



Chronic Tonsillitis and Pyelonephritis

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Abstract

The work is devoted to chronic tonsillitis and pyelonephritis. 1500 people from rural areas were examined to determine the incidence of chronic tonsillitis and pyelonephritis. The results of the study were as follows: Chronic tonsillitis among the rural population constituted 23.6%, and patients suffering from pyelonephritis - chronic tonsillitis were diagnosed at 49.0% of them, which means that chronic tonsillitis occurs twice more more than in patients with pyelonephritis. Tonsillitis chronic considered possible, as the cause pyelonephritis.

Keywords: Chronic Tonsillitis; Pyelonephritis

Introduction

Chronic tonsillitis represents a pathology of permanent permanence [5,3]. Despite the fact that it is quite widespread among the population of oil, some aspects of this problem remain unresolved until today.

Also pyelonephritis is part of an important problem of urology such as - urinary tract infections, - diseases that occupy the second place, after infections of the upper respiratory tract [6].

In the body's defense process, palatal tonsils actively participate in the formation and maintenance of local and general immunity of the body [5,8].

The incidence of chronic tonsillitis as well as of pyelonephritis - is high and does not tend to decrease because of these two nosological entities must be permanently in the attention of doctors [5,6]. But today we find that the problems of chronic tonsillitis are not discussed in conferences, symposia and local and international congresses [1,2].

Specialists' opinions regarding treatment are counterbalanced [1,6]. If some specialists consider tonsillectomy, others are more reserved [5,3] and recommend surgical treatment. This is because there is no international classification of chronic tonsillitis [5] that would point to the problems of diagnosis and treatment of chronic tonsillitis [5,4].

But notwithstanding the fact that chronic tonsillitis is the cause of several met tonsillar disorders including pyelonephritis - few are published on this topic.

The diagnosis of chronic tonsillitis is difficult because the subjective symptomatology does not show specific diagnostic signs, they are encountered in many other conditions in the respiratory tract as well as in the digestive and endocrine system [5,7].

The pathophysiological connections between chronic tonsils and pyelonephritis are not elucidated [5,6]. Family physicians are those specialists for whom patients are first addressed [5,9]. These specialists also keep monitoring all the sick life, but they provide you the latest information in this regard.

In human pathology, metacompile diseases occupy an important place [9]. Some authors rely on the enteropathogenic mechanisms between chronic tonsillitis and glomerulonephritis, strongly recommending as a method of treatment of patients suffering from chronic tonsillitis and a pathology of the kidneys to perform tonsillectomy. At the same time, indications for tonsillectomy in the case of chronic glomerulonephritis are not fully understood and supported by all specialists. Third pliadă specialists recommended in cases of chronic nephritis and chronic tonsillitis - tonsillectomy need to be made only when you or be duly substantiated indications.

An increased incidence of pyelonephritis among the population is attracting the attention of many specialists.

The pathology of the urinary system and lymphoepithelial system has been known since ancient times [5,6].

But many aspects of these pathologies and the relationship between them is not known until today. And some do a lot of enigma in front of specialists.

Lately, a lot of medicinal preparations including antibiotics are proposed in the treatment of patients. But to date there are no publications on the treatment of these conditions when they go to the family doctor. It is known that chronic tonsillitis causes several conditions [5]. Tonsillectomy does not definitively solve this problem. On the contrary, many complications that occur during the operation and others that develop during the postoperative periods are described. In order to spend effective treatment on patients suffering from both chronic tonsillitis and pyelonephritis, the family doctor must first be provided with the scientific and practical data from the present era to the given topic [3,9].

The goal

All of the above has convinced us to propose as a study goal: "Chronic tonsillitis and pyelonephritis in rural people".

The following tasks were proposed based on this purpose:

1. Establishing the morbidity of the rural population through chronic tonsillitis and pyelonephritis.
2. Determination of diagnostic criteria for patients with chronic tonsillitis and pyelonephritis.

3. Appreciation of the role of anamnesis, subjective and objective signs in the diagnosis of chronic tonsillitis and pyelonephritis in the inhabitants of the villages of the Republic of Moldova.
4. Examination of 1500 people from 40 villages in the Republic of Moldova.
5. Since the approval of the proposed algorithm and the diagnosis, treatment and prevention of pyelonephritis and chronic tonsillitis.

