

# Differential diagnosis of tonsillitis

## Acute tonsillitis

It can be caused by a diverse range of agents. It most often occurs in children and young adults. The etiology can be guessed by clinical presentation: intensity, extent, involvement of the neck and soft palate, the presence of exudation, blisters, and the presence of petechiae or enanthema. Out of all the bacterial etiologies, *Streptococcus pyogenes* is the most common cause of tonsillitis. In children under the age of three, it is usually of viral origin.

## Clinical picture

Locally, in tonsillitis there is redness and swelling of the tonsils, they may be covered with pins. **Sore throat**, accompanied by difficulty swallowing (odynophagia), develops rapidly. The submandibular nodes are swollen and painful. To the local manifestations is worsened by a **general feeling of illness** - malaise, fatigue, fever, and lethargy.

 **According to the clinical picture, it is usually not possible to identify the causative agent.**

Diagnosis	Clinical picture, and diagnostics (DG)
Acute inflammation of the tonsils	<b>clinical picture:</b> redness and edema of the tonsils, purulent pins, fibrin coatings, necrosis ( <i>angina catarrhalis</i> , <i>follicularis</i> , <i>lacunaris</i> , <i>pseudomembranacea</i> )
Infectious mononucleosis	<b>clinical picture:</b> tonsillitis with severe lymphadenopathy (generalized), Holzel's sign, Bass's symptom clinical picture+diff: leukocytosis (initially leukopenia) monocytosis, atypical leukocytes, <b>DG:</b> serology
Herpangina	<b>clinical picture:</b> vesicular tonsillitis, vesicular efflorescence on storey arches, clinical picture+diff: leukopenia
Streptococcal tonsillitis	<b>clinical picture:</b> most often lacunar tonsillitis, clinical picture+diff: left-shifted neutrophilia, <b>DG:</b> cultivation, ASLO
Scarlet fever	<b>clinical picture:</b> fever, most commonly lacunar tonsillitis, raspberry tongue, spinal skin rash, Filatov and Šrámek symptoms, <b>DG:</b> clinical picture, FW, cultivation, ASLO
Tonsillitis in oropharyngeal tularemia	<b>clinical picture:</b> necrotizing tonsillitis, often unilateral, marked regional lymphadenopathy, <b>DG:</b> clinical picture, FW, serology
Diphtheria	<b>clinical picture:</b> špinavě šedé povlaky přesahující okraje tonzil, pevně lpící, foetor, <b>DG:</b> nátěr na sklíčko, bakteriologie
Ulceromembranous tonsillitis (Plaut-Vincent angina)	<b>clinical picture:</b> necrotizing tonsillitis with a tendency to ulceration, dirty coatings, immunologically compromised individuals, severe general condition, unilateral finding, rare occurrence
Tonsillitis in agranulocytosis (in acute leukemia)	<b>clinical picture:</b> bilateral necrotizing tonsillitis, ulceration of the pharyngeal mucosa, no evidence of lymphadenopathy, while hepatosplenomegaly is usually present, tonsillitis may be the first manifestation of the overall underlying disease <b>DG:</b> clinical picture, FW
Syphilitic tonsillitis (Stage II syphilis)	<b>clinical picture:</b> mucosal plaques <b>DG:</b> serology

## Clinical units

### Streptococcal tonsillopharyngitis

 For more information see *Streptococcal tonsillitis*.

### Diphtheria

 For more information see *Diphtheria*.

## Plaut-Vincent angina

- rare, caused by a mixed flora of anaerobes and spirochetes
- the disability is one-sided - a disgusting odor (feator ex ore) is typical
- Lemierre's syndrome - a rare but fatal, infection by fusobacterium necrophorum, which spreads to the mediastinum.

## Infectious mononucleosis

 For more information see *Infectious mononucleosis*.

- significant swelling of the tonsils with thickening
- Holtzel's sign - small petechias on the soft palate
- Bass symptom - swelling of the eyelids

## Herpangina

- coxsackie viruses, mostly in children
- fever, headache
- redness of the oropharynx with small blisters (2-10) that do not coalesce
- pain during swallowing
- within 2-4 days the fever subsides and the ulcers heal
- dif. dg. - herpetic stomatitis - anterior ulcers in the oral cavity

## Other forms

- less common
- gonococcal pharyngitis, secondary syphilis

## Diagnosis

- from the clinical picture
- laboratory examination - viral - normal sedimentation, leukopenia, predominance of mononuclear cells
- Infectious mononucleosis (IM)- atypical lymphocytes

## Therapy

- viral - only symptomatic
- streptococcal - penicillin (erythromycin), cephalosporins l.g., abscess - lincosamides;
- gonococcus, syphilis - also penicillin
- corynebacterium diphtheriae - also penicillin
- **In IM, on the other hand, aminopenicillins are completely inappropriate!**

## References

### Source

- BENEŠ, Jiří. *Studijní materiály* [online]. ©2007. [cit. 2009]. <[http://jirben2.chytrak.cz/materialy/orl\\_jb.doc](http://jirben2.chytrak.cz/materialy/orl_jb.doc)>.

### Used literature

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