

Inflammatory conditions of the Pharynx

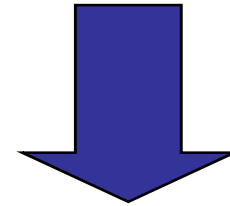
- **Acute**
- **Chronic**
- **Pharyngeal manifestations of systemic diseases**

Acute Pharyngitis

Non Specific

Acute simple Pharyngitis

Specific



Bacterial

Diphtheria

Vincent Angina

Fungal

Moniliasis

Viral

H zoster

H Simplex

IM

AIDS

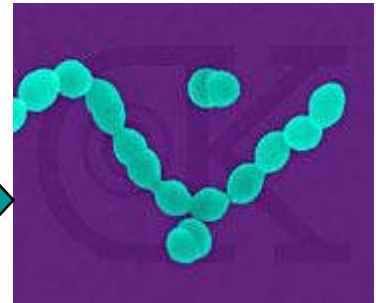
Acute Simple Pharyngitis

- Acute pharyngitis is an inflammatory process of the oropharynx,
- Acute pharyngitis is one of the most common childhood illnesses to be diagnosed in an outpatient setting

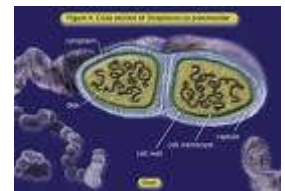
Causative organism

- Primarily: Viral
- Secondary bacterial infection

St. Haemolyticus
The Commonest



St Pneumoniae



Haemophilus
Influenza



Acute Simple Pharyngitis

Symptoms

General
Pharyngeal

Signs

- General
- Pharyngeal
- Cervical



High Fever
Flushed face

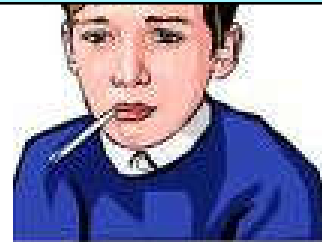


Diffuse Hyperaemia



Enlarged Tender
Cervical Lymph Nodes

Rapid Onset of
Fever, Headach, Anorrhexia, Malaise



Rapid Onset of
Sore Throat ± Referred Otalgia



Acute Simple Pharyngitis

Treatment

Antibiotics

Rest

Ample fluid intake

Cold compresses

Analgesic Antipyretics

Gargles



الخنزاق **Diphtheria**



الخنزاق **Diphtheria**

**Acute membranous inflammation caused by
*Corynebacterium diphtheria***

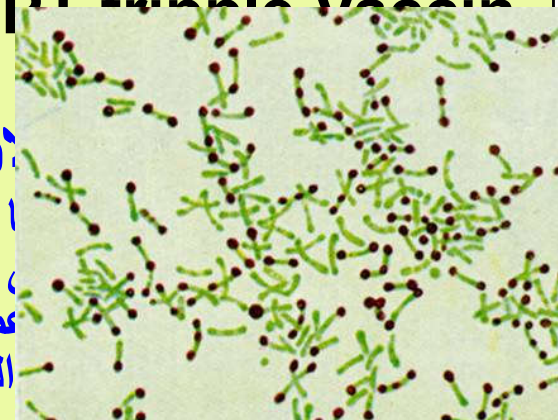
Usually affects **the pharynx**
May involve the Larynx or Nose
Rarely affects the conjunctiva

Incidence:

Frequency: rare WHY?
Age: usually in children 2-5 years
Organism:
Mode of transmission
Incubation period: 2-5 days

DPT triple Vaccine

من
١ وهو ٣
٢ و ٤
عمر سنة
المدرسة



diphtheria

Pathology

The organism remains on the mucosa BUT secretes powerful **EXOTOXIN** which has two effects;

1- local effect:

