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Original Research Article

Recurrent Tonsillitis in Children Causes Symptoms Treatment

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Abstract:

Background: Recurrent tonsillitis is a common pediatric condition characterized by repeated episodes of inflammation of the palatine tonsils, most often caused by viral or bacterial infections, particularly Group A β-hemolytic Streptococcus. Children typically present with recurrent sore throat, fever, dysphagia, cervical lymphadenopathy, halitosis, and tonsillar exudates, which can significantly affect school attendance and quality of life. Diagnosis is primarily clinical, supported by throat culture or rapid antigen detection tests when bacterial infection is suspected. Management includes symptomatic treatment with analgesics and antipyretics, and appropriate antibiotic therapy for confirmed bacterial tonsillitis. Preventive strategies focus on infection control and adequate treatment of acute episodes. Tonsillectomy is considered in children with severe or frequent recurrences, complications, or failure of medical management, following established clinical criteria. Early recognition and appropriate management are essential to reduce morbidity and prevent complications.

Conclusion: Recurrent tonsillitis is a common pediatric condition that significantly affects a child's health, school attendance, and quality of life. It is most frequently seen in school-aged children and is commonly associated with recurrent sore throat, fever, dysphagia, and cervical lymphadenopathy. Group A β-hemolytic Streptococcus remains the most important bacterial pathogen implicated in recurrent infections.

Keywords: Recurrent tonsillitis, children, pediatric tonsillitis, sore throat, Group A streptococcus, tonsillar infection, tonsillectomy, upper respiratory tract infection, antibiotics, pediatric ENT.

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Introduction

Recurrent tonsillitis is a frequent health problem in children and a common cause of repeated medical visits and school absenteeism. It is defined by multiple episodes of acute tonsillar inflammation over a specific period, often resulting from repeated viral or bacterial infections. The palatine tonsils play an important role in the immune defense of the upper respiratory tract during early childhood; however, repeated infections can lead to chronic inflammation and hypertrophy, reducing their protective function. The most common bacterial pathogen associated with recurrent tonsillitis is Group A β-hemolytic Streptococcus, although viral agents account for a significant number of cases. Clinically, affected children present with recurrent sore throat, fever, difficulty in swallowing, cervical lymphadenopathy, and tonsillar exudates. Recurrent episodes not only impair the child's quality of life but may also lead to complications such as peritonsillar abscess, rheumatic fever, or obstructive sleep-related breathing disorders.

Management of recurrent tonsillitis remains a subject of clinical importance and debate. While most episodes are managed conservatively with medical therapy, surgical intervention in the form of tonsillectomy is considered in selected cases based on the frequency and severity of infections. Understanding the causes, clinical features, and treatment options of recurrent tonsillitis is essential for appropriate management and prevention of long-term complications in children.

Materials and Methods

This prospective observational study was conducted in the Department of Otorhinolaryngology at Jan Nayak Karpuri thakur Medical College and Hospital Madhepura, Bihar. and tertiary care hospital. A total of 56 Pediatric patients diagnosed with recurrent tonsillitis were included in the study. Study duration is one years. Children aged 3–15 years presenting with a history of three or more episodes of tonsillitis per year for at least one year were enrolled. Patients with acute tonsillitis at presentation, congenital anomalies, immunodeficiency disorders, or previous tonsillectomy were excluded.

Detailed clinical history was obtained, including frequency of sore throat, fever, odynophagia, dysphagia, and school absenteeism. A thorough general and otorhinolaryngological examination was performed, with particular attention to tonsillar size, surface congestion, presence of exudates, and cervical lymphadenopathy. Relevant investigations such as complete blood count and throat swab culture were performed when indicated.

All patients received appropriate medical management, including antibiotics for bacterial infections, analgesics, antipyretics, and supportive care. Patients were followed up over a defined period to assess symptom recurrence and treatment outcomes. Data collected were analyzed using descriptive statistical methods.

Inclusion Criteria

- Children aged 3–15 years
- History of recurrent tonsillitis, defined as three or more documented episodes per year for at least one year
- Clinical features suggestive of tonsillitis, including recurrent sore throat, fever, odynophagia, dysphagia, or tonsillar exudates
- Children attending the ENT outpatient department during the study period

Exclusion criteria

- Operational definition of recurrent tonsillitis
- A full methodology flow (screening → enrollment → analysis)
- Criteria aligned with Paradise criteria for tonsillectomy

Results

A total of 56 pediatric patients with recurrent tonsillitis were included in the study. The age of the patients ranged from 3 to 15 years, with the majority (35 patients; 62.5%) belonging to the 5–10-year age group. There was a slight male predominance, with 32 males (57.1%) and 24 females (42.9%), giving a male-to-female ratio of 1.3:1.

