

# EAR, NOSE AND THROAT ASSOCIATES OF CHESTER COUNTY

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## TONSILS / TONSILLITIS

The tonsils are small aggregates of lymphoid tissue in the back side of the throat. They are part of the immune system that aids our bodies in fighting off diseases and infection. The tonsil tissues can become diseased with recurrent infections. When this happens, they lose their effectiveness in helping our immune system and actually become a source of recurrent infection. Enlarged tonsils can cause difficulties with airway and breathing problems. The tonsils can also become the source of concretions of foul-smelling material (a combination of epithelial debris and bacteria) which accumulates in the crypts or creases of diseased tonsils.

*Tonsillitis* is an inflammation or infection of these tissues which can be caused by either viruses or bacteria. Most are viral and resolve spontaneously. The most common bacteria associated with tonsillitis is *Streptococcus pyogenes* (aka “Strep Throat”). This can lead to complications if it is left untreated. Pharyngitis, alternatively, is an inflammation of the throat and oral cavity which is frequently confused with tonsillitis. Pharyngitis causes a sore throat and is usually due to viruses, bacteria, fungal infections, candida (yeast), and even some sexually transmitted diseases.

Symptoms of tonsillitis include: fever, sore throat, painful swallowing, headache, hoarseness, muffled voice, swollen neck nodes and ear pain as well as patches on the tonsils. Complications include inflammation around the gland including the development of an abscess. When associated with tonsillitis, strep bacteria can lead to rheumatic fever and kidney infections. You should call your health care provider or seek urgent medical care if you have a high fever (> 101 degrees), severe painful swallowing, inability to eat or drink, rash, progressive symptoms, muffled speech and voice change, and any difficulties breathing.

Treatment of uncomplicated tonsillitis includes antibiotics (if there is the suspicion of a bacterial origin), steroids, anti-inflammatory medications, plenty of fluids, rest, and gargling several times a day with warm salt water. If you have a complication such as an abscess, severe dehydration, or airway problems, you need to be seen by an ENT specialist for a possible surgical drainage or hospitalization.

There are times when children and adults experience recurrent infections that result in enlarged, diseased tonsils. For them a tonsillectomy may be necessary. This is a surgical procedure performed by an *otolaryngologist* (ENT physician) under general anesthesia. Indications for a tonsillectomy are based upon the frequency and severity of the infections, the amount of time that is lost from school or work as a result of them, and whether or not there is any secondary airway problems (such as snoring or sleep apnea). Additional indications, though rare, include blockage of the eustachian tubes (which balance the pressure between the middle ear and the

outside), seizures as a result of high temperatures, and asymmetry or enlargement that mimics a growth or tumor. Tonsils are rarely removed during an acute infection. Rather your physician will wait until the infection resolves.

Commonly the question arises as to whether or not the adenoids will be removed. The adenoids are a separate accumulation of lymphoid tissue that sits above the back of the roof of the mouth. Most often the adenoidal tissue regresses by the age of 14, and as a result it does not require removal. If necessary, your ENT surgeon will examine the adenoidal bed at the time of surgery and remove the adenoids if they are enlarged and obstructive.

If you experience any ongoing problems with your tonsils, you should talk to your primary physician or to one of our ENTACC health care providers. We are able to answer your questions at any time and can offer the various medical and surgical options described above.