

# Prevalence of chronic tonsillitis at ENT inpatient department: a hospital based study

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## Abstract

**Introduction:** ENT- related diseases in children is major outdoor burden in pediatric population. Fortunately the mortality is very low but the rate of complications is still on the rise despite improvements in health care facilities. Tonsillitis is inflammation of tonsils, a common clinical condition caused by either bacteria or viral infection. It affects significant percentage of population more so in children. The condition can occur occasionally or recur frequently. Acute tonsillitis is characterized by visible white streaks of pus on tonsils and the surface of the tonsils may become bright red colour. **Aims and Objective:** To study Prevalence and outcome of Chronic Tonsillitis at ENT Inpatient Department **Methodology:** This was a Hospital Based, Cross-sectional study at Tertiary care hospital during the year Jan 2014 to Jan 2015, during one year period. All the patients admitted to ENT ward Diagnosed as Chronic Tonsillitis were studied, out of total 510 ENT inpatient department 90 patients were having chronic tonsillitis, of these 90; 42 patients have indication of surgery and rest of the patients were managed conservatively and at the time of Discharge the complications; outcome of the patient were recorded. All the necessary data was collected using, pretested, semi-structured questionnaire. **Result:** Most common age of tonsillitis found to be 11-21 (56%); 21-30(20%); <10 (10%); 31-40 (9%); 41-50 (3%); >50(1%). Proportions of Male were more (61.96%) as compared to Females i.e. (38.03%). The most common complications following tonsillectomy was Hematoma (28.58%) followed by Fever (26.19%); Odynophagia (23.80%); Sore throat (14.28%); Uvular Edema (4.76%); Eustachian tube injury (2.38%). The most common complications following tonsillectomy was Hematoma (28.58%) followed by Fever (26.19%); Odynophagia (23.80%); Sore throat (14.28%); Uvular Edema (4.76%); Eustachian tube injury (2.38%). **Conclusion:** The chronic tonsillitis was common in the age group of in age group 11-21 year, common complications after tonsillectomy were Hematoma; Odynophagia; Sore throat; Uvular Edema; Eustachian tube injury; (The most common complications following tonsillectomy was Hematoma; followed by Fever; Odynophagia; Sore throat; Uvular Edema ;Eustachian tube injury **Keywords:** Chronic tonsillitis, Complications of tonsillectomy.

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## INTRODUCTION

ENT-related diseases in children is major outdoor burden in pediatric population. Fortunately the mortality is very low but the rate of complications is still on the rise despite improvements in health care facilities<sup>1,2</sup>.

Tonsillitis is inflammation of tonsils, a common clinical condition caused by either bacteria or viral infection. It affects significant percentage of population more so in children. The condition can occur occasionally or recur frequently. Acute tonsillitis is characterized by visible white streaks of pus on tonsils and the surface of the tonsils may become bright red colour. The bacterial tonsillitis is caused mainly by  $\beta$ - haemolytic Streptococcus, called strep throat and to lesser extent by Staphylococcus aureus and several other bacteria. The more common symptoms of tonsils are sore throat, red swollen tonsils, pain when swallowing, fever, cough, headache, tiredness, chills, swollen lymph nodes in the neck and pain in the ears or neck and the less common symptoms include nausea, stomach ache, vomiting, furry tongue, bad breath, and change in voice and difficulty in opening of mouth<sup>3</sup>. Indication of tonsillectomy is so wide.

Some of these indications are more in childhood age below 18 years and other indications are more in adulthood and the incidence of complications is different in The two age group as reported by many literatures<sup>4,5</sup>. In this study Adulthood age group is concerned.

### AIMS AND OBJECTIVE

To study Prevalence and outcome of Chronic Tonsillitis at ENT Inpatient Department

### MATERIAL AND METHODS

This was a Hospital Based, Cross-sectional study at Tertiary care hospital during the year Jan 2014 to Jan 2015, during one year period. All the patients admitted to ENT ward Diagnosed as Chronic Tonsillitis were studied, out of total 510 ENT inpatient department 90 patients were having chronic tonsillitis, of these 90; 42 patients have indication of surgery and rest of the patients were managed conservatively and at the time of Discharge the, complications; outcome of the patient were recorded. All the necessary data was collected using, pretested, semi-structured questionnaire.

