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Sore Throat

APPROACH

- Viral etiology is most common (causing 80-90% of infectious pharyngitis in adults and 50-70% in children), particularly if multiple symptoms (e.g. cough, conjunctivitis, rhinorrhea, hoarseness, fever, malaise, or myalgia)
- If bacterial, Group A Streptococcus (GAS) is most common etiology → perform rapid antigen detection testing (RADT) or throat swab for GAS culture if patient scores at least 2 with the following criteria (1 point each):
  - ❑ Tonsil swelling or exudate
  - ❑ Tender/swollen anterior cervical lymph nodes
  - ❑ Fever (>38ºC)
  - ❑ Cough absent
  - ❑ Age 3-14 years (if age ≥45, subtract 1 point)

⚠ RED FLAGS	Possible Diagnoses (must be ruled out)
Drooling	epiglottitis, retropharyngeal or peritonsillar abscess
Suspicion of foreign body	foreign body
Muffled "hot potato" voice	epiglottitis
Acutely unwell/toxic	epiglottitis, retropharyngeal abscess, Diphtheria, sublingual abscess (Ludwig's angina), infectious thrombophlebitis in the internal jugular vein (Lemierre's syndrome)
Throat pain out of proportion to findings	epiglottitis, peritonsillar abscess
Unilaterally enlarged tonsil or uvular deviation	peritonsillar abscess
Unvacc. with thick grey/ white membrane on back of throat	Diphtheria
Oral lesions	Coxsackie virus (hand, foot, and mouth disease), Herpes, PFAPA Syndrome (periodic fever with aphthous stomatitis, pharyngitis and adenitis"), Steven's Johnson syndrome, Behcet's syndrome, Kawasaki Disease
Adenopathy and splenomegaly	EBV (infectious mononucleosis)

TREATMENT for Infectious Pharyngitis

- Most Infectious pharyngitis can be managed with analgesia and antipyretics alone
- Delaying antibiotics until throat culture results are back is reasonable, since:
  - GAS is typically self-limited (8-10d)
  - Delaying antibiotic treatment may prevent relapse
  - Antibiotic initiation ≤9d after illness onset prevents Rheumatic fever (i.e. there is enough time to wait for culture results and still be effective)

Treat for GAS if:	
❑ +ve RADT ❑ +ve throat culture	- **Adults:** Penicillin VK 600mg PO BID or 300mg PO TID x 10d - **Pediatric:** Penicillin VK 40mg/kg/d PO div BID x 10d - **Penicillin allergy:** can use Cephalexin (penicillin non-anaphylaxis), Clindamycin, Azithromycin, or Clarithromycin

If no improvement with antibiotics after 72hrs, assess for:
- Antibiotic non-compliance
- Concurrent viral infection in GAS carrier (20% of children are carriers)
- Suppurative complications (sinusitis, retropharyngeal or peritonsillar abscess)

Key References: 1) Shulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis2012;358:1279-82. doi:10.1093/cid/cis847. pmid:23091044.2) Pelucchi C, Grigoryan L, Galeone C, et al. ESCMID Sore Throat Guideline Group. Guideline for the management of acute sore throat. Clin Microbiol Infect2012;358(Suppl 1):1-28. doi:10.1111/j.1469-0691.2012.03766.x. pmid:22432746.