

## **Original Research Article**

### **KNOWLEDGE AND AWARENESS ON TONSILLITIS AMONG DENTAL STUDENTS - A SURVEY**

Running Title: A survey among the dental students on Tonsillitis awareness.

#### **Abstract:**

#### **Introduction:**

Tonsils are the two lymph nodes located on each side of the back of your throat. They function as a defense mechanism and help prevent your body from getting an infection. When tonsils become infected, the condition is called tonsillitis.

**Aim:** This article aims to know the knowledge and awareness of dental students on Tonsillitis diseases.

**Materials and Methods:** A questionnaire of 16 questions was created and entered in the online survey creator 'Google Forms' and shared among each student of about 100 individually and privately and data were collected subject to statistical analysis using SPSS software. Statistical tests used were descriptive statistics and Chi-square tests. A P-value less than 0.05 was considered statistically significant.

**Results and Conclusion:** Results of this study suggest that Third-year students more aware of symptoms of tonsillitis 20%, complications of tonsillitis 20% and symptoms associated with strep throat 18% than students of other year and they need an effective education and awareness campaign to increase their knowledge and awareness on Tonsillitis diseases.

**Keywords:** Tonsillitis, Tonsillectomy, Sleep apnea syndromes, Sore throat, Streptococcus pyogenes, novel technique.

## **Introduction:**

Tonsillitis is an infectious disease that affects the parenchyma of the palatine tonsils in children. Recurrent tonsillitis causes severe morbidity and time away from school or work, even though tonsillitis has few long-term consequences (Kvestad et al., 2006). The definition of recurrent varies, but 5 or more episodes of true tonsillitis each year, symptoms recurring for at least a year, and episodes that are severe and prevent normal functioning were recently used as a measure of severity (Brodsky, 1989). In children, a sore throat may be part of the early symptom complex of upper respiratory tract morbidity. Although most other childhood upper respiratory tract diseases. Tonsillitis is a common childhood illness that can occur at any age. It is most commonly diagnosed in children under the age of childhood and mid-adolescence. A sore throat, swollen tonsils, and fever are some of the symptoms.

As with chronic tonsillitis, a standard treatment for recurrent tonsillitis is a tonsillectomy (1). A sore throat or tonsillitis that affects approximately 5 to 7 times in a year or at least 5 times in each of the past two years or at least 3 times in each of the previous three years is referred to as chronic tonsillitis. The first line of defense against illness is your tonsils. They produce white blood cells that assist in the battle against infection in the body. Bacteria and viruses that enter the body through your mouth and nose are combated by the tonsils. Tonsils, on the other hand, are vulnerable to infection from these invaders. A virus, such as the common cold, or a bacterial infection, such as strep throat, may cause tonsillitis.

Tonsillitis can also be caused by viruses such as rhinovirus, Epstein-Barr virus, hepatitis A, and HIV. Since the Epstein-Barr virus can cause both mononucleosis and tonsillitis, tonsillitis can occur as a secondary infection in people who have mono (Goudsmit et al., 1982). Around 15 to 30% of tonsillitis disease results from bacteria. Mostly it was streptococcal bacteria, which causes strep throat, but other bacteria can also cause tonsillitis. Bacterial tonsillitis is more common in children between the ages of 5 and 15 (2). Diagnosis is by examining the throat physically and also by swabbing of the throat and will be sent to the laboratory to identify whether the infection is bacterial or viral. Chronic tonsillitis causes obstructive sleep apnea where the airways swell and disturb sleeping well and the worsening condition is known as tonsillar cellulitis causing a buildup of pus behind the tonsils, called a peritonsillar abscess. This can require drainage and surgery (3). Complications of tonsillitis include rheumatic fever and post-streptococcal glomerulonephritis.

The purpose of the study is to analyse and create an awareness about different types of Tonsillitis and its symptoms and signs along with the complications. This study aims at the knowledge and awareness of tonsillitis among dental students.

### **Materials and Methods:**

#### **Study design:**

A cross-sectional study was conducted through an online survey from January to March 2021 among dental practitioners and specialist

#### **Study subjects:**

A simple random sampling was used to select the study participants.

