Role of antibiotics in suspected Group A Strep pharyngitis: Journal Club Summary

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Articles reviewed:


Take home points:

• Sore throat is a common chief complaint in the ED
• Pharyngitis cause by group A strep (GAS) is unique in that both suppurative complications (peritonsilar abscess, AOM, sinusitis) and non-suppurative complications (rheumatic fever, rheumatic heart disease, glomerulonephritis) may develop.
• The data for abx treatment of GAS pharyngitis to prevent rheumatic fever is based largely on data from the 1950’s conducted in military hospitals. Since then, incidence of rheumatic fever in the developed world has fallen dramatically and there is absence of data to support treatment with antibiotics for prevention of RF in the modern era developed world. Treatment with antibiotics does not affect development of PSGN.
• Presence of severe tonsillitis and severe ear pain predict development of suppurative complications of GAS pharyngitis. High Centor score, fever, cervical LAD were not predictive. Based on the study design no conclusion can be drawn about effect of abx treatment on development of suppurative complications.
• Although a meta-analysis has suggested that treatment with abx reduced symptom duration by 12 hours, the paper we reviewed reported a 2 day improvement in symptom duration (and a 2 day earlier return to work) with antibiotic treatment for GAS pharyngitis.

My personal take (SLW): I’ll continue to test/treat pediatric patients as recommended by the IDSA. For adult patients, I’ll continue to use Centor criteria to determine threshold to test and treat, and use this data to engage in shared decision making, emphasizing that antibiotic treatment will not likely affect their development of serious complications but may allow a 12h-2d quicker improvement in symptoms at the expense of the risk of diarrhea, allergic reactions, and other adverse effects of abx.