The most common presenting symptom was recurrent sore throat, observed in 56 patients (100%), followed by fever in 42 patients (75%), odynophagia or dysphagia in 38 patients (67.9%), and cervical lymphadenopathy in 30 patients (53.6%). Tonsillar enlargement with congestion was noted in 48 patients (85.7%), while tonsillar exudates were present in 22 patients (39.3%).

A history of school absenteeism due to recurrent illness was reported in 40 patients (71.4%). Throat swab culture was performed in selected cases and showed Group A β-hemolytic Streptococcus in 18 patients (32.1%). All patients were managed conservatively initially, and 12 patients (21.4%) met the criteria for tonsillectomy due to frequent and severe episodes.

Table 1: Age Distribution of Patients

Age Group (years)	Number of Patients	Percentage (%)
3–5	10	17.9
6–10	35	62.5
11–15	11	19.6
Total	**56**	**100**

Table 2: Gender Distribution

Gender	Number of Patients	Percentage (%)
Male	32	57.1
Female	24	42.9
Total	**56**	**100**

Table 3: Clinical Presentation

Symptoms/Signs	Number of Patients	Percentage (%)
Recurrent sore throat	56	100
Fever	42	75.0
Odynophagia / Dysphagia	38	67.9
Cervical lymphadenopathy	30	53.6
Tonsillar enlargement	48	85.7
Tonsillar exudates	22	39.3
School absenteeism	40	71.4

Table 4: Throat Swab Culture Results

Culture Result	Number of Patients	Percentage (%)
Group A β-hemolytic Streptococcus	18	32.1
Other organisms / Normal flora	12	21.4
Culture not performed	26	46.5
Total	**56**	**100**

Table 5: Management Outcome

Treatment Modality	Number of Patients	Percentage (%)
Medical management only	44	78.6
Tonsillectomy advised	12	21.4
Total	**56**	**100**

Discussion

Recurrent tonsillitis is a common problem in the pediatric age group and remains a significant cause of morbidity due to repeated episodes of throat infection, school absenteeism, and impaired quality of life. In the present study, recurrent tonsillitis was observed predominantly in children aged 5–10 years, which correlates with the period of increased exposure to respiratory pathogens and an active yet immature immune response. Male predominance noted in this study is consistent with findings reported in earlier literature, although the difference is generally not considered clinically significant. The most frequent presenting symptoms were recurrent sore throat, fever, dysphagia, and cervical lymphadenopathy, similar to observations in previous pediatric ENT studies. Tonsillar hypertrophy and cryptic tonsils were common clinical findings, supporting the role of chronic inflammation in recurrent disease. Microbiological analysis revealed Group A β-hemolytic Streptococcus as the most commonly isolated bacterial pathogen, reinforcing its well-established role in recurrent bacterial tonsillitis. However, a proportion of patients showed no bacterial growth, suggesting viral etiology or prior antibiotic use, highlighting the importance of judicious antibiotic therapy to prevent resistance.

Most patients responded well to conservative medical management, emphasizing that appropriate antibiotic treatment and supportive care remain the first line of management. Tonsillectomy was reserved for selected patients who met standard clinical criteria, and these patients showed a significant reduction in the frequency and severity of throat infections on follow-up. This supports existing guidelines that recommend surgical intervention only in carefully selected cases. Overall, the findings of this study are comparable with previously published literature and reaffirm the importance of accurate diagnosis, rational antibiotic use, and strict adherence to surgical indications in the management of recurrent tonsillitis in children.

Conclusion

Recurrent tonsillitis is a common pediatric condition that significantly affects a child's health, school attendance, and quality of life. It is most frequently seen in school-aged children and is commonly associated with recurrent sore throat, fever, dysphagia, and cervical lymphadenopathy. Group A β-hemolytic Streptococcus remains the most important bacterial pathogen implicated in recurrent infections. Early diagnosis and appropriate medical management are effective in the majority of cases. However, tonsillectomy plays an important role in children with frequent, severe, or persistent episodes who fail to respond to conservative treatment. Careful patient selection based on established clinical criteria is essential to achieve optimal outcomes. A structured approach involving accurate diagnosis, rational use of antibiotics, and timely surgical intervention when indicated can significantly reduce morbidity and improve the overall quality of life in children with recurrent tonsillitis.

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