Inclusion criteria: All the dental students who were willing to participate were included.

#### **Ethical considerations:**

Returning the filled questionnaire was considered as implicit consent as a part of the survey. Ethical approval for the study was obtained from the Institutional Review Board (IRB), Saveetha Dental College.

#### **Study methods:**

A self-administered questionnaire of close-ended questions was prepared and it was distributed among dental students from January to March 2021 through the online survey "Google Forms". The collected data were checked regularly for clarity, competence, consistency, accuracy, and validity. Demographic details were also included in the questionnaire.

#### **Statistical analysis:**

Data were analyzed with the SPSS version (23.0). Descriptive statistics as percent were calculated to summarise qualitative data. Chi-square test was used to analyze and The confidence level was 95% and of statistical significance  $P < 0.05$ . Finally, the result was presented by using bar charts, pie charts, and percentage tables.

#### **Results:**

**Table 1: Responses of the study population**

<b>Parameters</b>	<b>Know</b>	<b>Don't know</b>
1. Tonsils functions as a defense mechanism	n=84(84%)	n=16 (16%)
2. Contagious condition of tonsillitis	n=81(81%)	n= 19 (19%)
3. Commonest bacteria causing tonsillitis disease	n=43 (43%)	n= 57 (57%)
4. Possible symptoms of tonsillitis	n= 68 (68%)	n= 32 (32%)
5. Acute tonsillitis lasts around 10days	n= 78 (78%)	n = 22 (22%)
6. The standard treatment recommended for recurrent tonsillitis	n= 58 (58%)	n= 42 (42%)
7. Genetics - strep throat and tonsillitis	n= 76 (76%)	n = 42 (24%)
8. Homemade remedies for tonsillitis	n= 67 (67% )	n= 33 (33%)
9. Symptoms of tonsillitis associated with strep throat	n= 72 (72%)	n=28(28%)
10. Halitosis	n= 79 (79%)	n=21(21%)
11. Complications of tonsillitis	n=76 (76%)	n=24 (24%)

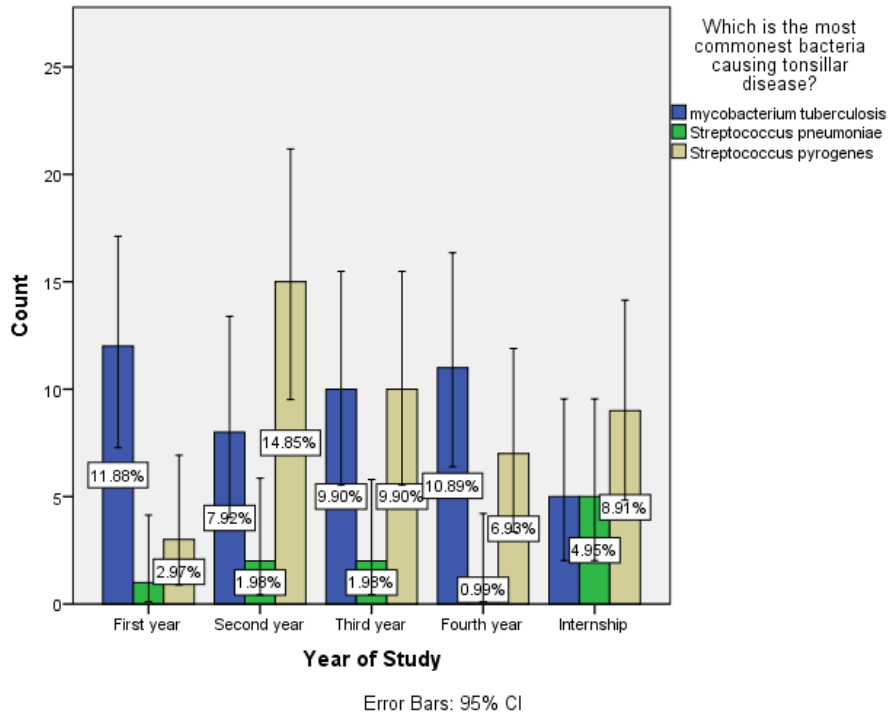


Figure-1, Bar graph representing the association between years of study and bacteria involved in causing tonsillitis. The X-axis represents the year of study and Y-axis represents the number of responses. Blue represents Mycobacterium tuberculosis, Yellow represents Streptococcus pyogenes, Green represents Streptococcus pneumonia. The majority of participants of the second-year (15%) answered correctly as Streptococcus pyogenes, first year students (5%), third year (10%), fourth year students (7%) and Internship students (9%) answered for streptococcus pyogenes commonly causing Tonsillar disease. Pearson chi-square value:  $>0.05$ , which is statistically insignificant.

