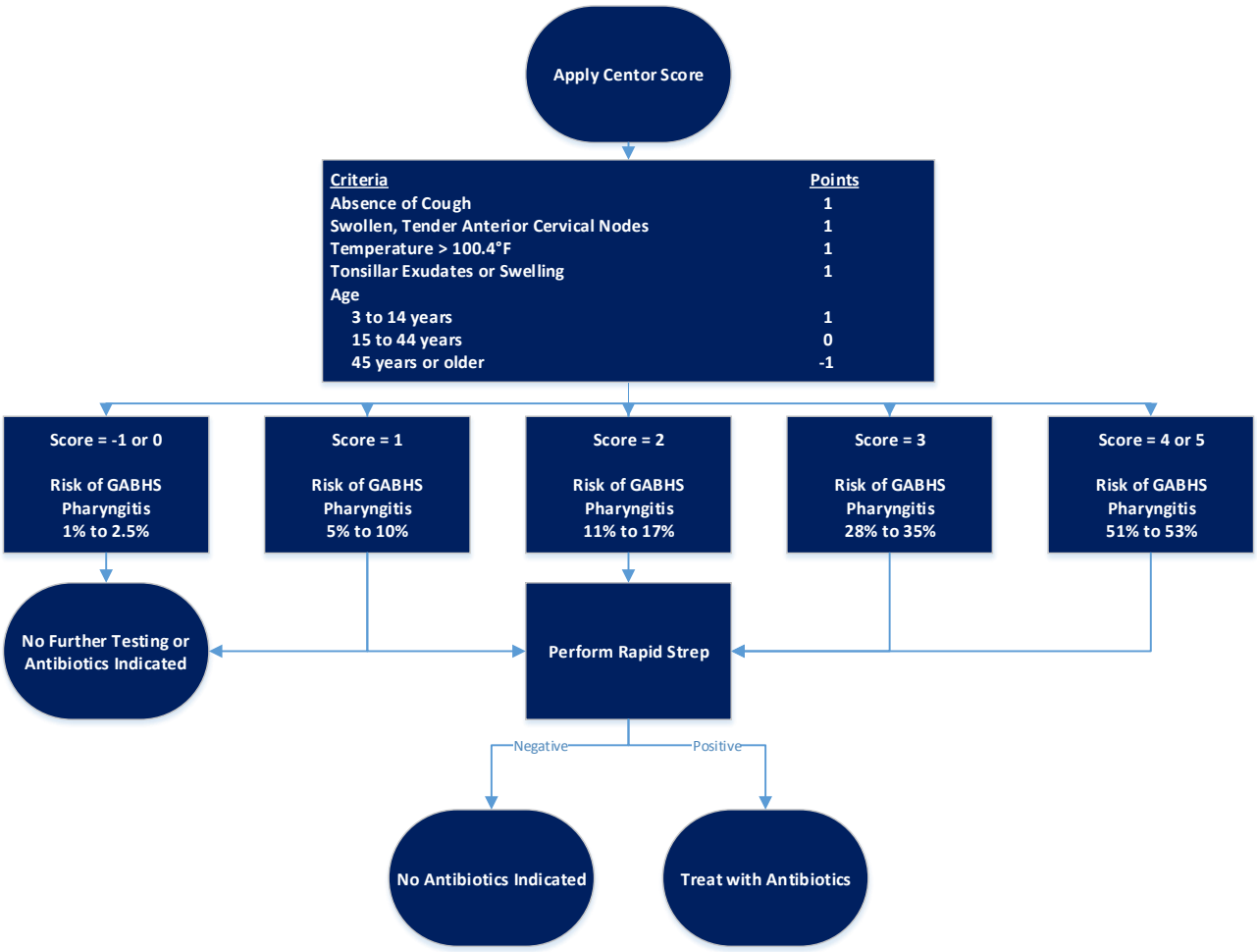
MANAGEMENT OF Pharyngitis

This EPPA Clinical Guideline is intended to guide most, but not all, encounters involving pharyngitis and should not replace clinical judgment; deviate from or adapt this guideline to meet the individual patient's needs.



