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.1,2 Antibiotic therapy also reduces the risk of suppurative complications of streptococcal infection.3 A Cochrane review of randomised, placebo-controlled trials showed that antibiotic therapy significantly reduced the risks of acute otitis media and peritonsillar abscess.4 Treatment with antibiotics is effective if given within 9 days of the onset of symptoms.

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

Figure 1 Palatal petechiae were noted.

REFERENCES

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