

Sore Throat

Differential

- **Pharyngitis** – 20% bacterial (group A strep, mycoplasma, chlamydia, gonorrhoea, group C and G strep) or 80 % viral (EBV, primary HIV, RSV, herpes simplex, influenza, parainfluenza, coronavirus, rhinovirus)
Diphtheria – gradual onset, grey membrane (40%), bleeds on contact
Infectious mononucleosis – EBV infection causing hepatosplenomegaly, lymphadenopathy, fatigue, weight loss, lymphocytosis, generalised macular papular rash. Similar symptoms seen with CMV and toxoplasmosis
- **Peritonsillar abscess (Quinsy)** – trismus, 'hot potato voice, unilateral swelling, drooling
- **Epiglottitis** – usually unwell, sitting upright, hoarse voice, unable to swallow
- **Retropharyngeal abscess** – marked anterior neck pain, torticollis, may track to mediastinum
- **Ludwig's Angina** – infection of submandibular space, usually arising from tooth infection
- **Thyroiditis** – tender thyroid, voice normal
- **Lemierre syndrome** (septic thrombophlebitis of internal jugular with metastatic pulmonary infection) – unilateral swelling, rigors

Conditions in Red should be considered in all patients with severe signs

Modified CENTOR Criteria

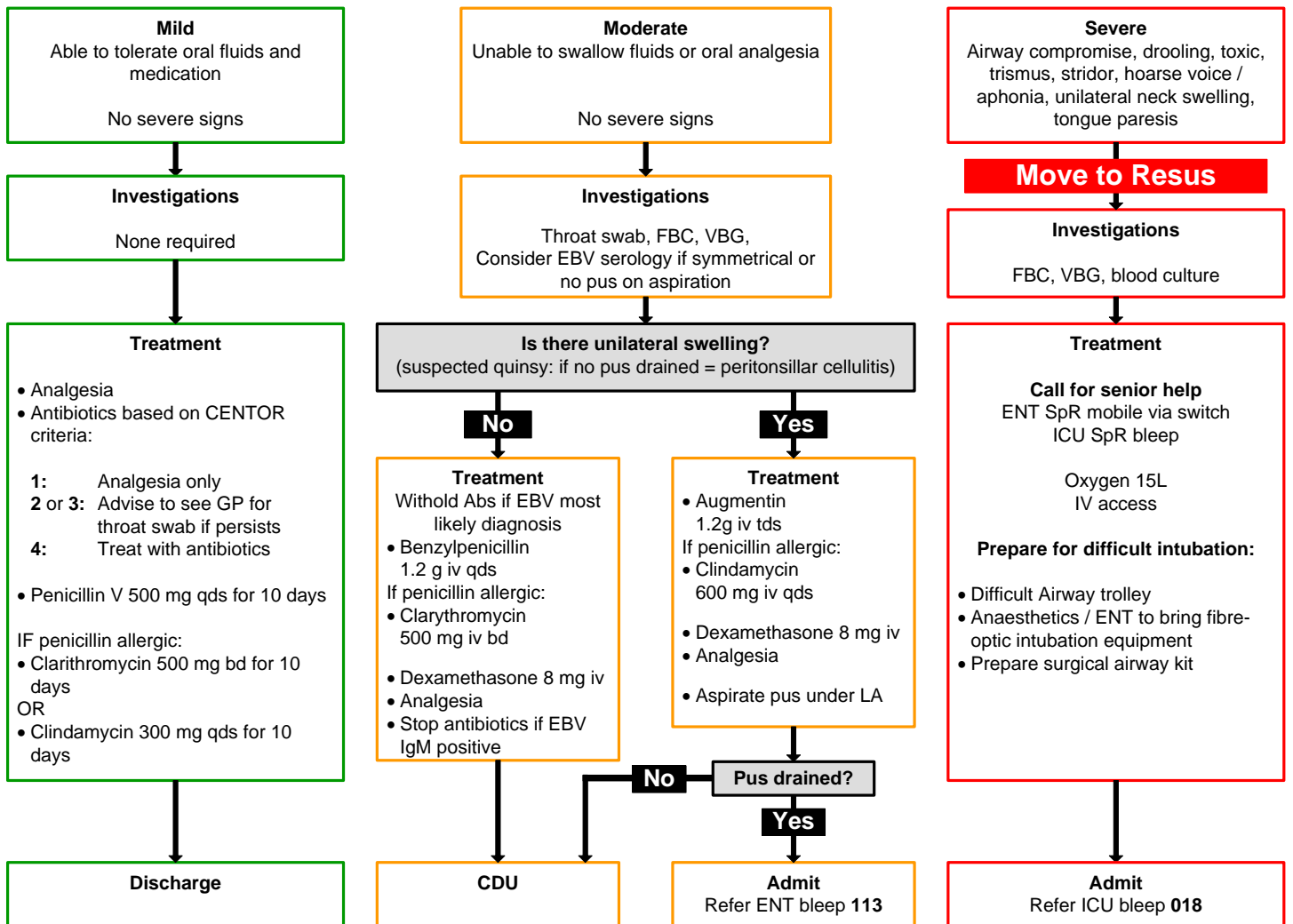
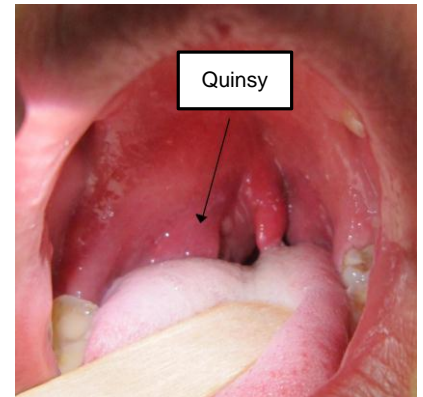
- Absence of cough 1
 - Tender cervical lymphadenopathy 1
 - Fever 1
 - Exudate on tonsils 1
 - Age > 44 years -1
- 1 = risk of streptococcal infection < 10%
 2 = risk of streptococcal infection 15%
 3 = risk of streptococcal infection 32%
 4 = risk of streptococcal infection 56%

Analgesia

- Paracetamol 1 g po qds OR Cocodamol 2 tablets po qds PLUS NSAIDs:
- Ibuprofen 800 mg po loading then 400 mg tds OR Aspirin 600 mg gargled qds
- AND Difflam oral rinse 10 mL qds (OTC benzydamine)

Complications

- Suppurative:**
 Quinsy
 Retropharyngeal abscess
 Otitis media
 Sinusitis
- Non-suppurative (post streptococcal):**
 Rheumatic fever
 Glomerulonephritis



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Reference Documents