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PHARYNGITIS TONSILLITIS

Sore Throat
Symptoms, Signs, and Examination

- Reading Assignment
Journal Article: Pharyngitis
- Study Questions (see IQWeb)

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PHARYNGITIS TONSILLITIS

"Sore Throat"

ODYNOPHAGIA

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PHARYNGITIS IN ADULTS –

- Acute pharyngitis: **Viral** most common; bacterial; fungal (*Candida*)
- abscess
- Ulcerative conditions
- Chronic sore throat: 1. 2.
3. 4.



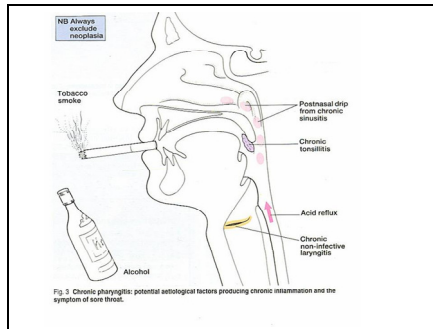


Fig. 1. Oropharyngeal involvement with *Candida* in a patient with HIV infection.

Most common cause of bacterial sore throat is group A beta hemolytic streptococci; antibiotics are a recommendation however with mild infection may be able to perform pharyngeal sweep and improve patient condition; complications include glomerulonephritis (nephritic syndrome) and rheumatic fever Nephritic syndrome- blood in urine, increased BP, retain fluid, low urine production
Glucocorticoids (steroid drugs) lower the immune response in the body and these patients may have

overgrowth of yeast or fungal infections

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PHARYNGITIS IN CHILDREN

Acute sore throat:

- _____ (most common); URTI with pharyngitis/tonsillitis, infectious mononucleosis, herpangina, croup
- Croup =
 - Harsh " _____ " cough, stridor (a high-pitched sound heard on inhalation) and fever.
 - ✓ (See 'Fundamental ENT Topics')

• **Bacterial sore throat:** _____ - most common bacterial pharyngitis

Others: Vincent's angina), epiglottitis, diphtheria (rare form of croup)

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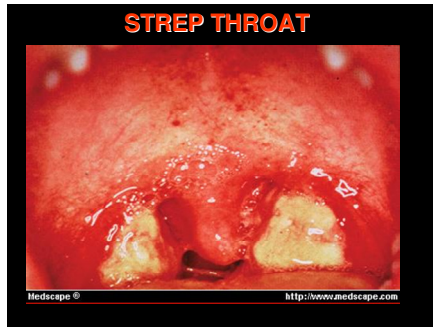
BACTERIAL TONSILLITIS

- **Etiology:** Bacteria
- **GABHS:** *Chlamydia/Mycoplasma pneumoniae, Fusobacterium nucleatum (anaerobic) and Treponema (Borrelia) vincentii, Gonococci, Corynebacterium diphtheriae*
- **Absent signs & symptoms:** rhinorrhea, cough, conjunctivitis

"Strep Throat"

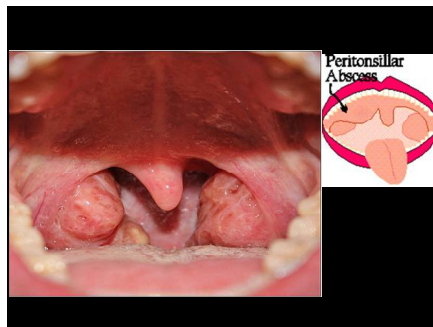
- **Group A Beta-hemolytic Streptococci = GABHS**
- **Potential dangers:** complications occur; especially if recurrent infections
- **Presentation:** prominent erythema and exudate on pharyngeal tonsil(s), odynophagia, fever, malaise, fatigue; headache, ear pain, anterior cervical lymphadenopathy; few upper respiratory tract symptoms

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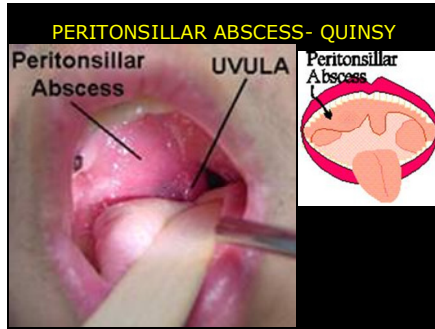


May have severe odynophagia resulting in difficulty eating or drinking
Pain with swallowing
GABHS in person under 45 y.o.
Yellow stuff is pus or exudate
There are crypts on the tonsils where pus collects

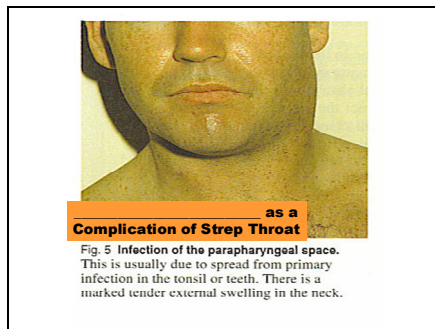
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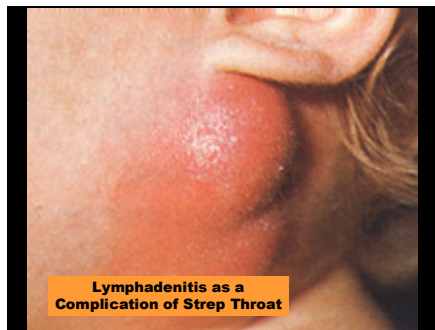
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- Variant form of Strep Throat
- **Typical presentations:**
- **Strep throat signs and symptoms**
- macular **exanthema** on cheeks (pale around mouth) and on chest, axilla, neck, and in the inguinal area. Sandpaper-like texture.
- **Strawberry-red tongue**
- Increased risk for rheumatic fever
- Management: refer to MD. Penicillin.

