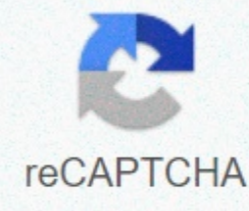




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Small black tonsil stones

Tonsil stonesOsillillolite, tonilolitéza, tonsillary stones, chronic case tonsillitisA tonilolity administered in a tonsillary cryptSpecial OtorhinolynologySymptomsNone, bad breath[1]Risk factorsRecurrent throat infections[2]Differential diagnosisCalcified granulomatous disease, mycosis, syphilis[2]TreatmentNone, saltwater kangaroo, tonsillitis[1]Medicinal productsChlorhexidine[1]Frequencies Up to 10%[1] Tonsil stones, also known as tonilolites, are mineralization of debris in the slits of the tonsils. [1] [3] If not mineralised, the presence of impurities is known as chronic case tonsillitis (CCT). [1] Symptoms may include bad breath. [1] Generally there is no pain, although there may be a feeling of something present. [1] Risk factors may include recurrent throat infections. [2] Almond stones contain biofilm composed of many different bacteria. [1] While most often found in palatine almonds, they can also occur in the lingual tonsils. [3] Tonsil stones have been recorded weighing between 0.3 g and 42 g.[3] They can be found during medical imaging for other reasons. [4] If tonsil stones do not bother the person, no treatment is required. [1] Otherwise, salt water clogging and manual removal may be tested. [1] Chlorhexidine may also be tried. [1] Surgical treatment may include partial or complete removal of the tonsils. [1] [5] Up to 10% of people have tonsil stones. [1] Males and females are affected as well. [1] Older people are more likely to be affected. [2] Causes of tonsil stones tend to happen most often in people with long-term inflammation in the tonsils. [6] Signs and symptoms of tonsil stones can produce no symptoms or may be associated with bad breath. [1] Smell may be the smell of rotting eggs. [7] Occasionally there may be pain when swallowing. [8] Although they are large, some tonsil stones are only discovered incidentally on x-rays or CAT scans. Other symptoms include metallic taste, closing the throat or tightening, coughing seizures, and choking. Larger tonsil stones can cause a recurrent bad breath, which often accompanies tonsil infections, sore throats, white impurities, poor taste in the back of the neck, difficulty swallowing, ear pain, and tonsil swelling. [6] A medical study conducted in 2007 found a link between tonilolites and bad breath in patients with a certain type of recurrent tonsillitis. Among those with bad breath, 75% of subjects had tonilolity, while only 6% of subjects with normal halitometry (normal breath) had tonilolity. The feeling of a foreign body can also exist at the back of the throat. The condition can also be an asymptomatic state, with detection when palpating a hard intratonsillary or submucular mass. Tonilolite protrudes from the tonsils Large tonilolit half exposed to tonsils Detailed set of tonolylite pathophysiology Low-volume microscope magnification through one of the tonal crypts (running diagonally) before it opens to the surface of the throat (at the top). The stratified epithelium (e) covers the surface of the throat and continues as the lining of the crypt. Beneath the surface are numerous nodules (f) of lymphoid tissue. Many lymphoid cells (dark-colored areas) move from the nodes toward the surface and eventually are mixed with saliva like salivary blood cells (s). The mechanism by which this calculus form is discussed[3], although it appears to be the result of the accumulation of material seized in crypts, together with the growth of bacteria and fungi – sometimes in association with persistent chronic purulent tonsillitis. In 2009, a link was established between biofilms and tonilolites. The central concept of biofilm is the assumption that bacteria form a three-dimensional structure, dormant bacteria are at the center to serve as a constant nidus infection. This impermeable structure makes biofilm immune to antibiotic treatment. With the help of confocopic microscopy and microelectrodes, biofilms similar to dental biofilms have been shown to be present in tonilolite, with oxygen respiratory on the outer layer of tonilolite, denitrification towards the centre and acidification towards the bottom. [9] Diagnosis of CT scan tonilolit. Diagnosis is usually made during the inspection. Tonilolites are difficult to diagnose in the absence of clear manifestations and often represent occasional findings of routine radiological studies. Classification of Tonilolity or tonsil stones are calcifications that form in crypts palatal tonsils. They are also known to form in the throat and on the roof of the mouth. Tonsils are filled with slits where bacteria and other materials, including dying