

**TREATMENT OF PATIENTS WITH CHRONIC TONSILLITIS AGAINST
THE BACKGROUND OF FUNCTIONAL DYSPHONIA
(LITERATURE REVIEW)**

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Abstract. One of the common causes of functional dysphonia in patients is untimely treatment of the disease in the acute stage and its transition to chronic, Chronic tonsillitis is a striking example. It is known that the problem of chronic tonsillar pathology has remained relevant for many decades and continues to occupy one of the leading places in the pathology of ENT organs. The problem of chronic tonsillitis at the present stage is becoming increasingly relevant due to the growth of tonsillogenic pathology of both local and systemic nature.

Keywords: dysphonia, chronic tonsillitis, speech.

Introduction. Being part of the resonant section of the vocal apparatus, the palatine tonsils affect voice and speech. It is assumed that this effect is due to two reasons. Firstly, the palatine tonsils affect resonance in the vocal tract by volumetric action [2]. Secondly, the palatine tonsils can affect resonance along with articulation due to their tissue characteristics [3]. According to modern concepts, chronic tonsillitis is characterized as a multifactorial immuno-pathological process that can contribute to the development of local and systemic complications with the development of cardiovascular, neuroendocrine, immunological and metabolic syndromes [4]. The voice plays a huge communicative role in our lives, and in the professional activities of people for whom the voice and speech are the "tool" of their work, voice formation disorders can lead to temporary or permanent disability. The vocal tract includes three systems: aerodynamic or energy (lungs), vibratory (vocal folds) and resonant (upper and lower resonators). All components of the vocal tract must interact harmoniously with each other and with the central nervous system in order to form voice and speech [1].



In modern clinical practice, up to 80 metatonsillar diseases are known [5]. However, the question of the impact of chronic tonsillitis on voice function has not yet found its final solution [6, 7].

The main objective acoustic parameters include: maximum phonation time (MPT), fundamental frequency (FFT, denoted as F0), Jitter - the degree of frequency instability of the fundamental tone, Shimmer - the degree of amplitude instability of the fundamental tone, dysphonia index (DSI) - an indicator of a comprehensive assessment of the acoustic parameters of the voice - and others [2, 8]. In the subjective assessment of the functional state of the vocal apparatus, the Voice Handicap Index (VHI), Voice-Related Quality Of Life (VRQOL) questionnaires and their various modifications, as well as the GRBAS scale, are widely used [8].

Among the causes of functional voice disorders in chronic tonsillitis are disorders of the neuroreflex mechanisms, changes in the volume of the oropharyngeal resonator, changes in the local and general immunological reactivity of the body [9]. Pain that occurs with tonsillopharyngitis prevents the complex motor act performed by the pharynx from being fully performed. In addition, the inflammatory process in the mucous membrane disrupts the normal functioning of the receptor elements of the trigeminal, glossopharyngeal and vagus nerves, as a result of which changes occur both in the timbre and in the normal vibration mode of the vocal folds [10]. Domestic authors provide data on the presence of laryngeal pathology in patients with chronic tonsillitis from 20–25% to 84–92.5% of cases [9, 11, 12]. Thus, the problem of studying the influence of chronic tonsillitis on the clinical and functional state of the larynx remains relevant. The purpose of the study is to improve the efficiency of diagnostics of functional disorders of the vocal apparatus in patients with chronic tonsillitis.

Conclusion. Conservative treatment of patients with simple and toxic-allergic 1 forms of chronic tonsillitis contribute to the positive dynamics of the quality of life of patients according to the Voice Handicap Index questionnaire.

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