



Tonsillitis

Tonsillitis refers to inflammation of the pharyngeal tonsils (glands at the back of the throat, visible through the mouth). The inflammation may involve other areas of the back of the throat, including the adenoids and the lingual tonsils (tonsil tissue at the back of the tongue). There are several variations of tonsillitis: acute, recurrent, and chronic tonsillitis, and peritonsillar abscess.

Viral or bacterial infections and immunologic factors lead to tonsillitis and its complications. Nearly all children in the United States experience at least one episode of tonsillitis. Due to improvements in medical and surgical treatments, complications associated with tonsillitis, including mortality, are rare.

Who gets tonsillitis?

Tonsillitis most often occurs in children, but rarely in those younger than two years old. Tonsillitis caused by bacteria (streptococcus species) *Streptococcus* species typically occurs in children aged 5 to 15 years, while viral tonsillitis is more common in younger children. A peritonsillar abscess is usually found in young adults but can occur occasionally in children. The patient's history often helps identify the type of tonsillitis present (i.e., acute, recurrent, chronic).

What causes tonsillitis?

The herpes simplex virus, *Streptococcus pyogenes* (GABHS), Epstein-Barr virus (EBV), cytomegalovirus, adenovirus, and the measles virus cause most cases of acute pharyngitis and acute tonsillitis. Bacteria cause 15-30 percent of pharyngotonsillitis cases; GABHS is the cause for most bacterial tonsillitis. (i.e., “strep throat”).

What are the symptoms of tonsillitis?

The type of tonsillitis determines what symptoms will occur.

- *Acute tonsillitis*: Patients have a fever, sore throat, foul breath, dysphagia (difficulty swallowing), odynophagia (painful swallowing), and tender cervical lymph nodes. Airway obstruction due to swollen tonsils may cause mouth breathing, snoring, nocturnal breathing pauses, or sleep apnea. Lethargy and malaise are common. These symptoms usually resolve in three to four days, but may last up to two weeks despite therapy.
- *Recurrent tonsillitis*: This diagnosis is made when an individual has multiple episodes of acute tonsillitis in a year.
- *Chronic tonsillitis*: Individuals often have chronic sore throat, halitosis, tonsillitis, and persistently tender cervical nodes.

- *Peritonsillar* abscess: Individuals often have severe throat pain, fever, drooling, foul breath, trismus (difficulty opening the mouth), and muffled voice quality, such as the “hot potato” voice (as if talking with a hot potato in his or her mouth).

What happens during the physician visit?

Your child will undergo a general ear, nose, and throat examination as well as a review of the patient’s medical history. A physical examination of a young patient with tonsillitis may find:

- Fever and enlarged inflamed tonsils covered by pus.
- Group A beta-hemolytic *Streptococcus pyogenes* (GABHS) can cause tonsillitis (“strep throat”) associated with the presence of palatal petechiae (tiny hemorrhagic spots, of pinpoint to pinhead size, on the soft palate). Neck nodes may be enlarged. A fine red rash over the body suggests scarlet fever. GABHS pharyngitis usually occurs in children 5-15 years old.
- Open-mouth breathing and muffled voice resulting from obstructive tonsillar enlargement. The voice change with acute tonsillitis usually is not as severe as that associated with peritonsillar abscess.
- Tender cervical lymph nodes and neck stiffness (often found in acute tonsillitis).
- Signs of dehydration (found by examination of skin and mucosa).
- The possibility of infectious mononucleosis due to EBV in an adolescent or younger child with acute tonsillitis, particularly when cervical, axillary, and/or groin nodes are tender. Severe lethargy, malaise, and low-grade fever accompany acute tonsillitis.
- A grey membrane covering tonsils that are inflamed from an EBV infection. (This membrane can be removed without bleeding.) Palatal petechiae (pinpoint spots on the soft palate) may also be seen with an EBV infection.
- Red swollen tonsils that may have small ulcers on their surfaces in individuals with herpes simplex virus (HSV) tonsillitis.
- Unilateral bulging above and to the side of one of the tonsils when peritonsillar abscess exists. A stiff jaw, difficulty opening the mouth, and pain referred to the ear may be present in varying severity.

Treatment

Tonsillitis is usually treated with a regimen of antibiotics. Fluid replacement and pain control are important. Hospitalization may be required in severe cases, particularly when there is airway obstruction. When the condition is chronic or recurrent, a surgical procedure to remove the tonsils is often recommended. Peritonsillar abscess may need more urgent treatment to drain the abscess.

