

G.S.Protasevych, O.I.Iashan, D.V.Beregovy, D.D.Beregovy
(Ternopil, Volochysk, Ukraine)

ON THE ISSUE OF ACUTE ADENOIDITIS TREATMENT FOR CHILDREN

Acute adenoiditis is the inflammation of the throat tonsil. The disease is also described as: "tonsillitis of the throat tonsil", "retronasal tonsillitis". In most cases acute adenoiditis is common for children, that is determined by the accrementation of the adenoid tissue of the nasal pharynx in this age; in relatively rare cases acute adenoiditis is observed among adults, when this tonsil did not pass the age involution (V.T. Palchun, N.A. Preobrazhenskiy, 1978). For treatment of acute adenoiditis different medicines are used, mainly local acting ones.

We used Flamifix (cefixime) drug for treatment of acute adenoiditis for children.

Flamifix is a modern peroral cephalosporin antibiotic of the 3rd generation for treatment of bacterial infections. It is represented in the pharmaceutical market by *Ananta Medicare* company (the UK). The drug is characterized by a wide spectrum of antimicrobial activity and a high activity as to Gram-negative microorganisms. The drug is also active against Gram-positive microorganisms.

Flamifix is used for treatment of many infectious diseases, including infections of the ENT organs (rhinosinusitis, otitis, acute and chronic tonsillitis, adenoiditis). It is issued in the form of capsules of 100 mg and 200 mg №10; it is used 1-2 times a day. For adults and children over 12 years old with a body weight more than 50 kg this drug is prescribed in a dose of 400 mg once a day or 200 mg twice a day. The daily dose for children aged 7 to 12 is 100 mg twice a day or 200 mg once a day. The treatment course is from 3 to 10-14 days (depending on the disease).

25 children with acute adenoiditis, aged 10-15, were kept under our observation. Among them there were 8 children, aged 10-12, and 17 children, aged 13-15.

The children complained of pain and burning sensation in the nasal pharynx and the nasal cavity, stertorous nasal breathing, puromucous discharge from the nose, snore during the night, rhinolalia clausa, and general weakness. Using the anterior rhinoscopy, the symptoms of acute rhinitis were defined. With the help of postnasal rhinoscopy the enlargement and hyperemia of the throat tonsil and puromucous discharge were noted. Corynebacteria diphtheria in a nasal smear and a throat swab weren't detected. The children were divided into 2 groups – main and control. There were 15 children in the main group and 10 children in the control group. The groups were matched according to the age and the disease course. The main group of patients was taking Flamifix and was treated in a common way; the control group got only common treatment. Flamifix was prescribed internally for the children, aged 10-12, in a dose of 1 capsule (100 mg) twice a day, and for the children, aged 13-15, in a dose of 1 capsule (200 mg) twice a day, as well. The treatment course lasted for 7 days.

The efficacy endpoints of the treatment were: subjective assessment of the therapy by the children (influence on such factors as: pain and burning sensation in the nasal pharynx and the nasal cavity, stertorous nasal breathing, puromucous discharge from the nose, snore during the night, rhinolalia clausa, and general weakness), rhinoscopic (anterior and postnasal) pattern (presence or absence of acute rhinitis, size and color of the throat tonsil, puromucous discharge in the nasal pharynx).

A more intensive regression of the adenoiditis symptoms was observed in the main group of patients when the results of the treatment were analyzed. The mentioned complaints in the majority of cases in the main group disappeared or their intensity reduced on the 5th-6th day of the treatment. These indices were more intense in the control group on the 5th-6th day of the treatment.

The normalization of the rhinoscopic pattern (anterior and postnasal rhinoscopy) was observed on the 5th-6th day of the treatment in the majority of cases in the main group and much rarer in the cases of the patients from the control group. Flamifix drug was tolerated well by all the children; no one of them had any allergic reactions or other adverse events.

Thus, the application of the antibacterial drug Flamifix in the treatment of acute adenoiditis for children turned out to be effective. The obtained results permit to recommend Flamifix drug for treatment of children with acute adenoiditis.

