

# Clinical and preventive efficacy of phytopreparations in pre-school children with adenotonsillar pathology

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**Objective.** Assessing efficacy of Tonsilgon N in pre-school children as an etiotropic drug in complex therapy of adenotonsillar pathology at the rehabilitation stage.

**Methods.** Within the period from 2011 to 2015, 1,076 children (aged from 2 to 5 years) with a history of pathology of nasopharyngeal and palatine tonsils in 100% of cases were reviewed. Pre-school children were given Tonsilgon N phytopreparation in the form of drops in age-specific doses within 30 days.

The control group included 200 children. The phytopreparation efficacy was analyzed before and after the preventive therapy.

**Results.** A year prior to the preventive therapy, degree II nasopharyngeal tonsil hypertrophy complicated by adenoiditis was noted in 71.3% of children in the treatment group and in 74.5% of children in the control group. Degree III nasopharyngeal tonsil hypertrophy made 28.7% and 25.5%, respectively. A year after the rehabilitation therapy, only 32.9% of patients in the treatment group did not show improvement in the clinical presentation. Symptoms of

adenoiditis were practically relieved in half of the patients, nasal breathing was restored in 95.8% of patients, the size of a nasopharyngeal tonsil was reduced from degree II to degree I in 64.9% of patients.

Normalization of the rhinoscopy presentation was noted in 82% of patients, 77.9% of patients showed reduction of the ARI rate from 5–8 to 2–3 times a year. Endoscopic control confirmed reduction of size of both nasopharyngeal and palatine tonsils in 64.9% of patients. The hypertrophy degree of nasopharyngeal and palatine tonsils in pre-school children not receiving Tonsilgon N phytopreparation did not show any change. In addition, hypertrophy demonstrated increase from 74.5% to 83% over time.

**Conclusion.** Prospective study of children receiving Tonsilgon N as a rehabilitation method demonstrated its efficacy on immune development of the respiratory tract. The obtained data allow us to recommend Tonsilgon N to be included in programs of immune rehabilitation and prevention of exacerbation of adenotonsillar pathology.