



Note the tonsillar enlargement, erythema and exudate on the right and the pharyngeal erythema on the left.

Aetiology

- **Viral infections** - rhinovirus, adenovirus, influenza, parainfluenza, coxsackie, coronavirus
- **EBV** (infectious mononucleosis)
- **Group A Streptococcus** (10% of cases)

Clinical Features

| Features associated with bacteria | Features associated with viruses |
|-----------------------------------|----------------------------------|
| Sudden onset | Coryza |
| Tonsillar exudate | Cough |
| Cervical lymphadenopathy | Otalgia |
| Fever | Hoarseness (laryngitis) |
| Absent cough/coryza | |

Note that there is significant overlap in the presentation of viral and bacterial pharyngitis and no one feature can reliably distinguish between them. Unfortunately, differentiating between viral and bacterial aetiologies is important as antibiotics can prevent the serious complications caused by group A Streptococcus (GAS).

Complications of Group A Streptococcus Infection

| Suppurative Complications | Non-Suppurative Complications |
|--------------------------------------|------------------------------------|
| Tonsillopharyngeal abscess | Acute rheumatic fever |
| Otitis media | Scarlet fever |
| Sinusitis | Streptococcal toxic shock syndrome |
| Necrotizing fasciitis | Acute glomerulonephritis |
| Streptococcal bacteraemia | PANDAS |
| Meningitis/intracranial abscess | |
| Jugular vein septic thrombophlebitis | |

Differential Diagnosis

- **Epiglottitis:** fever, stridor, muffled voice, drooling, hoarseness.
- **Peritonsillar abscess:** “hot potato” voice, drooling, trismus, unilateral swollen tonsil.
- **Retropharyngeal abscess:** preceding trauma (chicken bone), dysphagia, SOB.
- **Primary HIV:** painful mucocutaneous ulceration, fever, other features of primary HIV.

Management

Who Requires Antibiotics? Use the Centor Score:

- **Score 0-2:** very unlikely to have GAS infection.
- **Score > 2:** 38% with score = 3 and 57% with score = 4 will have GAS infection.

Reserve antibiotics for those with a Centor score >2. Intravenous antibiotics are used for those who are septic or are unable to swallow.

In GAS infection antibiotics reduce the incidence of complications and reduce the duration of illness by 1-2 days if started within 48 hours of onset.

| Centor Score | |
|--|-------|
| Clinical Feature | Score |
| Tonsillar exudate | 1 |
| Tender anterior cervical lymphadenopathy | 1 |
| Fever | 1 |
| Absence of cough | 1 |

Antibiotic Choice

- Phenoxyethylpenicillin PO 500mg 6 hourly for 10/7 (clarithromycin 5/7 if allergic).
- Benzylpenicillin IV 1.2g 6 hourly (increase to 2.4g and add clindamycin if septic).