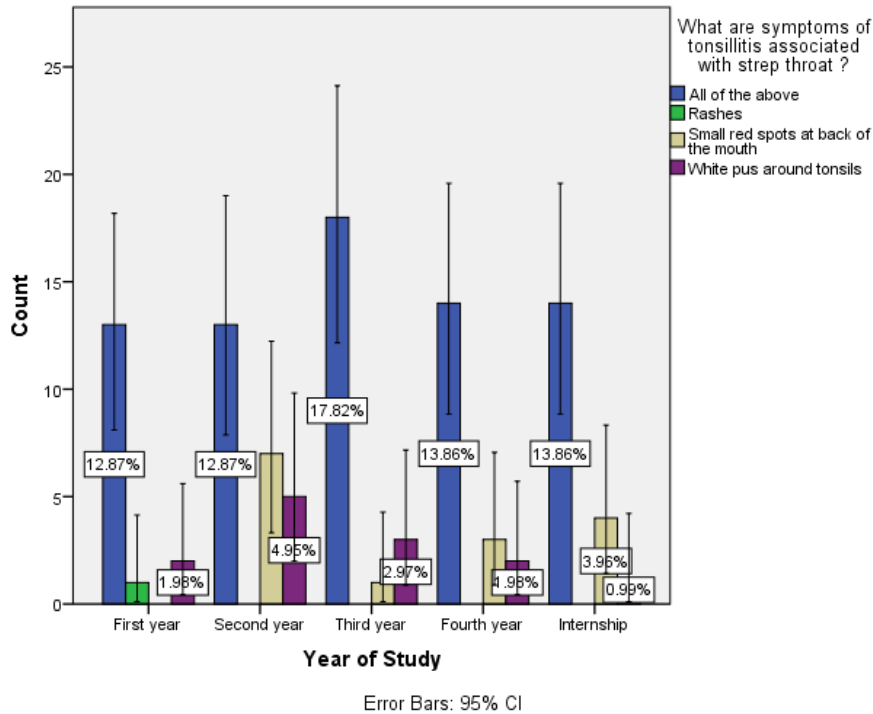


Figure-2, Bar graph representing the association between years of study and symptoms of tonsillitis associated with strep throat. The X-axis represents the year of study and Y-axis represents the number of responses. Violet represents white pus around tonsils, yellow represents small red spots at the back of the mouth, green represents rashes, blue represents all the options. The majority of the participants of the third year (18%) answered correctly for the symptoms of tonsillitis in strep throat, and first year students (13%), second year students (12%), fourth year students (14%), internship students (14%) were also answered correctly for the symptoms of tonsillitis in strep throat. Chi-square analysis showed that there is no significant difference between the year of study on awareness of the symptoms of Tonsillitis.

