SORE THROAT (PHARYNGITIS)

DEFINITION

Diagnostic Findings
- The child complains of a sore throat.
- In children too young to talk, a sore throat may be suspected if they refuse to eat or begin to cry during feedings.
- When examined with a light, the throat is bright red.

Cause
Most sore throats are caused by viruses and are part of a cold. About 10% of sore throats are due to the strep bacteria. A throat culture or rapid strep test is the only way to distinguish strep pharyngitis from viral pharyngitis. Without treatment, a strep throat can have some rare but serious complications. Tonsillitis (temporary swelling and redness of the tonsils) is usually present with any throat infection, viral or bacterial. The presence of tonsillitis does not have any special meaning.

Children who sleep with their mouths open often wake in the morning with a dry mouth and sore throat. It usually clears within an hour of having something to drink. Use a humidifier to help prevent this problem. Children with a postnasal drip from draining sinuses often have a sore throat from frequent throat clearing.

Expected Course
Sore throats with viral illnesses usually last 3 or 4 days. Strep throat responds well to penicillin. After taking the medication for 24 hours, your child is no longer contagious and can return to day care or school if the fever is gone and he’s feeling better.

HOME CARE
Local Pain Relief: Children over 8 years of age can gargle with warm salt water (1/4 teaspoon of salt per glass) or an antacid solution. Children over 4 years of age can suck on hard candy (butterscotch seems to be a soothing flavor) as often as necessary. Younger children can be given 1 teaspoon of corn syrup periodically to soothe the throat. Swollen tonsils can make some foods hard to swallow. Provide your child with a soft diet for a few days if he prefers it.

Fever: Ibuprofen or acetaminophen may be given for a few days if your child has a fever over 102º F (39º C) with discomfort, or a great deal of throat discomfort.

Adapted from: Instructions for Pediatric Patients by Barton D. Schmitt, M.D., Pediatrician

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**Common Mistakes in Treating Sore Throat**

Avoid expensive throat sprays or throat lozenges. Not only are they no more effective than hard candy, but also many contain an ingredient (benzocaine) that may cause a drug reaction.

Avoid using leftover antibiotics from siblings or friends. These should be thrown out because they deteriorate faster than other drugs. Unfortunately, antibiotics only help strep throats. They have no effect on viruses, and they can cause harm. They also make it difficult to find out what is wrong if your child becomes sicker.

Rapid Strep Tests: Rapid strep tests are helpful only when their results are positive. If they are negative, a throat culture should be performed to pick up the 20% of strep infections that the rapid tests miss. Avoid rapid strep tests performed in shopping malls or at home because they tend to be inaccurate.

**CALL OUR OFFICE:**

**IMMEDIATELY IF:**
- The pain is severe.
- Your child is drooling, spitting, or having great difficulty in swallowing.
- Your child can’t fully open his mouth.
- Breathing is difficult and is not due to a stuffy nose.
- Your child is acting very sick.
- Breathing or swallowing becomes difficult.

**During regular hours:**
- You may make an appointment for a throat culture for any other child with a sore throat.

**EXCEPTION:** If the sore throat is very mild and the main symptom is croup, hoarseness, or a cough, a throat culture is probably not needed. Throat cultures are recommended for all other sore throats because a resurgence of acute rheumatic fever began in 1987. Rheumatic fever is a complication of strep infections that can lead to permanent damage to the valves of the heart.

**Later if:**
- A sunburned-looking rash appears.
- A fever lasts more than 3 days.