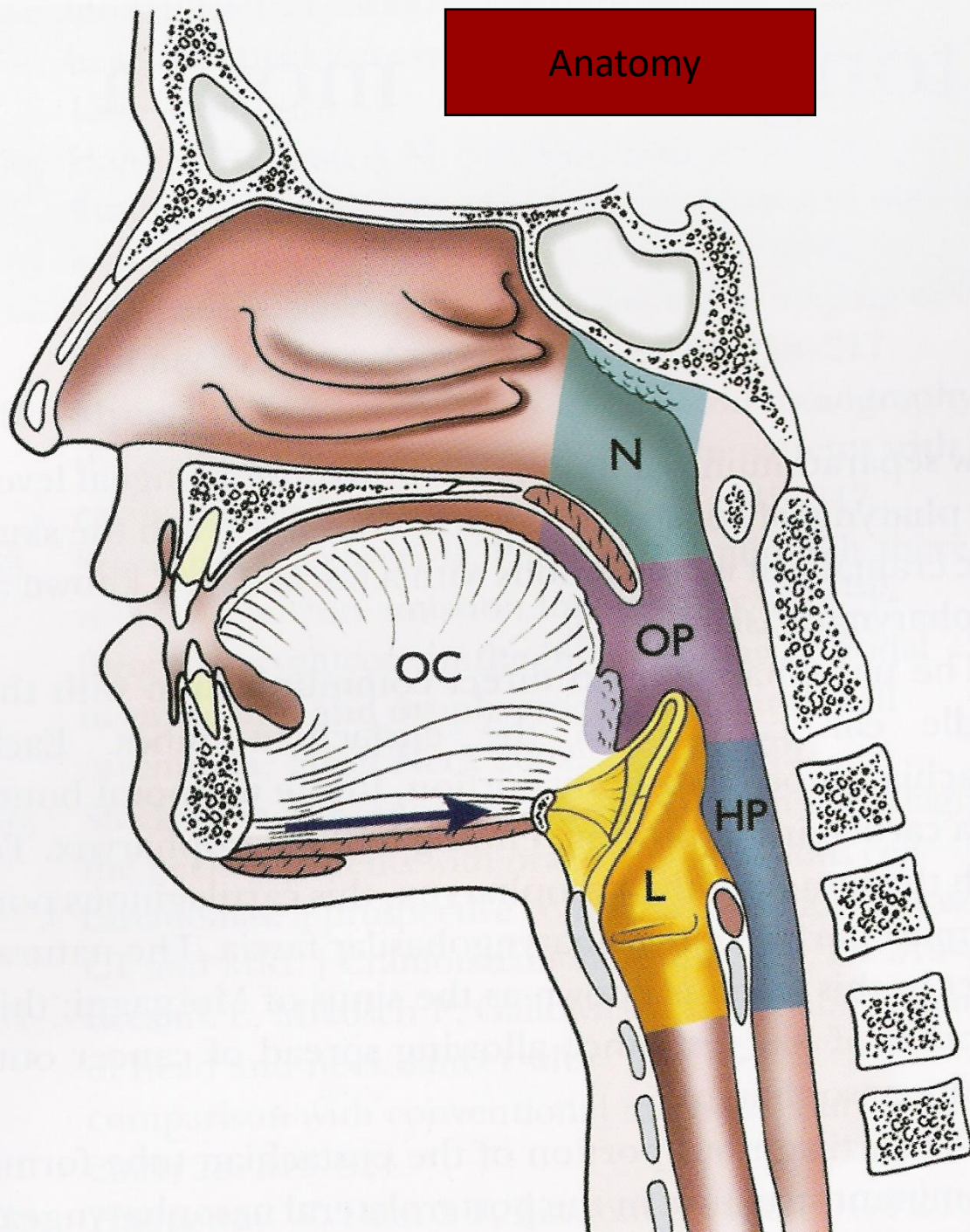


PHARYNGITIS, AND LARYNGITIS

Anatomy



ACUTE PHARYNGITIS

ACUTE PHARYNGITIS

PATHOLOGY: •

Frequently viral –
may be secondary to sinonasal disease, caustic –
injury, chronic allergy. Pharyngitis is a common
condition, particularly in children and young
adults

