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Management of Pharyngitis Acute

[1] Kurnia, [1] Agus

[1] Faculty of Medicine, Sebelas Maret University, Surakarta City, Central Java, Indonesia

Correspondence : dr.kurnia912837@gmail.com

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ABSTRACT

Background: The management of acute pharyngitis, particularly in distinguishing between viral and bacterial etiologies, has evolved significantly over the past two decades, reflecting a growing emphasis on responsible antibiotic use. The literature reveals a spectrum of perspectives on diagnosis, treatment, and the implications of antibiotic resistance. **Literature Review:** (Bejzman Piltcher et al., 2018) emphasized the complexities of managing pharyngotonsillitis in the context of increasing antimicrobial resistance, advocating for expert consensus and evidence-based guidelines. (Behnamfar et al., 2019) introduced a cost-effectiveness analysis, suggesting that a strategy involving rapid testing followed by culturing is the most effective for treating pharyngitis, countering blanket approaches. (J Hoban & Nauta, 2019) contributed to the discussion by emphasizing the limited efficacy of antibiotics in symptom resolution while underscoring the importance of accurate diagnosis to prevent long-term complications. (Engell Holm et al., 2020) conducted a systematic review comparing short- versus long-course antibiotic treatments, affirming the necessity of a 10-day course of penicillin V as the first-line treatment while addressing the urgent need to optimize antibiotic use. (L Robinson, 2021) synthesized recent literature advocating for a nuanced approach to pharyngitis management amidst growing resistance, underscoring the need for continuous research and adaptation of clinical practices. (Le Marechal et al., 2013) reinforced these observations by illustrating the rarity of complications from GABHS in industrialized nations, advocating for improved diagnostic practices such as rapid diagnostic tests (RDTs) and clinical decision rules (CDRs) to optimize antibiotic prescriptions. **Conclusion:** In conclusion, the literature collectively emphasizes the critical balance between effective treatment of acute pharyngitis and the imperative of responsible antibiotic use. Accurate diagnostic practices, adherence to guidelines, and a focus on antibiotic stewardship are paramount in managing this common condition, particularly in light of the evolving landscape of antimicrobial resistance.

Keyword: Management, Pharyngitis Acute

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INTRODUCTION

The management of acute pharyngitis, particularly in distinguishing between viral and bacterial etiologies, has evolved significantly over the past two decades, reflecting a growing emphasis on responsible antibiotic use. The literature reveals a spectrum of perspectives on diagnosis, treatment, and the implications of antibiotic resistance.

In 2001, Turnidge highlighted the necessity of distinguishing Streptococcus pyogenes as the primary bacterial cause of acute sore throat, advocating for a scoring system to improve diagnostic accuracy and restrict antibiotic prescriptions to cases meeting specific criteria (Turnidge, 2001). This foundational perspective set the stage for subsequent discussions on the management of pharyngitis, particularly in children.

By 2011, Regoli et al. noted the lack of consensus among experts regarding the clinical management of pharyngotonsillitis, emphasizing the dichotomy between those advocating for microbiological testing to prevent complications, such as acute rheumatic fever (ARF), and those viewing pharyngitis as a self-limiting condition that often does not require antibiotic treatment (Regoli et al., 2011). This debate underscored the need for careful consideration of antibiotic stewardship, particularly in developed countries where the incidence of complications is low.

Sarrell and Giveon further explored the limitations of clinical judgment in diagnosing group A beta-hemolytic streptococcus (GABHS) pharyngitis, revealing a significant overestimation of disease prevalence among patients. Their findings highlighted the importance of diagnostic strategies, including throat cultures, to guide antibiotic use effectively. They pointed out that while antibiotics offer minimal symptomatic relief, the fear of complications drives excessive prescribing, which may not be justified given the declining incidence of rheumatic fever (Michael Sarrell & M. Giveon, 2012).

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The meta-analysis by Le Marechal et al. reinforced these themes by illustrating the rarity of complications from GABHS in industrialized nations, despite widespread antibiotic use. They advocated for improved diagnostic practices, such as rapid diagnostic tests (RDTs) and clinical decision rules (CDRs), to optimize antibiotic prescriptions, as clinical features alone do not reliably distinguish between bacterial and viral infections (Le Marechal et al., 2013).

