اللهم ارزقنا نجاحاً في كل أمر، ونيلاً لكل مقصد، وارزقنا القمة

Upper Respiratory Tract Infections

Dr Enaam M. Al Momany

Faculty of Pharmaceutical Sciences Department of Clinical Pharmacy and Pharmacy Practice

Donebys Tabark Alhawamdeh



Topic Outline

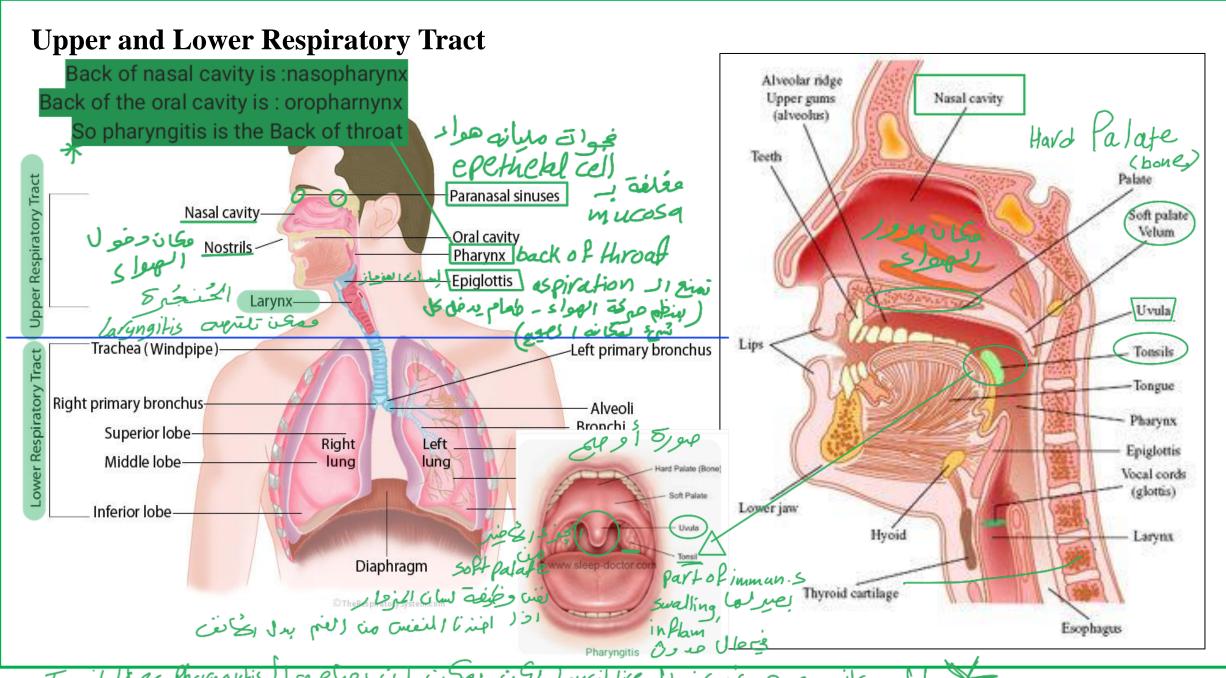
Islar pels

- Pharyngitis (general principles, diagnosis, treatment)
- : Cuitair de diagnosis 1, suraz *
 Clinical Presentation (symptoms...) Rhinosinusitis (general principles, diagnosis, treatment) ①
- 2 diagnostic testing (blood test, Otitis Media (general principles, diagnosis, treatment)

Influenza Virus Infection (general principles, diagnosis, treatment, complications)

Silly ope diagnosis

Lollow up Tour I solve is a solve in the solve of the solve is a solve in the solve in the solve is a solve in the solve in the solve is a solve in the solve in the solve in the solve is a solve in the solve effecter 11 is la rev 30 o me cui ester 1/20 - effecter 11 vs dus 1 igé o vie cuté tempruter 11 clinical prosentation y crie no per c'es Esti



Tonsilytisa Pharngytis I on one il is is tonsilytise I is me paryngits II

Upper Respiratory Tract Infections (URIs)

- ✓ Pharyngitis, rhinosinusitis, and otitis media are the 3 most common URIs.
- ✓ Because <u>URIs</u> are so common, antibiotics used to treat them serve as catalysts for the emergence and spread of antibiotic resistance, thereby making wise antibiotic use critically important.