Types of pharyngitis •

There are two types of pharyngitis - chronic •
and acute. •

Acute pharyngitis is common and is usually •
caused by a viral infection. It's often caused by •
the same viral infection that causes the •
common cold

Chronic pharyngitis is a persistent sore throat •

Acute Pharyngitis

Etiology •

Viral >90% –

Rhinovirus – common cold •

Coronavirus – common cold •

**Adenovirus – pharyngoconjunctival fever; acute
respiratory illness •**

Parainfluenza virus – common cold; croup •

Coxsackievirus - herpangina •

EBV – infectious mononucleosis •

HIV •

Acute Pharyngitis

Etiology •

Bacterial –

Group A beta-hemolytic streptococci (*S. pyogenes*)* •

most common bacterial cause of pharyngitis –
accounts for 15-30% of cases in children and 5-10% in –
adults.

Mycoplasma pneumoniae •

Arcanobacterium haemolyticum •

Neisseria gonorrhoea •

Chlamydia pneumoniae •

PHARYNGITIS

SIGNS AND SYMPTOMS: •

- fever –
- erythema –
- cervical adenopathy –
- sore throat –
- odynophagia –
- otalgia (referred) –
- malaise –

PHARYNGITIS

DIAGNOSIS: •

- clinical exam –
- consider throat cultures –
- viral smears rarely indicated –

Suppurative Complications of Group A Streptococcal Pharyngitis

- Otitis media •
- Sinusitis •
- Peritonsillar and retropharyngeal abscesses •
- Suppurative cervical adenitis •

Streptococcal Cervical Adenitis



Nonsuppurative Complications of Group A Streptococcus

- Acute rheumatic fever
follows only streptococcal pharyngitis (not –
group A strep skin infections)
- Acute glomerulonephritis
May follow pharyngitis or skin infection –
(pyoderma)

PHARYNGITIS

- anesthetic sprays –
(cetacaine or xylocaine) iodine glyceride solutions
- antipyretics –
- decongestants) –
- antibiotics for •
suspected bacterial infections

- supportive care •
 - bed rest –
 - hydration –
 - humidity –
 - lozenges –

PHARYNGITIS

Other causes:

- Candidiasis •
- Infectious Mononucleosis •
- Herpangina •
- Diphtheria •
- Scarlet Fever •

CHRONIC PHAYNGITIS

CHRONIC PHARYNGITIS

ETIOLOGIES

granulomatous –
diseases

connective tissue –
disorders

malignancies –

postnasal drip –
(chronic
rhinosinusitis)

Irritants –

dust, •

dry heat, •

chemicals, •

smoking, •

alcohol •

CHRONIC PHARYNGITIS

Signs and Symptoms

- thickened and granular pharyngeal wall
- pharyngeal crusting

- constant throat clearing
- dry throat
- odynophagia





CHRONIC PHARYNGITIS

The typical appearance of a granulating inflammation involving the posterior wall of the pharynx (hypertrophic form).

CHRONIC PHARYNGITIS

- clinical history and examination
- culture and biopsy if failed empiric therapies



