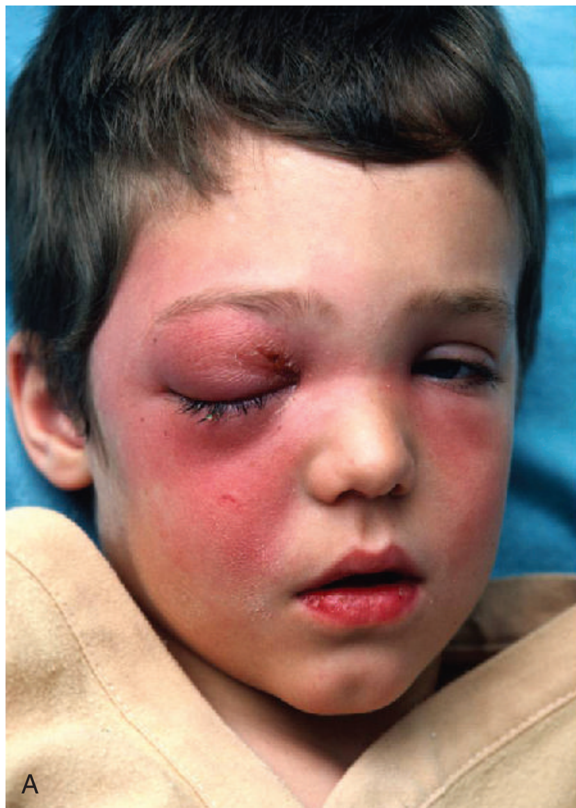

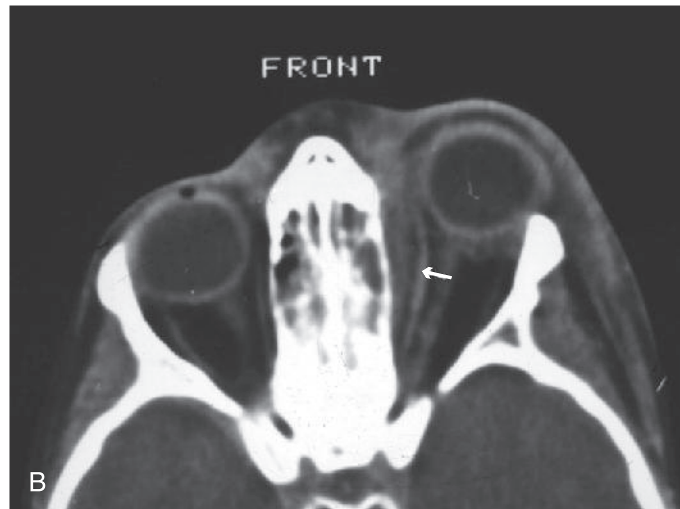

FIGURE 91-1 **A,** A child has an orbital abscess as a complication of ethmoid sinusitis. Notice the marked edema and proptosis. **B,** Computed tomography scan of the orbit shows a subperiosteal abscess *(arrow)*. (**A,** Courtesy Gary Williams, MD; **B,** From DeMuri GP, Wald ER: Sinusitis. In Bennett JE, Dolin R, Blaser M, editors: Mandell, Douglas, and Bennett's principles and practice of infectious diseases, ed 8, Philadelphia, 2015, Saunders.)

Complications include peritonsillar abscess or Quinsy that occur in adolescents and young adults. Patients appear ill and may have a muffled or "hot potato" voice and foul-smelling breath. The uvula may be displaced and there may be trismus and drooling. Less common complications include contiguous neck space infections. *F. necrophorum* can cause a rare syndrome called postangina septicemia or Lemierre's syndrome, which manifests with severe sore throat and fever. The lateral pharyngeal space becomes infected with resulting septic thrombophlebitis of the internal jugular vein. The mortality rate can be as high as 50%. Treatment is intravenous penicillin and drainage of any abscess. Table 91-3 lists the danger signs in patients with sore throat.

TABLE 91-3 SEVEN DANGER SIGNS IN PATIENTS WITH SORE THROAT

1. Persistence of symptoms longer than 1 week without improvement
2. Respiratory difficulty, particularly stridor
3. Difficulty in handling secretions
4. Difficulty in swallowing
5. Severe pain in the absence of erythema
6. A palpable mass
7. Blood, even small amounts, in the pharynx or ear

Diagnosis

Identifying GAS infection is important because treatment can prevent poststreptococcal complications including acute rheumatic fever, scarlet fever and peritonsillar abscess (i.e., quinsy). Rapid antigen detection tests for GAS are specific but only 66% to 90% sensitive. The diagnostic standard is a culture of a careful swab of the tonsils and pharynx. If clinical and epidemiological data suggest GAS, a rapid antigen detection test should be performed. If positive, the patient should be treated. If negative in children and adolescents, a culture should be done and if the culture is positive treatment is indicated. In adults, culture is not always necessary because the rate of complications is low and the incidence of a rheumatic fever is exceptionally low. Otherwise, symptomatic therapy is indicated.

Treatment

Treatment of viral pharyngitis is symptomatic; treatment of GAS pharyngitis is oral penicillin or amoxicillin for 10 days. For patients with a penicillin allergy, first generation cephalosporins (non–life-threatening allergy), clindamycin or clarithromycin for 10 days, or azithromycin for 5 days are reasonable alternatives.

Oral Cavity Infections

Stomatitis

Many viruses can cause stomatitis (see Pharyngitis). In particular, herpes simplex virus causes stomatitis and is characterized by vesicles and moderate pain. Treatment of primary infection is with oral acyclovir or valcyclovir. Other viruses such as enteroviruses can also cause stomatitis.

Periodontal Infections

Periodontal infections include gingivitis, periodontitis (i.e., the major cause of tooth loss in adults), and periodontal abscess. Acute necrotizing ulcerative gingivitis or Vincent's angina is characterized by acute pain of the gingiva, a pseudomembrane, and halitosis. Débridement and antibiotics are indicated.

Neck Space Infections

Neck space infections usually result from dental caries. Dental infections can lead to neck space infections involving the lateral