Group A streptococcal pharyngitis

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DESCRIPTION

A 6-year-old boy presented to the emergency department with severe throat pain and raging fever for 1 day. The patient was unable to eat solids foods because of pain. On physical examination, cervical node lymphadenopathy, a swollen uvula and palatal petechiae were noted (figure 1). The rapid strep test is done to help quickly determine whether a sore throat is caused by a streptococcal infection. The result of a throat culture is compatible with the diagnosis of group A streptococcal pharyngitis. The patient was treated with penicillin and topical analgesia. The primary reason to treat this self-limited illness with antibiotics is to reduce the risk of complications such as rheumatic fever, meningitis, endocarditis and retropharyngeal abscess.^{1–3} Antibiotic therapy also reduces the risk of suppurative complications of streptococcal infection.⁴ A Cochrane review

Figure 1 Palatal petechiae were noted.

Learning points

- ▶ Treat this self-limited illness with antibiotics which could reduce the risk of complications such as rheumatic fever, meningitis, endocarditis and retropharyngeal abscess.
- ▶ Common symptoms include cervical node lymphadenopathy, a swollen uvula and palatal petechiae.

of randomised, placebo-controlled trials showed that antibiotic therapy significantly reduced the risks of acute otitis media and peritonsillar abscess.⁵ Treatment with antibiotics is effective if given within 9 days of the onset of symptoms.

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