Treatment:

Children	Adolescents and Adults
• Penicillin V, oral 250 mg 2 or 3 times daily x10 days ; Benzathine penicillin G, given IM : 600,000 Units for <27 kg and 1,200,000 Units for ≥27 kg 1 dose • Amoxicillin, oral 50 mg/kg once daily (max = 1000 mg); alternate: 25 mg/kg (max = 500 mg) twice daily x10 days (Amoxicillin is usually given as it tastes better) • If Penicillin allergic consider: - Cephalexin, oral 20 mg/kg/dose twice daily (max = 500 mg/dose) x10 days - Clindamycin, oral 7 mg/kg/dose 3 times daily (max = 300 mg/dose) x10 days - Azithromycin, oral 12 mg/kg once daily (max = 500 mg) x5 days (note: increased resistance 5-8%)	• Penicillin, 250 mg 3-4 times daily or 500 mg twice daily x10 days • Amoxicillin, 500mg 2 times daily x10 days • If Penicillin allergic consider: - Cephalexin, 500 mg 2 times daily x10 days - Clindamycin, 300 mg 3 times daily x10 days - Azithromycin, 500 mg daily x5 days (note: increased resistance 5-8%)

MANAGEMENT OF **Pharyngitis**

References:

- Shulman S, et al. Clinical Practice Guideline for the Diagnosis and Management of Group A Streptococcal Pharyngitis: 2012 Update by the Infectious Diseases Society of America. *Clinical Infectious Diseases.* 2012; 55 (10): e86-e102
- Choby B. Diagnosis and Treatment of Streptococcal Pharyngitis. *American Family Physician.* 2009; Mar 1;79(5):383-390.

Group A Strep (GAS):

- Most common bacterial cause of acute pharyngitis: 5%–15% of sore throat in adults, 20%–30% in children.
- Most common in children age 5-15 and in the winter and early spring.
- Testing for GAS usually is not recommended for children or adults with acute pharyngitis with clinical and epidemiological features that strongly suggest a viral etiology.
- Empiric treatment no longer recommended for high Centor score, test first
- Diagnostic studies for GAS are not indicated for children <3 years old because rheumatic fever (RF) is rare in children <3 years old and the incidence of streptococcal pharyngitis and the classic presentation of streptococcal pharyngitis are uncommon in this age group. Selected children <3 years old who have other risk factors, such as an older sibling with GAS infection, may be considered for testing.

Clinical Features by Suspected Etiologic Agent:

Group A Streptococcal	Viral
• Sudden onset of sore throat • Age 5 – 15 years • Fever • Headache • Nausea, vomiting, abdominal pain • Tonsillopharyngeal inflammation • Tonsillopharyngeal exudates • Palatal petechiae • Anterior cervical adenitis (tender nodes) • Winter and early spring presentation • History of exposure to strep pharyngitis • Scarlatiniform rash	• Conjunctivitis • Coryza • Cough • Diarrhea • Hoarseness • Discrete ulcerative stomatitis • Viral exanthema

Pearls

- Acetaminophen or an NSAID as needed. Aspirin should be avoided.
- Therapy with a corticosteroid is controversial; may provide some benefit.
- Diagnostic testing or empiric treatment of asymptomatic household contacts of patients with GAS pharyngitis is not routinely recommended.
- No evidence to suggest antibiotic treatment for pharyngitis associated with other group (C or G) strep.
- School/daycare exclusion for GAS: fever resolved AND antibiotics for >24 hours.
- Suppurative complications (Cervical adenitis, peritonsillar abscess, retropharyngeal abscess, otitis media, mastoiditis, meningitis, sinusitis) from the spread to adjacent structures were very common in the pre-antibiotic era.
- Nonsuppurative complications include ARF, rheumatic heart disease, and post streptococcal glomerulonephritis (PSGN). Treatment within 9 days of onset is effective in preventing RF but does not modify risk of PSGN.

Peritonsillar Abscess:

Symptoms	Physical Exam
• Halitosis • Odynophagia • Dysphagia • "Hot Potato" voice • Ipsilateral referred otalgia with swallowing • Neck pain	• Erythema • Asymmetry of the soft palate • Tonsillar exudation • Contralateral displacement of the uvula • Trismus