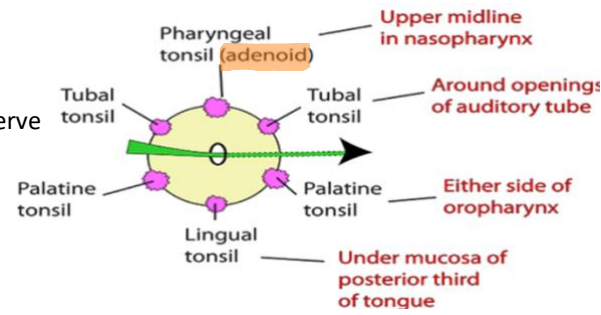


# Tonsils, Pharynx and Larynx

- Tonsils containing mainly the B-cells.
- Laterally to the palatine tonsils → Superior constrictor ms → glosso-pharyngeal nerve
- Medially → the fibrous capsule.
- Vascular supply: Tonsillar artery, Ascending pharyngeal artery ► BLEEDING



**WALDEYER'S RING** : circle of protective lymphoid tissue at the upper end of the respiratory and alimentary tracts.

## ] Tonsillitis

- 3-7 years
- Mostly Viral ... then bacterial (B-hemolytic streptococcus)
- Clinically : Sore throat, Dysphagia, Otagia, Fever, Weakness and Fatiguability, Nausea, Poor appetite, Dehydration, Inflamed and swollen tonsils, Inability to open mouth completely, **Hot potato** sign, Enlarged Jugulodigastric LNs, Drooling of saliva, and Airway obstruction.
- DIAGNOSIS >> Clinically!! .... If acute tonsillitis ? spread to deep neck structures ? → **lateral neck CT scan.**

### → Types of tonsillitis :

#### Follicular tonsillitis

- Common in children
- infx in the Surface of T.
- white-yellowish points + pus



#### Parenchymatous tonsillitis

- Common in adult
- Infx in the whole tonsil
- **kissing tonsils** / Swollen



#### Membranous tonsillitis

- pyogenic / complicated follicular
- pus forms pseudo-membrane / medially
- (redness, swollen tonsils, marked hyperemia of the pillars, uvula and soft palate)



#### Infectious Mononucleosis Glandular fever

- EBV , Adult
- pt obviously toxic
- sore throat not responding to abx 1-2 wks
- Large jugulodigastric LNs
- Dirty .. covered by Wt membrane
- Do serology after 48 hrs -> **heterophile Abs / Monospot**
- Blood film -> atypical lymphocytes

#### Scarlet Fever

- Mainly in children
- Post strep infx
- Rash & **Strawberry tongue**

#### Diphtheria

- **grey** in color
- Membrane is fixed
- Low fever
- pt more toxic
- ↓
- **Antitoxins + Penicillin**

#### Vincent Angina

- Membranous pharyngitis
- painful ulceration, edema hyperemic patches.
- Spread of Acute necrotizing ulcerative gingivitis to the pharynx
- **emergent surgery**

### Management :

- Symptomatic & Supportive treatment.
- Antibiotic may be to prevent 2ry bacterial infections.
- Obstruction >> give oral/ systemic steroids.
- Ampicillin should be avoided



## → Complications of tonsillitis :

### A) Peritonsillar abscess (Quinsy)

- . Between the tonsils & lateral wall... unilateral / a bulging above & on the sides of tonsils.
- . sore throat, spiking fever, **trismus** (most specific), inability to talk properly ▶ **I & D + IV abx**

### B) Para-pharyngeal abscess:-

- . Laterally -> deeper lobes of the parotid, mandible, sternocleidomastoid
- . Medially -> superior constrictor of the pharynx.
- . Present with Large swelling in the upper part of the neck, pharyngeal wall pushed medially.
- . Do CT → Admission , Intensive IV abx, **NO Incision or Drainage** -> risk of trauma to IJV.

### C) Retro-pharyngeal abscess:-

- . spread of infx to the retro-pharyngeal LN -> **emergency** -> may spread to the spine & spinal cord.
- . If Adult -> test for TB -> to rule out **Potts disease**.
- . Management ▶ IV antibiotics and surgical drainage... **submandibular approach**

### D) Otitis media – most common

### E) Rheumatic fever

### F) Post-streptococcal glomerulonephritis

## → Management of acute tonsillitis :

- **Mild to Moderate** ▶ Oral abx 10 dys, Analgesia, Antipyretics! Don't give ( Cephalosporin, septrin and ciproxin) as first line.
- **Sever , with toxic manifestation** ▶ Throat swab, Admission, IV Antibiotics for 24-48 hours >> Oral Antibiotics 7-10 days.... Analgesia and Antipyretics, IV Fluids, Check swab results and do Paul Bunnell test if not improving after 48 hours.

### ○ Tonsillectomy ▶ **Dissection and Guillotine.**

Absolute Indications: Malignancy (OSA)

Relative Indications:

Acute tonsillitis, Recurrent attacks of tonsillitis or acute otitis media, Part of snoring or OSA surgery, 2nd attack of quinsy, Dysphagia and FTT.

Contraindications:

Bleeding disorder, Acute infx last 2-3 wks, Cleft palate, OCPs, Younger than 3 yrs

Complications:

1ry Bleeding .... 2ry Bleeding .... Injury to the uvula, soft palate, or posterior pharyngeal wall  
خلال يوم واحد loose Ligature, bpt  
→ Assess pt & hydrated & B. Transfusion  
خارج الوريد due to infx  
Admission, IV Abx → May need Surgery

Dental damage.... Tonsillar remnants.... Infection... TM Joint dislocation.

## ||] Pharyngitis

### - Acute :

Simple ▶ by cold air or fumes -> irritation with **odynophagia**.

Infective ▶ by viral or streptococcal infx -> irritation with **odynophagia**.

⇒ Tx : Symptom relief with antibiotics

### - Chronic :

Endogenous ▶ by post nasal drip , GERD , smoking

Exogenous ▶ by smoking and chronic dental sepsis.

-> Both cause **sore throat**, red & congested pharynx.

⇒ Tx : Treat the cause



## |||] Adenoiditis:

### - Pt present with

**Nasal obstruction** ▶ mouth breathing, snoring, sleep apnea, hypo-nasal speech, nasal discharge, difficulty feeding infants.

**Eustachian tube obstruction** ▶ decreased hearing, recurrent AOM.

**Adenoid face / Frog face** ▶ Open mouth, Protruded frontal teeth.

⇒ Tx : Adenoidectomy

○ Indications —> Nasal obstruction, Otitis media with effusion, Recurrent AOM, Chronic Rhinosinusitis, Sleep Apnea.

○ Contraindications —> as Tonsillectomy

○ Complications—> Bleeding, Soft palate damage, dislocation of cervical spine ( Grisel Syndrome ), Eustachian tube stenosis, hypernasal speech, Recurrence (incomplete removal)

