

Sore Throat
2/26/17

You WILL be pimped on the “4 life threatening worst-case-scenario causes of sore throat” by your attending! Here are the 3 easy steps to help you assess these life threats, and answer that question with confidence.

Step 1: CENTOR criteria:

(Determine risk of sore throat caused by **Group A Streptococcus** infection)

- Criteria: Fever, no cough, enlarged nodes, exudates on the tonsils.
- How to interpret results based on score (+1 for each criteria met):
 - 4: No swab needed, give antibiotics
 - 2 or 3: Swab patient, if positive, give antibiotics
 - 0 or 1: don't swab patient
- Criteria can also be remembered using the mnemonic below:
 1. **C**ough absent (as in, No Cough)
 2. **E**xudates on tonsils
 3. **N**odes enlarged, anterior cervical lymph nodes
 4. **T**emp > 100.4F (fever)
 5. **OR**...+1 if age is < 15, **OR**, -1 if age is > 45

Step 2: Choose the correct treatment:

- Antibiotics: **Penicillin** or **Amoxicillin**
- Pain control: **Steroids** “turn pain off”
- (Consider Epstein Bar Virus Mononucleiosis: sore throat + splenomegaly → No sports!)

The 4 life threatening causes of sore throat:

1. Ludwig's angina:
 - Infection under the tongue
 - Examine beneath the jaw, admit to ICU, treat with IV antibiotics
2. Peritonsillar abscess:
 - Trismus (cannot open the jaw)
 - Drain at bedside, discharge with antibiotics
3. Retropharyngeal abscess:
 - Infection in the back of the throat, inside the neck
 - Can extend into the mediastinum
 - Visible on lateral neck Xray
 - Establish airway, give antibiotics
4. Epiglottitis:
 - Triad: drooling, dysphagia, respiratory distress
 - Classically kids (but now adults, too)
 - “Thumbprint sign” on Xray