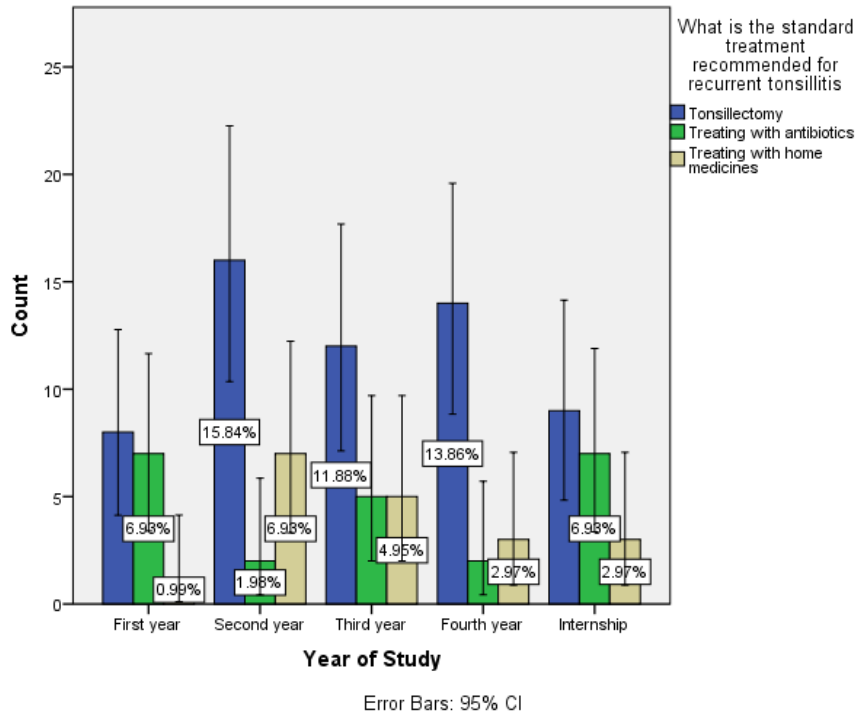


Figure-3, Bar graph representing the association between the years of study and standard treatment for recurrent tonsillitis. The X-axis represents the year of study and Y-axis represents the number of responses. Blue represents tonsillectomy, green represents treating with antibiotics, yellow represents treating with homemade medicines. The majority of the participants of the Second year (15%) and Fourth year (14%) answered correctly as Tonsillectomy, and first year students (8%), third year students(12%), internship students (9%) were also answered correctly as Tonsillectomy. Chi-square analysis showed a p-value of less than 0.05, which indicates that there is a significant association in the year of study.

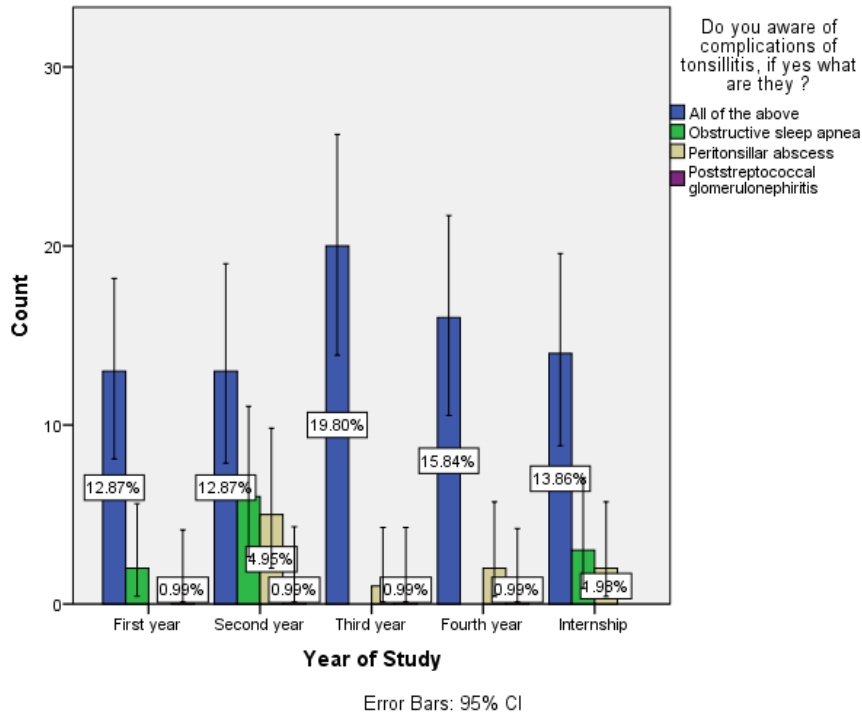


Figure-4, Bar graph representing the association between the years of study and complications of tonsillitis. The X-axis represents the year of study and Y-axis represents the number of responses. Green repair obstructive sleep apnea, yellow repair peritonsillar abscess, violet represents post-streptococcal glomerulonephritis. The majority of the participants of the Third year (20%) answered correctly for the complications of Tonsillitis, and first year students (13%), second year students (12%), fourth year students (16%), and internship students (14%) answered correctly for the complications of Tonsillitis. Chi-square analysis showed that there is no significant association between the year of study and awareness of complications of tonsillitis.

