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**ТИББИЁТДА ЯНГИ КУН
НОВЫЙ ДЕНЬ В МЕДИЦИНЕ
NEW DAY IN MEDICINE**

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CURRENT STRATEGIES FOR THE CONSERVATIVE TREATMENT OF PATIENTS WITH CHRONIC DECOMPENSATED TONSILLITIS

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✓ Resume

Chronic decompensated tonsillitis (CDT) is a serious form of chronic inflammation of the palatine tonsils, characterized by frequent exacerbations, body intoxication, and potential complications affecting other organs and systems [1]. Although surgical treatment (tonsillectomy) remains common, in recent years, researchers and practicing physicians have increasingly focused on modern conservative methods. This article discusses current approaches to the conservative therapy of CDT, including pharmacological, physiotherapeutic, and immunocorrective methods [2]. It also presents statistical data on the prevalence of the disease and the effectiveness of various treatment approaches

Keywords: chronic decompensated tonsillitis, antibiotic therapy, non-invasive treatment, immunocorrection, physiotherapeutic methods, recurrences, comprehensive approach

ТЕКУЩИЕ СТРАТЕГИИ КОНСЕРВАТИВНОГО ЛЕЧЕНИЯ ПАЦИЕНТОВ С ХРОНИЧЕСКИМ ДЕКОМПЕНСИРОВАННЫМ ТОНЗИЛЛИТОМ

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✓ Резюме

Хронический декомпенсированный тонзиллит (ХДТ) - это серьезная форма хронического воспаления небных миндалин, характеризующаяся частыми обострениями, интоксикацией организма и потенциальными осложнениями, затрагивающими другие органы и системы [1]. Хотя хирургическое лечение (тонзиллэктомия) остается распространенным, в последние годы исследователи и практикующие врачи все чаще обращаются к современным консервативным методам. В данной статье рассматриваются современные подходы к консервативной терапии ХДТ, включая фармакологические, физиотерапевтические и иммунокорректирующие методы [2]. Также представлены статистические данные о распространенности заболевания и эффективности различных подходов к лечению

Ключевые слова: хронический декомпенсированный тонзиллит, антибактериальная терапия, неинвазивное лечение, иммунокоррекция, физиотерапевтические методы, рецидивы, комплексный подход

SURUNKALI DEKOMPENSATSİYALANGAN TONZILLIT BILAN OG'RIGAN BEMORLARNI KONSERVATIV DAVOLASHNING AMALDAGI STRATEGIYALARI

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✓ Rezyume

Surunkali dekompensatsiyalangan tonsillit (CDT) Palatin bodomsimon bezlarining surunkali yallig'lanishining jiddiy shakli bo'lib, tez-tez alevlenmeler, tana intoksikatsiyasi va boshqa organlar va tizimlarga ta'sir qilishi mumkin bo'lgan asoratlar bilan tavsiflanadi [1]. Jarrohlik davolash (tonzillektomiya) keng tarqalgan bo'lib qolsa-da, so'nggi yillarda tadqiqotchilar va amaliyotchi shifokorlar zamonaviy konservativ usullarga tobora ko'proq e'tibor qaratmoqdalar. Ushbu maqolada cdT konservativ terapiyasining hozirgi yondashuvlari, shu jumladan farmakologik, fizioterapevtik va immunokorrektiv usullar muhokama qilinadi [2]. Shuningdek, u kasallikning tarqalishi va turli xil davolash yondashuvlarining samaradorligi to'g'risida statistik ma'lumotlarni taqdim etadi

Kalit so'zlar: surunkali dekompensatsiyalangan tonsillit, antibiotik terapiyasi, invaziv bo'lmagan davolash, immunokorreksiya, fizioterapevtik usullar, qaytalanishlar, kompleks yondashuv

Relevance

Chronic decompensated tonsillitis (CDT) is a serious form of chronic inflammation of the palatine tonsils, characterized by frequent exacerbations, intoxication of the body and potential complications affecting other organs and systems [1]. Although surgical treatment (tonsillectomy) remains common, in recent years researchers and practitioners have increasingly focused on modern conservative methods. This article discusses modern approaches to conservative CDT therapy, including pharmacological, physiotherapeutic, and immunocorrective methods [2]. Statistical data on the prevalence of the disease and the effectiveness of various treatment approaches are also presented.

Keywords: chronic decompensated tonsillitis, antibiotic therapy, noninvasive treatment, immunocorrection, physiotherapeutic methods, relapses, integrated approach.