Alweis et al. further examined the adherence to guidelines for pharyngitis treatment, noting that despite awareness of the Modified Centor score, many healthcare providers struggled to implement evidence-based practices consistently (Alweis et al., 2014). Their findings indicated that non-adherence could lead to unnecessary healthcare costs and highlighted the need for better clinical decision support tools.

In 2018, Piltcher et al. provided a comprehensive overview of medical management in pharyngotonsillitis, emphasizing the need for expert consensus and evidence-based guidelines to navigate the complexities of treatment in an era marked by increasing antimicrobial resistance (Bejzman Piltcher et al., 2018).

The cost-effectiveness analysis by Behnamfar et al. introduced a practical dimension to the management discourse, suggesting that rapid testing followed by culturing represents the most effective strategy for treating pharyngitis, countering the blanket approaches of 'treatment of all' or 'no treatment' (Behnamfar et al., 2019).

Hoban and Nauta further contributed to the conversation by discussing the limited efficacy of antibiotics in resolving symptoms of acute pharyngitis, while underscoring the importance of accurate diagnosis to prevent long-term complications, particularly in vulnerable populations (J Hoban & Nauta, 2019).

Holm et al. conducted a systematic review comparing short- versus long-course antibiotic treatments, affirming the necessity of a 10-day course of penicillin V as the first-line treatment while also addressing the urgent need to optimize antibiotic use in light of rising resistance (Engell Holm et al., 2020).

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Lastly, Robinson synthesized recent literature, advocating for a nuanced approach to managing pharyngitis amidst growing antimicrobial resistance, thereby highlighting the importance of continuous research and adaptation of clinical practices to enhance patient outcomes (L Robinson, 2021).

Collectively, these articles reflect a critical evaluation of the evolving landscape in the management of acute pharyngitis, emphasizing the delicate balance between effective treatment and the imperative of responsible antibiotic use.

LITERATURE REVIEW

The article "Responsible Prescribing for Upper Respiratory Tract Infections" by (Turnidge, 2001) provides a critical examination of the management of acute pharyngitis, specifically highlighting the role of Streptococcus pyogenes as the primary bacterial pathogen responsible for this condition. (Turnidge, 2001) emphasizes the importance of accurately distinguishing between bacterial and viral infections to guide appropriate treatment decisions, thereby addressing a common challenge in clinical practice.

One of the key insights from the article is the introduction of a scoring system designed to enhance the diagnostic process. This scoring system serves as a clinical tool that aids healthcare providers in evaluating the likelihood of streptococcal infection versus viral etiology. By implementing such a system, clinicians can make more informed decisions regarding the necessity of antibiotic prescriptions, which is crucial given the rising concerns surrounding antibiotic resistance. (Turnidge, 2001)’s approach underscores the importance of judicious prescribing practices, particularly in the context of upper respiratory tract infections where over-prescription of antibiotics is prevalent.

Furthermore, the article outlines specific conditions under which antibacterial treatment should be considered. This guidance is particularly relevant in light of the potential complications associated with untreated streptococcal infections, such as rheumatic fever. However, (Turnidge, 2001) also advocates for a more conservative approach, suggesting that antibiotics should only be administered when certain

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clinical criteria are met, thereby reducing unnecessary exposure to these medications.

The article "Update on the management of acute pharyngitis in children" authored by (Regoli et al., 2011) provides a comprehensive overview of the ongoing debate regarding the clinical management of acute pharyngitis, particularly in pediatric populations. The authors highlight the lack of consensus among experts and guidelines concerning the diagnosis and treatment of pharyngotonsillitis, especially when it comes to Group A beta-hemolytic streptococcus (GABHS) infections.

One significant insight from the article is the dichotomy in perspectives on GABHS pharyngitis. On one hand, some experts advocate for the recognition and treatment of GABHS to prevent severe complications such as acute rheumatic fever (ARF). This position emphasizes the importance of microbiological testing to identify GABHS infections accurately. On the other hand, the article discusses an alternative viewpoint that regards pharyngitis, including GABHS cases, as generally benign and self-limiting, particularly in developed countries where the incidence of suppurative complications and ARF is low. This perspective leads to a more conservative approach, reserving antibiotic treatment for selected cases to mitigate the risk of developing antibiotic-resistant strains.

