

Acute and Chronic Tonsillitis
Diseases of the oral cavity
Sore throat

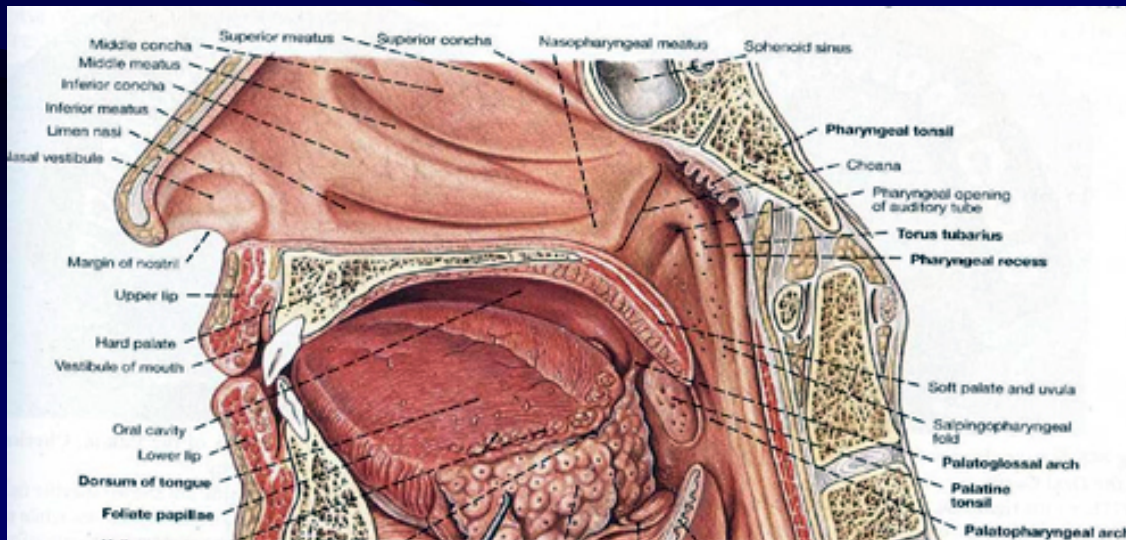
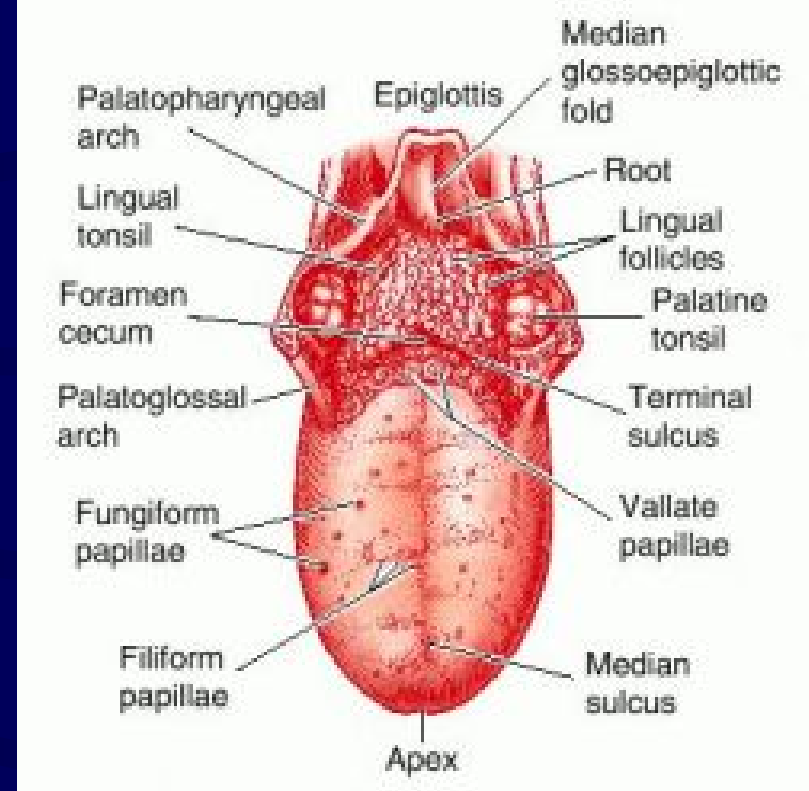
László Lujber MD. PhD.

