**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