***Lec 2 + 3 :***

***Infections of the pharynx:***

**Acute Viral Pharyngitis**

**Etiology, symptoms:** Acute viral pharyngitis, which is often caused by influenza or parainfluenza viruses, typically presents clinically with sudden onset of fever, sore throat, and headache. There may also be coughing and catarrhal symptoms (e.g., rhinitis, sinusitis).

Concomitant cervical adenopathy may also be present.

**Diagnosis:** The pharyngeal mucosa appears red and coated on mirror examination. If a bacterial etiology is suspected, a rapid streptococcal test can be performed

**Treatment** is supportive and consists mainly of analgesic agents. Cold compresses to the neck can also help to relieve pain. The patient should drink copious amounts of warm liquid to ease complaints

**Chronic Pharyngitis**

**Etiology:** Chronic pharyngitis is often a result of long term exposure to various noxious agents (nicotine, alcohol, chemicals, gaseous irritants). It can also occur as a result of chronic mouth breathing due to nasal airway obstruction (e.g., deviated septum) or as an accompanying feature of chronic sinusitis.

**Symptoms:** The main clinical manifestations are a dry throat sensation with frequent throat clearing and the drainage of a viscous mucus. Some patients have a dry cough and a foreign-body sensation in the pharynx.

**Diagnosis:** The **history** will often direct attention to possible noxious agents. On **mirror examination,** the pharyngeal mucosa appears red and “grainy” due to the hyperplasia of lymphatic tissue on the posterior pharyngeal wall (hypertrophic form: The pharyngeal mucosa may also have a smooth, shiny appearance in some cases (atrophic form). A thorough **nasal examination** should be performed to exclude nasal airway obstruction as the cause of chronic pharyngitis, giving particular attention to possible septal deviation or turbinate hyperplasia.

The middle meatus should also be examined endoscopically

**Treatment:** Any agents causing the pharyngitis should be avoided. Also, an herbal product such as sage or chamomile can be used in a steam inhalation to moisten the airways. In patients with nasal airway obstruction due to septal deviation or turbinate hyperplasia, a

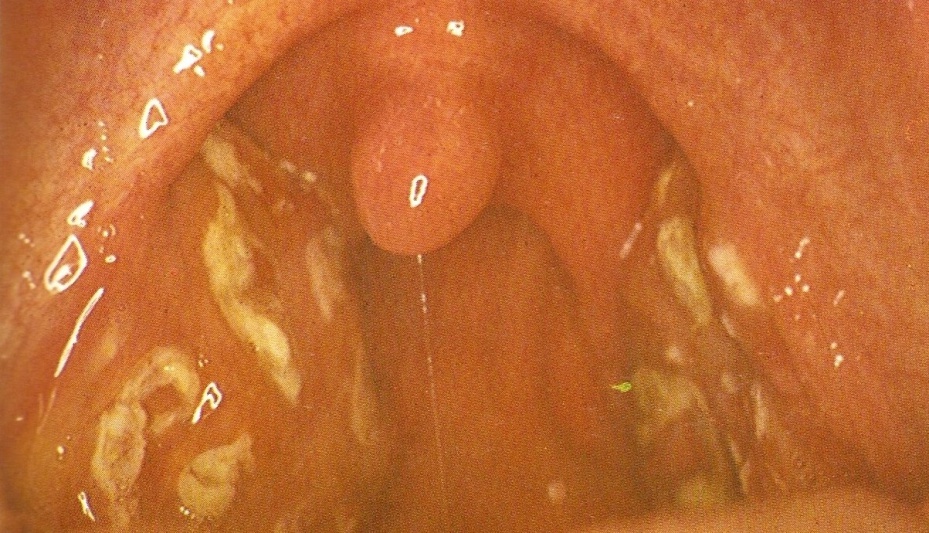
surgical procedure can be performed to improve complaints

**Tonsillitis**

Tonsillitis, or infection of the tonsils is commonly seen in ENT and in general practice. Common bacterial pathogens are B haemolytic streptococcus, pneumococcus and homophiles influenza. Sometimes this occurs following an initial viral infection. Treatment consists of appropriate antibiotics (e.g. penicillin), regular simple analgesia, oral fluids and bed rest.