University Pecs, Medical School

ENT, Head and Neck Surgery

Waldeyer's ring

- Adenoid tissue
- Palatine tonsils
- Lingual tonsil
- Small lymphatic tissues in pharyngeal wall



Acute tonsillitis

Causes:

- Viral (Adults 95%, Child 60-75%)
(rhino-,RS-resp. syncytial, adeno-, entero-, infl. A,- B, EBV, CMV, Coxackie)
- Bacterial (β -streptococc.pyogenes type A, Neisseria, mycoplasma, Chlamydia)
only colonizing!
Staphylococc., Streptococc. Pneumococcus, Haem. Infl., E. coli

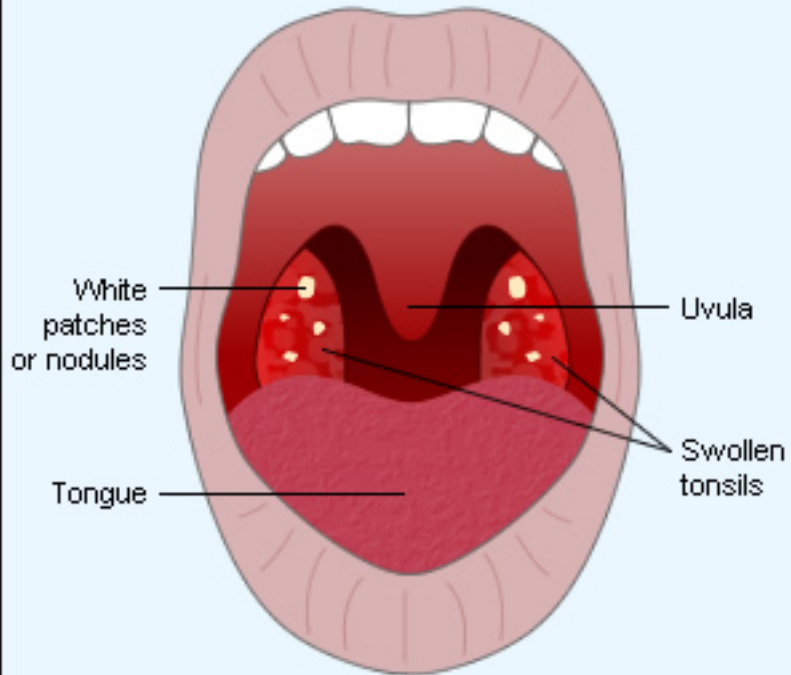
Symptoms:

- Sore throat, fever, malaise, excessive secretion
- Referred otalgia, abdominal pain
- Rhinorrhea (rhinitis), hoarseness (laryngitis), diarrhoe (enteritis) VIRAL!!!
- Other symptoms → see later

O/E:

Red, swollen, oedema, crypts with debris desquamated epithelium and pus, cervical lymphadenitis, pus exudates,
(rapid Streptococc. test), throat swab, L shift leuko., ASO (AST)

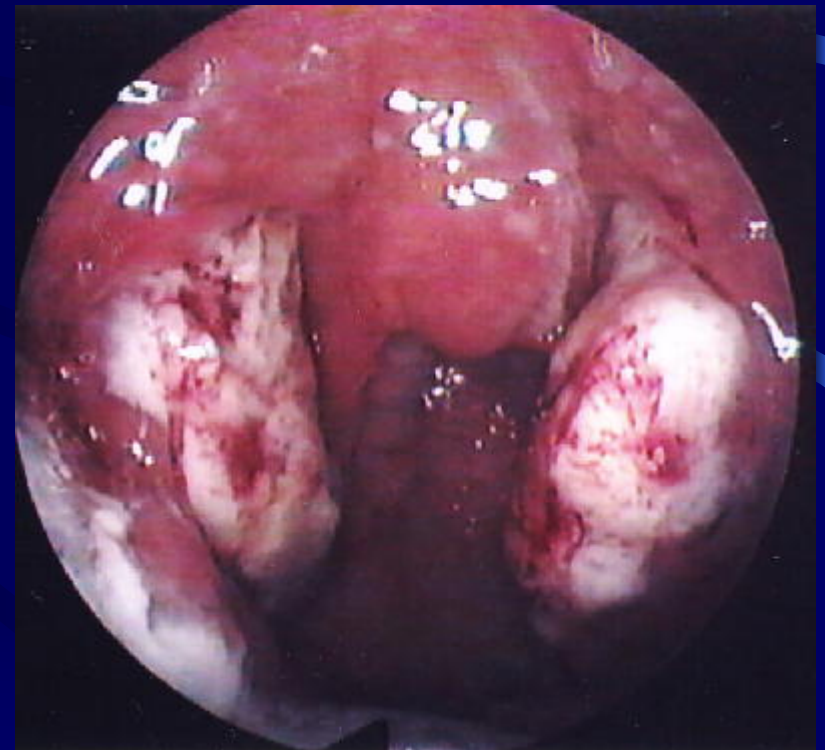
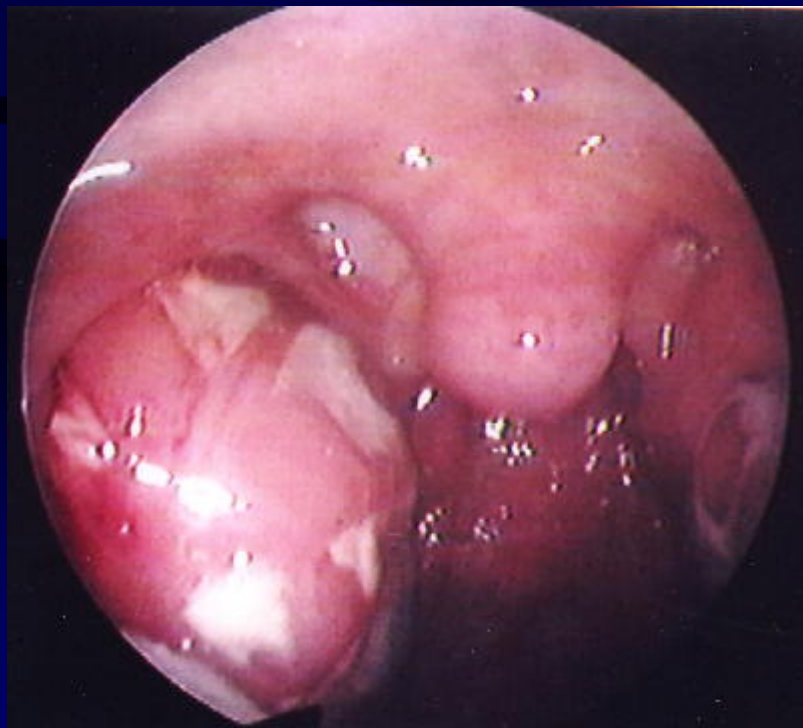
TONSILLITIS



