

lymphoid tissue and the frequency of URIs, tonsillitis is a common cause of illness in young children. The causative agent may be viral or bacterial.

Clinical Manifestations

The manifestations of tonsillitis are caused by inflammation. As the palatine tonsils enlarge from edema, they may meet in the midline (kissing tonsils), obstructing the passage of air or food. The child has difficulty swallowing and breathing. When enlargement of the adenoids occurs, the space behind the posterior nares becomes blocked, making it difficult or impossible for air to pass from the nose to the throat. As a result, the child breathes through the mouth.

Therapeutic Management

Because tonsillitis is self-limiting, treatment of viral pharyngitis is symptomatic. Throat cultures positive for GABHS infection warrant antibiotic treatment. It is important to differentiate between viral and streptococcal infection in febrile exudative tonsillitis. Because most infections are of viral origin, early rapid tests can eliminate unnecessary antibiotic administration.

Tonsillectomy is the surgical removal of the palatine tonsils. Absolute indications for a tonsillectomy are recurrent throat infections (seven or more episodes in the preceding year, five or more episodes in each of the preceding 2 years, or three or more episodes in each of the preceding 3 years) and sleep-disordered breathing ([Baugh, Archer, Mitchell, et al, 2011](#)).

Adenoidectomy (the surgical removal of the adenoids) is recommended for children who have a history of four or greater episodes of recurrent purulent rhinorrhea in the previous 12 months in a child younger than 12 years old (one episode should be documented by intranasal examination or imaging) ([American Academy of Otolaryngology—Head and Neck Surgery, 2012](#)). Other indications include persisting symptoms of adenoiditis after two courses of antibiotics, sleep disturbance with nasal obstruction lasting over 3 months, hyponasal speech, otitis media with effusion (OME) more than 3 months, dental malocclusion or orofacial growth disturbance as validated by an orthodontist/dentist, OME