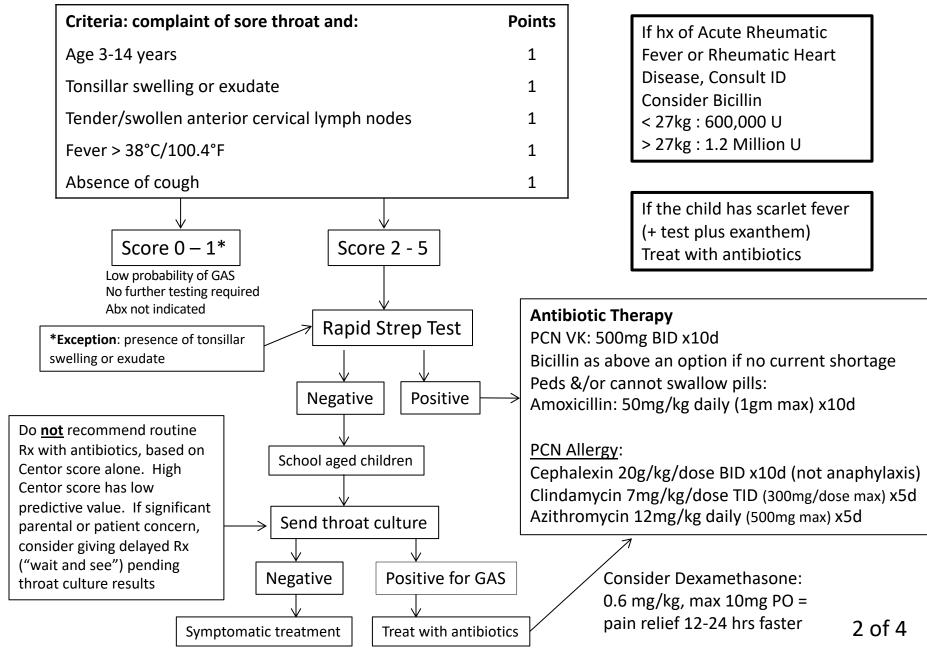
Sore Throat

Diagnosis	History	Exam
GAS (Group A Strep) pharyngitis Click here for <u>Images</u>	3yo+: abrupt onset fever, sore throat; <i>no</i> cough or congestion, may have headache, abd pain <3yo: uncommon, "streptococcosis syndrome"	Exudative pharyngitis, tender cervical adenopathy, may have strawberry tongue, palatal petechiae, scarlet fever rash Streptococcosis: protracted nasal congestion, low-grade fever, tender cervical adenopathy
Viral pharyngitis - <u>Image</u>	Throat pain, +/- cough/cold sx	Erythema, no exudate
Herpangina / Hand Foot Mouth Disease Click here for <u>Images</u>	Fever, pain in the throat, parent may have noted vesicles. Most common in < 7 years old	Discrete red macules that become vesicles on a thin halo of erythema on posterior pharynx, if HFM papules and vesicles on palms, soles, knees, buttocks
Herpes gingivostomatitis Click here for <u>Images</u>	Fever, mouth pain. Most common in 6mo-5yrs old	Vesicles and ulcers of gums and mucosa, sometimes extending to perioral region, gingival swelling

Modified Centor Criteria to Evaluate for GAS Pharyngitis



Herpangina & Herpes Gingivostomatitis

- Seasonal: Summer, early Fall
- Transmission: fecal-oral (enterovirus = herpangina, HFM) but also respiratory and oral secretions (both enterovirus and herpes) – discuss prevention of transmission to siblings and others
- Clinical diagnosis
- Acyclovir effective only for herpes, not enterovirus (herpangina, HFM). Consider if within first 72-96 hours of illness, 15 mg/kg/dose PO 5x/day for 5-7 days
- Pain control
 - Acetaminophen, Ibuprofen. Dexamethasone is only effective for Group A Strep pharyngitis.
 - "Magic mouthwash" 1:1:1 viscous lidocaine maalox or sucralfate diphenhydramine, dot on lesions with a Q-tip, difficult to use for posterior pharyngeal lesions, more helpful for herpes stomatitis
 - Cold and soft fluids and foods: yogurt, applesauce, ice cream, jello, soup, mashed potatoes, mac & cheese
 - Avoid citrus, salty, spicy, acidic foods
- Warn caretakers: can last 7-10 days
- Return precautions for signs of dehydration
- Return to school/daycare: afebrile and sores healed (may be up to 7 days), no excessive drooling
- Onychomadesis (nail shedding) can be seen 3-8 weeks after HFM disease (they grow back)

Sore Throat Tips

- "They didn't do anything"
 - Be sure to clarify the diagnosis, e.g. viral pharyngitis and explain why antibiotics won't help
 - Discuss pain control
 - Acetaminophen, Ibuprofen, topical OTC phenol (brand name Chloraseptic) analgesic sprays, throat lozenges. Dexamethasone is only effective for Group A strep pharyngitis.
 - Cold and soft fluids and foods: yogurt, applesauce, ice cream, jello, soup, mashed potatoes, mac & cheese. Avoid citrus, salty, spicy, acidic foods
 - Blow / suction nasal secretions thoroughly before bed to reduce post-nasal drip and consider using a humidifier to avoid dry throat
- Good negatives to note and document: no tripod positioning, drooling, hot potato voice, stridor, toxic appearance, peritonsillar swelling, signs/sx of infectious mono (in adolescents particularly)
- What else might be causing a sore throat?
 - Mouth-breathing (e.g. due to allergic rhinitis)
 - Post-nasal drip
 - Referred dental pain