follicular tonsillitis



membranous tonsillitis



Therapy:

- Spontaneous remission
- Symptomatic treatment
(fluid intake, systematic analgesia, anesthetic throat lozenges, antiseptic gargles)
- Antibiotics (Amoxicillin or Erythromycin)
- Broad spectrum AB (in case of complication or β -lactamase-, anaerob bugs are present)

Complications

Peritonsillar abscess (Quinsy)

Retropharyngeal abscess

Sequale of β -haemolytic Streptococci
(carditis, rheumatic fever, gromerolonephritis, arthritis)



Diff. Dg

Mononucleosis infectiosa (Glandular fever)

- EBV
- tonsillitis of any form
- high fever,
- generalized lymphadenitis,
- hepato-splenomegaly,
- leukocytosis, mononuclear cells,
- Mono test, Paul-Bunnell test positive
- NO! Ampicillin! Results in skin reactions!

Diff. Dg

Herpangina

Coxsackie A

- Tonsillitis
- High fever
- vesicles on ant. faucil pillars, on legs & arms
- benign, rapid course

Diff. Dg

Vincent`s Angina

- Unilateral pain on swallowing
- Ipsilateral cervical lymphadenitis
- NO fever
- Deep ulcers, whitish exudates only on ONE tonsil, on its upper pole
- Spirochete and fusiform rods

Diff. Dg

Scarlat fever

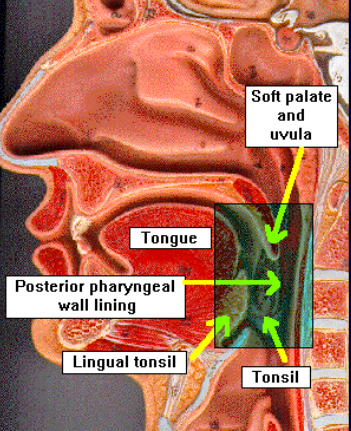
- *Streptococcus hemolyticus* type A
- tonsillitis
- Strawberry tongue
- Red facial skin but perioral skin relatively white
- Erythematous spots on soft palate,
- Rumpel Leed phenomenon of petechiae
- leukocytosis, left shift, eosinophilia

Diff. Dg

Difteria

Corynebact. diphtheriae

- tonsillitis with thick white fibrin, overlapping tonsillar borders, hard to remove and bleeds underneath,
- high fever,
- lymphadenitis,
- Aceton smell of breath,
- albuminuria,
- Antiserum!
- Long-term carriers



Tonsillectomy



- Recurrent acute bact. tonsillitis (3-4, 6 / yr)
- Post Quinsy
- Obstruction
 - OSAS Hypertrophy in children!, “kissing tonsils”, ads.!
 - Mononucl. Inf. (“hot tonsillectomy”)
 - Quinsy
- Gromeluro-nephritis, rheumatoid fever, carditis, RA, dermatological problems)
- Unilateral enlargement or ulcerated / bleeding tonsils
- Cranio-facial anomalies (bite asymetry)- ts.-ads removal before brace fitting

