words: pharyngitis, sore throat, treatment, children.

Pharyngitis is an acute or chronic inflammation of the mucous membrane and lymphoid tissue of the pharynx. The main clinical signs are pain, tickling, or discomfort. Anatomically, the pharynx is divided into three sections — the upper (nasopharynx), middle (oropharynx) and lower (larynx). Inflammatory processes in the pharynx can be subdivided according to their preferred location, however, the division will be very conditional (especially in acute pharyngitis): acute viral and bacterial infections diffusely affect the mucous membrane of the upper respiratory tract and are migratory, more often descending [1].

Acute pharyngitis can be divided into viral, bacterial, fungal, allergic, traumatic (due to ingestion of a foreign body or surgical intervention), as well as those caused by exposure to irritating factors (hot liquid or steam, acids, alkalis, radiation, etc.). Chronic pharyngitis is usually classified not by etiology, but by the nature of the developing mucosa skin changes: catarrhal, atrophic and hypertrophic. These forms of chronic inflammation are often combined: for example, diffuse atrophic changes in the mucous membrane with focal hyperplasia of the lymphoid tissue of the posterior pharyngeal wall or tubopharyngeal rollers.

In respiratory infections, acute inflammation of the pharyngeal mucosa in children is manifested by catarrhal pharyngitis. Approximately 70% of pharyngitis is caused by viruses, including rhinoviruses, corona, adenoviruses, influenza and parainfluenza viruses. Recent studies show that the importance of rhinoviruses is growing rapidly, and they are responsible for more than 80% of cases of acute respiratory infections (ARI) during the autumn epidemics [2].

There are also types of pharyngitis associated with specific pathogens, for example, Epstein–Barr virus in infectious mononucleosis, Yersinia enterocolitica in yersiniosis and gonococcus in gonorrheal pharyngitis, as well as Leptotrix buccalis in pharyngeal leptotrichosis. Acute pharyngitis in children almost never occurs in isolation, but is more often a symptom of acute adenoiditis, sore throat, or exacerbation of chronic tonsillitis, the bacterial agent of which is group A hemolytic streptococcus (BGSA; found in 15-36% of children with sore throat), as well as Staphylococcus aureus, Streptococcus pneumoniae, and Haemophilus influenzae.

An important task of a specialist is the differential diagnosis of viral and bacterial infections and diseases caused by GSA. The diagnosis is confirmed by bacteriological and immunological studies [2-6]. The clinical picture of acute pharyngitis is characterized by scratching, dryness, discomfort and sore throat when swallowing, less often — general malaise, fever. With inflammation of the tubar rollers, pain usually radiates to the ears. Palpation of the neck shows soreness and enlargement of the upper cervical lymph nodes. Pharyngoscopy shows hyperemia of the posterior pharyngeal wall and

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palatine arches, separate inflamed lymphoid granules, but there are no characteristic signs of inflammation of the palatine tonsils.

It should be remembered that acute pharyngitis may be the first manifestation of certain infectious diseases: measles, scarlet fever, rubella. In some cases, differential diagnosis with Kawasaki disease and Stevens–Johnson syndrome is required. Acute pharyngitis in young children is severe, with high fever and pronounced general symptoms, when there are: restless behavior, lack of appetite, sleep disorders. Examination of the pharynx reveals bright hyperemia and diffuse swelling of the mucous membrane of the posterior wall, hypertrophy of lymphadenoid tissue in the form of granules, mucopurulent secretion. Cough is also characteristic, associated with the leakage of pathological secretions along the back wall of the pharynx.

Chronic pharyngitis develops in children aged 3 years and older. This pathology is not characterized by fever and significant deterioration of the general condition. The main complaints are dryness, scratching, and a lump in the throat that makes you want to cough. Cough is usually persistent, dry and easily distinguishable from cough with tracheobronchitis. Discomfort in the throat is often associated with the need to periodically swallow mucus flowing down the back of the throat, which makes the child irritable, interferes with normal activities and disrupts sleep.

An important role in predisposition to chronic infection is played by a defect in the immune system, in particular, a low content of immunoglobulins (Ig) of groups A and G2 and a reduced ability to produce B cells [7]. With atrophic pharyngitis, the mucous membrane of the pharynx looks thin, dry, and often covered with dried mucus. Injected vessels can be seen on the shiny surface of the mucous membrane. In the hypertrophic form, pharyngoscopy reveals foci of hyperplastic lymphoid tissue randomly scattered along the posterior pharyngeal wall, or enlarged tubopharyngeal rollers located behind the posterior palatine arches.