Signs of acute tonsillitis

* Sore throat
* Enlargement of the tonsils
* Exudate on the tonsils
* Difficulty in swallowing
* Pyrexia
* Malaise
* Bad breath
* Ear ache.

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**Complications of tonsillitis**

Airway obstruction: This is very rare, but may occur in tonsillitis due to glandular fever. The patient may experience severe snoring and acute sleep apnoea. This may require rapid intervention e.g. insertion of nasopharyngeal airway or intubation.

Quinsy (paratonsillar abscess): This appears as a swelling of the soft palate and tissues lateral to the tonsil, with displacement of the uvula towards the opposite side. The patient is usually toxic with fetor, trismus and drooling. Needle aspiration or incision and drainage is required, along with antibiotics which are usually administered intravenously..

Parapharyngeal abscess: This is a serious complication of tonsillitis and usually presents as a diffuse swelling in the neck. Admission is required and surgical drainage is often necessary via a neck incision. The patient will usually have an ultrasound scan first, to confirm the site and position of the abscess.

Management

Patients with complicated tonsillitis, and those who are unable to take enough fluid orally, will need to be admitted to hospital for rehydration, analgesia, and intravenous antibiotics. Ampicillin should be avoided if there is any question of glandular fever, because of the florid skin rash which will occur.

**Treatment:** The standard treatment for streptococcal

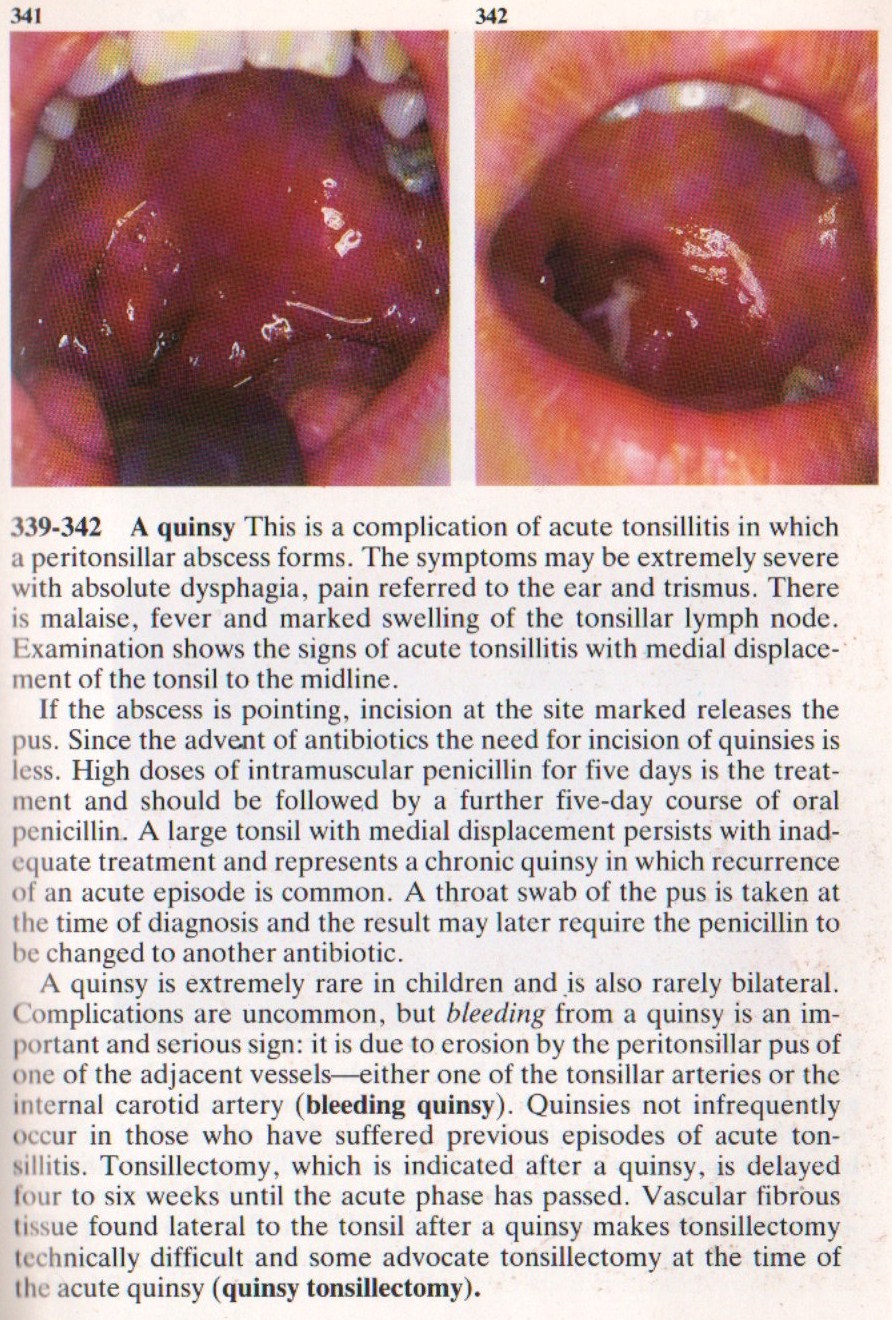
0tonsillitis is a 10–14-day course of penicillin V. This