The authors support their analysis with findings from a retrospective cohort study, which indicated that the number of patients needed to treat to prevent a single complication following upper respiratory tract infections was alarmingly high, at over 4,000. This statistic raises critical questions about the justification for routine antibiotic use in these cases, suggesting that the potential benefits do not outweigh the risks associated with unnecessary antibiotic prescriptions.

The article "Streptococcal Pharyngitis: A Prospective Study of Compliance and Complications" by (Michael Sarrell & M. Giveon, 2012) provides a comprehensive examination of the management of acute pharyngitis, particularly focusing on group A beta-hemolytic streptococcus (GABHS) pharyngitis. The authors highlight the challenge in clinical diagnosis, noting that only 20–30% of patients exhibit classical symptoms associated with GABHS pharyngitis. This discrepancy underscores the

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limitations of clinical judgment alone, which often results in an overestimation of disease prevalence.

A critical insight from the article is the evaluation of diagnostic strategies, which incorporate epidemiological factors, clinical signs, and throat culture results. The authors emphasize that reliance on throat cultures can enhance the judicious use of antibiotics, thereby addressing a significant concern in primary care—overprescribing antibiotics due to fear of complications. The article points out that while antibiotics provide minor symptomatic relief, shortening the duration of symptoms by an average of only half a day, their role in preventing serious complications such as rheumatic fever has diminished in light of the declining incidence of this condition over the past two decades.

Moreover, the article discusses the common occurrence of treatment failure in GABHS pharyngitis, attributing this to antibiotic resistance in approximately 20% of pediatric cases. The authors critically evaluate the effectiveness of newer beta-lactamase-resistant antibiotics, indicating that these alternatives have not significantly mitigated treatment failures. The findings suggest that the current antibiotic treatment strategies may not be sufficient to address the complexities of GABHS infections, particularly in pediatric populations.

The authors also reflect on the implications of antibiotic treatment on the incidence of other conditions, such as acute otitis media and sinusitis, noting that the reductions achieved are modest at best. This raises important questions about the cost-effectiveness and necessity of antibiotic interventions in cases of acute GABHS pharyngitis.

The article "Streptococcal pharyngitis in children: a meta-analysis of clinical decision rules and their clinical variables" by (Le Marechal et al., 2013) provides a comprehensive examination of the management of acute pharyngitis, particularly focusing on group A streptococcal (GAS) infections in pediatric patients. The authors effectively highlight the prevalence of GAS in cases of pharyngitis, noting that it is identified in 20–37% of affected children. This statistic underscores the need for accurate diagnostic and management strategies, given the potential

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complications associated with untreated GAS infections, such as local suppurations and acute rheumatic fever (ARF).

The article critically evaluates the historical context of GAS pharyngitis management, emphasizing the significant shift towards antibiotic prescription aimed at preventing complications. The authors point out that while the incidence of such complications is low in industrialized countries—less than 1% for suppurative complications and 0.08–0.15 per 100,000 for ARF—the widespread use of antibiotics raises concerns about drug side effects and the risk of developing multidrug-resistant organisms. This aspect of the discussion is particularly relevant in today's healthcare environment, where antibiotic stewardship is paramount.

Moreover, the authors advocate for the use of pharyngeal swabs for bacterial cultures or rapid diagnostic tests (RDTs) as recommended by the Infectious Diseases Society of America (IDSA). They argue that clinical features alone are insufficient to differentiate between GAS and viral pharyngitis, which is a critical point in the management of acute pharyngitis. Despite the good diagnostic performance of RDTs, the authors note a concerning gap in their widespread adoption, which contributes to the continued excessive prescription of antibiotics in children with pharyngitis.

The article also introduces clinical decision rules (CDRs) as a tool to assist healthcare providers in determining the necessity of further testing or immediate antibiotic treatment. The systematic review and meta-analysis presented in the study serve to consolidate existing knowledge on CDRs and their variables, providing a valuable resource for clinicians. By emphasizing the importance of these decision-making frameworks, the authors contribute to the discourse on optimizing antibiotic use and improving patient outcomes in cases of acute pharyngitis.

