

OROPHARYNX Acute tonsillitis

OROPHARYNX Acute tonsillitis

This common condition is characterised by a sore throat, fever, general malaise, dysphagia, enlarged upper cervical nodes and sometimes referred otalgia. Approximately half the cases are bacterial, the most common cause being a pyogenic group A Streptococcus . The remainder are viral and a wide variety of viruses have been implicated, in particular infectious mononucleosis (glandular fever), which may be mistaken for bacterial tonsillitis. On examination, the tonsils are swollen and erythematous, and yellow or white pustules may be seen on the palatine tonsils, hence the name 'follicular tonsillitis' (Figure 52.24). A throat swab should be taken at the time of examination as well as blood for EBV testing to confirm or refute the diagnosis of ver. glandular fever. Treatment Paracetamol and/or other analgesia may be administered to relieve pain and saline gargles are soothing. The condition is frequently sensitive to benzyl- or phenoxymethylpenicillin (penicillin V) and these are given until antibiotic sensitivities are established. Ampicillin is avoided as it may precipitate a rash in patients with infectious mononucleosis. Most cases resolve in a few days. OROPHARYNX Acute tonsillitis

This common condition is characterised by a sore throat, fever, general malaise, dysphagia, enlarged upper cervical nodes and sometimes referred otalgia. Approximately half the cases are bacterial, the most common cause being a pyogenic group A Streptococcus . The remainder are viral and a wide variety of viruses have been implicated, in particular infectious mononucleosis (glandular fever), which may be mistaken for bacterial tonsillitis. On examination, the tonsils are swollen and erythematous, and yellow or white pustules may be seen on the palatine tonsils, hence the name 'follicular tonsillitis' (Figure 52.24). A throat swab should be taken at the time of examination as well as blood for EBV testing to confirm or refute the diagnosis of ver. glandular fever. Treatment Paracetamol and/or other analgesia may be administered to relieve pain and saline gargles are soothing. The condition is frequently sensitive to benzyl- or phenoxymethylpenicillin (penicillin V) and these are given until antibiotic sensitivities are established. Ampicillin is avoided as it may precipitate a rash in patients with infectious mononucleosis. Most cases resolve in a few days.

Revision #1

Created 2025-12-31 15:19:59 UTC by Omar Ayman

Updated 2025-12-31 15:19:59 UTC by Omar Ayman