سامية محمد مصطفى

شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

سامية محمد مصطفى

شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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بالرسالة صفحات لم ترد بالأصل

EFFECT OF TONSILLECTOMY ON CELLULAR IMMUNITY (T. LYMPHOCYTES) IN CHILDREN WITH RECURRENT ATTACKS OF ACUTE FOLLICULAR TONSILLITIS

BY

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INTRODUCTION AND AIM OF THE WORK

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The palatine tonsils are considered as organized lymphoid tissues found in submucosal regions of the oropharynx immediately beneath the stratified squamous epithelium of the soft palate that can be viewed as a single functional unit called mucosa associated lymphoid tissues (M.A.L.T) **(Daniel et al., 1997).** Similar accumulations of lymphoid tissues are seen lining the bronchi (B.A.L.T), Gut (G.A.L.T) and along the urogenital tract. M.A.L.T is important in the local immune response at mucosal surface **(Ivan et al., 1989).**

Although the tonsils have been removed clinically for many years, rather little is known about their genuine function and about possible immunological effect of their removal **(Moreno et al., 1992)** and **(Scaddign 1990).**To date, indication for surgery are still the subject of controversial **(Astruc and tobin, 1992)** and **(cantani 1992).**

The aim of this study was to investigate tonsillectomized children for possible alterations of the cellular immune system before and after tonsillectomy and to compare these findings to those in a control group of non-tonsillectomized children.

REVIEW OF LITERATURE

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THE TONSILS

Embryological consideration

The palatine tonsil develops from the dorsal angles of the second pharyngeal pouch which lie between the tongue and the soft palate **(Abd-El Malik S.,1965)**.

A slit like fissure, which extends into upper part of the tonsil and is termed the intratonsillar cleft, is a remnant of the second pharyngeal pouch **(Williams PL. and Warwick, 1980).** The endoderm of the original pouch will form the epithelial covering of the tonsil and its crypts, The crypts of the tonsil arise as solid in-growth from the surface epithelium into the underlying mesoderm. The crypts hollow out through degeneration of the central cells. Lymphocytes appear at the base of the crypts and form the characteristic lymphatic nodule of the tonsil **(Williams PL. and Warwick, 1980).**

The anterior and posterior faucial pillars develop from the second and third arches **(El -Ibrashi Fland Belal AA.1977).**

At birth, the tonsils are insignificant but they enlarge rapidly in the first few months due lymphatic proliferation, physiological hypertrophy occurs at the age of 2 years and again at the of 6 years. It atrophies in old age **(El-Ibrashi FL. and Belal AA., 1977).**

Anatomy of the palatine tonsil

The tonsils are pair of masses of lymphoid tissue of variable size. Each tonsil is placed in triangular recess between the diverging palatoglossal and palatopharyngeal arches, between the back part of the tongue and the soft palate **((El-Ibrashi FL. and Belal AA., 1977).** As it occupies a triangular apace (tonsillar sinus), it follows that its deep part is almost triangular in shape in its normal state. **(Jones RF.,1979).**

The medial surface of the tonsil is free and uneven, covered by mucous membrane, which invaginates into narrow recesses called tonsillar crypts. The widest of these is in the upper part of the tonsil and forms an intratonsillar cleft **(Jones RF., 1979).** The mouths of the crypts are visible to the naked eye **(Last RJ.,1978).** The medial surface varies in appearance in different subjects and in the same subject at successive ages. It may, and frequently does, bulge into the pharynx or it may be sessile and limited to the tonsillar fossa **(Jones RF., 1979).**

The lateral surface is covered by a fibrous tissue capsule from the inner surface of which fibrous septa pass into the tonsil. The fibers of palatoglossal and palatopharyngeal muscles are attached to the capsule. The lateral surface is related to the superior constrictor muscle, which separates it from the facial artery **(Williams PL. and Warwick, 1980).**