No Tests Recommended in Pharyngitis

To the Editor—We are not supportive of a reflexive culture in patients with group A streptococcal pharyngitis when rapid antigen detection test is negative, as described in the article by Dingle et al [1], for the following reasons:

1. According to the guidelines from the UK National Institute for Health and Care Excellence and the Scottish Intercollegiate Guidelines Network (NICE/SIGN) [2], reflexive culture with throat swab has a poor sensitivity (73%–80%); results take up to 48 hours to be reported [2]; there is an asymptomatic carriage range from 6% to 40%: *Streptococcus* can live in our noses, mouths, and throats and not make us sick, which means that having a positive culture does not necessarily mean there is an infection. We agree that swabs may be useful in high-risk groups, to guide the choice of treatment if treatment failure occurs [2].

2. According to Dingle et al [1], additional cases of peritonsillar abscess may have been prevented by antibiotic treatment for pharyngitis, but a prospective randomized controlled trial showed more peritonsillar abscesses in the group treated with antibiotics (30 of 5932) than in patients who were not given antibiotics (11 of 4974) [3]. This finding could be used to support the argument against intake of antibiotics. Were the patients in the retrospective study of Dingle et al who developed quinsy treated with antibiotics? Which antibiotic?

3. Another study showed that antigen tests used according to a clinical score provided similar benefits, but with no clear advantages over a clinical score alone [4].

4. However, most importantly, most studies into antibiotics for sore throat have reported that the greatest benefit for symptoms occurs 3–4 days after treatment begins (for the approximately 20% patients with a proven group A β-hemolytic streptococcal pharyngitis) [5,6]. Thus, delaying antibiotics by a culture by ≥48 hours would “overshoot this zenith” [5].

We agree with different European guidelines on acute sore throat, which do not recommend tests in acute pharyngitis. In developed countries, different guidelines recommend antibiotics only for very ill patients or immunocompromised patients: these comprise approximately 5% of patients with acute sore throat [6]. Although we know that the guidelines of
NICE/SIGN state that “antibiotics should not be used to secure symptomatic relief in sore throat,” general practitioners feel pressured to prescribe unnecessary antibiotics [7].

To achieve the least antibiotic use, in the absence of an at-risk patient, doctors should use a no-antibiotics strategy, with advice to return to the clinic if symptoms do not resolve [5, 6]. One or 2 days of extra acetaminophen/paracetamol (or nonsteroidal anti-inflammatory drugs) every 4 hours can replace unnecessary antibiotic use in most cases and might reduce the problem of antibiotic resistance.

Note

Potential conflict of interest. Author certifies no potential conflicts of interest.

The author has submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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References


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