### RESULTS

**Table 1:** Age wise Distribution of the Tonsillitis patients

Age group	No. (%)	Percentage
<10	9	10%
11-20	50	56%
21-30	18	20%
31-40	9	9%
41-50	3	3%
>50	1	1%
<b>Total</b>	<b>90</b>	<b>100%</b>

Most common age of tonsillitis found to be 11-21 (56%); 21-30(20%); <10 (10%); 31-40 (9%); 41-50 (3%); >50(1%).

**Table 2:** Sex Wise distribution of the Tonsillitis patients

Sex	No (Percentage )
Male	58(65.54%)
Female	32 (35.56%)
<b>Total</b>	<b>90(100%)</b>

Proportions of Male was more (61.96%) as compared to Females i.e. (38.03%)

**Table 3:** Most common complications after tonsillectomy

Most common complications	No.	Percentage (%)
Hematoma	12	28.58%
Odynophagia	10	23.80%
Sore throat	6	14.28%
Fever	11	26.19%
Uvular Edema	2	4.76%
Eustachian tube injury	1	2.38%
<b>Total</b>	<b>42</b>	<b>100%</b>

The most common complications following tonsillectomy was Hematoma (28.58%) followed by Fever (26.19%); Odynophagia (23.80%); Sore throat (14.28%); Uvular Edema (4.76%); Eustachian tube injury (2.38%).

**Table 4:** Distribution of the Patients as per the Outcome

Outcome	No	Percentage
Improved	44	47.82%
Recovered	42	45.65%
Discharge against Medical Advise	6	6.50%
Death	0	0.00%
<b>Total</b>	<b>92</b>	<b>100%</b>

47.82%patients after treatment improved at the time of discharge; 45.65 indicated operations with minor complications they recovered completely at the time of discharge; 6.50% patients Discharged against Medical Advise; while no case of Death observed due to tonsillitis or its operations or complications.

### DISCUSSION

In our study Most common age of tonsillitis found to be 11-21 (56%); 21-30(20%); <10 (10%); 31-40 (9%); 41-50 (3%); >50(1%). Proportions of Male was more (61.96%) as compared to Females i.e. (38.03%). The occurrence of symptoms indicated that sore throat was observed in all the patients, fever in 73%, odynophagia in 36% and constitutional symptoms in 45% of the patients. Similar observations for sore throat and fever were reported by Evans and Dick<sup>6</sup>. It was also observed that 59% of the patients exhibited acute paranchymetous tonsillitis signs, 40% acute follicular signs and only one per cent of the patients had acute membranous tonsillitis. The palpable tender digastrics lymph node was observed in 70% of the cases studied. These observations are comparable to the findings of Veltri *et al*<sup>7</sup>. Hematoma was found to be (28.58%) was similar to; In a study done by Michael *et al* (2004)<sup>8</sup> shows that reactionary hemorrhage occurs in 1 patient (0.3%) and 31 patient (9.2%) develop secondary hemorrhage the hemorrhage rate using colddissection (n=8) and bipolar diathermy (n=24)were 5.5% and 12.5% respectively. In a study done by Yun–Su Yang, et.al 9 shows that incidence of post tonsillectomy hemorrhage was 2.7% of which the primary and secondary types account for 7% and 93% respectively the incidence was more common in male and operation in lower grade of resident, the incidence increased with age peaking at 26–30 year in both male and female with statistically significant difference between the two sex. The majority of bleeding presented between 4–9 day after operation (67%) and the majority of bleeding were controlled with conservative treatment (62%). In our study Uvular Edema was found to be (4.76%). The uvula is occasionally amputated in Inadvertently during tonsillectomy;

Dissection too close to the uvular base may disrupt lymphatic and venous drainage producing edema. Uvular swelling is common and occasionally partial uvulectomy is required for treatment of the dysphagia or Globus sensation that may result<sup>10</sup>. Systemic steroid may be given for about a week to reduce excessive edema<sup>11</sup>. Neils Rasmussen stated that there were difficulties to assess the consequences of the lesion to the tonsillar pillars, soft palate and uvula<sup>12</sup>. Also in our study Odynophagia was (23.80%) and Sore throat was (14.28%); Eustachian tube injury was (2.38%). Our Findings are similar to

## CONCLUSION

The chronic tonsillitis was common in the age group of in age group 11-21 year, common complications after tonsillectomy were Hematoma; Odynophagia; Sore throat; Uvular Edema; Eustachian tube injury; (The most common complications following tonsillectomy was Hematoma; followed by Fever; Odynophagia; Sore throat; Uvular Edema; Eustachian tube injury

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