

# Sore Throat

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

# Modified Centor Criteria to Evaluate for GAS Pharyngitis

Criteria: complaint of sore throat and:	Points
Age 3-14 years	1
Tonsillar swelling or exudate	1
Tender/swollen anterior cervical lymph nodes	1
Fever > 38°C/100.4°F	1
Absence of cough	1

If hx of Acute Rheumatic Fever or Rheumatic Heart Disease, Consult ID  
Consider Bicillin  
< 27kg : 600,000 U  
> 27kg : 1.2 Million U

If the child has scarlet fever (+ test plus exanthem)  
Treat with antibiotics

Score 0 – 1\*

Low probability of GAS  
No further testing required  
Abx not indicated

Score 2 - 5

\***Exception:** presence of tonsillar swelling or exudate

Rapid Strep Test

Negative

Positive

## Antibiotic Therapy

PCN VK: 500mg BID x10d  
Bicillin as above an option if no current shortage  
Peds &/or cannot swallow pills:  
Amoxicillin: 50mg/kg daily (1gm max) x10d

## PCN Allergy:

Cephalexin 20g/kg/dose BID x10d (not anaphylaxis)  
Clindamycin 7mg/kg/dose TID (300mg/dose max) x5d  
Azithromycin 12mg/kg daily (500mg max) x5d

Do **not** recommend routine Rx with antibiotics, based on Centor score alone. High Centor score has low predictive value. If significant parental or patient concern, consider giving delayed Rx ("wait and see") pending throat culture results

School aged children

Send throat culture

Negative

Positive for GAS

Symptomatic treatment

Treat with antibiotics

Consider Dexamethasone:  
0.6 mg/kg, max 10mg PO =  
pain relief 12-24 hrs faster

# 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 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