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ANTIMICROBIAL AND ANTI-INFLAMMATORY TREATMENT OF FOLLICULAR TONSILLITIS FOR ADULTS

Tonsillitis is an infectious disease characterized by marked inflammation of the palatine tonsils. There is catarrhal, follicular and lacunar tonsillitis. One of the primary tonsillitides – follicular – is more severe than catarrhal tonsillitis and a little milder than a lacunar one. For follicular tonsillitis treatment different general and local acting agents are used. We used Aziclar drug of Ananta Medicare company (the UK) as an antimicrobial and anti-inflammatory agent in follicular tonsillitis treatment for adults.

Aziclar (clarithromycin) is a 14-membered semisynthetic macrolide antibiotic that possesses unique pharmacodynamics and pharmacokinetic properties. The mechanism of action of this drug is connected with protein synthesis disorder in the cells of susceptible microorganisms. Aziclar has a wide spectrum of antibacterial activity against typical and atypical causative agents and a “balanced” effect, being active against pathogens that have both extra- and intracellular location. Besides antibacterial, Aziclar displays non-antibacterial activity – immunomodelling, anti-inflammatory and mucoregulatory action. Aziclar is issued in the form of tablets of 250 mg and 500 mg №10. In otorhinolaryngology Aziclar is prescribed for treatment of acute pharyngitis (tonsillitis), caused by *S. pyogenes*, acute sinusitis, caused by *S. pneumoniae*, *H. influenza*, *M. catarrhalis*, acute otitis media, caused by *S. pneumoniae*, *H. influenza*, *M. catarrhalis*. It is used in the following doses: in case of acute pharyngitis (tonsillitis) – 250 mg twice a day for 10 days; in case of acute sinusitis – 250 mg-500 mg twice a day for 7-14 days; in case of acute otitis media – 500 mg twice a day for 7-10 days.

38 patients with follicular tonsillitis, aged 22 to 43, were kept under our observation. The patients complained of a headache, an elevated body temperature (38,0-39,0°C), difficulty in swallowing. Pain radiation to an ear and excessive salivation were often observed.

Pharyngoscopic observations marked the diffuse hyperemia and infiltration of the soft palate and the palatine arches, the enlargement and hyperemia of tonsils, the yellow and yellow-white spots on the tonsils (suppurated follicles of the tonsils). *Corynebacteria diphtheria* in a nasal smear and a throat swab weren't detected.

The patients were divided into 2 groups – main and control. The main group consisted of 28 patients, the control group – of 10 patients. The groups were matched according to the age and the disease course. The main group patients were taking Aziclar and were treated in a common way; the control group patients got only common treatment. Aziclar was prescribed internally in a dose of 1 tablet (250 mg) twice a day for 10 days.

The efficacy endpoints of the treatment were: subjective assessment of the therapy by the patients (influence on a headache, difficulty in swallowing), pharyngoscopic pattern (color and consistence of the mucous membrane of the soft palate and the palatine archs, size and color of tonsils, absence of suppurated follicles on their surface), and body temperature.

A more intensive regression of the symptoms of the disease was observed in the main group of the patients when the results of the treatment were analyzed. Thus, all the patients from this group noted the disappearance of headache, 26 out of 28 noted the disappearance of the difficulty in swallowing and 2 patients marked the pain abatement in swallowing (on the 5th – 6th day of the treatment). These indices were much lower in the control group.

The normalization of the pharyngoscopic pattern came on the 5th day of the treatment in 25 cases of the main group. The mucous membrane of the soft palate and the palatine arches was pink and of normal consistence; the tonsils had their ordinary size and color; there were no suppurated follicles. In the control group the normalization of the pharyngoscopic pattern was observed on the 5th – 6th day of the treatment in 7 out of 10 cases.

The body temperature of all the patients in the main group normalized on the 5th day of the treatment. In the control group the body temperature of only 7 patients normalized on the 5th day of the treatment.

Aziclar drug (clarithromycin) was tolerated well by all the patients; the patients didn't have allergic reactions or other adverse events.

Thus, the application of Aziclar drug in the treatment of follicular tonsillitis for adults turned out to be effective. The obtained results permit to recommend Aziclar as an antibacterial and anti-inflammatory drug for general treatment of adult patients with follicular tonsillitis.