URTI -> Viral cause

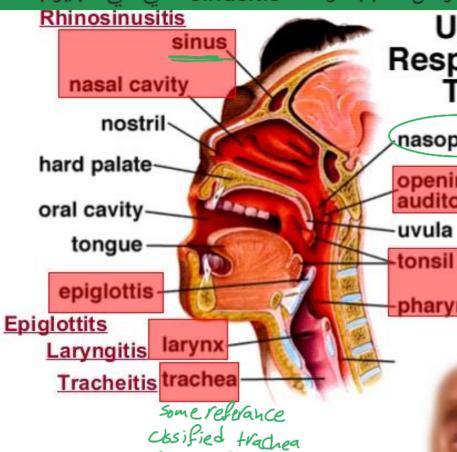
(... et aport joini, aso, lien)

URTI Common + alltibiotic inpol

Vesistancell, limit (3 50 b) =

Rhinosinusitis -

كلمة rhino جايه من ال nasal cavity نفسه انه صارله flame بغض النظر عن السبب وكلمة sinusitis اللي هي الجيوب الانفيه



as apper and some

as a Lower

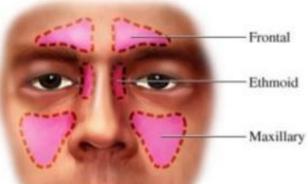
Upper Respiratory Tract

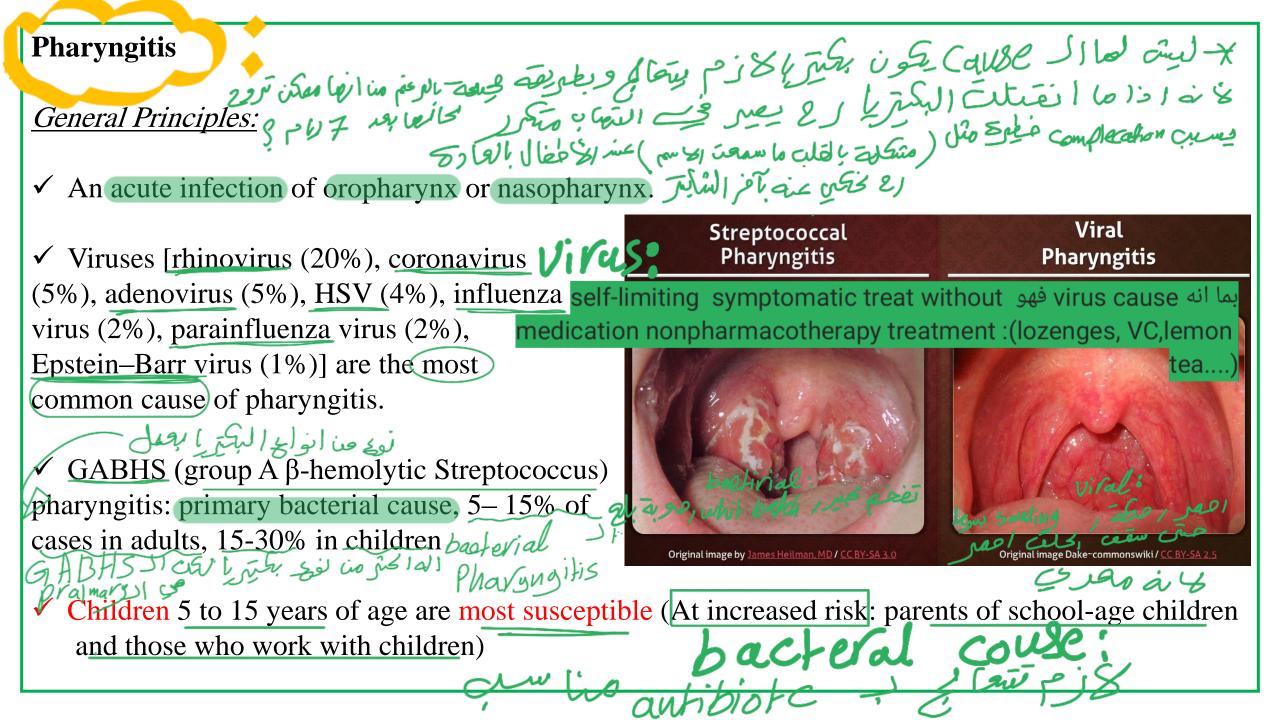
Upper Respiratory Tract Infection

opening of معل المحل ال

-tonsil Tonsillitis
-pharynx Pharyngitis

mangment cuplais por 1 20





Diagnosis:

الحتى علامات البحير بالكن معكن تكون فايروس

- ✓ Clinical Presentation:
 - Fever, cervical lymphadenopathy, tonsillar exudates & throat pain manifestations

 | Matheforn |
 - Distinguishing bacterial from viral pharyngitis on clinical grounds alone is difficult \rightarrow microbiologic testing is recommended for symptomatic patients unless they have symptoms suggestive of viral etiology or are younger than 3 years of age.

