

**EFFECTIVENESS OF COMBINED TREATMENT OF CHILDREN  
WITH CHRONIC TONSILLITIS, ADENOIDITIS DUE TO EBSTEIN  
BAR VIRUS AND CYTOMEGALOVIRUS INFECTION**

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The aim of the study. To study the clinical features of chronic tonsillitis and adenoiditis associated with cytomegalovirus infection and Epstein-Barr virus.

Materials and methods of the study. The object of the study was 182 children, including 116 patients with chronic tonsillitis (subcompensated and compensated form), 76 patients with adenoiditis, aged from 4 to 14 years, from the listed contingent a retrospective analysis of the disease histories (outpatient cards) of 36 sick children with chronic tonsillitis and 30 with adenoiditis of a similar age. The examination of patients was carried out inpatient and outpatient at the multidisciplinary clinic of the Samara State Medical University in the otolaryngology department and the pediatric department. Verification of the diagnosis of HT and CA was carried out according to the requirements of the WHO and classified according to the international classification of diseases ICD-10. In diagnosing the disease, anamnestic, clinical, laboratory, instrumental data of the examination of patients were taken into account. All patients underwent clinical and immunological examination methods, posterior rhinoscopy and digital examination of the nasopharynx, cytomorphological examination methods, laboratory and functional examination methods. Infection with CMV and EBV pathogens was judged by the results of enzyme-linked immunosorbent assay (ELISA). Patients were divided into several groups. Data of the control groups were taken from a retrospective analysis of disease histories. Control group (I) children with chronic tonsillitis received standard therapy. The control group (II) children with CA received standard therapy, the main group (III-CT) children

with chronic tonsillitis along with standard therapy received the antiviral drug Groprinosin as an antiviral therapy.

The main group (IV-HA) children with chronic adenoiditis along with standard therapy received the drug Groprinosin was prescribed to children - in a daily dose of 50 mg / kg of body weight in 3-4 doses over 5-7 days, then, for children over 7 years old Viferon 500,000 IU, 1 suppository 2 times a day every 12 hours daily for 5 days. children under 7 years of age Viferon 500,000 IU, 1 suppository 2 times a day every 12 hours daily for 5 days, after a 5-day break, patients were prescribed a repeat course of Groprinosin and Viferon according to the above scheme. The effectiveness of therapy was assessed by the dynamics and rate of regression of clinical symptoms and laboratory parameters.

Study results. In our study, we compared patients who received antiviral therapy with patients with CT and CA who did not receive antiviral therapy. Depending on the treatment administered, the examined patients were divided into groups. The data of the control groups were taken from a retrospective analysis of the disease histories. The control group (I) n = 36 children with chronic tonsillitis received standard therapy. The control group (II) n = 30 children with CA received standard therapy, the main group (III-CT) n = 116, taking into account the presence of CMV and EBV, patients along with standard therapy were prescribed Groprinosin as an antiviral therapy. It was prescribed to children - in a daily dose of 50 mg / kg of body weight in 3-4 doses for 5-7 days, then, for children over 7 years old, Viferon 500,000 IU, 1 suppository 2 times a day every 12 hours daily for 5 days. Children under 7 years of age Viferon 500,000 IU, 1 suppository 2 times a day every 12 hours daily for 5 days, after a 5-day break, the patients were prescribed a repeat course of Groprinosin and Viferon according to the above scheme. The main group (IV-XA) n = 76 children with chronic adenoiditis along with standard therapy received Viferon as antiviral therapy and Groprinosin as immunomodulatory therapy. The effectiveness of therapy was assessed dynamically based on clinical signs and laboratory parameters during

exacerbation of the disease and was carried out once every six months for one year.

The study analyzed the effectiveness of combination therapy in comparison with standard therapy. Regression of clinical signs of patients with chronic tonsillitis associated with CMV, EBV depending on the type of treatment (I-group standard treatment, II-group combination treatment). The use of the antiviral drug Groprinosin with the immunomodulatory drug Viferon in chronic tonsillitis associated with CMV and EBV significantly reduced the number of days of such complaints as pain when swallowing ( $6.3 \pm 0.25$ ;  $3.21 \pm 0.7$ , respectively), dryness and discomfort in the throat ( $5.7 \pm 0.33$ ;  $3.21 \pm 0.7$ , respectively), rapid fatigue ( $3.21 \pm 0.7$ ;  $7.3 \pm 0.87$ , respectively), headache. ( $5.1 \pm 0.54$ ;  $3.12 \pm 0.68$ , respectively), increased body temperature ( $4.6 \pm 0.89$ ;  $2.13 \pm 0.66$ , respectively), objectively: decreased enlargement of regional lymph nodes ( $12.2 \pm 1.74$ ;  $9.74 \pm 1.25$ , respectively), painfulness of regional lymph nodes ( $5.5 \pm 0.244$ ;  $4.32 \pm 0.77$ , respectively)

The pharyngoscopic picture after the combined therapy allowed us to conclude the absence of the Giese sign on the 4th day with combined therapy, while with standard this sign lasted for 6 days. Preobrazhensky and Zak's sign also disappeared 1-2 days earlier in children with combination therapy. All indicators were reliably significant.

After using antiviral and immunomodulatory drugs in children with tonsillitis at I degree, the size of the tonsils decreased ( $6.12 \pm 0.32$ ;  $5.05 \pm 0.24$ , respectively), at II degree ( $7.01 \pm 0.54$ ;  $3.03 \pm 0.12$ , respectively).

The increase in body temperature normalized 2 days earlier in the group with combination therapy.

**Conclusions.** Thus, the appointment of combination therapy allowed to reduce the severity of complaints in the shortest possible time, normalize the pharyngoscopic picture, and reduce the size of the tonsils. The effectiveness of the antiviral therapy in children with chronic tonsillitis and adenoiditis associated

with CMV and EBV is proven by a decrease in the duration and frequency of exacerbations, regression of clinical manifestations.

### **Literature**

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