

Differential diagnosis of angina pectoris

Acute tonsillitis (lat. acute tonsillitis) can be caused by a **wide range of agents**. It **occurs** most often in **children and young adults**.

The etiology is mainly determined by the intensity, extent, involvement of the neck, soft palate, and the presence of exudation, blisters, petechiae or enanthema. Among the bacteria, the most common causative agent is *Streptococcus pyogenes*. In children under three years of age, it is usually of viral origin.

Clinical picture

Locally, with tonsillitis, the tonsils become red and swollen, they may be covered with coatings - studs. A sore throat accompanied by difficulty in swallowing (odynophagia) develops quickly. The submandibular nodes are swollen and painful. In addition to the local manifestations, a general feeling of illness is added - malaise, fatigue, fever, malaise.

 It is usually **not possible to determine the causative agent** from the clinical picture.

Diagnosis	Clinical Picture (CP), and Diagnosis (DG)
Acute tonsillitis	CP: redness and edema of palatine tonsils, purulent plugs, fibrin coatings, necrosis (<i>angina catarrhalis</i> , <i>follicularis</i> , <i>lacunaris</i> , <i>pseudomembranacea</i>)
Infectious mononucleosis	CP: angina pectoris with marked lymphadenopathy (generalized), Holzel's sign, Bass' sign CP+diff: leukocytosis (initially leukopenia) monocytosis, atypical leukocytes, DG: serology
Herpangina	CP: picture of vesicular angina, vesicular efflorescence on palatal arches, CP+diff: leukopenia
Streptococcal angina	CP: picture most often of lacunar angina, CP+diff: neutrophilia with shift to the left, DG: culture, ASLO
Scarlet fever	CP: fever, picture most often of lacunar angina, raspberry tongue, burning skin exanthema, Filatov's and Šrámek's signs, DG: CP, FW, cultivation, ASLO
Angina in the oropharyngeal form of tularemia	CP: picture of necrotizing angina, often unilateral, significant regional lymphadenopathy, DG: CP, FW, serology
Diphtheria	CP: dirty gray coating beyond the edges of the tonsils, tightly adherent, foetor, DG: slide smear, bacteriology
Ulceromembranous tonsillitis (Plaut-Vincent's angina)	CP: necrotizing angina with a tendency to ulceration, dirty coatings, immunologically compromised individuals, severe general condition, unilateral finding, rare occurrence
Angina in agranulocytosis (in acute leukemia)	CP: bilateral necrotizing angina, ulceration of the pharyngeal mucosa, lymphadenopathy is not evident, while hepatosplenomegaly is usually present, tonsillitis may be the first manifestation of a general underlying disease DG: CP, FW
Syphilitic tonsillitis (stage II syphilis)	CP: plaques mucous, DG: serology

Clinical units

Streptococcal tonsillopharyngitis

 For more information see *Angina*.

Diphtheria

 For more information see *Diphtheria*.

Plaut-Vincent's angina

- Rare, caused by a mixed flora of anaerobes and spirochetes;
- The disability is one-sided - typical is the disgusting feator ex ore;
- Lemierre's disease/Lemierre syndrome - rare but fatal, infection fusobacterium necrophorum spreads to the mediastinum.

Infectious mononucleosis

 For more information see *Infectious mononucleosis*.

- Considerable swelling of the tonsils, humming;
- Holtzel's sign - small petechiae on the soft palate;
- Bass's sign - swelling of the eyelids.

Herpangina

- Coxsackie viruses, mostly in children,
- Fever, headache,
- Redness of the oropharynx with small blisters (2-10), they do not merge,
- On arches, pain when swallowing,
- Within 2-4 days the fever subsides and the boils heal,
- Diff.dg. - herpetic stomatitis - ulcers in the front of the oral cavity.

Other forms

- Less common;
- Gonococcal pharyngitis, secondary syphilis.

Diagnosis

- From the clinical picture;
- Laboratory examination - viral - normal sedimentation, rather leukopenia, predominance of mononuclear cells;
- IM - atypical lymphocytes.

Therapy

- Viral - only symptomatically;
- Streptococcal - penicillin (erythromycin), cephalosporins l.g., abscess - lincosamides;
- Gonococcus, lues - also penicillin;
- Corynebacterium diphtheriae - also penicillin;
- **On the contrary, aminopenicillins are completely unsuitable for MI!**

Links

Source

- BENEŠ, Jiří. *Studying materials* [online]. ©2007. [cit. 2009]. <http://jirben2.chytrak.cz/materialy/orl_jb.doc>.

References

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