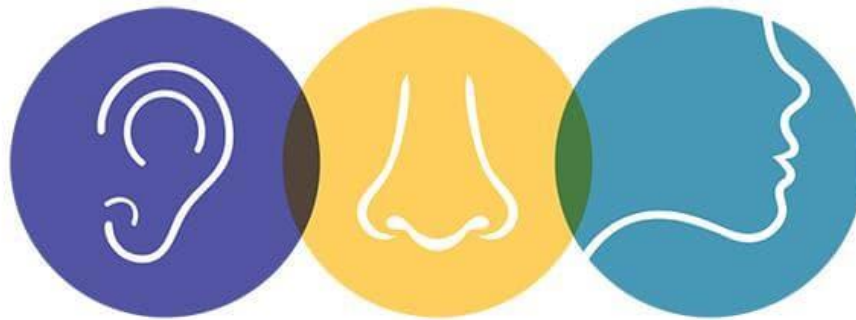


Case 1:



EDINBURGH UNIVERSITY
EAR NOSE & THROAT
SOCIETY

The Edinburgh ENT Soc cases have not been proofread by any professionals or members of the medical school. They have been made based on the guidelines available at the time.

For questions and feedback please email us at edinburghentsoc@gmail.com or use our social media pages (@EUENTSOC on instagram, @EdinburghENTSoc on Facebook).



A 16-year-old boy presents with a sore throat of three days. He has also felt feverish and thinks that the glands in his neck have swollen up again. This is the third similar presentation in the last year.

Question 1: List the observations and examinations that should be carried out

The patient has a temperature of 38.5°C, tender and enlarged lymph nodes, no cough and red, inflamed tonsils with exudate.

Question 2: What is his CENTOR score?

Question 3: Considering the patient's CENTOR score, what would be the appropriate management plan ?



Answers to question 1-3:

Q1: A non-exhaustive list of observations and examinations for this patient includes :

- Temperature
- Pulse
- Oxygen saturations
- Blood pressure
- Cervical lymph nodes
- Throat and ear examination → do not examine throat if epiglottitis is suspected
- Skin to look for rash
- Abdomen: tenderness and splenomegaly is seen in glandular fever.

Q2: The patient's CENTOR score is as follow :

- Tonsillar exudate: 1+
 - Tender anterior cervical lymphadenopathy +1
 - History of fever +1
 - Absence of cough +1
- CENTOR score of **4/4**

Q3: The Microguide Lothian guidelines indicate that **phenoxymethylpenicillin** is the treatment of choice as there is a moderate/high chance of streptococcus infection (CENTOR score >2).



Question 4: Why should Amoxicillin be avoided in a patient with suspected tonsillitis?

Question 5: If the patient was allergic to penicillin, what would be the antimicrobial of choice?

Question 6: What long term option could be considered for this patient?



Answers questions 4-6:

Q4: When given in the presence of infectious mononucleosis, **amoxicillin** elicits a rash. Here such an infection cannot be excluded (Microguide Lothian guidelines).

Q5: Clarithromycin should be used for tonsillitis in a patient with a penicillin allergy (Microguide Lothian guidelines).

Q6: NHS guidelines suggest that tonsillectomy should be carried out when patients have had 7+ episodes in the past year. Although this patient has “only” had 3 episodes in the last year, if these have led to a significant amount of missed schooling for example, then surgery might still be appropriate.

References :

<https://www.nice.org.uk/guidance/ng84/resources/visual-summary-pdf-4723226606>

Microguide: Adult Antimicrobial Guide NHS Lothian

<https://www.nhs.uk/news/pregnancy-and-child/childrens-tonsils-are-being-removed-unnecessarily/>

