# **Pharyngitis**

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## **KEYWORDS**

• Pharyngitis • Throat • Infectious • Noninfectious

## **KEY POINTS**

- Most infectious pharyngitis has a viral cause, which includes influenza, coronavirus, rhinovirus, adenovirus, enterovirus, human immunodeficiency virus, Epstein-Barr virus, cytomegalovirus, and herpes simplex virus.
- The clinician must quickly rule out parapharyngeal space infections, peritonsilar abscess, submandibular abscess (Ludwig angina), and epiglottitis. These conditions require emergency care.
- The Infectious Diseases Society of America advises the use of aspirin or nonsteroidal antiinflammatory agents (NSAIAs) in adults and NSAIAs in children for the treatment of pain.
   There are several studies that show that NSAIAs relieve pharyngitis pain better than acetaminophen.
- Penicillin remains the antibiotic of choice of group A beta-hemolytic streptococcal (GAS) pharyngitis. Resistance has not developed to penicillin.
- Patients with GAS pharyngitis should have improvement in 3 to 4 days. If not better at that
  time, the patient should be seen for diagnostic reconsideration or the development of a
  suppurative complication.

#### INTRODUCTION

Sore throat is common and has substantial medical and societal costs. There were more than 15 million outpatient visits for pharyngitis in 2007 in the United States. Overtreatment of non–group A beta-hemolytic streptococcal (GAS) infections is one of the major causes of inappropriate use of antibiotics. Patient's expectations are not for antibiotics, but for pain relief, reassurance, and information. When questioned, those who hoped for an antibiotic did so with the belief that an antibiotic would give pain relief. Therefore, it behooves the medical provider to have a rational, practical, and evidence-based approach to the treatment of pharyngitis.

# **CAUSES/EPIDEMIOLOGY OF PHARYNGITIS**

The causes of pharyngitis may be categorized as infectious versus noninfectious. Infectious causes are shown in **Table 1**. Noninfectious causes include allergy, postnasal

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Table 1 Infectious causes of pharyngitis		
Bacteria	Viruses	Atypical Bacteria
Group A beta-hemolytic streptococci	Adenovirus	Mycoplasma pneumoniae
Group C streptococci	Herpes simplex virus 1 and 2	Chlamydophila pneumoniae
Neisseria gonorrhoeae	Coxsackievirus	Chlamydophila psittaci
Corynebacterium diphtheriae	Rhinovirus	<u> </u>
Fusobacterium necrophorum	Coronavirus	
Francisella tularensis	Influenza A and B	<u> </u>
Yersinia pestis	Parainfluenza	<u> </u>
Treponema pallidum	Respiratory syncytial virus	
Mixed anaerobes	Human herpes virus 4 (Epstein-Barr virus)	_
	Human herpes virus 5 (Cytomegalovirus)	_
	HIV	_

Abbreviation: HIV, human immunodeficiency virus.

Data from Kociolek L, Shulman S. Pharyngitis. Ann Intern Med 2013;157(5):ITC3-1.

drainage, irritation (ie, smoke exposure, poorly humidified air), gastrointestinal reflux disease, foreign body, acute thyroiditis, and referred pain (ie, dental).<sup>2</sup> Infectious causes include viral and bacterial.<sup>2</sup> In the immune-compromised patient, fungal causes should be considered.<sup>2</sup> The most important of these infections is GAS because of the possible complications.

Most infectious pharyngitis has a viral cause, which includes influenza, coronavirus, rhinovirus, adenovirus, enterovirus, human immunodeficiency virus (HIV), Epstein-Barr virus (EBV), cytomegalovirus, and herpes simplex virus.<sup>2</sup>

The major risk factors for GAS are age and exposure. Up to 30% of childhood pharyngitis is caused by GAS. Outbreaks occur during winter and early spring in the 5-year-old to 15-year-old age group, and spread by close contact (school and home). GAS is uncommon in preschool-aged children and adults. Group C and G beta-hemolytic *Streptococcus* causes pharyngitis in older children and adults. The infection is similar but less severe and does not lead to the significant complications of GAS infection. Consider mycoplasma and chlamydia infections when young adults present with pharyngitis and bronchitis.<sup>4</sup>

Fusobacterium necrophorum (Fn), an obligate anaerobic gram-negative bacillus, has been reported as causing pharyngitis in adolescents in the United Kingdom and Denmark.<sup>3</sup> Although not a conclusive pathogen for pharyngitis, it has been suggested as a causative agent in Lemierre syndrome (septic thrombophlebitis of the internal jugular vein with septic emboli to the lungs).

#### HISTORY AND PHYSICAL EXAMINATION

The physical examination of the patient is focused on the head/neck/chest and skin. On initial examination, the provider should assess for signs of life-threatening disease, especially in children who have difficulty in localizing pain. Red flags for impending life-threatening deterioration include difficulty with handling secretions, drooling, hot-potato voice, toxic appearance, and unilateral neck swelling.<sup>1</sup> The

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