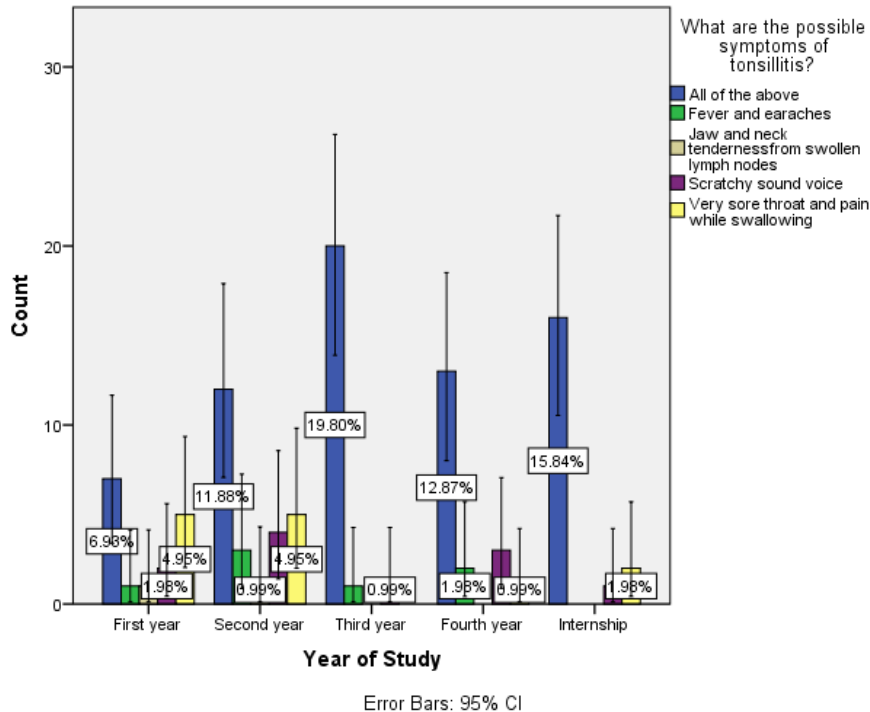


Figure-5, Bar graph representing the association between the years of study and possible symptoms of tonsillitis. The X-axis represents the year of study and Y-axis represents the number of responses. Green represents fever and earaches, orange represents jaw and neck tenderness from swollen lymph nodes, violet represents scratchy sounding voices, yellow represents very sore throat pain and pain while swallowing, blue represents all the options. The majority of the participants of the third year (20%) answered correctly for the symptoms of tonsillitis and first year students (7%), second year students (11%), fourth year students (13%) and Internship students (16%) were also answered correctly for the symptoms of tonsillitis. Chi-square analysis showed that there is no significant association between the year of study and awareness of symptoms of tonsillitis.

### **Discussion:**

In Table-1, On Data analysis using Descriptive statistics on SPSS version 23, Among the population for the question Tonsils function as a Defense mechanism, 84% know the function of the tonsils and 26% don't know the function of the tonsils. Among the population for tonsillitis contagious condition- 81% know about Tonsillitis contagious condition and 19% don't know about Tonsillitis contagious conditions. Among the population for commonest bacteria causing

tonsillitis, only 43% know about bacteria causing tonsillitis and 57% don't know about bacteria causing tonsillitis. Among the population for symptoms of tonsillitis, 68% know about the symptoms and 32% don't know about the symptoms. Among the population for the duration of acute tonsillitis, 78% know about the duration of acute tonsillitis and 22% don't know about the duration of acute tonsillitis (4–6). Among the population treatment for recurrent tonsillitis, 58% know about the treatment for tonsillitis and 42% don't know about the treatment for tonsillitis. Among the population for genetics association in tonsillitis, 76% know about the genetic association in tonsillitis and 24% don't know about the genetic association in tonsillitis. Among the population for homemade remedies for tonsillitis, 67% know about the homemade remedies for tonsillitis and 33% don't know about the homemade remedies for tonsillitis (7). Among the population for symptoms of tonsillitis associated with strep throat, 72% know about the symptoms of tonsillitis associated with strep throat and 28% don't know about the symptoms of tonsillitis associated with strep throat. Among the population for halitosis associated with tonsillitis, 79% know about the association of halitosis with Tonsillitis and 21% don't know about the association of halitosis with Tonsillitis (8). Among the population for complications of tonsillitis, 76% know about the complications of tonsillitis and 24% don't know about the complications of tonsillitis.