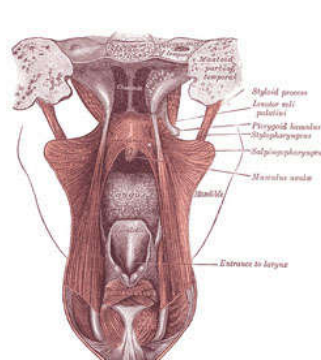
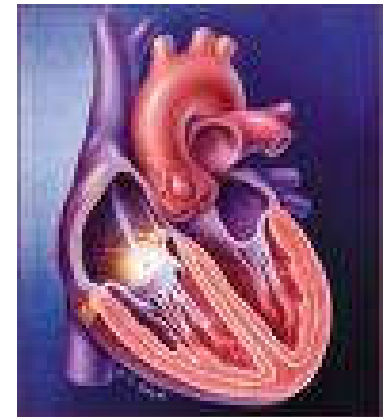
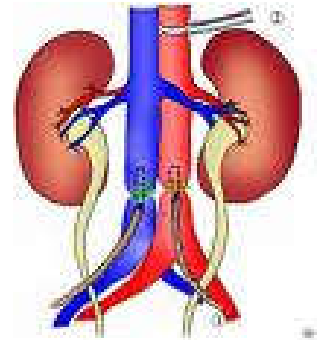
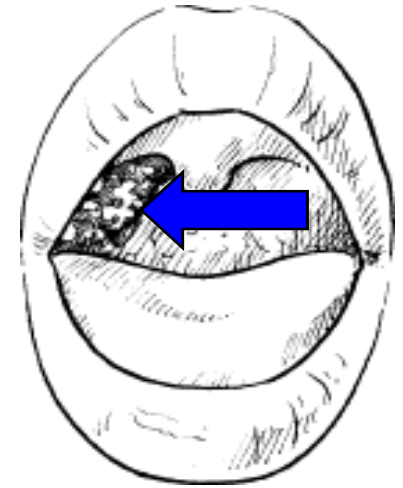
necrosis of the surface epithelium, ulceration.

The necrotic epithelium with the blood cells, pus and fibrinous exudate form the *false membrane*

2- Systemic effect :

The Exotoxin is absorbed by blood and has toxic effect on

- **RENAL,**
- **CARDIAC,**
- **NEURAL TISSUE** (paralysis of diaphragm, intercostal muscles, pharyngeal , laryngeal , palatal muscles



Symptoms

- Usually Unilateral
- Exceeds the limit of the tonsil to the pillars
- Dirty greyish with offensive odor
- Adherent to the underlying tissue
- Removal leaves bleeding surface
- Reforms rapidly after removal

Signs

- General
- Local
- Cervical

Severe Toxaemia:

Pallor+ rapid pulse

لكل ارتفاع في درجة الحرارة درجة يزيد النبض عشرة
ولكن هنا نجد نجد أن ارتفاع النبض أكثر من ارتفاع
درجة الحرارة

Membrane



Bull Neck appearance

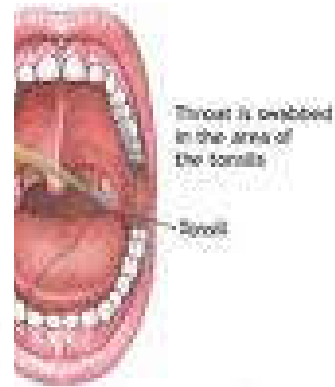
رقبة العجل

Investigations

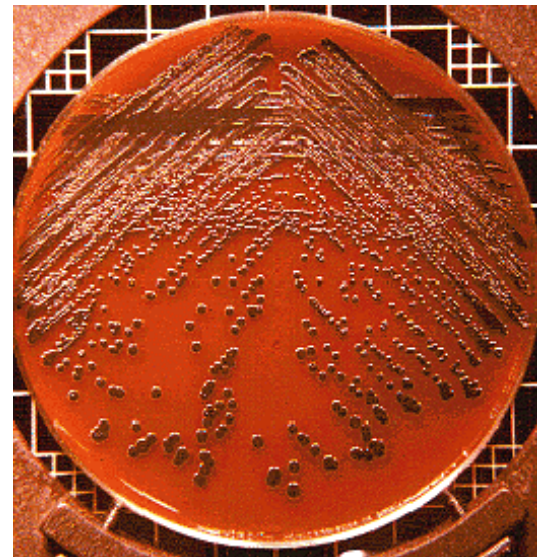
- Swab from the membrane :