CHRONIC PHARYNGITIS

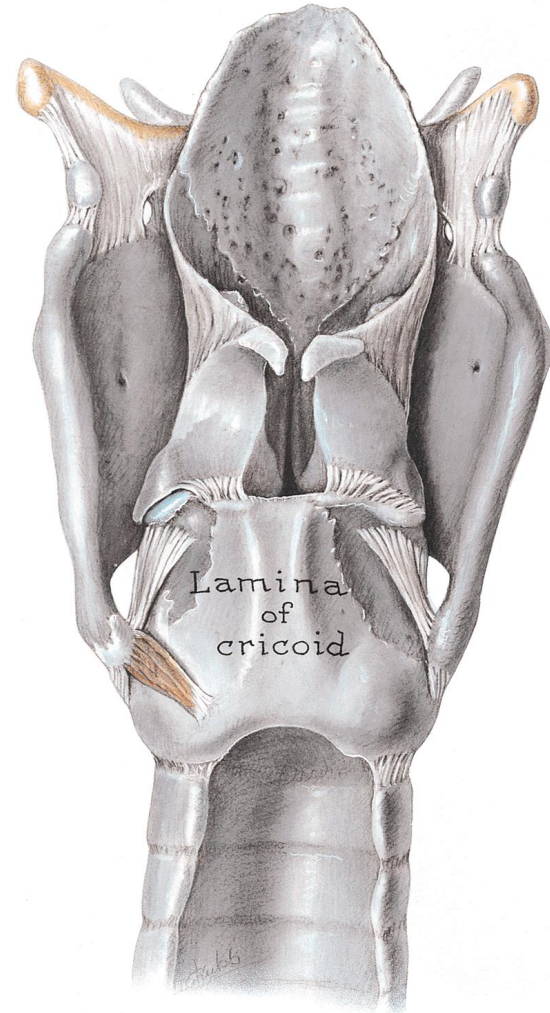


Treatment

- address underlying etiology
- avoidance of contributing factors
 - smoking
 - dust
 - dry environments
 - symptomatic treatment similar to acute pharyngitis

LARYNGITIS

Anatomy



DEFINITION

It is the acute inflammation of larynx leading to oedema of laryngeal mucosa and underlying structures.

PAEDIATRIC CONCERNS

- Lacks firm cartilaginous skeleton.
- Flabby , easily collapses.
- Glottic aperture , relatively smaller.
- Mucosa swells up rapidly in response to slightest trauma or infection.
- Stridor is the most noticeable presentation.

AETIOLOGY

INFECTIOUS:

Viral

Bacterial

NON INFECTIOUS

Inhaled fumes

Allergy

Polluted atmospheric conditions

Vocal abuse

Iatrogenic trauma

CLINICAL PRESENTATION

- Hoarseness or change in voice.
- Husky, high pitched voice.
- Discomfort in throat, pain.
- Body aches.
- Dysphagia, Dyspnoea.
- Dry irritating paroxysmal cough.
- Fever, Malaise.

CLINICAL DIAGNOSIS

- Signs of acute URTI.
- Dry thick sticky secretions.
- Dusky red and swollen vocal cords.
- Diffuse congestion of laryngeal mucosa.

DIFFERENTIAL DIAGNOSIS

- Acute epiglottitis •
- Acute laryngo tracheo bronchitis. •
- Laryngeal perichondritis •
- Laryngeal oedema •
- Laryngeal diphtheria •
- Reinke's oedema •

TREATMENT

SUPPORTIVE

Voice rest.

Steam inhalation.

Cough suppressants.

Avoid smoking and cold.

Fluid intake.