In Figure 1, On commonest bacteria causing Tonsillitis - 43% of participants answered as Streptococcus pyogenes. Pearson chi-square value:  $>0.05$ , which is statistically insignificant. Similar findings were seen in this study like Yuksek et al in 2010 - 50% answered. The majority of them responded correctly to Streptococcus pyogenes (9,10). In Fig 2, On symptoms of tonsillitis associated with strep throat - 72% of participants answered for Small red spots at the back of the mouth, White pus around tonsils, Rashes. Chi-square analysis showed that there is no significant difference between the year of study on awareness of the symptoms of Tonsillitis. Similar findings were seen in this study like K.sarojini et al in 2019 -80% answered. The majority of them responded correctly. (11).

In Figure 3, On standard treatment for tonsillitis - 58% of participants answered for tonsillectomy. Chi-square analysis showed a p-value of less than 0.05, which indicates that there is a significant association in the year of study. Similar findings were seen in this study like

Burton and Glasziou et al in 2009 - 62% answered. The majority of them answered correctly. (12).

In Figure 4, On complications of tonsillitis - 76% of participants answered for Obstructive sleep apnea, Peritonsillar abscess, Poststreptococcal glomerulonephritis. Chi-square analysis showed that there is no significant association between the year of study and awareness of complications of tonsillitis. Similar findings were seen in this study like Xu et al in 2020 - 81% answered (13,14)

In Figure 5, On symptoms of Tonsillitis- 68% of participants answered for Very sore throat and pain while swallowing, Scratchy sounding voice, Fever, and earaches. Chi-square analysis showed that there is no significant association between the year of study and awareness of symptoms of tonsillitis. Similar findings were seen in this study like K.Sarojini et al in 2019- 61% answered (11) Our team has extensive knowledge and research experience that has translate into high quality publications (15).(16–29) ,(30–34)

The limitations of this study were considered were a small sample size distributed only to the dental professional students and age group of 18- 24 years. Further studies can be done including all the professional students and more sample size to avoid bias.

### **Conclusion:**

In the present study, Knowledge, and Awareness on Tonsillitis among Dental Students - A Survey was found to be moderate. During the year of study, Third-year students have more awareness of symptoms of tonsillitis 20%, complications of tonsillitis 20%, and symptoms associated with strep throat 18% than students of other years and it is clear that there is not enough awareness among the dental students about the Tonsillar diseases. Further studies with more population needed to assess the knowledge, awareness on Tonsillitis disease. Still, there should be more awareness-based practical classes and studies should be conducted among the selected population.

