Acute Infective Sore Throat

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Sore throat is often caused by an acute upper respiratory tract infection that affects the respiratory mucosa of the throat. Because infections can affect any part of the mucosa, it is often arbitrary whether an acute upper respiratory tract infection is called sore throat (pharyngitis or tonsillitis), common cold, sinusitis, otitis media, or bronchitis. Sometimes, all areas are affected, simultaneously or at different times, in one illness. In this review, we aim to cover persons whose principal presenting symptom is sore throat. This may be associated with headache, fever, and general malaise. Suppurative complications include acute otitis media (most commonly), acute sinusitis, and peritonsillar abscess (quinsy). Nonsuppurative complications include acute rheumatic fever and acute glomerulonephritis. This review does not include persons with previous rheumatic fever or previous glomerulonephritis, who are importantly different from the general population of persons with sore throats. It also does not include persons who are clinically seriously unwell, as they are typically not included in the primary studies.

Incidence and Prevalence

There is little seasonal fluctuation in sore throat. About 10% of the Australian population presents to primary health care services annually with an upper respiratory tract infection consisting predominantly of sore throat. This reflects about one-fifth of the overall annual incidence. However, it is difficult to distinguish the different types of upper respiratory tract infection. A Scottish mail survey found that 31% of adult respondents reported a severe sore throat in the previous year, for which 38% of these persons visited a physician.

Etiology and Risk Factors

The causative organisms of sore throat may be bacteria (Streptococcus, most commonly...
group A beta-hemolytic streptococcus, but sometimes *Haemophilus influenzae, Moraxella catarrhalis,* and others) or viruses (typically rhinovirus, but also coronavirus, respiratory syncytial virus, metapneumovirus, Epstein-Barr virus, and others). It is difficult to distinguish bacterial from viral infections clinically. Features suggestive of *Streptococcus* infection are fever greater than 101.3°F (38.5°C), exudate on the tonsils, anterior neck lymphadenopathy, and absence of cough. Sore throat can be caused by processes other than primary infections, including gastroesophageal reflux disease, physical or chemical irritation (e.g., from nasogastric tubes or smoke), and occasionally hay fever. However, we consider only primary infections in this review.

**Prognosis**

The untreated symptoms of sore throat disappear by three days in about 40% of persons, and untreated fevers in about 85%. By one week, 85% of persons are symptom free. This natural history is similar in *Streptococcus*-positive, *Streptococcus*-negative, and untested persons.

**EDITOR’S NOTE:** Paracetamol is called acetaminophen in the United States.

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