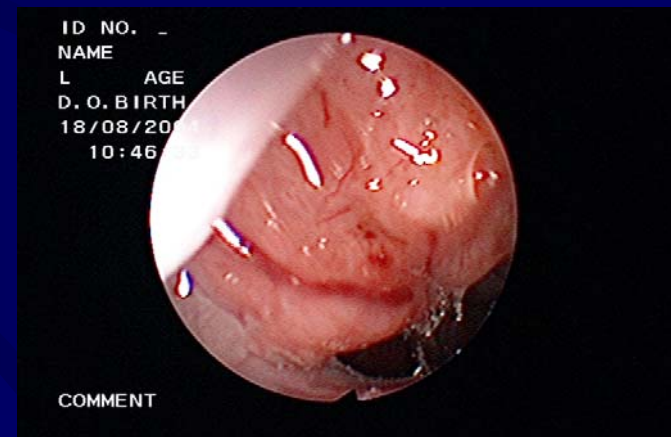
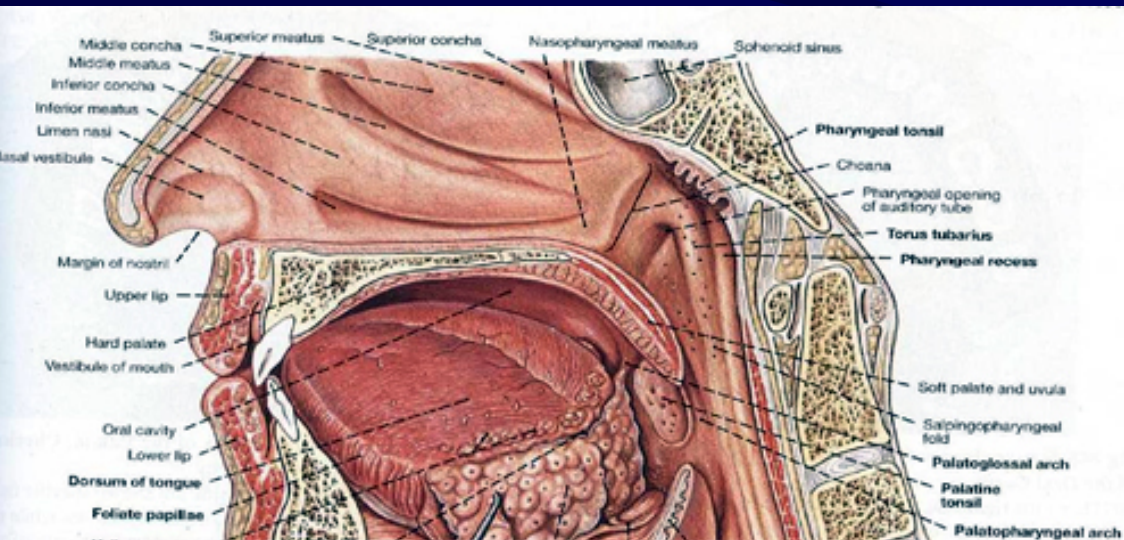


Complication of tonsillectomy

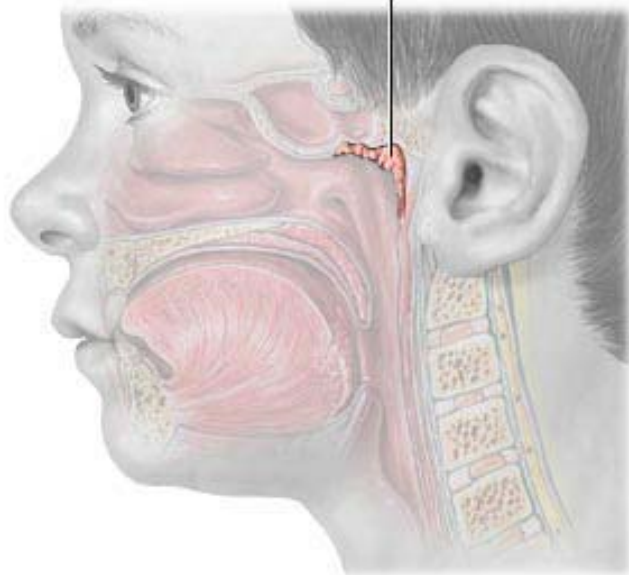
- Primary or Secondary BLEEDING
(can be fatal!)

Adenoid hypertrophy

- Vegetatio adenoides = adenoides in nasopharynx
- Hypertrophy
 - nasal blockage, mouth breathing, adenoid face
 - recurrent sinusitis
 - Eustachian tube blockage – sequale is_
OME (otitis media with effusion)
SOM (serous otitis media)
 - OSAS stertor=loud snoring, apnoe, irreg. resp., arousals, enuresis, daytime sleepiness, cor pulmonale, alveolar hypoventillation, cardiac dysrhythmias, acut cardioresp. failure, sudden death