1- Direct film

2- Culture (on Tellurite agar)



Corynebacterium diphtheriae - Gram stain



Corynebacterium diphtheriae, mitis
Chocolate tellurite agar

Complications

1- Renal (early & common) : Acute nephritis → Albuminuria

2- CVS: Heart failure

- **Early:** (1st week due to toxic myocarditis)

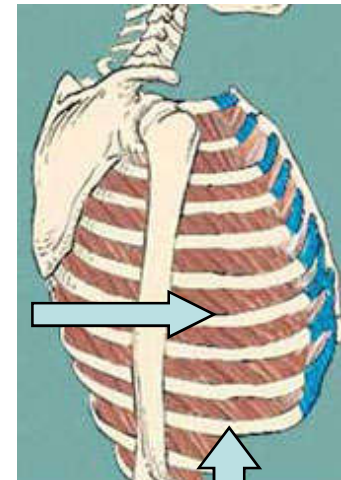
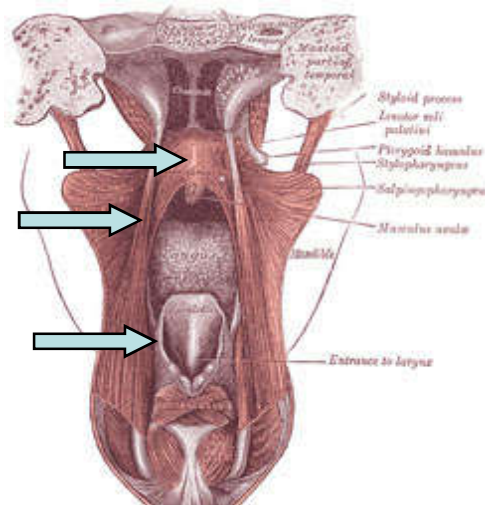
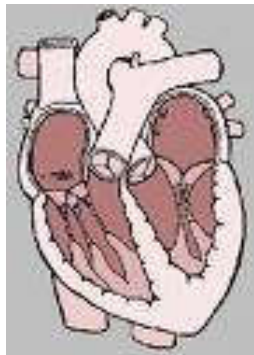
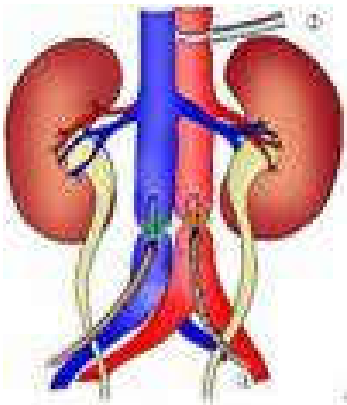
- **Late :** (3rd week due to vagal neuritis)

3- Paralytic: palatal, pharyngeal, laryngeal, ocular, diaphragm & intercostal muscles

4- Respiratory:

- Spread to larynx → laryngeal obstruction

- Inhalation of membrane → lung collapse



Prophylaxis

Active

Diphtheria toxoid vaccin

التطعيم اجباري

٣ جرعات بالعضل - عند سن ٢ و ٤ و ٦ شهور
وجرعة عند عمر سنة ونصف وجرعة عند
دخول المدرسة



Passive

Anti-toxin 5000-10000 units

تعطي لجميع الملامسين للمريض

Treatment

حالة طوارئ بمجرد تستوجب دخول المستشفى فوراً وعزل المريض والبدء في العلاج فوراً دون انتظار نتيجة المزرعة

- 1- Immediate hospitalization & isolation
- 2- Rest for 3 weeks
- 3- Isolation
- 4- Antibiotic
- 5- Antitoxin

Give as soon as disease is suspected
Give antitoxin of another animal
Give gradually increasing dose
If sensitivity reaction occurs give corticosteroids and calcium