cells and mucus, can become trapped. When this occurs, impurities can concentrate in white formations that occur in the pockets. [6] Tonilolites are formed when this captured fragment accumulates and is expressed from the tonsils. They are generally soft, sometimes rubbery. It tends to occur most often in people who suffer from chronic inflammation in their tonsils or repeated bouts of tonsillitis. [6] They are often associated with post-nasal dripping. Giant Much rarer than typical tonsil stones are giant tonilolites. Giant tonilolites can often be exchanged for other oral maladies, including peritonsillar abscess, and tonsil tumors. [10] Differential diagnostic imaging diagnostic techniques can identify radiopaque mass that can be exchanged for foreign bodies, displacement of teeth or calcified blood vessels. A CT scan may reveal nonspecific calcified images in the tonsillar zone. Differential diagnosis must be determined by acute and chronic tonsillitis, tonsillitis, peritonsillar abscesses, foreign bodies, phlebotolites, ectopic bone or cartilage, lymph nodes, lesions or calcification of the stylohyoid ligament associated with Eagle syndrome (prolonged styloid process). [11] Differential diagnosis of tonilolite includes foreign body, calcified granuloma, malignancies, increased temporal styloid process or rarely isolated bone, which is usually derived from embryonic ossuary originating from branch arches. [12] Treatment If tonsil stones do not bother the person, no treatment is required. [1] Otherwise, salt water clogging and manual removal may be tested. [1] Chlorhexidine may also be tried. [1] Surgical treatment may include partial or complete removal of the tonsils. [1] Some people are able to remove tonsil stones using a cotton swab or finger. Oral sprinklers are also effective. Most electric oral sprinklers are unsuitable for removing tonsils because they are too strong and are likely to cause discomfort and rupture of the tonsils, which could result in other complications such as infection. Sprinklers that connect directly to the sink tap through a threaded attachment or otherwise are suitable for removing tonsils and daily washing of tonsils, as they can jet water at low pressure levels, which the user can adjust by simply turning the sink of the tap, allowing a continuous range of pressures to meet the requirements of each user. [6] Hand-operated almond removers are also available. Hand pump-type tonsil stone remover can adjust the water pressure depending on the number of pumps, effectively removing tonsil stones. Even simply, clogging with warm, salt water can help alleviate the discomfort of tonsillitis, which often accompanies tonsil stones. Intense clogging every morning can also keep almond crypts clear of all but the most persistent tonilolity. [6] Curettage Larger tonsil stones may require removal of curettage (scooping) or otherwise, although thorough irrigation will still be necessary then effectively to remove smaller pieces. Larger lesions may require local excision, although these treatments may not completely help the bad breath problems that are often associated with this condition. Laser Another option is to reduce the surface area (crypts, crevices, etc.) of the tonsils with a laser. This procedure is called laser cryptolysis. This can be done using local anesthetic. The scanned carbon dioxide laser selectively evaporates and smoothes the surface of the tonsils. This technique flattens the edges of the crypt and crevices, which collect dirt, thus preventing the formation of trapped materials with stones. Surgery Tonsilectomy can be indicated if bad breath due to tonsillar stones persists despite other measures. [13] Epidemiology Tonilolity or tonsil consecration occur in up to 10% of the population, often due to episodes of tonsillitis. [14] While small concretions in the tonsils are common, real stones are less. [3] young adults and are rare in children. [3] References ^ a b c d e f g h i j k l m n o p q r s t Ferguson, M; Aydin, M; Mickel, J (October 2014). Bad breath and tonsils: a review of management. *Otolaryngology-head and neck surgery*. 151 (4): 567-74. doi:10.1177/0194599814544881. PMID 25096359. S2CID 39801742. ^ a b c d White, Stuart C.; Pharoah, Michael J. (2014). *Oral Radiology - E-Book: Principles and Interpretation*. Elsevier Health Sciences. p. 527. ISBN 978-0-323-09634-8. ^ a b c d e f Ram S, Siar CH, Ismail SM, Prepageran N (July 2004). Pseudo bilateral tonilolity: case report and literature review. *Oral Surg Oral Med Oral Pathol Oral Radiol Endod*. 98 (1): 110-4. doi:10.1016/j.tripleo.2003.11.015. PMID 15243480. ^ Oral radiology textbook. Elsevier India. 2009. p. 607. 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