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DIAGNOSTIC INFORMATION OF SEPARATE CLINICAL SYMPTOMS OF ACUTE NONSTREPTOCOCCAL TONSILLOPHARYNGITIS IN CHILDREN

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Introduction. Considering the self-limiting character of acute tonsillopharyngitis (ATP) in immune competent children, administration of antibiotics is reasonable only in case of the disease caused by β -hemolytic streptococcus of A group (BHSA), to reduce the risk of development of purulent and immune-mediated complications [1-3]. At the same time, it should be noted that ATP diagnosis caused by BHSA, on the basis of clinical manifestations, appears to be ineffective, due to the absence of reliable differences from non-streptococcal infections[4-5]. Microbiological methods of examination are necessary in order to confirm or exclude the BHSA-etiology of ATP, which is usually not available for general practitioners.

The aim of this work was to study the diagnostic informativeness of individual clinical symptoms in children for verification of non-streptococcal acute tonsillopharyngitis (nATP).

Materials and methods. To achieve this goal, 102 children with acute tonsillopharyngitis were examined in the boxed department of droplet infections of the Regional Children's Clinical Hospital of Chernivtsi. Based on the results of inoculation from the tonsillar surface on group A beta-hemolytic streptococcus (GABHS), two clinical observation groups were formed.

The first (I) of them was formed by 68 patients with non-streptococcal ATP (nATP), and the second (II) was formed by 34 children with positive results of seeding on GABHS - the group of streptococcal ATP (sATP). The groups were comparable in terms of the main clinical characteristics.

Upon admission to the hospital, all children underwent a clinical examination, which included an assessment of clinical symptoms in points. The obtained results of the study were analyzed using computer packages "STATISTICA" StatSoftInc. and ExcelXP Windows on a personal computer using parametric and nonparametric calculation methods, as well as clinical and epidemiological analysis.

Results and discussion. On admission to the hospital and in the course of treatment, the clinical symptoms of acute tonsillopharyngitis in children of the comparison groups were assessed, according to the point scale we developed (the severity of clinical symptoms was estimated from 1 to 4 points). Evaluation of the clinical symptoms of

ATP upon admission of patients to the hospital less than 45.0 points indicated a non-streptococcal etiology of the disease with a sensitivity of 56.7% (95% CI 46.4-66.6) and a specificity of 45.5% (95% CI 35, 5-55.8). The presence of subfebrile body temperature in the child with a specificity of 93.9% (95% CI 87.2-97.7), a sensitivity of 20.9% (95% CI 13.4-30.2) testified in favor of the non-streptococcal nature of ATP.

The absence of symptoms of intoxication syndrome in children with a high degree of specificity - 91.4% allows confirming the non-streptococcal nature of the disease. At the same time, this test in the overwhelming majority of cases is accompanied by the occurrence of false-negative results - 96%. The absence of cough testified in favor of non-streptococcal ATP with a sensitivity of 35.3% (95% CI 26.0-45.5), specificity - 76.5% (95% CI 67.0-84.4).

The exudative component of tonsillitis, estimated at less than 3 points, indicated that the child had non-streptococcal ATP with the sensitivity of this test 42.4% (95% CI 32.5-51.7), specificity 69.7% (95% CI 59, 7-78.5), predictable value with a positive result - 58.3% (95% CI 46.1-65.8) and a negative result - 54.8% (95% CI 45.7-63.6) .

Conclusion. Thus, these data suggest that the indices of local inflammation and clinical manifestations of the general inflammatory reaction were somewhat less pronounced in patients with non-streptococcal ATP.

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