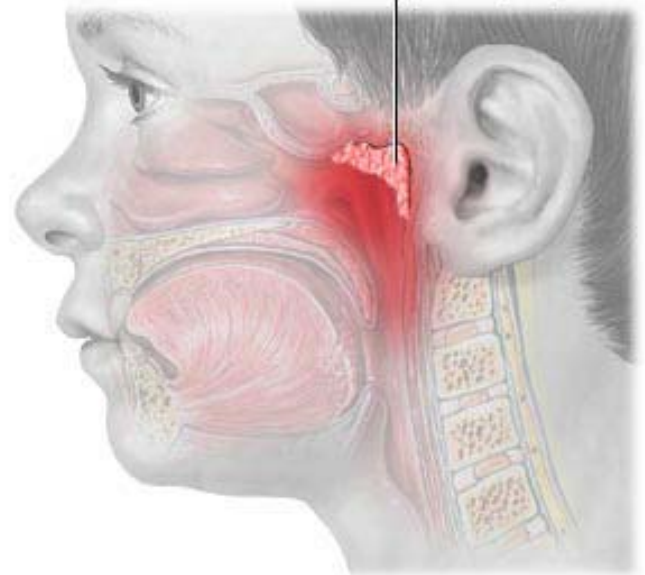


Adenoid



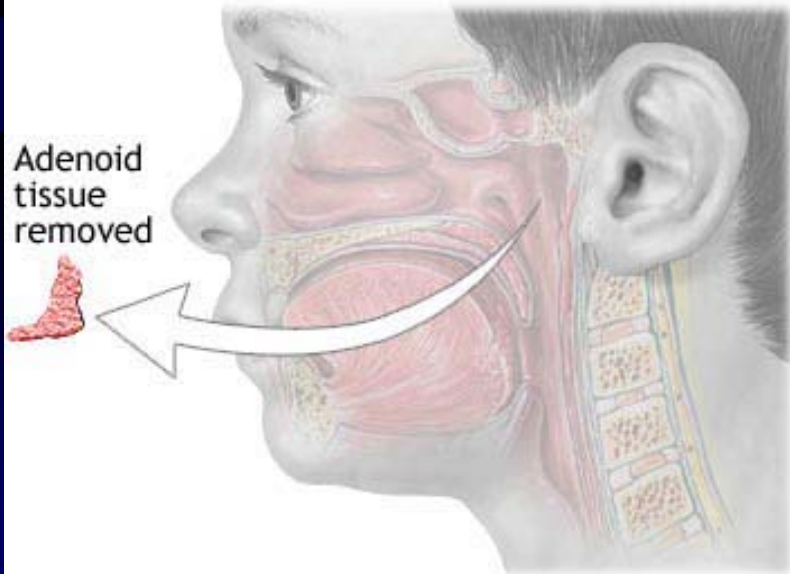
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Adenoid (enlarged)



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Adenoid tissue removed

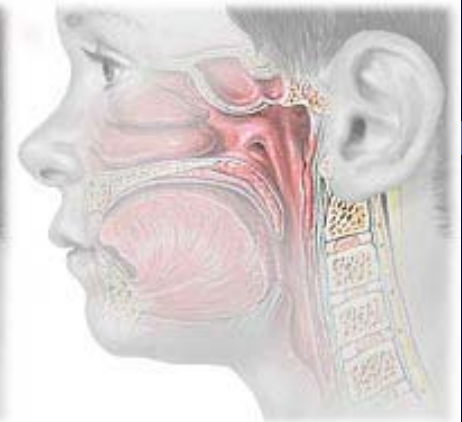


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Before



After



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Sore throat

Acute:

- Tonsillo-pharyngitis
- Quinsy
- Mononucleosis infectiosa (glandular fever)
- HIV
- Foreign body swallow

Sore throat

Chronic: Globus pharyngeus

- Globus hystericus -psychological, stress related, tumour phobia
- Indigestion, gastric reflux, GERD
- Mass in H&N region (tumour) / 3 weeks rule! /
- Chr. Pharyngitis (multifactorial)
- PNDS (bursa, CRS, allergy, GERD, adenoiditis...)
- Related pain (n.IX. neuralgia, Elongated styloid process, TMJ, dental, spondylosis, muscle spasm, thyroiditis, diverticulum, cardiac problems, arrhythmias)

Diseases of the oral cavity

- **Boundaries:** lips, floor of mouth, ant 2/3 tongue, hard-soft palate until isthmus faucium
- **Lining:** nonkeratinized stratified squamous epithelium= mucosa

Diseases of the oral cavity

- Cheilitis, rhagads
- Periodontitis irreversible

poor oral hygiene → bact. plaque deposit



sec. inflammation

(smoking, diabetes exacerbat. factors)

Bleeding, painful, resorption of gingival margins,

- Gingivitis reversible

Diseases of the oral cavity

- Oral ulceration:

I. Mucosal disease

1. Aphthous ulcers (labile autonomic system)
(infection, hormones, food, gluten enteropathy...?)
2. Herpetic gingivo-stomatitis (HSV, VZV, Coxsackie A)
3. Lichen planus (neurogenic disturbance?)
4. Bechet`s sy. (vasculitis) eye-, oral-, genital mucosa
5. Steven Johnsons sy (conjunctivitis, stomatitis caused by drugs)
6. Trauma (dentures, thermal...)
7. Chronic specific infections (syphilis, TB)
8. Pemphigus (autoimmune)
9. Pemphigoid
10. Agranulocytosis
11. HIV