TREATMENT Cont

DEFINITIVE

ANTIBIOTICS •

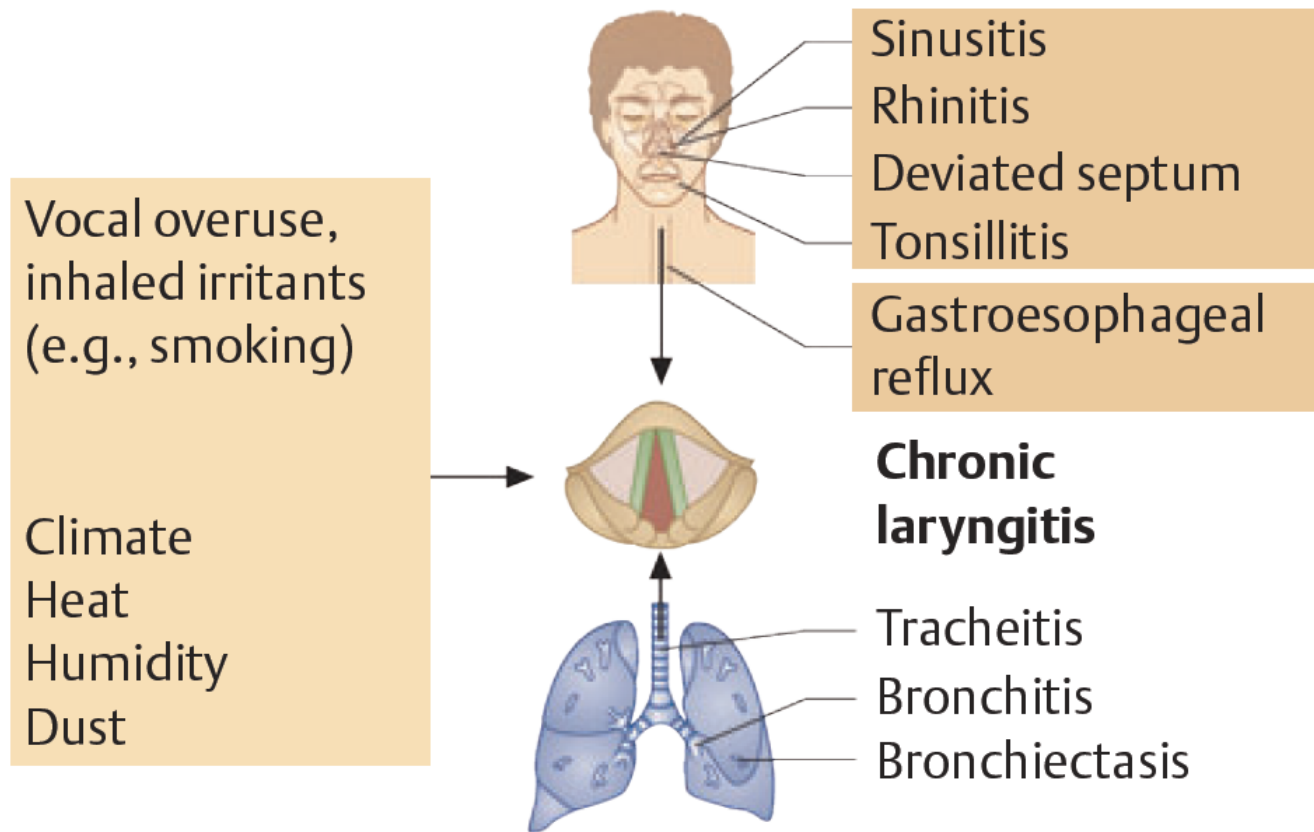
STEROIDS

ANALGESICS

Chronic Laryngitis

Presents as diffuse lesion or produce localized effects in larynx

Chronic infections in the surrounding areas, vocal abuse smoking, alcohol, irritant fumes are held aetiological factors.



CAUSES OF CHRONIC LARYNGITIS

Chronic laryngitis has a multifactorial etiology and is often exacerbated by intercurrent viral

