*Kharchenko Elina*

*Vlasenko Olga*

**Progression of Tonsillopharyngitis in children**

Department of Children's Infectious Diseases

Scientific adviser: Ph.D. (Medicine), assistant professor T.G. Vovk

Kharkov National Medical University

Kharkov, Ukraine

**Relevance.** Sore throat is one of the most common complaints with which patients apply to a pediatrician. Group A beta-hemolytic streptococcus is the cause of bacterial tonsillopharyngitis in 90% of cases. This disease can become a releaser for the development of various pathologies in children. Therefore, it is important to timely detect acute tonsillopharyngitis and prescribe adequate therapy for this disease.

**Purpose.** To study the clinical evidence of acute tonsillopharyngitis at the present time.

**Materials and methods.** We conducted a retrospective analysis of 97 patient histories of children aged from one year to 16 years old with tonsillopharyngitis. The diagnosis was established on the basis of clinical and anamnestic, epidemiological data and the results of laboratory and instrumental methods of diagnosis.

**Results.** A large proportion of patients 75 (78.4%) were children of preschool and early school age. In all children, the disease began acutely with an increase in body temperature and pain when swallowing. Body temperature in 46 (47.4%) patients was subfebrile, in 32 (32.9%) - febrile and in 19 (19.7%) - high. Tonsil plaques were recorded in all patients. In 69 (71.1%) patients, lacunar tonsillopharyngitis was established: plaques were coloured in white-yellow, located in lacunae, easily removed with a spatula and rubbed between glass slides. Follicular tonsillopharyngitis was diagnosed in 22 (22.7%) children: plaques were whitish-colored follicles rising above the surface of the tonsil tissue. 6 (6.2%) children suffered from purulonecrotic tonsillopharyngitis. Marked leukocytosis with a shift to the left, accelerated ESR was noted in a clinical blood test. Patients were treated taking into account the severity of the disease. Antibiotics were prescribed according to adopted protocols. In most children, the disease proceeded with a benign fate; only two patients were diagnosed with acute pyelonephritis.

**Conclusions.** This way, intoxication syndrome is the leading syndrome in acute tonsillopharyngitis. Mostly lacunar tonsillopharyngitis is recorded. The treatment of this disease is carried out according to the adopted protocol.