



**TABLE A: Clinical Symptoms of Streptococcal Pharyngitis**

**Features suggestive of GABHS (Group A beta-hemolytic streptococcus) as causative agent:**

- Sudden-onset sore throat
- Pain on swallowing
- Fever
- Scarlet fever rash
- Headache
- Tonsillopharyngeal erythema
- Tonsillopharyngeal exudates
- Nausea, vomiting, and abdominal pain
- Soft palate petechiae
- Beefy, red, swollen uvula
- Tender, enlarged anterior cervical nodes
- Patient 5 to 17 years of age
- Presentation in winter or early spring (in temperate climates)
- History of exposure

**TABLE B: Symptomatic Treatment of Viral Pharyngitis**

- Acetaminophen or ibuprofen
- Oral rinses for oral /throat ulcers-viral. Equal parts of diphenhydramine and Maalox® (magnesium hydroxide, aluminum hydroxide, and simethicone). Children ≥ 6-8 years may swish and spit mixture.
- Salt-water gargles. Most recipes suggest 1/4 to 1/2 teaspoon of salt per cup (8 ounces) of warm water. The water should be gargled and then spit out (not swallowed). Children younger than six to eight years are not able to gargle properly. It is not clear if this treatment is effective, but it is unlikely to be harmful.
- Other interventions - Sipping warm beverages (eg, honey or lemon tea, chicken soup), cold beverages, or eating cold or frozen desserts (eg, ice cream, popsicles). These treatments are safe for children.
- Honey should not be given to children younger than 12 months due to the potential risk of botulism poisoning.
- Alternative therapies - Health food stores, vitamin outlets, and Internet Web sites offer alternative treatments for relief of sore throat pain. We do not recommend these treatments due to the risks of contamination with pesticides/herbicides, inaccurate labeling and dosing information, and a lack of studies showing that these treatments are safe and effective.
- Sprays containing topical anesthetics (benzocaine) - not recommended for children (can cause allergic reactions)
- Lozenges are not recommended for children

**TABLE C: Communication for Viral Pharyngitis**

- Sore throat caused by viral infections usually last 5-7 days
- Treatments to reduce pain may be helpful but will not help to eliminate the virus
- Antibiotics do not improve throat pain caused by a virus and are not recommended
- A child with a viral infection is usually allowed to return to school when there has been no fever for 24 hours and the child feels well enough to pay attention

**TABLE D: Communication for Streptococcal Pharyngitis**

**Instruct parents to seek medical attention if:**

- Difficulty swallowing or breathing
- Excessive drooling in an infant or young child
- Persistent fevers (≥ 101 °F/38.3 °C) or symptoms for > 3 days after initiation of therapy
- Swelling of the neck
- Child is unable or unwilling to drink or eat
- Voice sounds muffled
- Child has a stiff neck or difficulty opening the mouth



## Clinical Pearls

- Group A beta-hemolytic streptococcus (GABHS) pharyngitis is uncommon in children  $\leq$  2-3 years of age
- Repeat testing for GABHS in patients treated for GABHS is not indicated
- In young children, GABHS manifests with prolonged nasal discharge, tender anterior cervical adenopathy, and low-grade fever. Microbiologic testing may be warranted for symptomatic young children, particularly if they have been exposed to contacts with GABHS infection.
- Vesicles in posterior pharynx may indicate Herpangina (Coxsackie virus)
- Patient with buccal or gingival lesions may indicate a differential diagnosis that includes herpetic stomatitis and Stevens Johnson syndrome (rash and multisystemic involvement)
- Rule out infectious mononucleosis and HIV in patient with prominent posterior cervical or diffuse lymphadenopathy
- Consider diphtheria in patient unimmunized with recent travel
- Oral sexual contact: consider gonococcal pharyngitis
- Rule out infectious mononucleosis in patient with persistent fevers
- For acutely ill patient, consider epiglottitis, retropharyngeal abscess, tonsillar hypertrophy secondary to Epstein Barr virus infection, diphtheria and Lemierre's syndrome need to be considered in the differential diagnosis and appropriate care instituted
- Unilateral enlarged tonsil crossing the midline: peritonsillar abscess
- Tetracyclines, sulfonamides, fluoroquinolones should NOT be used for treatment of GABHS
- Children with streptococcal pharyngitis should not return to school or child care until at least 24 hours after beginning appropriate antibiotic therapy

## References

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