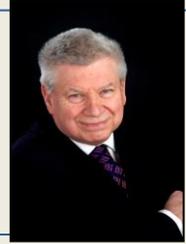


Medicine for Managers

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Sore Throat

In the depths of winter sore throats are two-a-penny. Doctors' surgeries are overrun with people complaining that they have a sore throat and they need an antibiotic to cure it. Of course, most of them don't and the symptoms will subside within about a week to ten days. Only in about 10% of cases are the symptoms more severe and last longer than ten days.

A **sore throat** is a pharyngitis (inflammation of the pharynx which is the structure situated behind the nasal cavities and mouth and above the oesophagus (gullet) and larynx (voice box). It is generally caused by an infection of the throat, which may be the only symptom. However, the pharyngitis may be accompanied



by the general effects of infection resulting in a temperature, headache, cough, nausea, lassitude and difficulty swallowing, the development of enlarged cervical lymph glands in the neck and a hoarse voice if the vocal cords are also affected. Generally pharyngitis is

caused by viral infection and many strains of virus may be responsible, including rhinovirus, coronavirus and the influenza viruses.

Whatever their names, the symptoms they cause are the same; generally very unpleasant but not serious.

Usually the infection, like a common cold, is caused when someone coughs or sneezes nearby spreading droplets containing the infection. Sore throats are particularly common in teenagers because their resistance may be poor and they often have close and gregarious habits.

Sometimes, the sore throat is not due to a pharyngitis but to a **tonsillitis**. In such circumstances it is the tonsils and not the pharynx which are infected.



The tonsils are situated on either side of the throat at the back. They are often quite large in children but usually get smaller with increasing age. Each has the appearance of a small pink prune-like structure with crevices.

Tonsillitis occurs when infection gets into one or more crevices and sets up infection. The infections, which are commonly bacterial, produce pus which can be seen on the reddened tonsils as white or yellow spots. Tonsillitis is sometimes more severe than pharyngitis with increased feelings of being unwell.

Occasionally a sore throat is not caused by infection at all. It may occur with cigarette smoke or alcohol, some drug allergies, sensitivities to pollen and rarely to diseases such as acute leukaemia.

In most cases, there will be no need to seek the advice of a doctor, although the pharmacist may be able to recommend some throat lozenges with local anaesthetic which may make the throat feel better. In general the advice is to have warm drinks, confine food consumption to that which is soft and avoid

smoking and smoky environments. Analgesics such as paracetamol taken regularly will help to control the symptoms and may be more conveniently administered in soluble form. Ibuprofen may also be effective (subject to the usual warnings).

Patients with sore throats should contact their GP if:

- The symptoms show no signs of improving after 7-8 days
- The pain is severe
- Breathing becomes difficult
- Swallowing becomes difficult
- The general symptoms of illness become increasingly severe, such as a persistent high temperature in excess of 38.5C which is resistant to reduction.

Antibiotics are not generally useful for sore throats because most are viral in origin. Even many bacterial infections do not respond to antibiotic. However, they may be prescribed:

- In tonsillitis with visible pus
- If the sore throat is particularly severe or persistent
- If the lymph glands in the neck are tender
- If the individual has concomitant disease which may impair resistance, such as HIV or diabetes.
- If proven to be a particular organism by throat swab.

In some patients, a sore throat is the presenting feature of glandular fever (**infectious mononucleosis**). It is characterised by a persistent infection which may last weeks or

months, is associated with marked lymph gland enlargement in the neck and elsewhere and a severe sore and red throat. The diagnosis is made by examination and blood test where classic changes in white cells called monocytes may be seen. There is no treatment generally and the infection may persist for months leaving the sufferer feeling tired and weak.

Some people get recurrent sore throats or may develop symptoms which persist for more than three weeks. In such circumstances a GP may refer for more investigation to an ENT surgeon.

If the recurrent infections are due to tonsillitis, the surgeon may consider **tonsillectomy**. There is often a reluctance to remove the tonsils because of the increased risk of causing lower respiratory tract infections. That is because the tonsils form part of a ring of lymphoid tissue round the nose and mouth which is present to help defend the body against infections which attack through the facial openings.

The ring, known as **Waldeyer's ring**, consists of six 'tonsils'; two adenoids, two tonsils in the throat and two lingual tonsils (tonsils buried in the back of the tongue). Tonsillectomy breaches the ring and makes the patient more vulnerable to infection getting further into the body.

Rarely a persistent sore throat is associated with a more sinister cause such as a cancer and over 5,000 people a year suffer from cancer of the oropharynx (upper part of the pharynx).

Finally, it is worth mentioning how things do change. Before the 1940s, a sore throat in a child would include, in the differential diagnosis,

diphtheria, which had as early symptoms, sore throat and hoarse voice.

In 1940 there were over 61,000 cases with 3,283 deaths in the UK.

Immunisation was introduced in 1940 and the disease virtually disappeared within a couple of years. In 2000 there was one death from diphtheria.

Another circumstance where medicine, now so taken for granted, has saved thousands of lives with a single treatment.

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