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- Secondary lymphadenopathy is also called **reactive lymphadenopathy**
- An infection of a lymph node is called **lymphadenitis**
- An infection of a lymph vessel is called **lymphangitis**

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An individual presents with diffuse lymph node enlargement in the neck B/L. They are hard and non-tender. What type of lymphadenopathy is this most likely an example of?

- A. Primary lymphadenopathy
- B. Secondary lymphadenopathy

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- A primary lymphadenopathy is usually malignant. It may be primary or secondary.
- Primary malignant lymphadenopathy: Hodgkin lymphoma, non-Hodgkin lymphoma, hairy cell leukemia
 - Secondary malignant lymphadenopathy: metastasis, Virchow's Node (a.k.a. *signal lymph node* or *sentinel lymph node*)

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NECK LUMPS

- Enlarged neck glands: Infection, neoplasia
- Palpate ALL lumps: how many, location, size, shape, delineation, mobility, consistency, tenderness
- Biopsy for ALL lumps: The ONLY diagnostic method

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Strep Throat Complications

Complications of GABHS infections:

1. Purulent complications: Peritonsillar abscess (Dx: intraoral ultrasound examination), lymphadenitis, AOM
2. Non-purulent complications:
 - glomerulonephritis (**antibiotics don't protect**).
 - rheumatic fever (incidence untreated :1/400): endocarditis (mitral valve) **Lab:** + ASO titer/↑ ESR
 - PANDAS
 - **Unilateral** tonsillitis: Exclude **malignancy or** a benign cause e.g. Vincent's angina

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Management of Strep Throat

1. _____ cases: chiropractic adjustments, conservative treatment, reevaluate next day.
2. Non-responsive cases: refer to
3. Moderate to severe initial presentation: refer to
4. All children < 5 years: refer to MD
5. All cases with _____ : refer to MD

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SUMMARY: PHARYNGITIS/TONSILLITIS

- **Viral** etiology most common cause: adenovirus, myxovirus, picornavirus, EBV, Coxsackie virus A or B

OR

- **Bacterial** (e.g. strep throat) - fewer symptoms from other sites
- Dominance of cold symptoms = **viral** etiology
- Tonsils usually less involved = **viral** etiology
- Diffuse slight erythema in pharynx = **viral** etiology
- **Treatment: Conservative:** antibiotic should *only* be considered in cases of **GABHS** infection or other serious bacterial pharyngitis/tonsillitis

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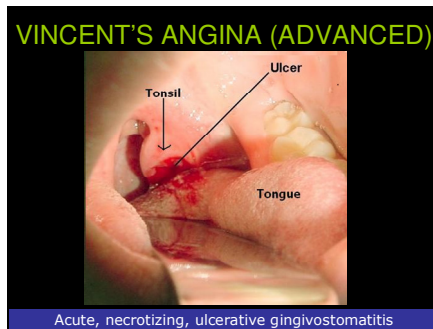
**PHARYNGITIS
TONSILLITIS**

LESS COMMON TYPES

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VINCENT'S ANGINA

- Ulcerating infection of the pharyngeal mucosa involving one or both tonsils. Stomatitis/gingivitis also may occur.
- Agents: *Fusobacterium nucleatum* (anaerobic) and *Treponema (Borrelia) vincentii* (spirochete)
- Presentation: Mild symptoms, halitosis, odynophagia, oral pain, whitish gingival pseudomembrane and ulceration
- DDX: **Malignancy: especially if unilateral** presentation

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HERPANGINA

- Blistering ulcers in the pharynx and roof of the mouth, and lips
- Agent: Coxsackie virus A (or B)
- Presentation: Fever, headache, myalgia, sore throat;
- When blisters as well: "Hand, Mouth, and Foot Disease"

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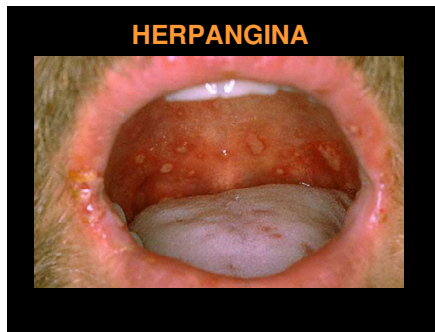
HERPANGINA



When the initial blisters break, small ulcers may develop

This patient presented with dysphagia and mild constitutional symptoms such as malaise and fatigue. The arrows point to some of the tiny ulcers seen to be confined to the posterior oral cavity. The condition cleared within 10 days on supportive measures only.

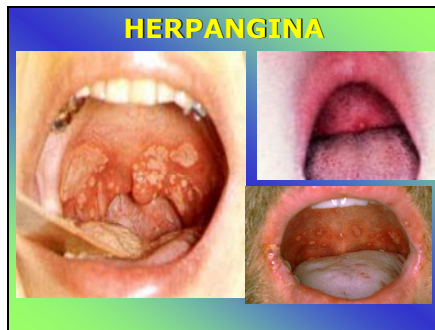
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URTI and Exercise

- Viral infections \Rightarrow myocarditis or pericarditis \Rightarrow lethal cardiac arrhythmia
- Coxsackie B, adenovirus, echovirus, influenza virus, Epstein-Barr virus, rubella virus, parvovirus B19
- Avoid vigorous exercise during the acute stage of any URTI

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