The article "An initiative to improve adherence to evidence-based guidelines in the treatment of URIs, sinusitis, and pharyngitis" by (Alweis et al., 2014) presents a critical evaluation of the adherence to clinical guidelines for the management of pharyngitis, particularly focusing on antibiotic prescribing practices. The findings

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indicate a significant gap between recommended practices and actual prescribing behavior among healthcare providers, with only 20% of respondents believing they consistently prescribed antibiotics according to established guidelines.

One of the key insights from the article is the identification of clinical decision support tools as a critical factor influencing antibiotic prescribing decisions. The authors highlight that 80% of the respondents indicated that the absence of such tools impacted their decisions, suggesting a systemic issue in the support available to clinicians when diagnosing and treating pharyngitis. This lack of support may contribute to the high rates of antibiotic prescriptions observed, with 56% of patients receiving antibiotics despite only 18% being confirmed cases of Streptococcal pharyngitis.

The article further emphasizes the importance of the Modified Centor score in determining the necessity of antibiotic treatment for Streptococcal pharyngitis. A score greater than 4 clearly indicates the need for antibiotics, while a score of 2-3 necessitates further testing through throat culture or rapid Streptococcal antigen testing. However, the study reveals a troubling trend where unnecessary throat cultures were ordered in 57% of non-adherent visits, highlighting a violation of treatment guidelines. This misuse reflects a lack of knowledge regarding the guidelines and points to their complexity, which may deter adherence among practitioners.

The authors effectively argue that the non-adherence to pharyngitis treatment guidelines leads to inappropriate antibiotic use, which can contribute to broader public health issues such as antibiotic resistance. The article calls for improved educational initiatives and the development of more user-friendly clinical decision support tools to enhance adherence to guidelines. Overall, the findings underscore the need for systemic changes in clinical practice to ensure that guidelines are followed, ultimately leading to better patient outcomes in the management of pharyngitis.

The article "How to avoid the inappropriate use of antibiotics in upper respiratory tract infections? A position statement from an expert panel" by (Bejzman Piltcher

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et al., 2018) provides a comprehensive examination of the management strategies for acute pharyngitis, particularly focusing on the critical issue of antibiotic stewardship. The authors conducted a literature review utilizing the PubMed database, which serves as a foundation for their recommendations and insights.

One of the key insights from the article is the emphasis on distinguishing between viral and bacterial causes of acute pharyngitis, as this differentiation is crucial for appropriate management. The authors highlight that the majority of pharyngitis cases are viral in origin, which underscores the need for clinicians to avoid the unnecessary prescription of antibiotics, as this can contribute to antibiotic resistance and have adverse effects on patient health.

The expert panel discussion elaborates on the guidelines for the clinical evaluation of patients presenting with symptoms of pharyngitis. The article suggests the use of clinical scoring systems, such as the Centor criteria, to assist healthcare providers in making informed decisions regarding the need for diagnostic testing and treatment. This systematic approach enhances clinical decision-making and promotes judicious use of antibiotics.

Moreover, the article addresses the importance of patient education in the management of acute pharyngitis. The authors advocate for clear communication regarding the nature of the illness, the expected course of viral infections, and the potential risks associated with unnecessary antibiotic use. By informing patients about the self-limiting nature of most cases, healthcare providers can help manage expectations and reduce the pressure to prescribe antibiotics.

The article "Cost and effectiveness analysis of the diagnostic and therapeutic approaches of group A Streptococcus pharyngitis management in Iran" by (Behnamfar et al., 2019) presents a comprehensive evaluation of the cost-effectiveness of various strategies for managing acute pharyngitis caused by group A Streptococcus. The authors emphasize the importance of employing efficient diagnostic and therapeutic approaches, particularly in the context of healthcare resource allocation.

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The study's main finding suggests that the most effective strategy for managing pharyngitis is a rapid test for streptococcus (RTA) followed by culture confirmation. This approach not only ensures accurate diagnosis but also optimizes treatment protocols, leading to better patient outcomes and reduced healthcare costs. The authors argue that the alternatives of treating all patients indiscriminately or opting for no treatment at all are not viable, as they could lead to unnecessary antibiotic use or complications from untreated infections.