Material and Methods

People from the 40 villages in the Republic of Moldova were examined in the offices of family doctors. Several specialist doctors participated in the examination of the patients: therapist, cardiologist, neuropathologist, paediatrician, gynaecologist, urologist, surgeon, otolaryngologist, dentist if necessary and so on. In this paper, the results of the examinations performed by the otolaryngologist and urologist are presented. At the basis of the diagnosis were made the following data:

- Personal and hereditary anamnesis
- Special and general objective examination
- Laboratory examination
- Radioimagic examination and others as necessary

Nr. first of all	Age (years)	Persons examined	%
1.	0 - 20	45	3.0
2.	21 - 40	535	35.7
3.	41 - 60	610	40.7
4.	61 - 80	301	20.0
5.	Over 80 years	9	0.6
	Total	1500	100.0

Table 1: Distribution of persons examined by age.

Results and Discussions

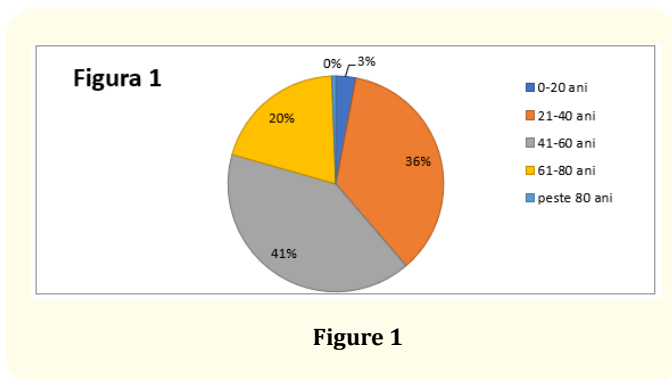
The results of the study are presented in the respective tables and figures.

Distribution of persons examined by age

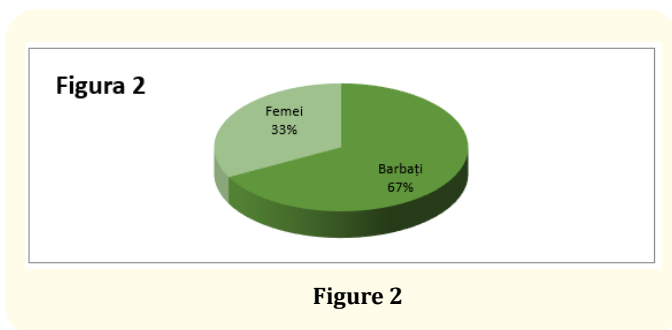
The persons between the ages of 21 and up to the age of 80 years constituted 1446 which constitutes 96.4% of persons. And in the other ages there were only 54 people, which constitutes 3,6 %. Therefore, the absolute majority of the persons examined were aged from 21 to 80 years. It can be said that chronic tonsillitis and pyelonephritis are conditions that affect all ages.

Nr. first of all	Age (years)	Persons examined	%	Men		Ladies	
				Digitsabs	%	Figures abs	%
1.	0 - 20	45	3.0	31	3.1	14	2.85
2.	21 - 40	535	35.7	348	34.5	187	38.08
3.	41 - 60	610	40.7	411	40.7	199	40.54
4.	61 - 80	301	20.0	213	21.1	88	17.92
5.	Over 80 years	9	0.6	6	0.6	3	0.61
	Total	1500	100.0	1009	100.0	491	100.0

Table 2: Distribution of persons examined by age and sex.



The data in table 2 show that men constituted 2/3 of those examined, and women 1/3. figure 2.



The analysis of the results in table 3 allows us to make some conclusions:

1. People who are supposed to be affected by chronic tonsillitis have a large and varied history of anamnestic symptoms.
2. The number of these complaints amounts to 23.
3. Each of these persons represents 5, 1 % of complaints in the middle. In other words, every patient suffering from chronic tonsillitis has an history of 5 accusations.
4. The character of the complaints is different.
5. The complaints and the anamnestic described in table 3 are not pathognomonic specific to chronic tonsillitis.
6. From the conclusions made above it appears that the diagnosis of chronic tonsillitis is deficient, it is required from each doctor, in-depth knowledge on this problem, a comprehensive analysis and a complete examination of

these patients. After analysing and synthesizing the patients' complaints, we aimed to do the objective examination - mesopharyngoscopy (Table4).

