Sore Throat
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Continuing in the vein of things we see in the ED and that also are common enough to affect many of us as well, let’s talk about sore throats. Here are a few interesting points about sore throats.

- Most viral colds start with a sore throat. It can hurt pretty bad, but if you look at it, it’s either normal or almost-normal. In a day or three, the sore throat goes away, as it starts up into your nose and sinuses. If that’s what you’ve got, avoid acetaminophen (acetaminophen) as it will make your nose more congested, and make you sick for 2 days longer, as measured by experimental assays of virus in snot. Really. However, the zinc gluconate in the purportedly homeopathic ZiCam lozenges is, in independent testing, a reasonably effective antiviral against rhinovirus colds and sore throats.

- If you have a sore throat and your nose is all runny or stopped up, it’s really quite unlikely to be bacterial.

- Speaking of bacterial vs. viral, the focus of much past research, and some ongoing research by people who are clueless about the modern understanding of sore throats, is on diagnosing strep (Group A beta-hemolytic Streptococcus pyogenes). That’s because Group A strep infections are famed for causing autoimmune kidney and heart valve problems. The rheumatic heart valve problems can be prevented by antibiotic treatment, the kidney problems cannot. But these days, rheumatic valvular disease from strep has become very, very rare.

- A very smart doctor named Centor once came up with something now called the Centor criteria in his honor:
  - history of fever,
  - tonsillar exudates,
  - swollen tender anterior cervical adenopathy,
  - lack of cough.

- Someone named McIsaac later came up with a modification of the Centor criteria that include age and are a bit better at predicting strep throat, called the Modified Centor Criteria or McIsaac Score. The McIsaac score also talks about “swollen tonsils” but I have no idea how to judge that clinically; some tonsils are small, some are big. I can tell if they’re inflamed, I can tell if they’re bulging like a peritonsilar abscess or peritonsillar cellulitis, but I have no idea how to tell if they’re “swollen.” But these days, what we really want to know is not if it’s strep, but if an antibacterial antibiotic is appropriate. For this, the original Centor criteria are better. See Centor’s letter entitled Adolescent and Adult Pharyngitis: More Than Strep Throat (Arch Intern Med 2012 172:11 852 et seq), which is much more interesting than the article on which it comments. (Hint: conovers.org/ftp, search for Centor.)

- Adolescents and young adults (15-24 or so) are at risk for something worse than strep, called Fusobacterium necrophorum. This can cause Lemierre Syndrome, which is basically a phlegmon (lots of little abscesses) of the floor of the mouth, which can then cause septic thrombophlebitis of the neck blood vessels. It’s fairly rare, but I did admit someone with it last year. It is treated with penicillin or a cephalosporin or clindamycin; it doesn’t respond to azithromycin. There is no clinical test for F necrophorum. Google for Centor’s article called Expand the Pharyngitis Paradigm for Adolescents and Young Adults.

- We now know that, even outside the adolescent and young adult age group, there are several fairly-common bacterial causes of sore throats other than strep that respond to antibiotics. One is Mycoplasma, and another is TWAR Chlamydia (not the sexually transmitted kind, this type causes sore throats and pneumonia). There are no clinical tests for these bacteria. Both of those get better quicker with the antibiotic azithromycin, and as far as I can tell, the benefits outweigh the harms. So, for non-strep pharyngitis with 3-4 Centor criteria, before the adolescent and young adult ages, I tend to prescribe this.

- I’m not going to discuss mono much, except to say that if someone is college age, has gradual onset of a bad sore throat, and a rapid strep test is negative, and especially if there are posterior cervical nodes or

- There are many symptomatic treatments for a sore throat.
  - Gargles with warm salt water (as much salt as you can dissolve in it) are traditional, and likely reduce swelling by the osmotic effect.
  - Chloraseptic is traditional, and has an anaesthetic effect, but boy is it yucky.
  - An alternative to Chloraseptic is to mix an antacid like Maalox half-and-half with kid’s liquid Benadryl. It looks like Pepto-Bismol but gargling with it is very soothing, and not nearly as yucky as Chloraseptic.