Throat infections

Introduction

This page covers acute and chronic pharyngitis and tonsillitis and its complications; quinsy and parapharyngeal abscess.

Acute Pharyngitis

Inflammation of the pharyngeal mucosa may be acute or chronic. Acute pharyngitis is almost always viral in origin with rhinovirus and adenovirus being the two most frequent infecting agents. Many other common viruses also cause pharyngitis as part of their clinical appearance. For example, Epstein-Barr, Herpes simplex, Influenza virus, and Parainfluenza. HIV also causes pharyngitis as part of the acute retroviral syndrome.

Symptoms and signs

A mild sore throat is the hallmark of pharyngitis. There is associated discomfort on swallowing and a very mild fever. The pharynx is red and there may be tenderness in the regional lymph nodes.

Pharyngitis may form one part of a wider group of symptoms depending on the infecting virus. For example, there may be a non-productive cough, watery rhinorrhoea, nasal congestion as well as pharyngitis as part of a common cold.

Treatment

Simple analgesia and fluids usually suffice. Antibiotics are not required and the condition will usually cease after 3 or 4 days.

Chronic pharyngitis

Long lasting pain in the throat may be caused by chronic infection or irritation of the pharyngeal mucosa. Acid reflux, inhalation of fumes or smoke, and diet are common causes.

N.B. chronic pain in the throat may mean that the patient has a pharyngeal or laryngeal cancer. The patient should be examined carefully when chronic throat pain is present.

Tonsillitis

Aetiology

The commonest cause of tonsillitis is viral but bacterial cause should be suspected if the condition lasts more than three days or if these is marked systemic upset.

Symptoms

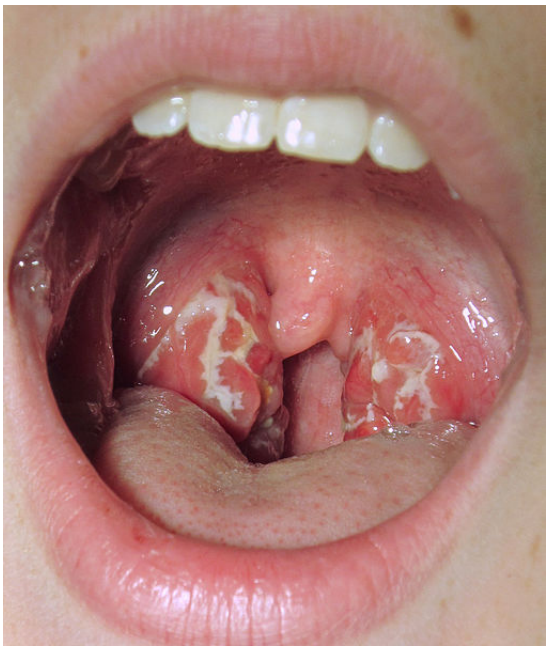
Sore throat
Odynophagia & dysphagia
Otalgia (referred pain)
Usually, self limiting, however systemic illness and dehydration can follow if oral intake is reduced.

Systemic features include pyrexia, tachycardia & other signs of sepsis. Airway compromise is very rare, more commonly seen in the complications from tonsillitis (see below)

Signs

Swollen/ erythematous tonsils
Exudate on tonsils *
Cervical lymphadenopathy *
Stertor (not to be confused with stridor!)
Pyrexia *

* Signs suggestive of possible bacterial infection



Treatment

Simple uncomplicated tonsillitis can be treated initially with good analgesia, fluids and rest.

Antibiotics are reserved for patients where a possible bacterial cause is suspected. A prolonged illness may suggest a superimposed bacterial infection. Penicillin is the antibiotic of choice as Group A Streptococcus is a common infecting organism. Amoxicillin is a good alternative and erythromycin if there is penicillin allergy.

In severe cases or where the patient is unable to eat and drink and/or is systemically unwell a brief admission for IV antibiotics, steroids and fluid rehydration may be needed. Patients can often be discharged when able to manage oral intake after a few hours of IV treatment.

Caution advised in immunocompromised patients e.g. diabetics and those with HIV. These patients are at higher risk of complications.

