

Referral Support Service

ENT

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Tonsillitis

Definition

Systemic illness with marked dysphagia, pyrexia & lethargy - duration 5 –7 days. With swollen tonsils and often tonsillar exudate.

A similar, common and often parallel condition is acute pharyngitis in which lymphoid tissue of the posterior oropharyngeal wall may become inflamed.

Exclude Red Flag Symptoms

- Unilateral enlargement with no signs of infection.
- Tonsillar cancer (mostly related to tobacco use but large growth seen in HPV related cancers)
- Unilateral signs
- Signs of obstruction

Management

- Encourage smoking cessation
- Encourage weight loss (if appropriate)
- This is usually a self-limiting disease. 50% are thought to be viral and of course glandular fever is viral. Usually simple OTC the counter remedies are all that is required for pain relief.
- In the UK throat swabs are not usual practice.
- You can use the CENTOR criteria to make a judgement on whether to use antibiotics. You can also consider a delayed prescription. CENTOR was developed for pharyngitis.

The CENTOR criteria are:

One point added for each positive criterion: [1]

- History of fever
- Tonsillar exudates
- Tender anterior cervical adenopathy
- Absence of cough

The Modified CENTOR Criteria add the patient's age to the criteria: [2]

- Age <15 add 1 point

Responsible GP: Dr Daniel Kimberling

Responsible Consultant: Mr Frank Agada

Responsible Pharmacist: Laura Angus

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- Age >44 subtract 1 point

Guidelines for management state: [1]

- 0 or 1 points - No antibiotic or throat culture necessary (Risk of strep. infection <10%)
- 2 or 3 points – consider treating with an antibiotic (see below) - perhaps delayed. (Risk of strep. infection 32% if 3 criteria, 15% if 2)
- 4 or 5 points - Treat empirically with an antibiotic (Risk of strep. infection 56%)
- Consider a prolonged antibiotic treatment for 10 days. Please refer to [North Yorkshire Antibiotic Guidance](#) – acute sore throat.
- First line: **Phenoxymethylpenicillin 500mg QDS for 10 days**
- Alternative (penicillin allergy): **Clarithromycin 250 – 500mg BD for 5 days**

Referral Information

If considering referral for a tonsillectomy please note this procedure is not routinely commissioned. Please see the [Tonsillectomy Commissioning Statement](#) for full referral criteria.

Indications for referral

- **2WR:** Sinister red flag features with no signs of infection - to rule out malignancy - 2WR
- **Acute:** Peri-tonsillar abscess (Quinsy) - Key features are; swelling adjacent to tonsil (usually unilateral), change to voice (hot potato voice), Trismus (limitation to mouth opening).
- Usually needs draining - admit same day.
- Tonsillar enlargement causing acute upper airways obstruction - admit.

- **Recurrent:** Recurrent sore throat where the following documented evidence applies:
 - 7 or more episodes of tonsillitis* in the last year OR
 - 5 episodes per year in the preceding two years OR
 - 3 episodes per year in the preceding three years AND there has been significant severe impact on quality of life indicated by documented evidence of absence from school/work; AND/OR failure to thrive

A frank discussion of the risk and benefits of the operation should be had. It is painful. People can continue with recurrent pharyngitis after a tonsillectomy. There is a 2% risk of post-op bleed that may need to go back to theatre and can be life threatening.

Information to include in referral letter

For recurrent tonsillitis

- Timing, number each year in the last few years of proven tonsillitis, effect on quality of life.
- Please comment on the discussion of risks and benefits you have had with the patient.

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- Relevant past medical/surgical history.
- Current regular medication.
- BMI/Smoking status/Alcohol status/Employment
- **MUST** include a completed tonsillectomy referral form [click here](#).

Patient information leaflets/ PDAs

- [Tonsillitis Patient Information leaflet](#)

References

- [Acute Sore Throat NICE CKS 2015](#)
- [Respiratory Tract Infections \(self-limiting\): Prescribing Antibiotics \(NICE 2008\)](#)
- [North Yorkshire Antibiotic Guidance \(May 2017\)](#)
- <http://bestpractice.bmj.com/best-practice/monograph/598/diagnosis/criteria.html>
- <https://www.oxford.dec.nihr.ac.uk/reports-and-resources/horizon-scanning-reports/point-of-care-tests-for-group-a-streptococcus>