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FAMILY PRACTICE BOARD REVIEW MANUAL

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Upper Respiratory Infections II: Pharyngitis

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Cover Illustration by Christine Schaar

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Upper Respiratory Infections II: Pharyngitis

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INTRODUCTION

Pharyngitis is defined as an inflammation of the pharynx, the musculomembranous passage located between the mouth, the posterior nares, and the larynx. Sore throat is the most common presenting symptom in patients with pharyngitis, just as it is one of the most common presenting symptoms of patients throughout the primary care setting in the United States.^{1,2}

In the past, in patients infected with group A β -hemolytic streptococci (GABHS), pharyngitis was often associated with the life-threatening complication of acute rheumatic fever (ARF). As a result, primary care providers generally have aggressively treated sore throats, with this complication in mind. In reality, the actual incidence of ARF has dramatically decreased and is now only approximately 64 per 100,000 cases.³ According to published accounts, antibiotics are prescribed to 34% to 75% of patients

diagnosed with pharyngitis.⁴ However, of the 30 million cases of pharyngitis diagnosed annually, only approximately 20% have a clear indication (ie, infection with GABHS) for use of antibiotics.¹

Pharyngitis can be categorized broadly as having either a viral or a bacterial etiology. Although other causes exist (eg, allergies, overuse of the voice, foreign body irritation, clinical entities such as Kawasaki syndrome), most cases fall into 1 of these 2 categories. Pharyngitis of viral etiology, the most common cause of sore throat, is generally benign and self-limited in nature⁵; viral sore throats for the most part are associated with systemic symptoms of fatigue, headache, malaise, and mild elevation of temperature. More serious sequelae and a greater morbidity are associated with bacterial pharyngitis.

In order to manage pharyngitis appropriately in patients with sore throat, primary care physicians must be able to distinguish between its different causes and know when it is justifiable to treat the illness (eg, with