



FIG 21-1 Tonsillitis and pharyngitis. (Courtesy of Dr. Edward L. Applebaum, Head, Department of Otolaryngology, University of Illinois Medical Center, Chicago, IL.)



FIG 21-2 Pharyngitis associated with group A beta-hemolytic streptococci (GABHS) infection. (From Cohen J, Powderly WG: *Infectious diseases*, ed 2, St Louis, 2004, Mosby.)

Children who are GABHS carriers may have a positive throat culture but often experience a coincidental viral illness.

Diagnostic Evaluation

Although 80% to 90% of all cases of acute pharyngitis are viral, a throat culture or rapid streptococcal antigen testing should be performed to rule out GABHS. The throat swab requires vigorous swabbing of the tonsils and pharynx for accurate detection. Most streptococcal infections are short-term illnesses, and antibody responses (e.g., antistreptolysin-O titer) appear later than symptoms and are useful only for retrospective diagnosis.

Rapid identification of GABHS with diagnostic test kits (rapid antigen detection test) is possible in the office or clinic setting.