

Streptococcal Pharyngitis Symptoms and Antibiotics

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Streptococcal Pharyngitis

Streptococcal pharyngitis, also known as streptococcal pharyngitis or bacterial tonsillitis, is a throat infection involving the tonsils caused by group-A streptococcus (GAS). Common symptoms include fever, sore throat, red tonsils (tonsilitis), and swollen lymph nodes in the neck [1]. Headaches, nausea and vomiting can also occur. Some people develop a sandpaper-like rash known as scarlet fever. Symptoms usually begin 1-3 days after exposure and last 7-10 days. Streptococcal pharyngitis is transmitted via respiratory droplets from an infected person. It can be spread by touching something directly or with a drop of water and then touching the mouth, nose, or eyes. Some people can carry bacteria without symptoms. It can also be transmitted through the skin infected with group A streptococcus. Diagnosis is based on the results of rapid antigen testing or throat culture in symptomatic patients. Prevention is by washing hands and not sharing eating utensils. There is no vaccine for the disease. Treatment with antibiotics is only recommended in those with a confirmed diagnosis. Those infected should stay away from other people until fever is gone and for at least 12 hours after starting treatment. Pain can be treated with paracetamol (acetaminophen) and nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen. Streptococcal pharyngitis is a common bacterial infection in children. It causes 15-40% of sore throats in children and 5-15% in adults [2]. Cases are common in late winter and early spring. Possible complications include rheumatic fever and peritonsillar abscess. Untreated streptococcal pharyngitis usually heals within a few days. Treatment with antibiotics reduces the duration of acute illness by about 16 hours. The main reason for treatment with antibiotics is to reduce the risk of complications such as rheumatic fever and post-pharyngeal abscess. Antibiotics prevent acute rheumatic fever if given within 9 days of the onset of symptoms.

Antibiotics

Painkillers such as NSAIDs and paracetamol (acetaminophen) can help manage the pain associated with sore throat. Viscous lidocaine is also useful. Steroids can relieve pain, but are not recommended on a

daily basis. Aspirin can be used in adults but is not recommended for children due to the risk of Reye's syndrome.

The antibiotic of choice in the United States for streptococcal pharyngitis is penicillin V for safety, cost, and efficacy [3]. Amoxicillin is preferred in Europe. In India, where the risk of rheumatic fever is high, intramuscular benzathine penicillin G is the treatment of choice. Appropriate antibiotics reduce the average duration of symptoms from 3 to 5 days to about 1 day and also reduce the risk of infection. They are mainly prescribed to reduce rare complications such as rheumatic fever and peritonsillar abscess. Antibiotic treatment should be considered with potential side effects in mind. It is reasonable to suggest that healthy adults experiencing side effects, or healthy adults with a low risk of complications, do not receive antibiotic treatment. Antibiotics are prescribed more often than expected for sore throat. Erythromycin and other macrolides or clindamycin are recommended for people with severe penicillin allergies [4]. First-generation cephalosporins can be used in patients with less severe allergies, and some evidence of low certainty suggests that cephalosporins are superior to penicillin. These late-generation antibiotics show similar effects when prescribed for 3-7 days compared to the usual 10-day penicillin when used in areas with less rheumatic heart disease. Streptococcal infections can also cause acute glomerulonephritis. However, the incidence of this side effect is not reduced by the use of antibiotics.

References

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