

**CLINICAL FORMS OF CHRONIC TONSILLITIS AND THEIR DIFFERENTIAL  
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**Abstract:**Chronic tonsillitis is a persistent inflammation of the palatine tonsils, frequently resulting from recurrent acute infections or ineffective treatment of primary tonsillitis. Clinically, the disease manifests in two primary forms: the simple form and the toxic-allergic form. This article reviews the distinguishing characteristics of each form, including symptomatic differences, systemic involvement, and laboratory findings. Particular attention is paid to the criteria used in differential diagnosis, which are essential for determining the appropriate therapeutic approach. Early recognition of the clinical form of chronic tonsillitis is crucial to prevent complications such as rheumatic fever, glomerulonephritis, and chronic fatigue syndrome.

**Key words:**chronic tonsillitis, clinical forms, toxic-allergic form, simple form, differential diagnosis, tonsil inflammation, ENT diseases, streptococcal infection.

Chronic tonsillitis is one of the most prevalent chronic inflammatory diseases of the upper respiratory tract. It is characterized by prolonged or recurrent inflammation of the palatine tonsils and commonly affects children and young adults. The disease often develops as a result of incomplete treatment of acute tonsillitis or repeated infections, leading to pathological changes in the lymphoid tissues of the tonsils. Chronic tonsillitis not only poses a local inflammatory problem but also represents a potential source of systemic complications due to the spread of bacterial toxins and immune-mediated damage.

Clinically, chronic tonsillitis is divided into two main forms: the simple (or compensatory) form and the toxic-allergic form (which is further categorized into Type I and Type II). These forms differ in their clinical manifestations, systemic involvement, and prognostic implications. Accurate differentiation between them is critical in clinical practice, as it directly influences treatment strategy — ranging from conservative management to surgical intervention (e.g., tonsillectomy). Despite the commonality of the disease, many patients remain undiagnosed or inadequately treated due to the non-specific nature of early symptoms and the lack of awareness regarding differential diagnostic criteria[1]

This paper aims to explore the clinical forms of chronic tonsillitis, focusing on their distinguishing features and diagnostic indicators, while emphasizing the importance of timely and accurate classification for effective patient care.

The classification of chronic tonsillitis into simple and toxic-allergic forms is primarily based on clinical symptoms, patient history, and objective findings during otorhinolaryngological examination.

**Simple Form:** This form is usually characterized by localized symptoms without significant systemic involvement. Patients may complain of:

- Sore throat,
- Halitosis (bad breath),

- Discomfort during swallowing,
- Intermittent subfebrile temperature.[2]

Objective examination may reveal hypertrophic tonsils with crypts filled with caseous plugs, mild hyperemia, and scar tissue. However, general health is typically unaffected. This form is often managed conservatively through regular antiseptic irrigation, immunomodulatory therapy, and monitoring.

#### Toxic-Allergic Form Type I (TAF-I):

In addition to local symptoms, patients develop signs of systemic reaction, such as: Fatigue, Low-grade fever, Arthralgia (joint pain), Palpitations or precordial discomfort.

Laboratory findings may include elevated antistreptolysin-O (ASO) titers and moderate leukocytosis. This form indicates that the tonsils have become a focus of chronic infection affecting systemic organs through immunopathological mechanisms.

#### Toxic-Allergic Form Type II (TAF-II):

This is the most severe form and may present with:

- Persistent subfebrile state,
- Rheumatoid-like joint pain,
- Myocarditis, nephritis, or other organ complications[3]

Diagnostic investigations often reveal changes in ECG, increased ESR, C-reactive protein, and positive findings in renal function tests. This form usually requires surgical intervention due to the risk of serious complications.

In differential diagnosis, it is essential to distinguish chronic tonsillitis from other conditions such as chronic pharyngitis, Epstein-Barr virus infection, and autoimmune diseases. This requires a combination of clinical, laboratory, and, in some cases, histopathological evaluation. Understanding the differences between these clinical forms allows for personalized treatment planning, reduces the risk of complications, and improves long-term outcomes for patients.

Chronic tonsillitis represents a significant clinical challenge due to its potential to affect both local and systemic health. The accurate differentiation between its clinical forms is essential in determining the optimal management strategy and preventing serious complications.

Numerous studies have emphasized the correlation between chronic tonsillar infection and systemic diseases, such as rheumatic fever, glomerulonephritis, and myocarditis. In the toxic-allergic forms of chronic tonsillitis, particularly Type II, the tonsils serve as a persistent source of antigenic stimulation, leading to systemic inflammatory responses and autoimmune phenomena. This underlines the importance of recognizing systemic symptoms and biochemical markers, such as elevated ASO levels, ESR, and CRP, in the diagnostic process.

Clinical examination remains the cornerstone of diagnosis. However, modern otolaryngology increasingly relies on supplementary tools like oropharyngeal swab cultures, immunological tests, and in some cases, imaging (ultrasound or MRI of the neck) to evaluate the extent of lymphoid tissue damage and surrounding inflammation.

From a therapeutic perspective, a conservative approach is often sufficient for patients with the simple form of chronic tonsillitis. This includes regular antiseptic treatment, oral antibiotics during flare-ups, immunostimulants, and lifestyle modifications. In contrast, the toxic-allergic form, particularly Type II, frequently necessitates surgical intervention—tonsillectomy being the standard procedure—with positive outcomes reported in terms of symptom relief and prevention of systemic sequelae.



Despite well-established clinical guidelines, the underdiagnosis or misclassification of chronic tonsillitis remains common in primary healthcare settings. There is a need for continuous professional training and standardized diagnostic criteria to improve patient outcomes globally. Chronic tonsillitis is a common yet potentially dangerous condition if not properly diagnosed and managed. The differentiation between the simple and toxic-allergic forms is essential for targeted therapy. While the simple form may be effectively treated conservatively, the toxic-allergic forms, especially Type II, require timely surgical intervention to avoid systemic complications.

Clinical assessment, supported by laboratory and immunological findings, enables accurate diagnosis and ensures that patients receive appropriate treatment. Future research should focus on developing non-invasive biomarkers for early differentiation and evaluating the long-term effectiveness of various therapeutic strategies.

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