II. Oral Cancer

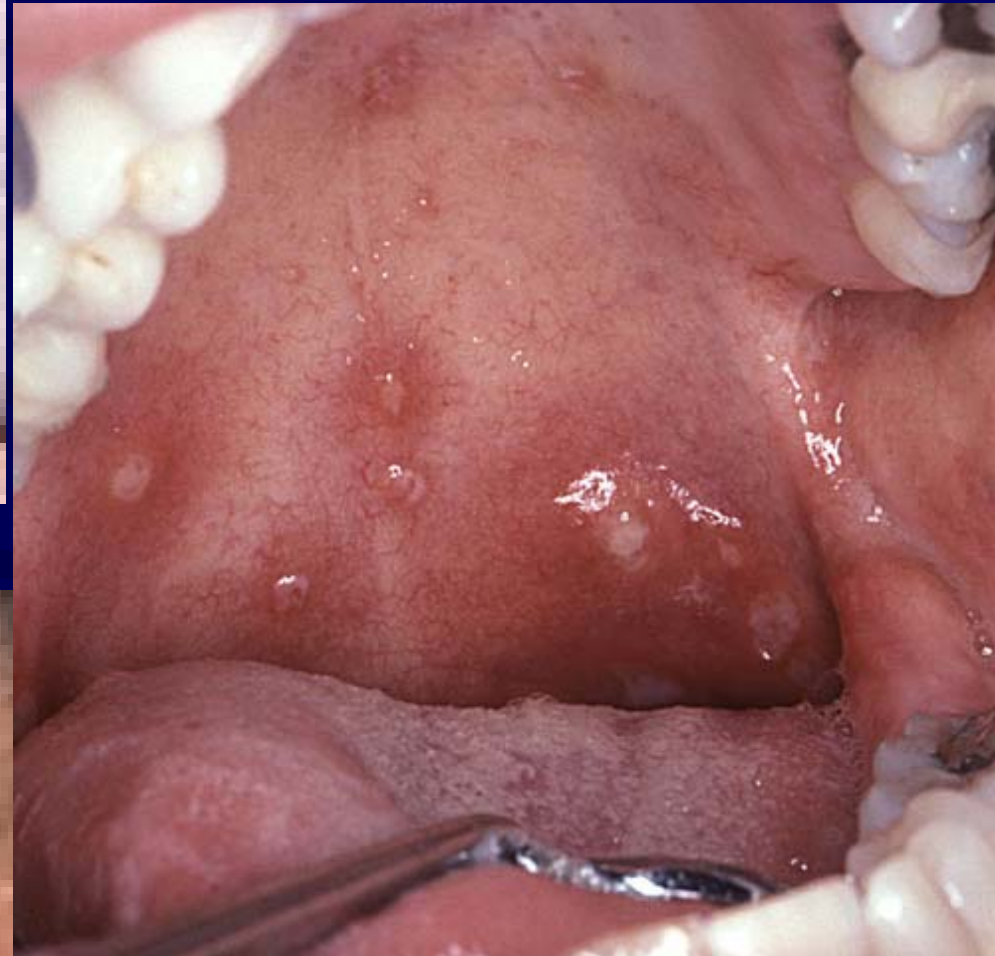


Photo courtesy of CDC - Sol Silverman, Jr., DDS

Herpes

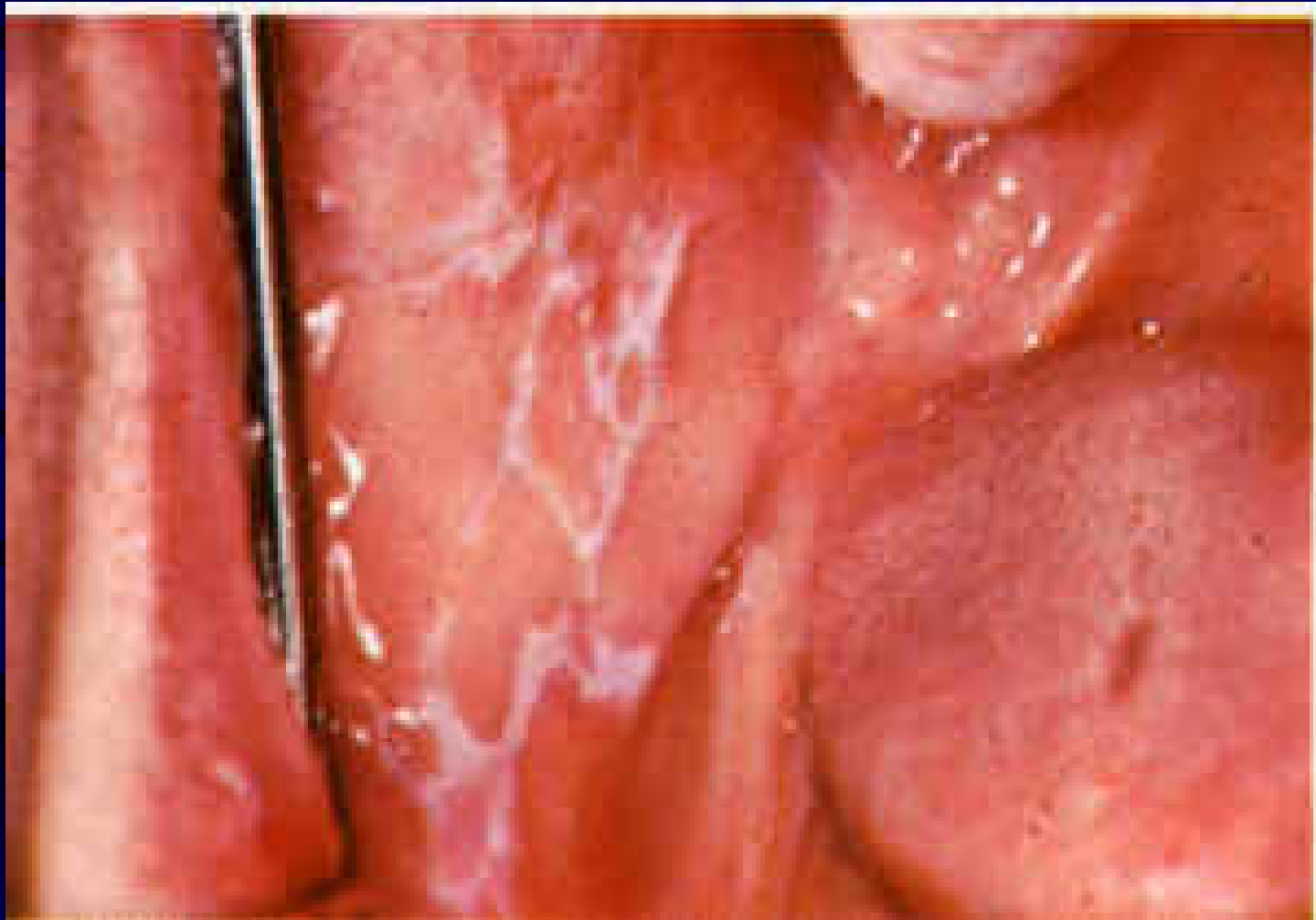
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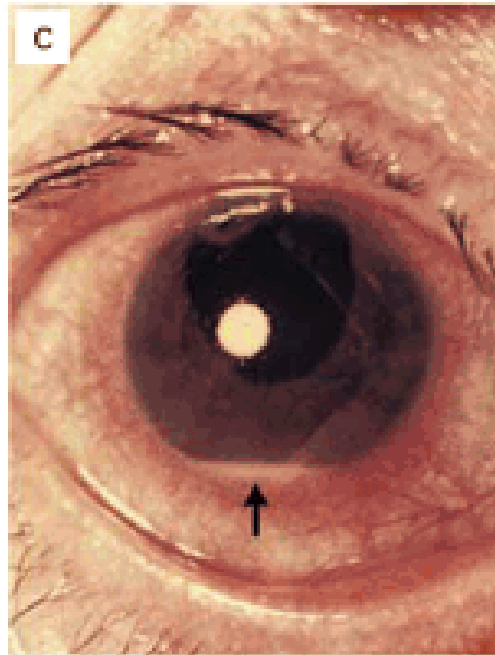
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Lichen planus



