**Key Points**

- **Common clinical features of acute Strep pharyngitis:**
  - Cervical lymphadenopathy
  - Pharyngeal exudate
  - Fever (>38°C)
  - No cough/rhinorrhea
  - Palatal petechiae

  **3-14 year-olds** most susceptible | less common in younger & older

- **Avoid unnecessary testing** if clinical picture suggests classic viral etiology (eg. presence of cough, rhinorrhea, or hoarseness)
- **Keep in mind other** differential diagnoses **for sore throat:**
  - Viral pharyngitis (>70%)
    - eg. infectious mononucleosis
  - Life-threatening pharyngeal infections

  Wait for **positive throat culture** or **rapid antigen detection test** before initiating treatment. Goal is to prevent acute rheumatic fever, suppurative complications, & reduce symptom duration.

**Pathogens**

- Group A *Streptococcus* (*S. pyogenes*)

**Management**

- **GAS pharyngitis symptoms & absence of viral presentation**
- **Throat swab**
  - Wait for GAS culture
    - **Positive** supports diagnosis
    - **Negative**
  - **Penicillin V** 40 mg/kg/d PO in 2 divided doses × 10 days **OR**
  - **amoxicillin** 50 mg/kg/d PO (up to 1 g/d) in 1-2 divided doses × 10 days
- **Continue supportive care**