

SORE THROAT

Sore throat can be caused by many things including infection, irritation from post nasal drainage or chronic mouth breathing.

Pharyngitis (inflamed throat), and tonsillitis (infected tonsils) are terms that are often used interchangeably. You can have a sore throat without pharyngitis or tonsillitis.

Infections that cause sore throat are divided into bacterial or viral causes. Streptococcus is the most common cause of bacterial sore throat and is the most worrisome because, not treated within the first five days of the illness, it can rarely cause rheumatic fever; an illness that can cause permanent heart damage. Most bacterial causes of sore throat will go away if not treated but sometimes will cause tonsillar abscess or an abscess in the back of the throat. The main reason to treat a strep throat is to prevent rheumatic fever. The other reason is to help the child get better a little sooner. Remember that strep throat doesn't cause nasal congestion, cough or hoarse voice. If your child has, what appears to be a cold, and is complaining of a sore throat, it is unlikely to be strep. Strep throat commonly, but not always, causes headache, stomachache, pus on the tonsils and enlarged lymph nodes in the neck. The incubation period for strep (the time between exposure and illness) is 2 to 5 days.

There are many viral infections that can cause sore throat.

We can tell the difference between a strep throat/tonsillitis and a viral infection by doing a rapid strep test that is 65-95% accurate. If the rapid strep test is negative I do a strep culture that takes about 24 hours. If both tests are negative the child most likely has a viral cause for the sore throat.

Red eyes and high fever would suggest an Adenovirus or Influenza virus infection. Barky cough and hoarse voice would go along with croup or laryngitis. Blisters in the mouth and/or on the hands and feet would go along with herpes or coxsackie virus infection. A cough that lasts more than 2 weeks would suggest sinusitis or allergy which can cause a sore throat from drainage. The child that sleeps with their mouth open may have a sore throat from breathing dry air all night. Mononucleosis can cause one of the worst sore throats imaginable. Quite a few children who have mono also have strep, so if you have a child with documented strep throat who is not pretty much over it by two days he may have mono.

Treatment:

Strep throat/tonsillitis is usually treated with oral penicillin or amoxicillin. If the child is allergic to the penicillins antibiotics from the cephalosporin class are used such as cephalexin or Omnicef. They are given for 10 days. It is important to give the full 10 days of antibiotics to prevent rheumatic fever. About 5% of children will have a relapse within a week of finishing the antibiotic. They will need to be treated with a different antibiotic. The child will be contagious to others until on antibiotic for 24 hours. There is about 1 out of 4 chance that someone else in the family will catch it. If someone else in the family develops a sore throat or starts to run a fever I suggest they be seen.

If the child is vomiting or refuses to take an oral medicine I give an injectable penicillin called Bicillin. It lasts for several weeks, but is only about 70% effective and is quite painful to receive.

For symptomatic relief of throat pain I recommend Tylenol or ibuprofen. I haven't found any throat lozenges or sprays that seem to help much. Gargling with salt water may help but it doesn't last long.

The child who sleeps with the mouth open may benefit from running a humidifier in the bedroom.