Upper respiratory infections

chronic laryngitis differential

Reinkes oedema

vocal nodules

vocal cord polyp

Contact ulcer

Hyperkeratosis and leukoplakia

Atrophic laryngitis

Laryngeal lupus

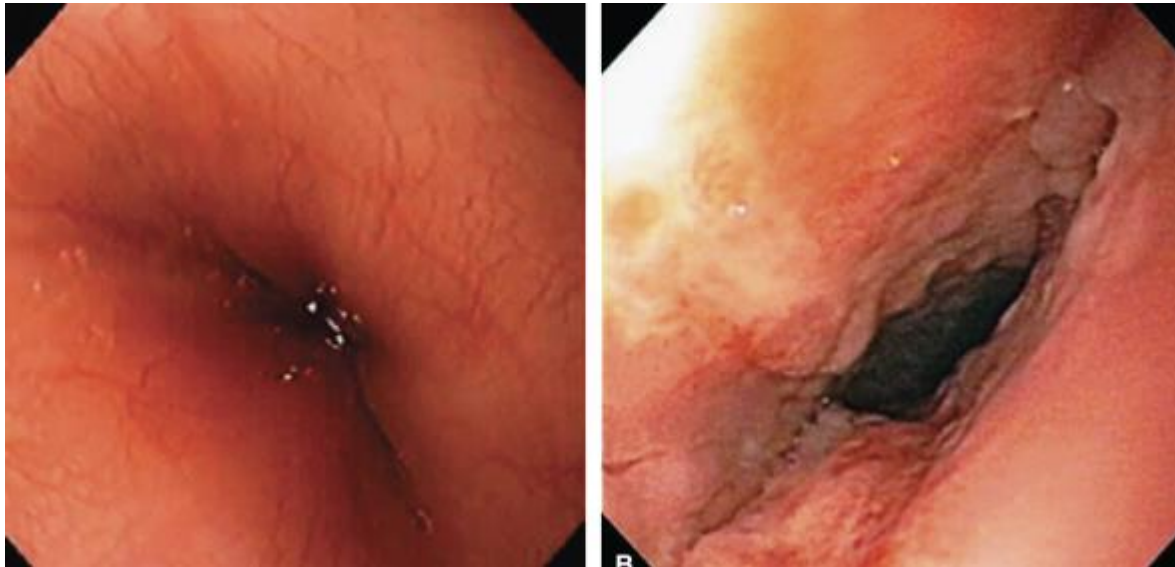
tuberculous laryngitis

Tuberculous laryngitis

- Almost always secondary to pulmonary TB
- Infected sputum
- Younger age group
- Tubercle formation is characteristic
- Infiltration stage followed by proliferative stage
- Posterior part of larynx involved

Reflux-Induced Laryngitis

- inflammatory response of laryngeal mucosa •
from **Laryngopharyngeal Acid Reflux (LPR)**



Reflux induced Laryngitis

the epiglottis

Laryngeal Findings:

Erythema and edema •

of

Posterior commissure –

Arytenoids –

Superior surface of –

the vocal fold

Laryngeal surface of –

CHRONIC LARYNGITIS

Treatment:

Address etiology •

stop smoking –

voice rehabilitation –

Treat rhinosinusitis –

reflux regimen –

Humidification –

Mucolytics –

Consider short course –
of corticosteroids

Croup (laryngotracheobronchitis)

Term applied to group of inflammatory conditions involving larynx , trachea and characterized by Triad :

