**DO YOU REALLY NEED TO GET YOUR TONSILS REMOVED?**

Most of us have had a sore throat at some point of time in our lives sometimes once or twice a year maybe even more. For those of whom the doctor has diagnosed as tonsil infection, they would have heard the advice of getting it removed too. Then the apprehension and the inevitable doubt arises as to the need of doing it - is it really necessary?

But before dealing with this question it is necessary to know what tonsils are, what their function is and how they get infected.

Tonsils are nothing but a pair of lymphoid tissue that is part of the immune system. The tonsils which are situated at the back of your throat are in fact the first line of defense against the viruses and bacteria that come in with the air and food into the aero digestive tract. The tonsils catch the pathogens and produce antibodies required to tackle them.

Children are often more affected than the adults with higher frequency as their immune system would be still in the adapting and learning phase against the pathogens that will be relatively new to their bodies. Once the immune system becomes strong enough the frequencies of infections and severity comes down. Once the child is older one will start to notice that the tonsil starts shrinking and episodes of tonsillitis are less.

One must understand that not all sore throats are due to tonsil infection. Usually sore throats can be due to allergy, smoking, dryness, viral infection, common cold, etc. Viral infections usually subside in a week. Tonsillitis too most of the times are caused due to viral infection and other times if infected by bacteria, usually streptococcus.

Tonsillitis due to strep has symptoms such as fever, headache, painful swallowing, pain radiating to the ear, red and swollen tonsils, white patches on the tonsils and sometimes even rash. When the infection becomes worse it can even spread behind and around the tonsil to form an abscess. In such cases the patient has to be admitted and the abscess drained and injection antibiotics to be started. There are many myths and misconceptions about how these tonsils get infected. The most common being the fact that most of these infections are attributed to eating ice cold food or drink. There is no scientific evidence yet that favors this popular belief. Tonsil infections are due to viruses or bacteria that spread from an infected person to another through air when the former sneezes or coughs or through touching infected objects (like sharing the same glass). This may be the reason that children and teenagers in schools and colleges where there is more interaction in closed groups or class, catch infection more often.

**So what do you do when you get a fever with a painful throat?**

First of all make sure you eat and drink as normally as possible despite the pain because if you refrain from drinking and eating, you would get dehydrated and would not have the energy required to help your immune system to fight the infection.

You can use an over the counter medicine to relieve the pain and discomfort. Use salt water to (around 2.5 g salt in 250 ml lukewarm water) for gargling at least 3 times a day. This helps to wash of
the bacteria and helps cleanse the throat aiding in faster recovery. Usually the infection will subside in a few days on its own without the need of antibiotics which does not help in speeding the recovery and the indiscriminate use of which might create antibiotic resistance. If the fever spikes and symptoms become worse, the patient must meet the doctor and a course of antibiotics must be taken if prescribed. It is important to complete the stated dose and not stop in between.

**So when do you need your tonsils to be removed?**

Till just a few years back tonsillectomy used to be done as a routine procedure during childhood for recurrent throat infections, but now fewer children are undertaken for this surgery because of the efficiency of modern antibiotics and also because now there are set guidelines as to the indications for the need of surgery to reduce the exposure of risk that has to be undertaken during the procedure itself.

Some of the absolute indications where an ENT surgeon might insist the tonsils must be removed are-

- In case of peritonsillar abscess where the tonsil infection has become so bad that it spreads and pus collects around the tonsil. In such case following immediate treatment, the patient is advised to return at least 6 weeks later to remove the tonsil.
- If there have been more than 7 episodes a year of tonsillitis (not mere sore throat) or more than 5 episodes in 2 consecutive years.
- Two weeks or more of lost school days in a year due to tonsillitis.
- Tonsils causing obstruction leading to snoring and sleep apnea.

Most common concerns regarding tonsillectomy are whether there will be any drawback in the immunity after the tonsils are gone, if swallowing will be a problem and whether voice will change. Usually after the tonsils are removed the immune system will hardly be affected as the function will be compensated by the other surrounding lymphoid tissue. Swallowing is not affected if the surgery has gone well except for the mild pain experienced for a day or two following surgery. And there is hardly any change in the voice following this procedure as the vocal cords are untouched.