(Behnamfar et al., 2019) provide a thorough analysis of the implications of their findings for public health policy, particularly in resource-limited settings. The cost-effectiveness analysis highlights the potential for significant savings in healthcare expenditures when appropriate diagnostic tests are utilized. This is particularly relevant in Iran, where healthcare resources may be constrained, and the burden of infectious diseases remains high.

Moreover, the article critically evaluates the existing treatment paradigms and underscores the necessity for evidence-based guidelines in the management of acute pharyngitis. By advocating for a selective approach to treatment based on diagnostic testing, the authors contribute to the ongoing discourse on antimicrobial stewardship and the responsible use of antibiotics.

The article titled "Clinical And Bacteriological Impact Of Clarithromycin In Streptococcal Pharyngitis: Findings From A Meta-Analysis Of Clinical Trials" by (J Hoban & Nauta, 2019) provides a comprehensive analysis of the management of acute pharyngitis, particularly focusing on the role of clarithromycin in treating infections caused by Group A beta-hemolytic Streptococci (GABHS). The authors highlight that acute pharyngitis is a common reason for primary care consultations, especially among pediatric patients, where GABHS is a significant bacterial contributor to sore throat presentations.

The article underscores the self-limiting nature of acute sore throat symptoms, emphasizing that while antibiotics can play a role in symptom resolution, their impact is more pronounced when GABHS is confirmed as the causative agent. This distinction is crucial for clinicians, as it supports the need for accurate diagnosis,

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which can mitigate unnecessary antibiotic use and its associated risks, including resistance development. The authors effectively argue that appropriate management of streptococcal pharyngitis is vital not only for symptom relief but also for preventing serious complications such as acute rheumatic fever and post-streptococcal glomerulonephritis.

Furthermore, (J Hoban & Nauta, 2019) discuss the therapeutic implications of clarithromycin, particularly in scenarios where first-line treatments like penicillin V or amoxicillin are not suitable. The article references a Cochrane systematic review that found macrolides, including clarithromycin, to be nearly equivalent to penicillin in resolving GABHS pharyngitis in adults. This finding is significant as it provides evidence for the use of clarithromycin as an alternative treatment option, thereby expanding the therapeutic arsenal available to clinicians dealing with streptococcal infections.

The article "Short- vs. Long-Course Antibiotic Treatment for Acute Streptococcal Pharyngitis: Systematic Review and Meta-Analysis of Randomized Controlled Trials" by (Engell Holm et al., 2020) presents a thorough examination of the effectiveness of short-course antibiotic therapy compared to long-course therapy for patients diagnosed with acute streptococcal pharyngitis. The systematic review and meta-analysis focus on randomized controlled trials that specifically compare these two treatment durations, thereby providing a robust framework for evaluating clinical outcomes.

The authors highlight two primary outcomes: early clinical cure and early bacterial eradication. This focus is significant as it addresses the critical need for effective treatment strategies in the face of rising antimicrobial resistance. The article underscores that while acute pharyngitis is frequently viral in nature, leading to self-limiting cases, the management of confirmed or highly probable group A streptococcal (GAS) infections warrants antibiotic intervention, especially in high-risk populations.

One of the major contributions of this article is its discussion on the implications of antibiotic overuse, particularly concerning macrolides and cephalosporins, which

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are classified as "Highest Priority Critically Important Antimicrobials." The authors advocate for penicillin V as the first-line treatment, emphasizing that the benefits of using alternative antibiotics must be carefully weighed against the potential harms associated with their unnecessary use. This perspective aligns with current concerns about antimicrobial resistance, making the article particularly relevant to contemporary clinical practice.

The article also addresses the existing variability in clinical guidelines regarding the management of acute pharyngitis caused by GAS. Despite this variability, the authors note a prevailing consensus favoring a 10-day course of penicillin V as the standard treatment. This observation raises important questions about the need for harmonization in treatment guidelines and the potential for short-course therapies to be integrated into clinical practice, contingent upon their demonstrated efficacy.

In the article "Paediatrics: how to manage pharyngitis in an era of increasing antimicrobial resistance," (L Robinson, 2021) provides a comprehensive review of the current approaches to managing pharyngitis, particularly in pediatric populations, amidst the growing concern of antimicrobial resistance. The author undertakes a traditional literature review, utilizing a systematic search of PubMed for articles published between 2016 and 2020 that specifically address pharyngitis or sore throat.