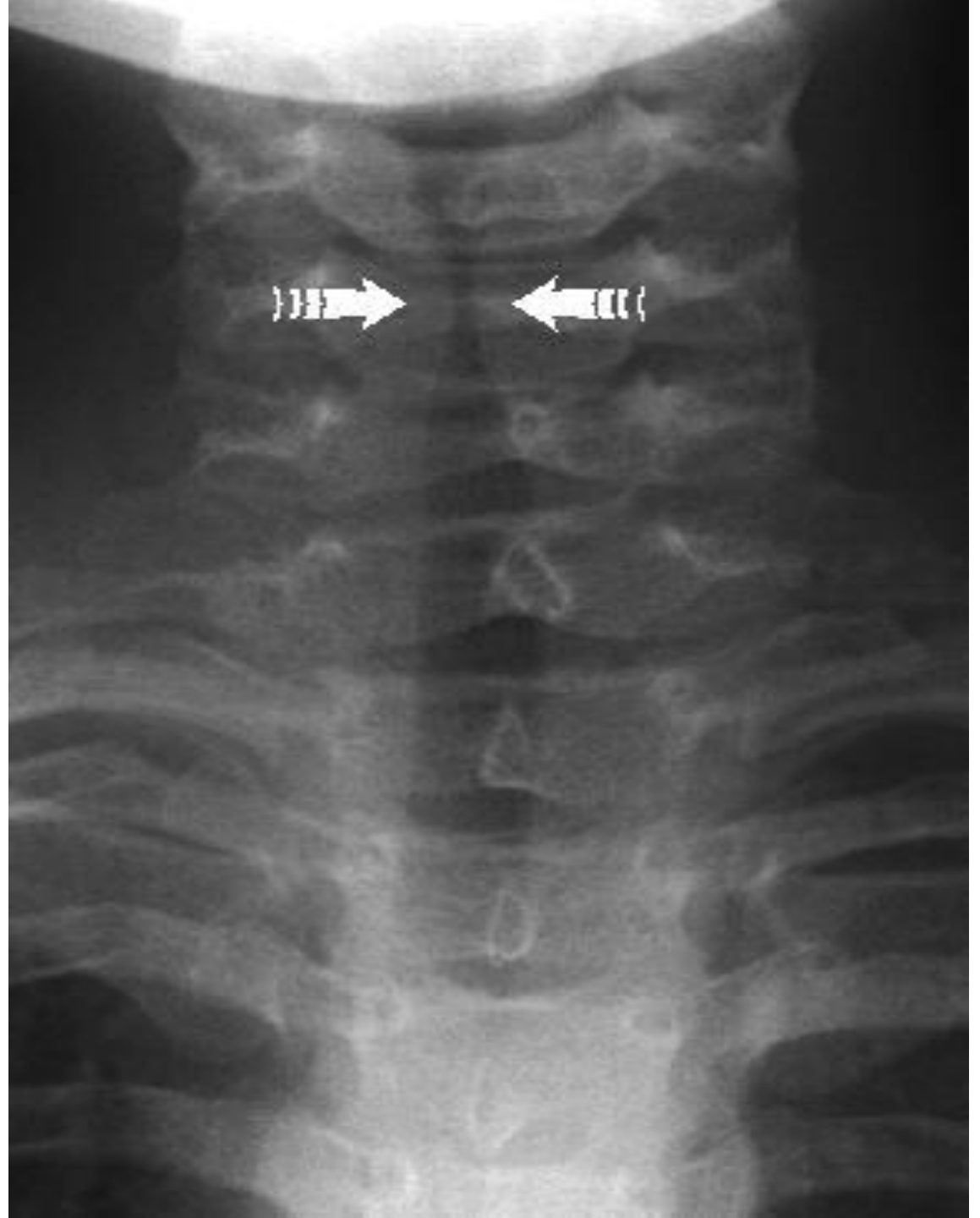
- ◎ **Inspiratory stridor**
- ◎ **Brassy cough**
- ◎ **Hoarseness of voice +/- resp.distress**

- Usually viral in origin
 -
 - Influenza virus
 - RSV , adenovirus , measles virus
- It is the **most common** cause of Acute Airway Obstruction in children
- Age group 3m-3 years (peak 2years)
- Affects boys more often than girls
- Peak occurrence is in fall and winter

Diagnosis

- ◎ It is clinically diagnosed
- ◎ Neck x-ray and CBC all should be done in clinically stable pt .
 - AP neck film : show a pencil tip or steeple sign of the subglottic trachea
 - CBC , it may helps .

**Pencil shaped or
steeple sign**





رب ابن لي عندك بيتاً في الجنة

Acute epiglottitis

- It is a rapidly progressive bacterial infection causing acute inflammation and edema of the epiglottis and adjacent structures : aryepiglottic folds and arytenoids
- Also known as supraglottitis
- It is life threatening condition may lead to sudden and complete airway obstruction

- ◎ Age : 2-6 years (peak at 3 year)
- ◎ Infant , older children and adult are rarely affected
- ◎ Causative agents :
 - Hib
 - pneumococci , staphylococci,
streptococci

