

Clinical presentation

Symptoms

- Sore throat
- Odynophagia (pain on swallow)
- Fever

Signs

- Enlarged tonsils
- Trismus

Vaccine history

Observations

- High temperature
- Features of sepsis

Investigations

- WCC & CRP
- U&Es
- Glandular fever test
- Blood cultures

Potential diagnoses

Tonsillitis or glandular fever

Common

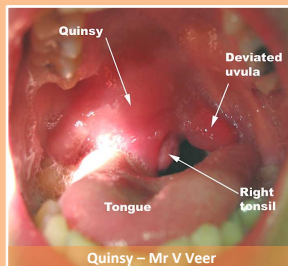


Treatment

- Analgesia
- Consider antibiotics +/- steroids if airway compromise
- Discharge if can swallow

Deviated uvula plus peri-tonsillar swelling = peritonsillar abscess (quinsy)

Incidence 12:100,000



Treatment

- Analgesia
- Discuss with ENT on-call
- Will require antibiotics and assess for drainage

Neck swelling and restricted neck movements = neck abscess

Incidence 5:100,000



Treatment

- Discuss with ENT/OMFS on-call
- Consider dental OPG / CT + contrast
- Nil by mouth
- May require surgery

Supraglottitis*

Stridor may be present.

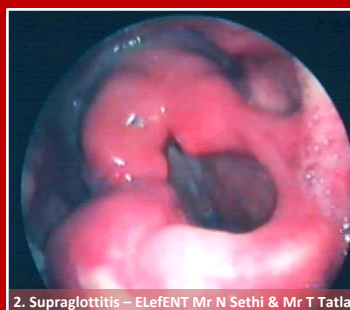
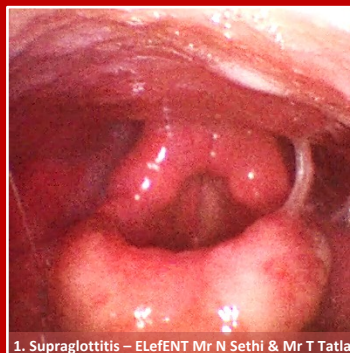
Normal throat examination but the patient is **very sore, unwell, may be drooling and / or have a hoarse voice.**

The front of the neck maybe red.

Very rare but **life-threatening** if not recognised and treated.

Rapidly progressive.

Supraglottitis – occurs in those born before Hib vaccine (1992), unvaccinated or vaccine failure
Consider multi-system autoimmune disease (GPA, MMP, sarcoid, tumours)
Consider extra-oesophageal refluxate



MANAGEMENT OF SUPRAGLOTTITIS

- **Oxygen** (high flow via face mask or Optiflow nasal prongs)
- (Heliox if available)
- Nebulised **Adrenaline** 1:1000 1ml in 4ml Normal Saline
- **Move patient to resuscitation in ED** (or theatres with senior medical support)
- **Senior help ASAP**
 - ENT Registrar/**Consultant** of your team (**ENT may not be on site**)
 - **Anaesthetist** – approach as a Difficult Airway – consider endotracheal intubation. If failed, escalate to front of neck access
- IV **Dexamethasone** 6-8 mg stat dose and assess for further requirement
- IV 3rd generation cephalosporin (**ceftriaxone** 2g od) +/- **Metronidazole** 500mg tds

*Epiglottitis is seldom seen without supraglottic inflammation, therefore the condition is usually grouped under the term supraglottitis.