regimen should be continued for at least 7 days to

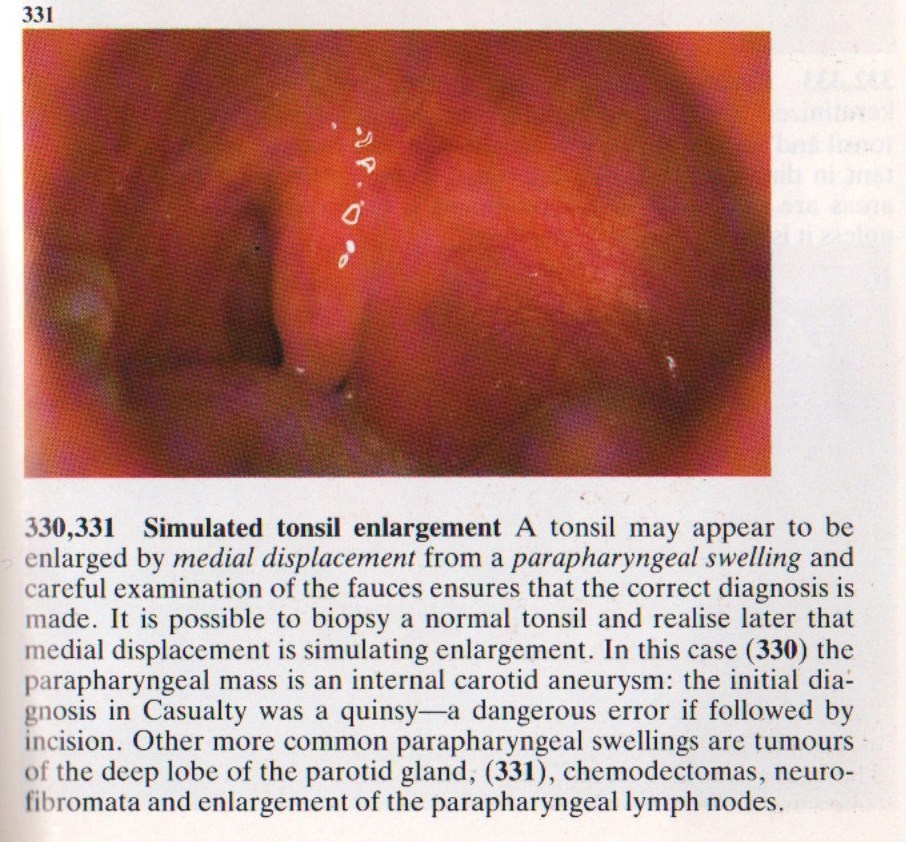
avoid late complications . Macrolides or

oral cephalosporins can be used in patients allergic to

penicillin. Analgesics are also administered for pain

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