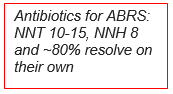
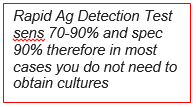
**19. Sinusitis/Pharyngitis By Anita Geevarghese**

**Overview:**

* **Acute Viral Rhinosinusitis:** 
  + Most common organisms: *Rhinovirus, parainfluenza virus, coronavirus*
  + Symptoms usually resolve or begin to improve after 7-10 days
  + Symptoms peak in severity between days 3-6
  + Usually no fevers
  + Management:
    - No treatments have been shown to shorten clinical course
    - Supportive care
      * NSAIDs, acetaminophen
      * Saline irrigation
      * Oral decongestants (pseudoephedrine), intranasal decongestants (afrin)
* **Acute Bacterial Rhinosinusitis:**
  + Bacterial etiology accounts for only 2% of cases of rhinosinusitis
  + Most common organisms: *Strep pneumo, H. flu, Moraxella*
  + Diagnosis with IDSA Criteria:
    - Symptoms more than 10 days without improvement, OR
    - Onset of severe symptoms or signs of high fever and purulent discharge/facial pain for at least 3 consecutive days at beginning of illness
    - Symptoms of typical viral illness that are slowly improving but then worsen again with more severe symptoms after 5-7 days
  + Treatment
    - Patients with stable symptoms can be observed for additional 7-10 days if low risk for complications without giving antibiotics
    - Antibiotics result in small reduction in symptom burden and duration, but at the cost of increased adverse events (often minor, such as GI upset from antibiotics)
    - Recommend supportive care
    - If decision made to give antibiotics:
      * First-line augmentin 875/125mg BID for 5-7 days
* **Pharyngitis**
  + Differential of etiologies:
    - Bacterial: Group A Strep, Group C/Group G Strep, less common are Chlamydia, Mycoplasma, Diphtheria (tightly adherent grey membranes), Fusobacterium, Neisseria gonorrhea
    - Viral etiologies (> 50% of cases): rhinovirus, adenovirus, influenza, coxsackie, coronavirus, HSV-1
    - Infectious mononucleosis (EBV, CMV)
    - Primary HIV: present with fever, rash, adenopathy, fatigue, myalgias
    - Epiglottitis: sore throat, fever, odynophagia, fever, muffled voice, drooling, stridor
    - Peritonsillar abscess: severe sore throat, fever, “hot potato” voice, pooling of saliva, trismus (spasm of jaw muscles)
    - Submandibular infections (Ludwig’s angina): fever, chills, mouth pain, stiff neck, drooling, dysphagia
    - GERD, post-nasal drip, thyroiditis foreign body
  + **Centor Criteria:** used to decide on rapid strep testing/throat culture, estimates probability that pharyngitis is streptococcal
    - **(1) Age**
    - **(2) Fever >38 C**
    - **(3) Tonsillar exudate**
    - **(4) Tender anterior cervical LAD**
    - **(5) Absence of cough** 
      * If score -1, 0, 1: no testing, no empiric treatment
      * If score 2-5: rapid strep testing and treat if positive
  + Why treat Strep pharyngitis?
    - Reduce severity and duration of symptoms
    - Reduce risk of complications:
      * Abscess, otitis media, sinusitis
      * Scarlet fever
      * Glomerulonephritis
      * Rheumatic Fever
      * Strep Toxic Shock Syndrome
    - Reduce risk of transmission by decreasing infectivity
  + Treatment:
    - First line: PO Penicillin V: 500mg BID or TID for 10 days
    - Alternates: amoxicillin 500mg BID x 10 days
    - If penicilin allergy: cephalexin, azithromycin, clindamycin
    - No longer contagious after 24hrs of antibiotics