Nr. first of all	The diagnosis of chronic tonsillitis is based on the following anamnestic and clinical signs	They filed complaints	%
1.	Angina in history	517	34.5
2.	Sensation of odinophagia	285	19.0
3.	Neck discomfort	723	48.2
4.	Cough	238	15.86
5.	Unpleasant smell from the throat	253	16.87
6.	Foreign body sensation in the throat	117	7.8
7.	Sensation of discomfort in the throat	312	20.8
8.	Sensation of dryness in the throat	415	27.66
9.	Burning sensation	123	8.2
10.	Scratching sensation	217	14.46
11.	Stinging in the throat	186	12.4
12.	dysphagia	248	16.53
13.	Insomnia	309	20.6
14.	loss of appetite	234	15.6
15.	General weakness	421	28.06
16.	Tachycardia to physical exertion	454	30,26
17.	Tachycardia at rest	283	18.86
18.	feverish	311	20.7
19.	Formation of the caseum plugs	651	43.4
20.	Pain in the heart region	285	19.0
21.	headache	252	16.8
22.	Sweating	402	26.8
2. 3.	Metatonsillary disorders in anamnesis	483	32.2
	Total	7719	-

Table 3: The distribution of the examined persons after the complaints they presented during the doctor's visit.

	Objective signs of chronic tonsillitis in patients with prelophrite N331.	Form of chronic tonsillitis						Total	
		Compensated		Transient		Decompensată		Total	
		abs	%	abs	%	abs	%	abs	%
1	Symptom Gise	75	22.65	59	17.82	2.3	6.94	157	47.43
2	Symptom Zac	68	20.54	56	16.9	19	5.74	143	43.20
3	Preobrajenskii symptom	81	24.47	92	16.68	34	10.27	177	53.47
4	Scar	49	14.80	37	11.17	31	9.36	117	35.34
5	Masses in the gaps	38	14.48	29	8.70	27	8.15	99	28.39
6	Litter in the gaps	36	10.87	31	9.36	25	7.55	92	27.79
7	The cushioned surface of the palatal tonsils	34	10.27	30	9.06	25	7.55	89	26.88
8	Abscess encapsulated in the palatal tonsils	4	1.20	3	0.9	2	0.6	9	2.71
9	Cyst in the palatal tonsils	3	0.9	2	0.6	2	0.6	7	2.11
10	Micro polyp in palatal tonsils	2	0.6	2	0.6	1	0.3	5	1.51
11	Edema, infiltration and thickening of the tissue around the crypts	31	9.36	32	9.66	25	7.55	68	20.54
12	Palate tonsil compartmentation by scars and adhesions	45	136.59	36	10.87	29	8.76	110	33.23
13	Regional adenotomation	63	19.03	49	14.80	31	9.36	143	43.20
	Total	549	1.65	428	1.29	274	0.82	1211	3.65

Table 4: Objective-pharyngoscopic examination of patients with pyelonephritis.

The objective examination of patients with pyelonephritis by the otolaryngologist has found that:

- Chronic tonsillitis in patients with pyelonephritis is characterized by the large number of objective-hygroscopic signs up to 13.
- The frequency of objective signs is defined and depends on the form of chronic tonsillitis.
- The number of objective signs in a patient with chronic tonsillitis is 3, 65 signs, that is, chronic tonsillitis is characterized by the presence of several clinical objective signs.

- The diagnosis of chronic tonsillitis in patients with pyelonephritis was established in 50% of patients. Therefore, every second patient with pyelonephritis also suffers from chronic tonsillitis. It is necessary to establish the reciprocal links between these pathologies. For this was made a conservative treatment of chronic tonsillitis in patients with pyelonephritis. Conservative treatment has positively influenced the assessment of chronic tonsillitis on the clinical evolution of pyelonephritis.

Nr. first of all	Form of chronic tonsillitis	Among the rural population		In patients with chronic tonsillitis	
		Abs figures	%	Abs figures	%
1.	Chronic compensated tonsillitis	163	10.9	391	21.41
2.	Chronic transient tonsillitis	78	5.2	169	11.26
3.	Chronic decompensated tonsillitis	113	7.5	245	16.33
	Total	354	23.6	735	49.0

Table 5: The incidence of chronic tonsillitis among the rural population.

From data tab.5 it is established that chronic tonsillitis is a disease with a high frequency among the rural population. The incidence of chronic tonsillitis depends on its clinical form. Therefore, transient chronic tonsillitis constitutes 5.2%, decompensated 7.5% and compensated 10.9%. And in patients with pyelonephritis - chronic tonsillitis was diagnosed in 49.0% of patients.

Conclusions

1. Chronic tonsillitis among the rural population constitutes 23.6%
2. In patients with pyelonephritis - chronic tonsillitis was diagnosed in 49% of patients
3. Conservative treatment of chronic tonsillitis in patients with pyelonephritis has had a positive effect on the clinical course of pyelonephritis
4. We can assume that between chronic tonsillitis and pyelonephritis there are etiopathogenetic links.
5. Patients with pyelonephritis should be consulted by the family doctor, urologist, as needed by otolaryngologists

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