**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
  - **Epiplottis** – 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

**Modified CENTOR Criteria**
- Absence of cough (score 1)
- Tender cervical lymphadenopathy (score 1)
- Fever (score 1)
- Exudate on tonsils (score 1)
- Age > 44 years (score -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

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

**Mild**
- Able to tolerate oral fluids and medication
- No severe signs

**Investigations**
- None required

**Treatment**
- Analgesia
- Antibiotics based on CENTOR criteria:
  - 1: Analgesia only
  - 2 or 3: Advise to see GP for throat swab if persists
  - 4: Treat with antibiotics
- Penicillin V 500 mg qds for 10 days
- IF penicillin allergic:
  - Clarithromycin 500 mg bd for 10 days OR
  - Clindamycin 300 mg qds for 10 days

**Discharge**

**Moderate**
- Unable to swallow fluids or oral analgesia
- No severe signs

**Investigations**
- Throat swab, FBC, VBG, Consider EBV serology if symmetrical or no pus on aspiration

**Is there unilateral swelling?**
- (suspected quinsy: if no pus drained = peritonsillar cellulitis)

**No**

**Treatment**
- Withhold Abs if EBV most likely diagnosis
  - Benzopenicillin 1.2 g iv qds
  - If penicillin allergic:
    - Clarythromycin 500 mg iv bd
    - Dexamethasone 8 mg iv
  - Analgesia
  - Stop antibiotics if EBV IgM positive

**CDU**

**Yes**

**Treatment**
- Augmentin 1.2g iv tds
- If penicillin allergic:
  - Clindamycin 600 mg iv qds
  - Dexamethasone 8 mg iv
  - Analgesia
  - Aspirate pus under LA

**Admit**
- Refer ENT bleep 113

**Severe**
- Airway compromise, drooling, toxic, trismus, stridor, hoarse voice / aphonia, unilateral neck swelling, tongue paresis

**Investigations**
- FBC, VBG, blood culture

**Move to Resus**

**Call for senior help**
- ENT SpR mobile via switch
- ICU SpR bleep
- Oxygen 15L IV access

**Prepare for difficult intubation:**
- Difficult Airway trolley
- Anaesthetics / ENT to bring fibre-optic intubation equipment
- Prepare surgical airway kit

**Prepare surgical airway kit**

**Admit**
- Refer ICU bleep 018

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Sore Throat

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Reference Documents