## **References:**

1. Ajulo SO. The significance of recurrent tonsillitis in sickle cell disease. *Clin Otolaryngol Allied Sci.* 1994 Jun;19(3):230–3.
2. Baglam T, Binnetoglu A, Yumusakhuylyu AC, Gerin F, Demir B, Sari M. Predictive value of the neutrophil-to-lymphocyte ratio in patients with deep neck space infection secondary to acute bacterial tonsillitis [Internet]. Vol. 79, *International Journal of Pediatric Otorhinolaryngology*. 2015. p. 1421–4. Available from: <http://dx.doi.org/10.1016/j.ijporl.2015.06.016>
3. Lee KC, Altenau MM, Barnes DR, Bernstein JM, Bikhazi NB, Brettscheider FA, et al. Incidence of complications for subtotal ionized field ablation of the tonsils. *Otolaryngol Head Neck Surg.* 2002 Dec;127(6):531–8.
4. Goto F, Asama Y, Ogawa K. Sho-saiko-to-ka-kikyo-sekko as an alternative treatment for chronic tonsillitis to avoid surgery. *Complement Ther Clin Pract.* 2010 Nov;16(4):216–8.
5. Hannah R, Ramani P, Brundha MP, Sherlin HJ, Ranjith G, Ramasubramanian A, et al. Liquid Paraffin as a Rehydrant for Air Dried Buccal Smear. *Research Journal of Pharmacy and Technology.* 2019;12(3):1197–200.
6. Harsha L, Brundha MP. Prevalence of Dental Developmental Anomalies among Men and Women and its Psychological Effect in a Given Population. *Journal of Pharmaceutical Sciences and Research; Cuddalore.* 2017 Jun 20;9(6):869–73.
7. Abu Bakar M, McKimm J, Haque SZ, Majumder MAA, Haque M. Chronic tonsillitis and biofilms: a brief overview of treatment modalities. *J Inflamm Res.* 2018 Sep 5;11:329–37.
8. Dal Rio AC, Franchi-Teixeira AR, Nicola EMD. Relationship between the presence of tonsilloliths and halitosis in patients with chronic caseous tonsillitis. *Br Dent J.* 2007 Nov 23;204(2):E4–E4.
9. Yüksek M, İkinciogullari A, Doğu F, Elhan A, Yüksek N, Reisli I, et al. Primary immune deficiency disease awareness among a group of Turkish physicians. *Turk J Pediatr.* 2010 Jul;52(4):372–7.
10. Timothy CN, Samyuktha PS, Brundha MP. Dental pulp Stem Cells in Regenerative Medicine--A Literature Review. *Research Journal of Pharmacy and Technology.* 2019;12(8):4052–6.
11. K. Sarojini 1 DP\*. Assessing the level of knowledge regarding tonsillitis and its prevention among mothers. *Drug Invention Today.* 2019 Apr 2;562–4.
12. Burton MJ, Glasziou PP. Cochrane review: Tonsillectomy or adeno-tonsillectomy versus non-surgical treatment for chronic/recurrent acute tonsillitis [Internet]. Vol. 4, Evidence-

Based Child Health: A Cochrane Review Journal. 2009. p. 1291–326. Available from: <http://dx.doi.org/10.1002/ebch.417>

13. Xu P, Zhang S, Yang J, Chu H, Li D, Zhao H, et al. Survey of parental awareness of obstructive sleep apnea among children in Guangdong province, South China. *Auris Nasus Larynx* [Internet]. 2020 Nov 11; Available from: <http://dx.doi.org/10.1016/j.anl.2020.10.018>
14. Preethikaa S, Brundha MP. Awareness of diabetes mellitus among general population. *Research Journal of Pharmacy and Technology*. 2018;11(5):1825–9.
15. Anita R, Paramasivam A, Priyadharsini JV, Chitra S. The m6A readers YTHDF1 and YTHDF3 aberrations associated with metastasis and predict poor prognosis in breast cancer patients. *Am J Cancer Res*. 2020 Aug 1;10(8):2546–54.
16. Jayaseelan VP, Paramasivam A. Emerging role of NET inhibitors in cardiovascular diseases. *Hypertens Res*. 2020 Dec;43(12):1459–61.
17. Sivakumar S, Smiline Girija AS, Vijayashree Priyadharsini J. Evaluation of the inhibitory effect of caffeic acid and gallic acid on tetR and tetM efflux pumps mediating tetracycline resistance in *Streptococcus* sp., using computational approach. *Journal of King Saud University - Science*. 2020 Jan 1;32(1):904–9.
18. Smiline Girija AS. Delineating the Immuno-Dominant Antigenic Vaccine Peptides Against gacS-Sensor Kinase in *Acinetobacter baumannii*: An in silico Investigational Approach. *Front Microbiol*. 2020 Sep 8;11:2078.
19. Iswarya Jaisankar A, Smiline Girija AS, Gunasekaran S, Vijayashree Priyadharsini J. Molecular characterisation of csgA gene among ESBL strains of *A. baumannii* and targeting with essential oil compounds from *Azadirachta indica*. *Journal of King Saud University - Science*. 2020 Dec 1;32(8):3380–7.
20. Girija ASS. Fox3+ CD25+ CD4+ T-regulatory cells may transform the nCoV's final destiny to CNS! *J Med Virol* [Internet]. 2020 Sep 3; Available from: <http://dx.doi.org/10.1002/jmv.26482>
21. Jayaseelan VP, Ramesh A, Arumugam P. Breast cancer and DDT: putative interactions, associated gene alterations, and molecular pathways. *Environ Sci Pollut Res Int*. 2021 Jun;28(21):27162–73.
22. Arumugam P, George R, Jayaseelan VP. Aberrations of m6A regulators are associated with tumorigenesis and metastasis in head and neck squamous cell carcinoma. *Arch Oral Biol*. 2021 Feb;122:105030.
23. Kumar SP, Girija ASS, Priyadharsini JV. Targeting NM23-H1-mediated inhibition of tumour metastasis in viral hepatitis with bioactive compounds from *Ganoderma lucidum*: A computational study. *pharmaceutical-sciences* [Internet]. 2020;82(2). Available from: <https://www.ijpsonline.com/articles/targeting-nm23h1-mediated-inhibition-of-tumour->