conjutitity Midria, Cough, diarhed file &, & Lo azilly (how) is fine cing is in (3 Le Vi aral al compo

CLINICAL PRESENTATION

Group A Streptococcal Pharyngitis

General

- A sore throat of sudden onset that is mostly self-limited 🕳 ಆತ್ರಿಕ್ಕಾರ್ ತಿಂದ್
- Fever and <u>constitutional symptoms resolving in about</u> 3 to 5 days معرف المالك الما
- Clinical signs and symptoms are similar for viral causes and nonstreptococcal bacterial causes

Signs and Symptoms of GABHS Pharyngitis

- · Sore throat
- Pain on swallowing
- Fever
- Headache, nausea, vomiting, and abdominal pain GL (especially in children)

Data from Reference 19.

- Erythema/inflammation of the tonsils and pharynx with or without patchy exudates
- Enlarged, tender lymph nodes

Red swollen uvula, petechiae on the soft palate, and

a scarlatiniform rash rashon chest and fung about the size complication 1/11/

Signs Suggestive of Viral Origin for

Pharyngitis

Conjunctivitis

Coryza مے اکوا

Cough

Laboratory Tests

- · Throat swab and culture
- Rapid antigen-detection test (RADT)





Reference 19: S hulman ST, Bisno AL, Clegg HW, et al. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis. 2012;55:1279–1282.

✓ Diagnostic Testing

: stari cual

• Reserved for:

- > symptomatic patients with exposure to a case of strep. pharyngitis
- > those with signs of significant infection (fever, tonsillar exudates, & cervical adenopathy)

Low falle results

- > whose symptoms persist despite symptomatic therapy
- > patients with a history of rheumatic fever

• Rapid antigen detection testing (RADT) is useful for diagnosing GABHS (> 90% sensitivity and specificity). A negative test does not reliably exclude GAS, making throat culture necessary if clinical suspicion is high.

• Delaying therapy while awaiting culture results does not affect the risk of complications (but symptomatic benefit is postponed, contagion remains), and patients must be educated as to the value of waiting, given the low false-negative rate of RADT.

Low false negative result اذا طلع negative وانا قررت اعمل culture الزارعهةبتحتاج 48 ساعه يعني ما بعطي Delaying therapy = emperic antibiotics اله الزاعه ما طلعت بحكي emperic مش antibiotics و نشو هي (در ١٥٥ س ١٥٥ س X Delying emperic antibiotic is recommended why? الكن كمان تأ فيره اله تمث كانه لو فعال roule arnées de bresteral anul 2/2 Edaclo 111 à l'hours (més (m)) ago Suspicion GABHS & 8 / CULTURE Lelipo ses Erejensosios de les les de عنع عدوت العدوى (confagion) كانه البكسريا وع تكون كيتر وتعيينه iend etru e cià es symptoms si ai & vies (7)

فهو صحيح ٩٠% نادرا تكون خطأ negative ذا أعطاني(RADT)

zasoli de strate et la estration X 18 er 20 Capur Wilm in en (1) GABHS II alsie Depetages Junio capio ce por me Very rave de Decumplation de la CBCs 1 grape · cases Il quins! ple/\$1 che lination six teos mie & liv Til 151 (ing! l'inc is. Electro GABHS bil 5 mg emperic therapy dear Eli lie Zeis egge rime alle sil Algorithm & just i Cust is -

Treatment:

Ites vival hereis est

- ✓ Most cases of pharyngitis are self-limited and do not require antimicrobial therapy.
- المائع ا
- Treatment for GABHS is indicated with a positive culture or RADT, or if the diagnosis is strongly suspected, pending culture results.

 Sugof Choice as oval (Spen) (Sever allers)

Treatment options include penicillin V 500 mg PO every 12h for 10 days, clindamycin 300 mg PO every 8h for 10 days, azithromycin 500 mg PO on day 1 followed by 250 mg every day on days 2–5, on benzathine penicillin G 1.2 million units IM as a one-time dose.

تما لو سور ن Effective antibiotic therapy reduces the infectious period to about 24 hours.

- ✓ The duration of therapy for GABHS pharyngitis is 10 days, except for benzathine penicillin and azithromycin, to maximize bacterial eradication.
- ✓ Supportive care should be offered to all patients with acute pharyngitis (antipyretic medications, analgesics, and nonprescription lozenges and sprays containing menthol and topical anesthetics for temporary relief of pain).
- ✓ GABHS carriers (33% of household contacts of acute case) do not need antimicrobial therapy due to low risk of spreading GABHS pharyngitis or developing complications.

infection of the west of what GABHs ce so is 1 = 1 x phargnoitis

infection of the west of what of the contract of the contrac