Behçet's

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Steven Johnsons

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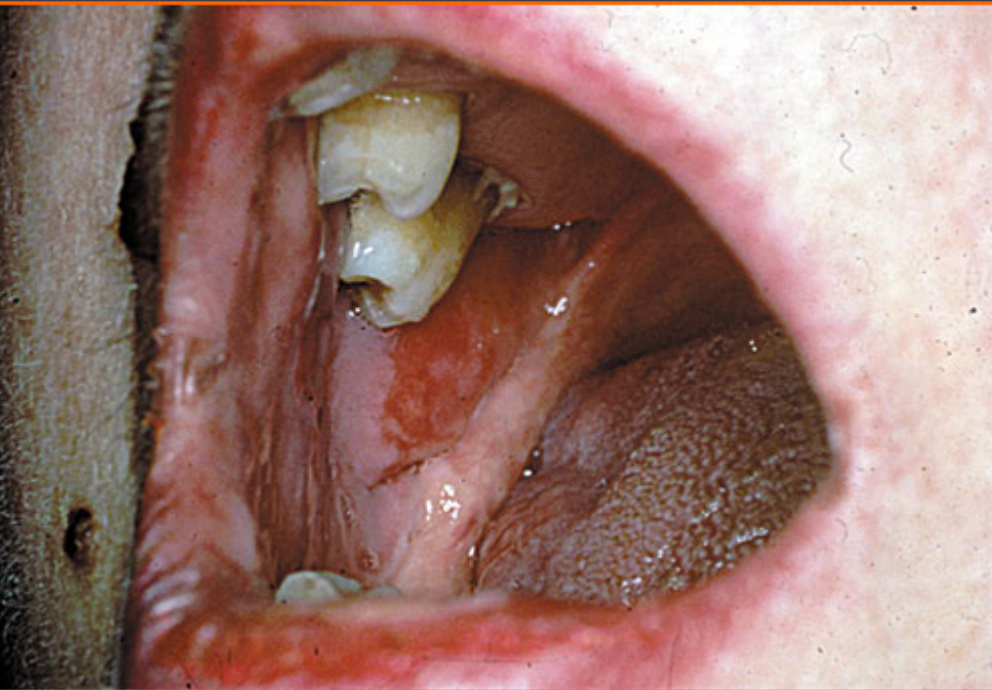
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Pemphigoid



Source: Dermatol Nurs © 2004 Jannetti Publications, Inc.

