



XVII. Diseases of the Digestive System

Tonsillitis (chronic)	
The tonsil:	Is slightly increased in size (hypertrophied).
External surface:	Shows irregularities
Cut surface:	Shows scarring
On squeezing:	<i>A cheesy offensive material gets out from the crypts</i>
	
<p><i>N.B. Tonsillitis may be:</i></p> <p><i>Acute:</i></p> <ol style="list-style-type: none"> 1. <i>Suppurative :</i> <ul style="list-style-type: none"> • <i>Follicular.</i> • <i>Parenchymatous.</i> 2. <i>Membranous.</i> <p><i>Chronic:</i></p> <ol style="list-style-type: none"> 1. <i>Non-specific (on top of acute).</i> 2. <i>Specific:</i> <ul style="list-style-type: none"> • <i>Tuberculous.</i> • <i>Syphilitic.</i> 	
	
<p>Types of lesions in tonsils</p> <p><i>1. Acute follicular tonsillitis:</i> Inflammation is confined to the lymphoid follicles surrounding the crypts. <i>The tonsils become large and red; and, they show yellow spots (of pus), epithelial debris on the surface and distension of the crypts with exudate.</i></p> <p><i>2. Diffuse parenchymatous tonsillitis (quinsy):</i></p> <ul style="list-style-type: none"> • <i>Formation of a peri-tonsillar abscess at one side of the tonsil.</i> • <i>It is often unilateral and is secondary to chronic tonsillitis.</i> 	

- The uvula becomes deviated and the regional lymph nodes are enlarged.

3. Membranous tonsillitis:

Caused by:

- (a) **Diphtheria:** A false membrane is formed
(Is adherent and if removed, the underlying surface bleeds).
- (b) **Severe infection** with virulent haemolytic streptococci.
- (c) **Vincent's angina:** Due to Vincent's Treponema and fusiform bacilli -> necrotic ulceration.
- (d) **Agranulocytosis:** Necrosis without suppuration is manifested.

4. Chronic tonsillitis:

- From repeated attacks of acute.
- The tonsils are either enlarged or are small and scarred.

5. Tuberculosis of tonsils:

- It is usually secondary to pulmonary tuberculosis. Rarely, it may be primary (caused by bovine T.B.).

6. Syphilis of tonsils:

1. **Primary stage:** Chancre (very rare).
2. **Secondary stage:** Mucous patches (greyish-white with reddish margins).
3. **Tertiary stage:** Gumma (which may break down → punched out *ulcer*)

7. Tumours of tonsils:

1. **Benign:** Very rare.
2. **Malignant:**
 - (a) **Epithelioma.**
 - (b) **Transitional cell carcinoma.**
 - (c) **Lympho-Epithelioma.**
 - (d) **Lymphosarcoma.**
 - (e) **Reticulum cell sarcoma.**