metastasis-in-viral-hepatitis-with-bioactive-compounds-from-ganoderma-lucidum-a-comp-3883.html

24. Girija SA, Priyadharsini JV, Paramasivam A. Prevalence of carbapenem-hydrolyzing OXA-type  $\beta$ -lactamases among *Acinetobacter baumannii* in patients with severe urinary tract infection. *Acta Microbiol Immunol Hung*. 2019 Dec 9;67(1):49–55.
25. Priyadharsini JV, Paramasivam A. RNA editors: key regulators of viral response in cancer patients. *Epigenomics*. 2021 Feb;13(3):165–7.
26. Mathivadani V, Smiline AS, Priyadharsini JV. Targeting Epstein-Barr virus nuclear antigen 1 (EBNA-1) with *Murraya koengii* bio-compounds: An in-silico approach. *Acta Virol*. 2020;64(1):93–9.
27. Girija As S, Priyadharsini J V, A P. Prevalence of Acb and non-Acb complex in elderly population with urinary tract infection (UTI). *Acta Clin Belg*. 2021 Apr;76(2):106–12.
28. Anchana SR, Girija SAS, Gunasekaran S, Priyadharsini VJ. Detection of *csgA* gene in carbapenem-resistant *Acinetobacter baumannii* strains and targeting with *Ocimum sanctum* biocompounds. *Iran J Basic Med Sci*. 2021 May;24(5):690–8.
29. Girija ASS, Shoba G, Priyadharsini JV. Accessing the T-Cell and B-Cell Immuno-Dominant Peptides from *A.baumannii* Biofilm Associated Protein (bap) as Vaccine Candidates: A Computational Approach. *Int J Pept Res Ther*. 2021 Mar 1;27(1):37–45.
30. Arvind P TR, Jain RK. Skeletally anchored forsus fatigue resistant device for correction of Class II malocclusions-A systematic review and meta-analysis. *Orthod Craniofac Res*. 2021 Feb;24(1):52–61.
31. Venugopal A, Vaid N, Bowman SJ. Outstanding, yet redundant? After all, you may be another Choluteca Bridge! *Semin Orthod*. 2021 Mar 1;27(1):53–6.
32. Ramadurai N, Gurunathan D, Samuel AV, Subramanian E, Rodrigues SJL. Effectiveness of 2% Articaine as an anesthetic agent in children: randomized controlled trial. *Clin Oral Investig*. 2019 Sep;23(9):3543–50.
33. Varghese SS, Ramesh A, Veeraiyan DN. Blended Module-Based Teaching in Biostatistics and Research Methodology: A Retrospective Study with Postgraduate Dental Students. *J Dent Educ*. 2019 Apr;83(4):445–50.
34. Mathew MG, Samuel SR, Soni AJ, Roopa KB. Evaluation of adhesion of *Streptococcus mutans*, plaque accumulation on zirconia and stainless steel crowns, and surrounding gingival inflammation in primary molars: randomized controlled trial [Internet]. Vol. 24, *Clinical Oral Investigations*. 2020. p. 3275–80. Available from: <http://dx.doi.org/10.1007/s00784-020-03204-9>