Pemphigus



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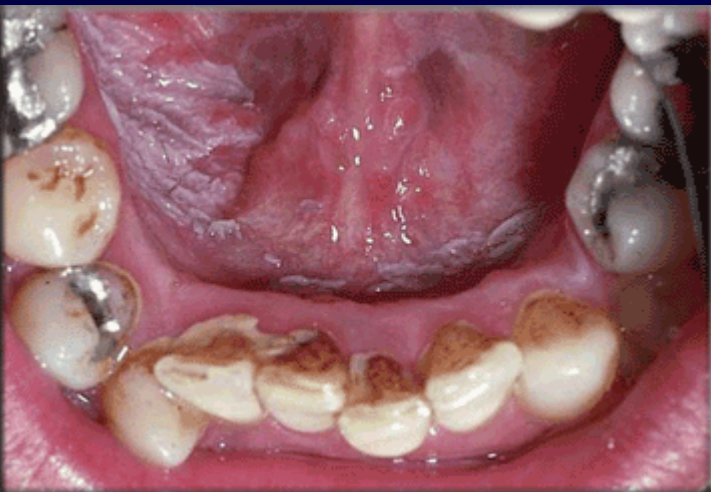
Diseases of the oral cavity

Leukoplakia

(atypic, dysplastic changes , ca in situ)

Erythroplakia

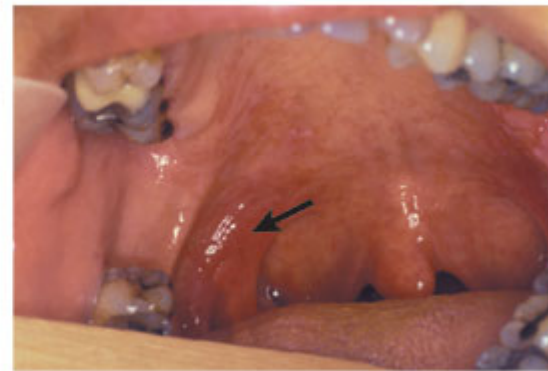
(more likely to turn into malignancy)



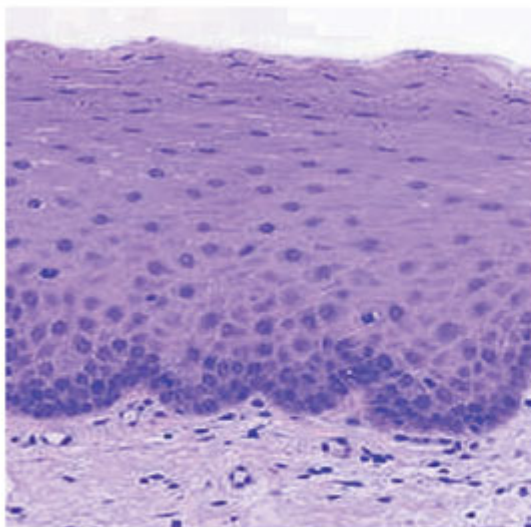
a Leukoplakia



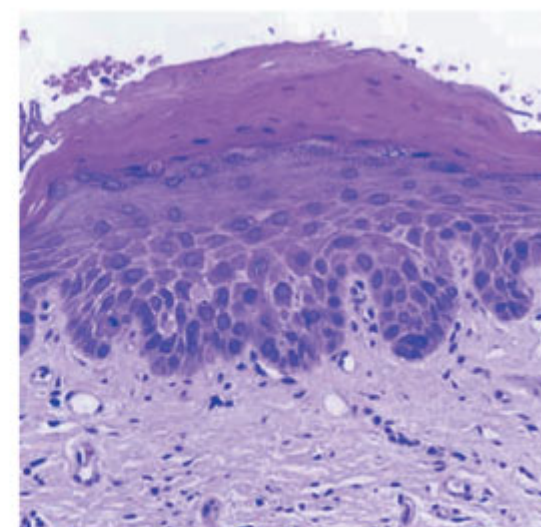
b Erythroplakia



c Normal oral mucosa



d Moderate dysplasia



Diseases of the oral cavity

- Tongue:
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 - reduced food intake → horny scales
 - uremia, diphtheria, typhus
 2. Strawberry tongue – scarlet fever
 3. Lingua plicata – hereditary fissured surface
 4. Granulomatous glossitis – folded-Melkersson Rosenthal sy.
 5. Black hairy tongue – excess antibiotic- fungal
 6. Dry tongue – radiotherapy-Sjogren`s sy.- scleroderma - diabetes
 7. Red tongue – anaemia perniciosa (Ferrus)
 - vascular – hepatic cirrosis
 8. Oedema of tongue – allergy
 9. Glossitis – Vitamin A, B deficiency- (Pellagra- Niacin Ø)
 10. Moeller Hunter glossitis – megaloblastic anaemia
 11. Toxic stomatitis – bismuth, lead, mercury poisoning



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Hairy tongue

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DOIA

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Lingua geographica

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