Diagnosis

- **History**

- **Presentation**

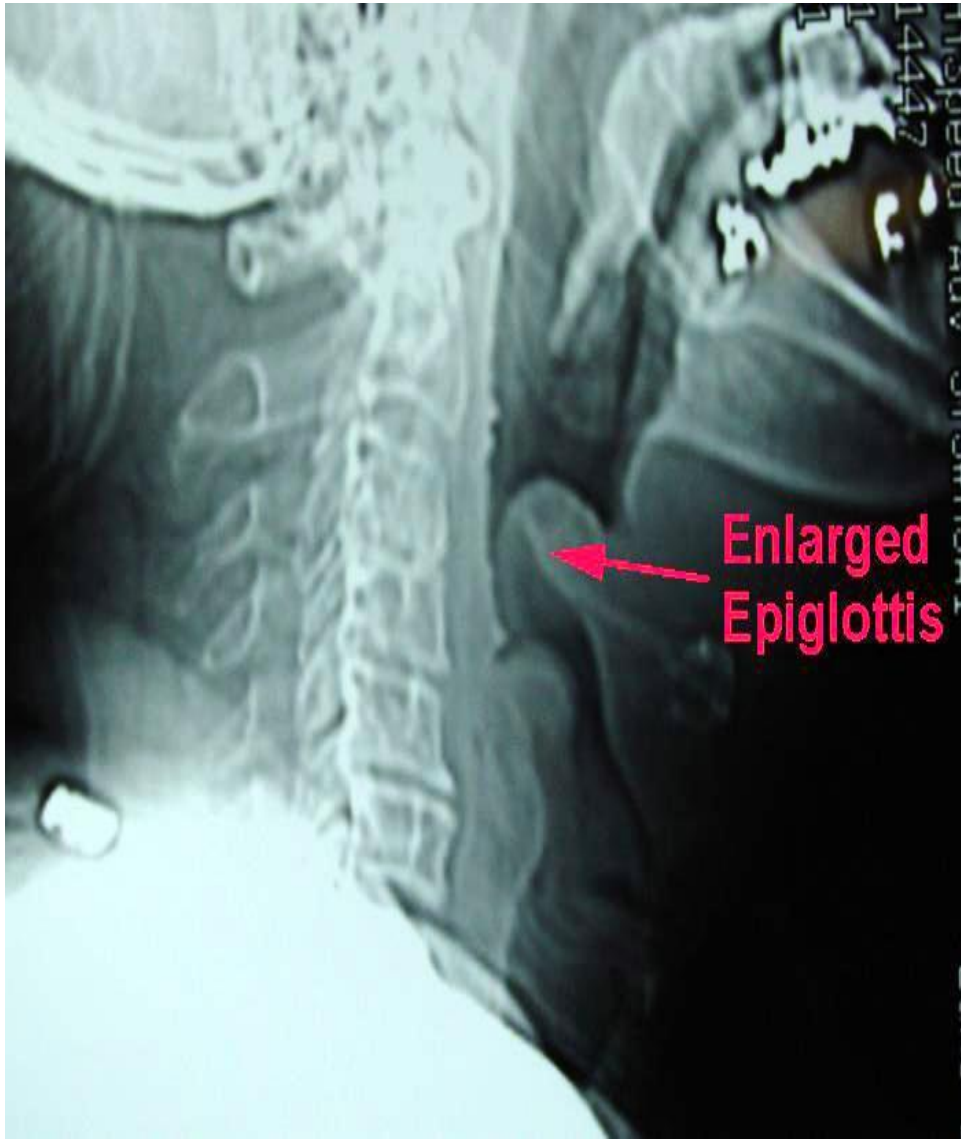
- **Appearance of the child**

 - Pharynx examination at this stage in ER is absolutely contraindicated**

- **Next step = admission in ICU**

- **Neck x-ray : Not the priority**

 - Do not leave the patient unattended**



Thumb sign

THANK YOU!!!