Objective of the study. Tonsillitis is one of the most common diseases of the ENT organs, affecting 5–15% of the adult population and up to 25% of children [3]. According to the World Health Organization (WHO), chronic tonsillitis is responsible for the development of rheumatism in 50% of cases and chronic cardiovascular diseases in 30% of cases [4]. The decompensated form of this disease is characterized by persistent inflammatory changes in the tonsils, frequent sore throats (more than three times a year), intoxication, regional lymphadenitis, and possible complications such as rheumatism, glomerulonephritis, and myocarditis [5]. Therefore, the search for effective conservative treatment methods remains an important task. Previously, tonsillectomy was the primary method of therapy; however, in recent decades, effective conservative approaches have been developed that allow for the avoidance of surgical intervention [6].

Materials and methods

The research was conducted at the clinic of the Bukhara State Medical Institute named after Abu Ali ibn Sina. It involved 960 patients aged 18 to 55 years who were diagnosed with chronic decompensated tonsillitis (CDT).

Patients were divided into four groups based on the treatment method used:

Group 1 (n = 250): Antibiotic therapy.

Group 2 (n = 230): Immunomodulatory therapy.

Group 3 (n = 220): Physiotherapeutic treatment.

Group 4 (n = 260): Comprehensive treatment (including all the aforementioned methods).

1. Antibiotic therapy The primary cause of chronic decompensated tonsillitis (CDT) is a bacterial infection, most commonly caused by group A β -hemolytic streptococcus (*Streptococcus pyogenes*). The following medications are used to combat the infection:

Penicillins (amoxicillin, amoxicillin-clavulanate) – first-line drugs.

Cephalosporins of the II–III generation (cefuroxime, cefixime) – used in cases of penicillin allergy.

Macrolides (azithromycin, clarithromycin) – prescribed in cases of resistance to β -lactam antibiotics.

The duration of therapy is at least 10 days. According to studies, timely administration of antibiotics reduces the risk of complications by 30–40%.

2. Immunomodulatory therapy

Since chronic decompensated tonsillitis (CDT) develops against a background of weakened immunity, the addition of immunomodulators to the treatment plan enhances its effectiveness. The following agents are used:

Bacterial lysates (e.g., Imudon, Ribomunil) – promote the improvement of local immunity.

Interferons (e.g., Viferon) – activate antiviral defense.

Multivitamin complexes – strengthen the overall resistance of the body.

According to studies, the use of immunomodulators can reduce the frequency of recurrences by 50%.

3. Physiotherapy

Physiotherapeutic methods accelerate tissue regeneration, improve blood circulation, and reduce the inflammatory process. The main methods include:

Laser therapy – has anti-inflammatory and bactericidal effects.

Ultrasound therapy – improves microcirculation in the tonsil tissues.

UV irradiation – destroys pathogenic microorganisms.

The combination of these methods reduces the frequency of recurrences by 40–60%.

4. Analysis of clinical data shows that the use of comprehensive conservative therapy allows for sustained remission in 60–80% of patients. To monitor the effectiveness of conservative treatment, the following diagnostic methods were employed:

1. Clinical examination (complaints, examination, palpation of regional lymph nodes).

2. Laboratory studies:

Complete blood count (CBC).

C-reactive protein (CRP).

Throat swab for flora and sensitivity to antibiotics.

3. Instrumental methods:

Pharyngoscopy.

Ultrasound of cervical lymph nodes (if necessary).

Results and discussions

Comprehensive treatment demonstrated the highest effectiveness, with a 62% reduction in the frequency of exacerbations and achieving sustained remission in 75% of patients.

Immunomodulatory therapy also showed good results, with a 45% reduction in the frequency of recurrences and improvement in the condition of 58% of patients.

Antibiotic and physiotherapeutic therapies are effective but are less effective than the combined approach.

Results of the examination of patients with chronic decompensated tonsillitis:

Notes:

$p < 0.05$ – significant improvement compared to pre-treatment indicators.

$p < 0.01$ – significant difference between groups, with the best results in group These data confirm the necessity of a comprehensive approach to the treatment of chronic decompensated tonsillitis.

Conclusion

Modern methods of conservative treatment for chronic decompensated tonsillitis provide significant improvements for the majority of patients. A comprehensive approach that includes antibiotic, immunomodulatory, physiotherapeutic, and local therapies helps reduce the frequency of exacerbations and avoid tonsillectomy.

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