



WEEKLY GRAND ROUNDS

January 11, 2019

Ladrido/ Tongol/ Lacuata/ Ilustre

DEPARTMENT OF OTORHINOLARYNGOLOGY
PHILIPPINE GENERAL HOSPITAL

CASE SUMMARY

- 20/M, Pasig City
- CC: Recurrent throat pain
- 3 year history of recurrent throat pain
 - Initially occurring 4x a year, 3 years ago, increased frequency to 6x a year in the past year
 - occasionally associated with fever and exudates
 - Relieved by antibiotics
 - No history of snoring, night time awakening, apneic episodes



CASE SUMMARY

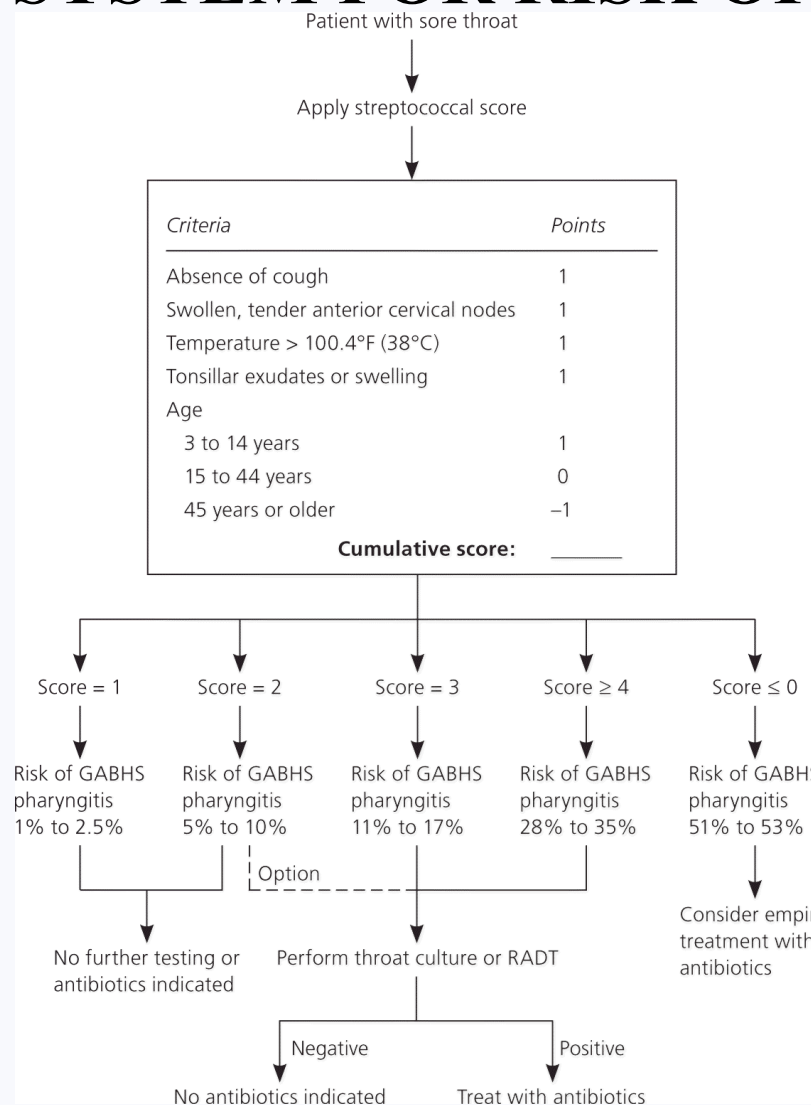
- Bilateral grade II tonsillar hypertrophy
- No exudates
- No erythema
- No cervical lymphadenopathies



ASSESSMENT

- Chronic hypertrophic tonsillitis Grade II – bilateral
- Recurrent tonsillitis
- Generalized anxiety disorder

CENTOR SCORING SYSTEM FOR RISK OF GABHS INFECTION



PARADISE CRITERIA FOR TONSILLECTOMY

Table 1. Paradise Criteria for Tonsillectomy

<i>Criterion</i>	<i>Definition</i>
Minimum frequency of sore throat episodes	At least seven episodes in the previous year, at least five episodes in each of the previous two years, or at least three episodes in each of the previous three years
Clinical features	Sore throat plus at least one of the following features qualifies as a counting episode: Temperature of greater than 100.9°F (38.3°C) Cervical adenopathy (tender lymph nodes or lymph node size greater than 2 cm) Tonsillar exudate Culture positive for group A β -hemolytic streptococcus
Treatment	Antibiotics administered in the conventional dosage for proved or suspected streptococcal episodes
Documentation	Each episode of throat infection and its qualifying features substantiated by contemporaneous notation in a medical record If the episodes are not fully documented, subsequent observance by the physician of two episodes of throat infection with patterns of frequency and clinical features consistent with the initial history*

*—Allows for tonsillectomy in patients who meet all but the documentation criterion. A 12-month observation period is usually recommended before consideration of tonsillectomy.

Adapted with permission from Baugh RF, Archer SM, Mitchell RB, et al.; American Academy of Otolaryngology–Head and Neck Surgery Foundation. Clinical practice guideline: tonsillectomy in children. *Otolaryngol Head Neck Surg.* 2011;144(1 suppl):S8.

Scottish Intercollegiate Guidelines Network

Management of sore throat and Indications for tonsillectomy

- Antibiotic prophylaxis for recurrent sore throat is not recommended
- Tonsillectomy is recommended for recurrent severe sore throat in adults
- Recommended indications for consideration of tonsillectomy for recurrent acute sore throat in both children and adults
 - Sore throats due to acute tonsillitis
 - Episodes of sore throat are disabling and prevent normal functioning
 - Seven or more well documented, clinically significant, adequately treated sore throats in the preceding year or
 - Five or more episodes in each of the preceding 2 years
 - 3 or more such episodes in each of the preceding 3 years

Scottish Intercollegiate Guidelines Network. 2010. Management of sore throat and indications for tonsillectomy: a national clinical guideline. Retrieved from: <https://www.sign.ac.uk/assets/sign117.pdf>

Scottish Intercollegiate Guidelines Network

Management of sore throat and Indications for tonsillectomy

- Routine use of anti-emetic drugs from prevention of post-operative nausea/vomiting (PONV) is recommended
- Use of NSAIDs for post-op analgesia to prevent PONV is recommended
- A single dose of 10mg IV dexamethasone at induction of anesthesia may be considered to prevent PONV in adults undergoing tonsillectomy/adenotonsillectomy

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PLAN

- Watchful observation