Chronic Tonsillitis
Aetiology

- Complication of acute tonsillitis
- Subclinical infections of tonsils
- Children and young adults
- Chronic infection in sinuses or teeth
Types

- **Chronic follicular tonsillitis** - *Crypts full of infected cheesy material* - on the surface as yellowish spots.
- **Chronic parenchymatous tonsillitis** – *Hyperplasia of lymphoid tissue* - Tonsils - very much enlarged - may interfere with speech, deglutition and respiration
  – Attacks of sleep apnoea may occur.
• *Chronic fibroid tonsillitis* - *Tonsils - small but infected*,
  - history of repeated sore throats.
Clinical Features

• Recurrent attacks of sore throat / acute tonsillitis.
• Chronic irritation in throat with cough.
• Bad taste in mouth and foul breath (halitosis) - pus in crypts.
• Thick speech, difficulty in swallowing and choking spells at night (tonsils are large and obstructive)
Examination

• Tonsils- varying degree of enlargement - chronic parenchymatous
• yellowish beads of pus on medial surface of tonsil - chronic follicular type
• Tonsils – small - chronic fibroid
• Flushing of anterior pillars
• Pressure on ant. pillar- frank pus/ cheesy material
• Enlargement of Jugulodigastric lymph nodes
Treatment

- Conservative - attention to general health, diet, treatment of co-existent infection of teeth, nose and sinuses
- Tonsillectomy – interfere with speech, deglutition and respiration / recurrent attacks
Complications

• Peritonsillar abscess.
• Parapharyngeal abscess.
• Intra tonsillar abscess.
• Tonsilloliths.
• Tonsillar cyst.
• Focus of infection in rheumatic fever, acute glomerulonephritis, eye and skin disorders.
Tonsilloliths (calculus of the tonsil)

- Chronic tonsillitis - crypt is blocked with retention of debris.
- Inorganic salts of calcium and magnesium deposited - gradually enlarge and then ulcerate through tonsil.
- Adults - local discomfort / foreign body sensation
• diagnosed by palpation / gritty feeling on probing.

• Treatment - simple removal / Tonsillectomy - for associated sepsis / deeply set stone which cannot be removed
**Intratonsillar abscess**

- Accumulation of pus within tonsil.
- Blocking of crypt opening in acute follicular tonsillitis.
- Marked local pain and dysphagia. Tonsil- swollen and red.
- Treatment- antibiotics and drainage of abscess
- Later tonsillectomy
Tonsilar Cyst

- Blockage of a tonsillar crypt
- Yellowish swelling over the tonsil.
- Often symptomless.
- Easily drained.
TONSILLECTOMY

• Indications
  – Absolute
• Recurrent *infections of throat* - most common
• *Peritonsillar abscess.*
• Tonsillitis causing febrile seizures
• Hypertrophy of tonsils- airway obstruction (sleep apnoea) / difficulty in deglutition / interference with speech.

• Suspicion of malignancy – U/L enlargement of tonsil
Relative

• Diphtheria carriers
• Streptococcal carriers
• Chronic tonsillitis with bad taste / halitosis unresponsive to medical treatment.
• Recurrent streptococcal tonsillitis in a patient with valvular heart disease.
Part of Another Operation

• Palatopharyngoplasty
• Glossopharyngeal neurectomy
• Removal of styloid process
Contraindications

• Anaemia
• Acute URTI
• Below 3 years
• Overt or submucous cleft palate.
• Bleeding disorders
• Epidemic of polio
• Usually under GA
• Rose's position - supine with head extended by placing a pillow under the shoulders
Steps of Operation (Dissection and Snare Method)

• Boyle-Davis mouth gag - Draffin 's bipods
• Tonsil is grasped with tonsil-holding forceps and pulled medially
• Incision - mucous membrane where it reflects from tonsil to anterior pillar.
• dissect the tonsil from the peritonsillar tissue from upper pole to lower pole
• wire loop of tonsillar snare is threaded over the tonsil on to its pedicle, tightened, and the pedicle cut.
• Haemostasis achieved.
• Procedure repeated on the other side.
Post-operative Care

• Immediate general care
  – Coma position
  – Watch on bleeding and check on vital signs

• Diet

• Oral hygiene

• Analgesics and Antibiotics
Techniques of tonsillectomy

Cold methods
• Dissection and snare (most common)
• Guillotine method
• Intracapsular (capsule preserving) tonsillectomy with debrider
• Harmonic scalpel (ultrasound)
• Cryosurgical technique

Hot methods
• Electrocautery
• Laser tonsillectomy or tonsillotomy (C02 or KTP)
• Coblation tonsillectomy
• Radio frequency
Complications

Immediate

• Primary haemorrhage
• Reactionary haemorrhage
• Injury to tonsillar pillars, uvula, soft palate, tongue or superior constrictor muscle / teeth.
• Aspiration of blood.
Delayed

- Secondary haemorrhage
- Infection – may lead parapharyngeal abscess.
- Lung complications due to aspiration
- Scarring in soft palate and pillars
- Tonsillar remnants
- Hypertrophy of lingual tonsil