To avoid
Patient is
swabs cu

cessive daily

0.

oice,
0 dayes

40
of

ding to severity
sion of the
membrane and weight of the child



Vincent Angina

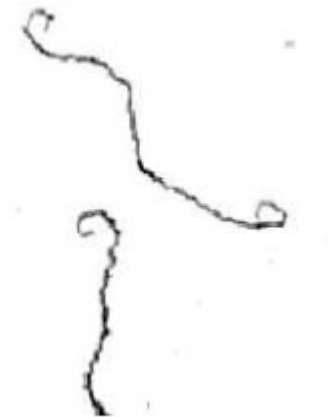
حمي الخناق

كانت تسمى حمي الخناق حيث كانت شائعة بين الجنود في الحرب العالمية
الاولي والذين كانوا يبقوا بالخنادق لفترات طويلة تحت ظروف سيئة وعدم
وجود أي عناية بنظافة الفم

Vincent Angina

Causative organism:

- Fusiform bacilli
 - Spirochaetes
- They act in symbiosis



Spirochaeta sp

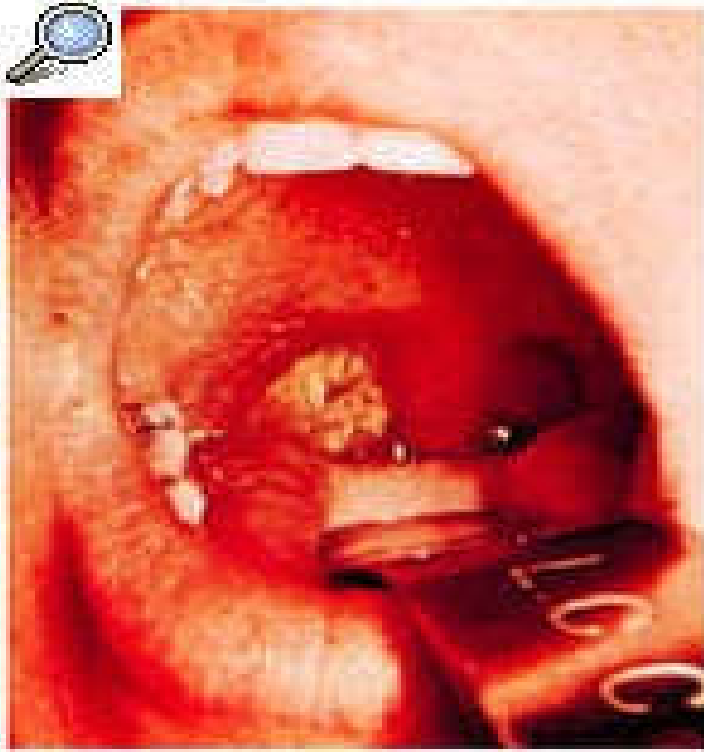
Vincent Angina

Symptoms

- General
- Local

Signs

- General
- Local
- Cervical



VI

Mild fever

Necrotic ulceration & false membrane on the oral, pharyngeal and gum mucosa

UDC lymph nodes are enlarged & tender



Vincent Angina

Treatment

Antibiotic

Mouth wash and gargles
with H₂O₂

(The organism is anaerobic)



