



## 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

supports diagnosis

Throat swab



Wait for GAS culture



**Positive**

**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