Basically surgery is advised in cases where the advantage of removing the tonsil is more than those of keeping them and therefore the risks have to be carefully weighed before deciding. So the patient must discuss with their doctors the same and come to a well informed decision. The surgery itself is just hardly an hour long procedure under general anesthesia and is done as a day care procedure nowadays and the patient is discharged the next day. So if a child or an adult really requires a tonsillectomy for an absolute indication, then do not be afraid to take the plunge. After all one of the best parts is that the first thing the patient is asked to have after the surgery is ice cream!
SAY NO TO COTTON BUDS ... Tips on Ear Care

The title may sound ironic but let me assure you it is 'nt. Most of us are under the misconception that cotton buds are meant for cleaning the ear but on the contrary it is absolutely contra indicated for the same. It may sound hard to believe but give me the chance to explain why.

The cotton buds or also popularly known as Q -tips became quite a rage after its invention in the 1923 by Leo Gerstenzang. After observing his wife using wads of cotton on toothpicks to clean his baby's ears, he developed a cotton-tipped swab that he considered safer. The first instances of medical concern over the use of cotton buds were in 1972 with reports of tympanic membrane perforation, otitis externa and cerumen (ear wax) impaction. In spite of doctors warning against the use of these unostentatious, seemingly harmless contraptions which is nothing less than a nightmare for the ear, it is still being used commonly by most people. Even the manufacturers have put words of warning against the use of cotton buds in the ear canal.

Let me throw some light as to why we ENT people are at daggers with these double end 3 inch sticks. The ear though seemingly unpresuming is actually rather complicated as we go deeper within it. The ear is divided into 3 parts namely the external or outer ear, the middle ear and the inner ear. The outer ear has an ear canal which is not straight but is inclined and ends at the tympanic membrane or what is popularly referred to as the ear drum.

Wax is produced by the hair-bearing skin of the ear canal. The ceruminous glands are modified sweat glands that open into the root canal of the hair follicles and produce a watery, white secretion that slowly darkens, turning semi-solid and sticky as it dries. These glands respond to many stimuli such as drugs, fever and emotion which, along with direct mechanical stimulation, can all produce an increase or altered secretion. The sebaceous glands produce an oily material (sebum) which is usually excreted into the root canals of the hair follicles. Wax is a combination of dead skin cells, sebum and cerumen formed by glands in the base of the hair.

Human earwax is a Mendelian trait consisting of wet and dry forms. Dry wax, lacking cerumen, is yellowish or grey and brittle, while wet wax is brownish and sticky. The wet phenotype is dominant over the dry type, and is frequently seen in populations of European and African origins. East Asians show the dry phenotype and there are intermediate frequencies among the Native American and Inuit of Asian ancestry. The wax has certain antibacterial properties as well, which protects the ear to some extent. Most external canals are self-cleaning, the wax moves towards the outer part of the canal by a migratory process and with the help of jaw movements.

Therefore putting anything in the ear canal can disturb this harmony and lead to impaction of wax. Moreover one cannot see one's own ear canal not even in the mirror making it even more hazardous to clean one's ear by one's own self. There is every chance that you may :

- injure the ear drum which is only 2.4 cm away from the outer ear canal opening.
- damage the skin of the ear canal causing bacteria to enter the wound and resulting in infection of the ear canal.
- the cotton swab itself can introduce infection into a preexisting perforation in the ear drum.
- and there have been cases where the cotton sometimes is left behind in the ear canal posing as a foreign body in the ear and later causing infection.
Needless to say, after this, the question still remains, I am sure in most minds as to how then should one keep one's ear clean. It’s simple, provided we just take a few steps towards ear care such as

- seeing to that the ear remains dry always.
- do not direct the shower spray to the ears.
- pat the ear dry after a shower or a swim with a clean cloth or tissue and gently blow dry at the lowest setting possible if water has gone inside.
- show your nearest physician or ENT specialist if you feel your ear is blocked.
- if an insect goes inside your ear, don’t try to remove it with buds or any other instrument on your own as it will just cause more damage making further intervention even more difficult. If it’s a tiny ant, try showing light to the ear; most of the time the insect comes out attracted to the light. If it is a flying insect and still alive in the ear put oil or clean water into the ear to drown the insect and then show the ENT doctor as soon as possible.
- do not use any drops without having your ears checked up.
- and most importantly refrain from using cotton buds. They do more harm than good. The only use left for them is in the application of any ointment or to remove make up!

I am sure that the songs from your favorite radio station, the words of appreciation from your boss, the cry of a newborn.. are just music to your ears, so take good care of these soldiers of sound that helps you to communicate to be a part of this fast paced world where there is little silence.

References:


3. Tony Wright and Peter Valentine, The anatomy and embryology of the external and middle ear, Scott-Brown's Otorhinolaryngology, Head and Neck Surgery