Glandular fever (infectious mononucleosis)

This is caused by the Epstein-Barr virus (EBV) which is transmitted via the infected patient's saliva through coughing, sneezing and kissing hence the term "kissing disease".

Symptoms are similar to those found in tonsillitis, however, are often more severe and prolonged. Pyrexia of >38C, marked fatigue (often prolonged) are common complaints.

Other symptoms include abdominal discomfort and systemic illness.

Signs

Swollen pus filled tonsils
Cervical lymphadenopathy
Hepatosplenomegaly
Stertor (secondary to very enlarged tonsils)

Investigations

GF is a clinical diagnosis. Bloods tests do exist including a monospot test, however, these tests are unreliable and are used as an aid only.

It is treated the same way as tonsillitis, however, advise on avoidance of contact sports and abdominal trauma for at least 6 weeks must be given. Traumatic splenic rupture and airway compromise are potentially lethal complications.

Complications of tonsillitis

1. Quinsy

This is a collection of pus deep to the tonsil, between the tonsil and the superior pharyngeal constrictor, that pushes the tonsil medially. It is classically seen a few days after the onset of tonsillitis.

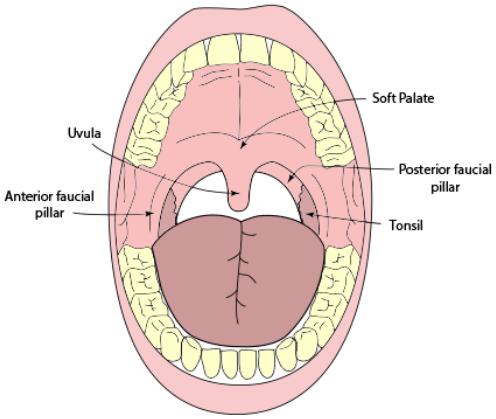
Symptoms

Symptoms of tonsillitis
Unilateral pain
Progressive dysphagia
Trismus (reduced mouth opening)
"Hot potato" voice

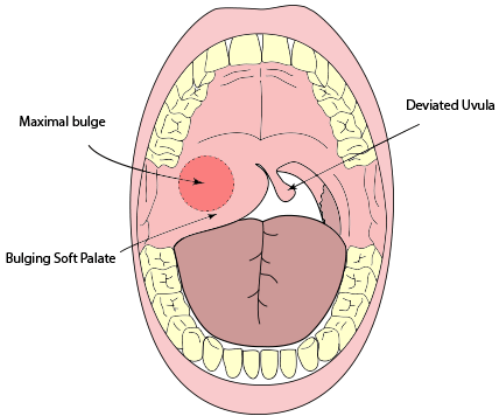
Signs

Trismus
Peritonsillar swelling/ erythema
Erythematous/ swollen anterior arch of oropharynx
Deviation of the uvula to opposite side
Involved tonsil pushed medially

Unilateral peritonsillar erythema in the absence of above can be described as a peritonsillar cellulitis.



Normal Oropharynx



Right Quinsy (Peritonsillar Anscess)

Treatment

IV antibiotics and steroids as with severe tonsillitis are key. In addition to this drainage of the quinsy should be performed.

Drainage can be performed in two main ways under local anaesthetic:

- needle aspiration
- incision and drainage (usually reserved for recurrent quinsy)

This often provides instant relief and patients can often be discharged a few hours later if symptoms have improved.

2. Parapharyngeal abscess

The parapharyngeal space lies lateral to the superior pharyngeal constrictor and infection may spread from the tonsil into this deep neck space causing an abscess.

In addition to tonsillitis, dental disease and surgery are also causes of parapharyngeal abscess. Acute ear infections can also present this way – Bezold abscess.

Symptoms and signs

In addition to trismus, throat pain, fever and neck swelling the patient may show a bulge in the pharyngeal wall posterior to the tonsil. Rigors and high fever may be present.

Treatment

Parapharyngeal abscesses require drainage in addition to IV antibiotics, fluid management. The airway should be secure before surgery. The abscess may be approached either through the mouth if it is very obvious or through the neck.