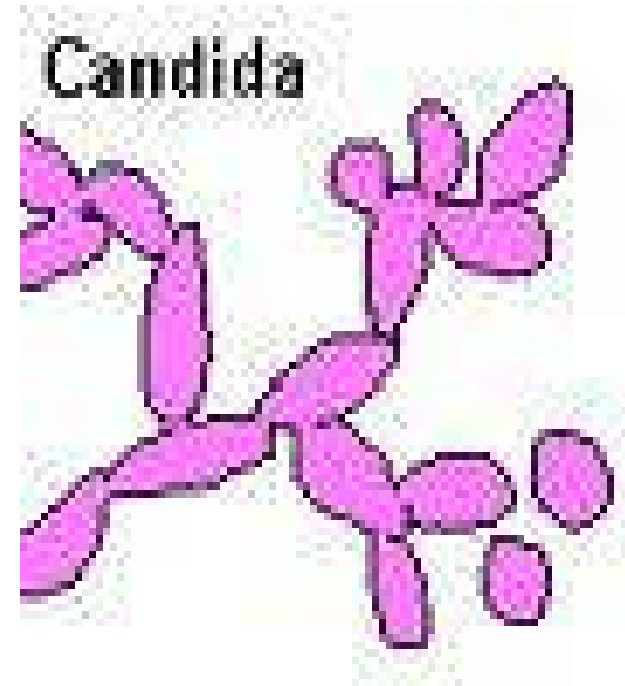
Monilliasis

يجب أن ننظر الي التهاب الفم الفطري علي أنه مرض
لمرض آخر

A disease of a disease

Moniliasis

- **Causative organism:**
Candida Albicans
- **Predisposing Factors:**
 - Prolonged use of antibiotics or steroids
 - Debilitating diseases:
 - **AIDS**
 - **DM**
 - **Malignancy**