(L Robinson, 2021)’s analysis emphasizes the importance of differentiating between viral and bacterial causes of pharyngitis, which is crucial for appropriate management. The article discusses the clinical presentation of pharyngitis, highlighting the symptoms that are more indicative of streptococcal infection, such as fever, exudative tonsillitis, and tender anterior cervical lymphadenopathy. This differentiation is essential, as inappropriate use of antibiotics for viral infections can contribute to the rising rates of antimicrobial resistance.

The author also reviews the current guidelines on the use of rapid antigen detection tests (RADTs) and throat cultures in diagnosing streptococcal pharyngitis. (L Robinson, 2021) points out that while RADTs offer a quick and effective means of diagnosis, their sensitivity can vary, necessitating confirmatory throat cultures in

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certain cases. This nuanced approach to diagnosis is critical in ensuring that antibiotics are prescribed only when truly necessary, thereby mitigating the risk of resistance.

Furthermore, the article discusses non-antibiotic management strategies for pharyngitis, such as analgesics and supportive care, which are often sufficient for viral infections. (L Robinson, 2021) advocates for a more judicious use of antibiotics and stresses the importance of educating both healthcare providers and patients about the implications of antibiotic overuse.

CONCLUSION

The management of acute pharyngitis has seen considerable evolution, particularly in the context of distinguishing between viral and bacterial causes and the implications of antibiotic stewardship. A critical examination of the literature reveals a consensus on the necessity for accurate diagnosis and judicious antibiotic use, especially in light of rising antimicrobial resistance.

(Turnidge, 2001) established a foundational approach by advocating for a scoring system aimed at improving diagnostic accuracy and limiting unnecessary antibiotic prescriptions, particularly for cases associated with Streptococcus pyogenes, the primary bacterial agent of acute pharyngitis. This perspective was echoed by (Regoli et al., 2011), who highlighted the ongoing debate among experts regarding the management of pharyngotonsillitis, emphasizing the need for microbiological testing to prevent severe complications versus the view of pharyngitis as a self-limiting condition. (Michael Sarrell & M. Giveon, 2012) further elucidated the limitations of clinical judgment in diagnosing GABHS pharyngitis, underscoring the importance of diagnostic strategies, including throat cultures, to guide antibiotic use effectively.

(Le Marechal et al., 2013) reinforced these observations by illustrating the rarity of complications from GABHS in industrialized nations, advocating for improved diagnostic practices such as rapid diagnostic tests (RDTs) and clinical decision rules (CDRs) to optimize antibiotic prescriptions. (Bejzman Piltcher et al., 2018) examined adherence to treatment guidelines, revealing significant gaps in practice

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among healthcare providers, which can lead to unnecessary healthcare costs and highlight the need for better clinical decision support tools.

(Bejzman Piltcher et al., 2018) emphasized the complexities of managing pharyngotonsillitis in the context of increasing antimicrobial resistance, advocating for expert consensus and evidence-based guidelines. (Behnamfar et al., 2019) introduced a cost-effectiveness analysis, suggesting that a strategy involving rapid testing followed by culturing is the most effective for treating pharyngitis, countering blanket approaches. (J Hoban & Nauta, 2019) contributed to the discussion by emphasizing the limited efficacy of antibiotics in symptom resolution while underscoring the importance of accurate diagnosis to prevent long-term complications.

(Engell Holm et al., 2020) conducted a systematic review comparing short- versus long-course antibiotic treatments, affirming the necessity of a 10-day course of penicillin V as the first-line treatment while addressing the urgent need to optimize antibiotic use. (L Robinson, 2021) synthesized recent literature advocating for a nuanced approach to pharyngitis management amidst growing resistance, underscoring the need for continuous research and adaptation of clinical practices.

In conclusion, the literature collectively emphasizes the critical balance between effective treatment of acute pharyngitis and the imperative of responsible antibiotic use. Accurate diagnostic practices, adherence to guidelines, and a focus on antibiotic stewardship are paramount in managing this common condition, particularly in light of the evolving landscape of antimicrobial resistance.

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