Smoking is passive and active, and tonsillectomy leads to the development of atrophic changes in the pharyngeal mucosa. Chronic pharyngitis sometimes accompanies the pathology of the digestive tract: gastritis, cholecystitis, pancreatitis, gastroesophageal reflux disease. A hernia of the esophageal orifice of the diaphragm often becomes a latent cause of the development of chronic catarrhal pharyngitis: in this case, it is necessary to eliminate the underlying cause of the disease, since any local treatment methods give insufficient and short-lasting effect. Therapeutic measures for acute pharyngitis or exacerbation of the chronic process caused by a viral infection, in the absence of pronounced disorders of the general condition, are symptomatic and are limited to gargling with antiseptic, herbal solutions (for example, eucalyptus solution, etc.) 3-4 times a day after meals.

Irrigation of the pharynx with antiseptic or antibiotic—containing aerosols - 2-3 doses 2 to 4 times a day. In such cases, symptomatic treatment is sufficient, including a gentle diet, hot foot baths, warming dry compresses on the front of the neck, steam inhalations, gargling, and the use of lozenges. Infants and young children should be recommended only copious drinking and irrigation therapy, extinguishing the posterior pharyngeal wall with antiseptic solutions. It should be remembered that in patients under the age of two, all aerosols are used with caution due to the possibility of developing laryngospasm. Uncomplicated pharyngitis usually does not require systemic administration of antibiotics. In this situation, it becomes reasonable to conduct local antimicrobial treatment, which can be prescribed as monotherapy. However, the success of such treatment undoubtedly depends on the correctly selected and timely prescribed topical medication. Preparations for local therapy contain one or more antiseptics (chlorhexidine, hexetidine, benzydamine, ambazone, thymol and its derivatives, alcohols, iodine preparations, etc.), essential oils, anesthetics (lidocaine, tetracaine, menthol), antibiotics (framycetin) or sulfonamides, deodorants.

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They may also contain bacterial lysates, natural antiseptics (plant extracts, bee products), synthesized factors of nonspecific protection of mucous membranes with antiviral effect (lysozyme, interferon), vitamins (ascorbic acid).

The main requirements for drugs applied to the mucous membrane are:

• a wide range of antimicrobial effects, including antiviral and antifungal activity (preferably);
• no toxic effect and low absorption rate from mucous membranes;
• low allergenicity;
• no irritating effect on the mucous membrane.

The appointment of a number of drugs is limited by their high allergenicity and irritant effect: for example, drugs with iodine derivatives, propolis, sulfonamides. It should be remembered that drugs containing herbal antiseptics and essential oils are contraindicated in children with atopy. Hexetidine and benzydamine hydrochloride have antifungal and antimicrobial activity.

These drugs are available in the form of a rinse solution and an aerosol, they are low—toxic and active against most bacteria that cause pharyngitis and tonsillitis. A local antiseptic containing a solution of octenidine and phenoskietanol has a wide range of antimicrobial and antiviral effects: it has no toxic effect and is not absorbed through an intact mucous membrane; its action begins after 1 minute and lasts for an hour [8].

Most topical drugs for the treatment of infectious and inflammatory processes of the oral cavity, throat and larynx are available in the form of tablets, lozenges or lozenges for resorption. The drugs of the Strepsils line have proven themselves well in clinical practice. The combination of amylmethacresol and dichlorobenzyl alcohol has a pronounced antiseptic effect; it has anti-inflammatory, analgesic and local anesthetic effects. Due to its coagulating effect on microbial cell proteins, Strepsils has high antimicrobial activity against a wide range of Gram-positive and Gram-negative microorganisms (proven in vitro), as well as antifungal action.

The latter property allows us to recommend it for gingivitis and stomatitis of candidal etiology. The drug effectively eliminates the symptoms of irritation of the mucous membranes of the upper respiratory tract. Due to the additional natural ingredients included in the composition (menthol, eucalyptus and anise oil, ascorbic acid), some of which have a decongestant effect on the mucous membrane, nasal congestion is reduced, irritation is alleviated. For sore throats, the most effective drug is Strepsils Plus, which contains the local anesthetic lidocaine hydrochloride. It is available in the form of a spray and tablets for resorption. It is approved for use in children over 12 years of age.

Additional ingredients not only enhance the therapeutic effect of the drugs in this line, but also impart pleasant organoleptic properties. However, the doctor should be aware of age restrictions and contraindications, and avoid self-medication and uncontrolled intake of such drugs by patients. Thus, local remedies can be widely and successfully used in the treatment of pharyngitis in children. The choice of the optimal topical drug is determined by the spectrum of antimicrobial activity, the absence of allergenicity, toxic effect and age restrictions.

Nevertheless, one should not forget that this form of medicines has relatively little activity, and their use is limited to uncomplicated forms of the disease. Effective topical medications do not replace the need for prescribing antibiotics for sore throat and pharyngitis caused by hemolytic streptococcus.

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