

Pharyngitis: acute infection of oropharynx which may include tonsils

Typical timeline:

Day -5 to 0: incubation period
 Day 1-3: S/S
 Day 3-5: fever resolves
 Day 7-10: other sx resolve
 W/in 6 wks: tonsils & lymph nodes ↓

Diagnosis: S/S ≠ bacterial vs. viral

Throat swab and culture

Rapid antigen detection test (many false-negatives → throat swab = waste of RADT)

Causes:

Resp viruses (80%): adenovirus, rhinovirus

Bacterial: group A strep (adult 5-15%; child 20-30%)

Treatment goals:

Prevent acute rheumatic fever, peritonsillar abscess (quinsy), cervical lymphadenitis, mastoiditis, glomerulonephritis

Reduce transmission (droplet spread, P2P after 24h of tx)

Rheumatic fever: autoimmune condition causing inflammation in connective tissue (joint, heart, brain) after 2-3 weeks of chronic GAS infection
 → treat within 9 days of onset

Decrease time to clinical cure (by 1 day)

Viral	Group A Strep
Conjunctivitis Coryza (nasal congestion) Cough Hoarseness (sore throat) Ulcerative stomatitis (mouth ulcers) Exanthema (rash)	Sudden onset sore throat (pain on swallowing) Age 5-15 years Winter/early spring Fever Headache, NV, abd pain (children) Tonsillopharyngeal inflammation/exudates Palate petechiae Cervical adenitis History of exposure Scarletiform rash

Treatment bottomline:

1. Penicillin V po or amoxicillin susp (better taste)
2. Non-anaphylactic penicillin allergy: narrow spectrum cephalosporin (cephalexin)
3. Anaphylactic penicillin allergy (clindamycin, clarithromycin, azithromycin, erythromycin)

If initial txt fails (Sx not improved after 3 days):

1. Clindamycin
2. Amoxicillin-clav x 10 days
 - a. Child: 40 mg/kg/day po tid
 - b. Adult: 875 mg BID or 500 mg TID
3. Erythromycin

Special notes:

Azithromycin x 5 days (better PK profile)

Erythromycin not preferred (high rate of SEs)

Adjunctive Therapy Options

Acetaminophen or NSAID = analgesic/antipyretic Tx
 → not aspirin in children (Reye's syndrome)

Topical agents containing lidocaine or benzocaine
 → sprays & lozenges (masks symptoms)

Corticosteroids not standard use (some evidence)

Chronic GAS carrier: positive throat culture but NO symptom or immune response (20% school age kids)

Good news: low risk for spreading or rheumatic fever

Bad news: special situations – try to eradicate

- Community outbreak (especially with ARF or poststreptococcal glomerulonephritis)
- Family/personal history of ARF
- Excessive family/personal anxiety w/ infxn
- When tonsillectomy considered