Symptoms

- General
- Local

Signs

- General
- Local
- Cervical

No Fever

No Fever

Diffuse hyperemia of Ph mucosa
patches on the

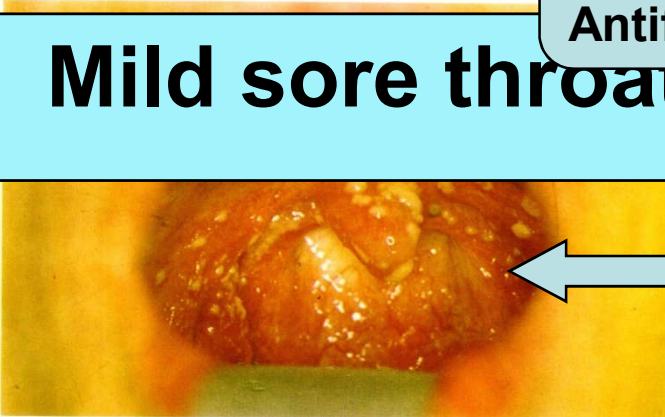
Treatment

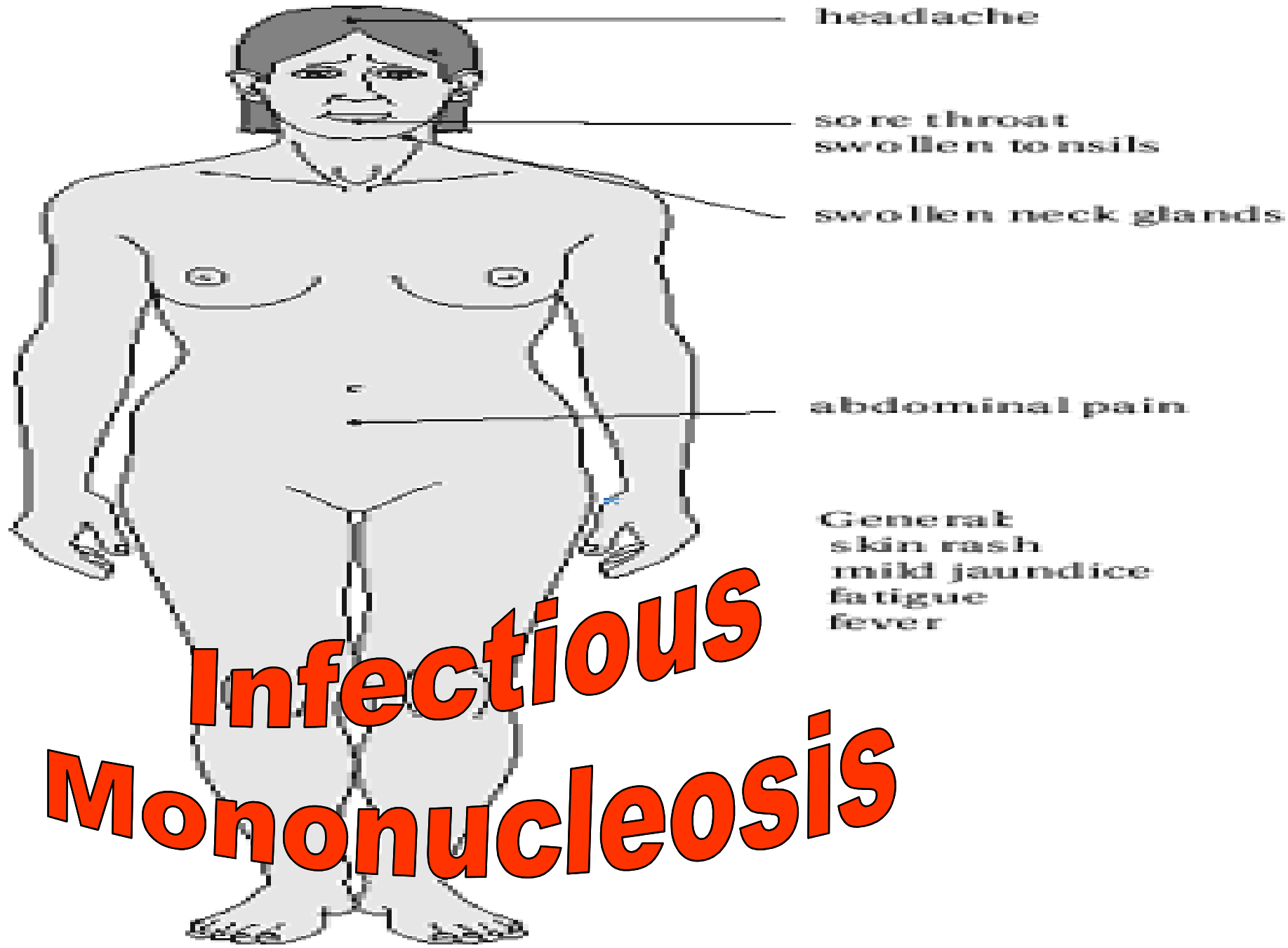
Of the cause
Antifungal (Nystatin, miconazole)

Mild sore throat

Removal of these patches reveals
superficial small ulcerations

No enlarged cervical lymph
nodes





headache

sore throat
swollen tonsils

swollen neck glands

abdominal pain

General
skin rash
mild jaundice
fatigue
fever

Infectious Mononucleosis

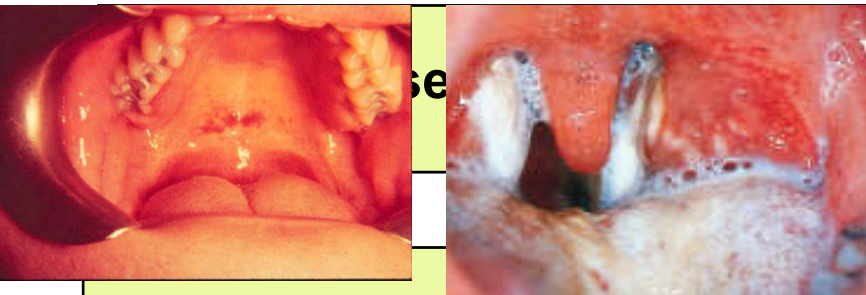
Common symptoms of infectious mononucleosis

Symptoms

- General
- Local

Signs

- General
- Local
- Cervical



Severe sore throat & referred otalgia

**High fever
Generalized Lymphadenopathy ± splenomegaly
Maculopapular rashes**

False membrane similar to diphtheria but bilateral

Enlarged tender cervical LN

There are 3 types of infectious mononucleosis

1- Glandular type:

FHAM + few days later generalized lymphadenopathy \pm Splenomegaly
the tonsil may be red but no sore throat

2- Anginose type:

Sore Throat + dysphagia, 3 weeks later membrane

3- Febrile type:

FHAM + one week later maculopapular rashes+ 2 weeks later generalized lymphadenopathy \pm Splenomegaly

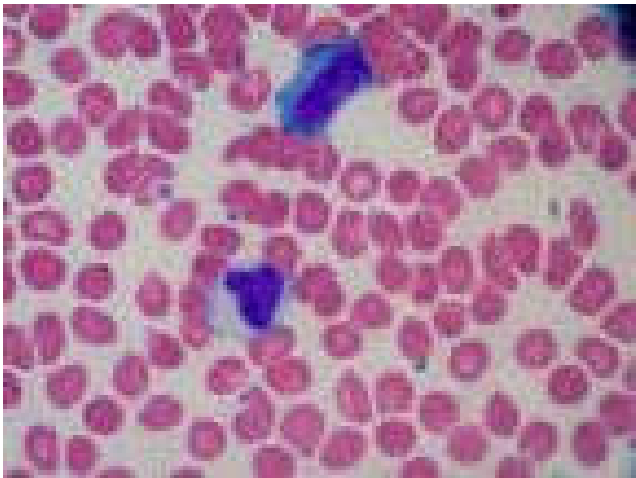


Investigations

Blood picture: leucocytosis with relative monocytosis and lymphocytosis

Positive Monospot test and

Paul Bunnell's test: Patient serum agglutinates sheep RBC's due to the presence of abnormal antibodies.



Treatment

Antibiotics;

Avoid Ampicilline

Rest

Ample fluid intake

Cold compresses

Analgesic Antipyretics

Gargles



متلازمة نقص المناعة المكتسب

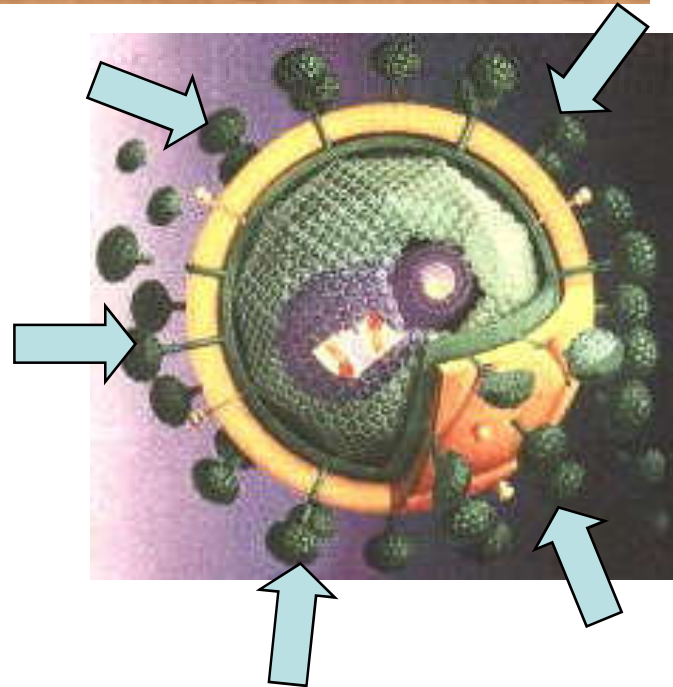
مرض الإيدز هو مرض فيروسي سببه الفيروس المعروف باسم HIV ، وهو احد الأمراض المنتقلة جنسيا ،بالإضافة للطرق الأخرى حيث يستطيع الفيروس المسبب تدمير الجهاز المناعي تدريجيا مما يؤدي لإصابة المريض بالالتهابات المتعددة والأورام

AIDS

Causative organism

HIV

Human Immuno-deficiency Virus



General Pharyngeal Cervical

Enlarged tender
cervical LN

- Hypertrophy of the pharyngeal tonsil
- Recurrent severe candidiasis, viral pharyngitis, aphthous ulcers
- Hairy leukoplakia
- Kaposi sarcoma

Poor general condition



White mucosal patches consists of localised epithelial hyperplasia with intact basement membrane

Red plaques or nodules

Malignant mesenchymal tumor

Formed of slit like vascular spaces surrounded by spindle cells



