CONCLUSIONS: The use of validated instruments is necessary to reduce the risks from patients accessing misinformation. They can guide health care professionals with their role in directing patients to high-quality sources of information and endorsing Web sites that meet high standards. Copyright 2012 The American Laryngological, Rhinological, and Otological Society, Inc.

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**Title**: Use of computed tomography in the emergency department for the diagnosis of pediatric peritonsillar abscess.


**Abstract**: OBJECTIVE: The objective of this study was to review our pediatric emergency department's (ED's) utilization of computed tomography (CT) in the diagnosis of peritonsillar abscess (PTA) and treatment outcomes.

**METHODS**: This study used case series with chart review.

**RESULTS**: From January 2007 to January 2009, 148 patients were seen in our ED for possible PTA. Mean age at presentation was 11.8 years (range, 10 months to 18 years); 81 (54.7%) of 148 were females. Computed tomography was ordered in 96 (64.9%) of 148 patients, of which 73 (49.3%) 148 were confirmed to have PTA. Mean age of patients who underwent CT was younger when compared with those who did not have CT performed (mean, 11 vs 13 years; P = 0.02). Unilateral PTA was found in 85 (43.9%) of 148, bilateral in 8 (5.4%) of 148, and intratonsillar in 25 patients (16.9%). Concomitant CT findings of parapharyngeal space involvement were found in 19 (12.8%), and retropharyngeal space involvement in 11 (7.4%). Admission was necessary for 104 (71.2%) of 148 patients, whereas 42 were discharged from the ED. Transoral needle aspiration and/or incision and drainage were performed in the ED in...
41 patients, with purulence identified in 33 (80.5%) of 41. Rapid strep testing was positive in 40 (32%) of 124 patients tested. Operative treatment was necessary in 44 patients (29.7%), 34 underwent incision and drainage, and 10 underwent quinsy tonsillectomy.

CONCLUSIONS: Computed tomography is commonly utilized in the ED for the evaluation of PTA and is ordered more often in younger children.

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CONCLUSIONS: Computed tomography is commonly utilized in the ED for the evaluation of PTA and is ordered more often in younger children.
INTRODUCTION: Peritonsillar abscess (PTA) is a common condition with a complicated aetiology. PTA after tonsillectomy is rare. This literature review of PTA in the absence of tonsil tissue aims to collate experience of these cases and examine the wider implications for understanding the aetiology of PTA formation.

METHODS: A structured literature review was performed using Ovid MEDLINE. Keywords ‘quinsy’ or ‘peritonsillar abscess’ were combined with ‘tonsillectomy’.

RESULTS: The search resulted in 212 citations and the identification of 11 cases of PTA formation in the absence of tonsil tissue. The most common indication for tonsillectomy was recurrent tonsillitis or PTA. Nine patients had no interval peritonsillar infection (ie a peritonsillar infection after a tonsillectomy) prior to presenting with the PTA. The mean interval between tonsillectomy and PTA was 16 years. All patients were managed either by incision and drainage or by needle aspiration with or without antibiotics.

CONCLUSIONS: PTA in the absence of tonsil tissue is rare. Potential sources of infection include congenital branchial fistulas, Weber's glands and dental disease. These alternatives should also be considered in patients presenting with PTA formation in the absence of concurrent tonsillitis and may influence management decisions.
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Immediate tonsillectomy: indications for use as first-line surgical management of peritonsillar abscess (quinsy) and parapharyngeal abscess.

OBJECTIVES: This study was designed to evaluate the efficacy and morbidity of immediate tonsillectomy used to treat peritonsillar abscess (quinsy) and parapharyngeal abscess.

SUBJECTS AND METHOD: This four-year, retrospective study was based on 31 patients hospitalised in a university hospital ENT and head and neck surgery department for peritonsillar and/or parapharyngeal abscess. All patients underwent immediate, bilateral tonsillectomy. The length of hospital stay, duration of antibiotic therapy, microbiological findings, complications, and the time to complete recovery and oropharyngeal healing were recorded.

RESULTS: The patients' mean post-tonsillectomy hospital stay was 2.84 days (median: 3 days). No post-operative haemorrhage was observed. All patients were considered to be cured at the day 10 follow-up visit, and complete oropharyngeal healing was observed at the day 21 visit. The duration of antibiotic therapy ranged from 10 to 15 days (mean: 11.5 days; median: 10 days).

DISCUSSION AND CONCLUSION: Immediate tonsillectomy appears to be a safe and effective surgical technique for the management of peritonsillar and parapharyngeal abscess; in particular, it markedly reduces patients' hospital stay (when performed early in the course of the disease) and duration of antibiotic therapy. Immediate tonsillectomy has become the first-line treatment for parapharyngeal abscess and several types of peritonsillar abscess in our department.

Risk-benefit analysis of restricting antimicrobial prescribing in children: what do we really know?. [Review] [42 refs]

PURPOSE OF REVIEW: Most childhood respiratory infections including acute otitis media (AOM), sore throat, upper respiratory tract infections (URTIs) and sinusitis are self-limiting illnesses. Yet, despite extensive guidance discouraging routine use of antibiotics to limit side-effects and combat antimicrobial resistance, antibiotic prescribing for these conditions remains high in many developed countries, fuelled by the fear of rare but serious bacterial complications including mastoiditis, quinsy, pneumonia and brain abscess. This review summarizes evidence for the role of antibiotics in preventing serious complications of URTIs in children.

RECENT FINDINGS: From a key observational study reporting antibiotic use in children, the calculated excess risk of suppurative complications of respiratory tract infections in children who did not receive an antibiotic was 3.8 per 10 000. Despite extensive searches of the literature, no data were found to assess the affect of antibiotics upon the risk of brain abscess after sinusitis in children.

SUMMARY: New information from observational studies suggests antibiotics show little benefit in preventing complications of mastoiditis following AOM, quinsy following sore throat and pneumonia following URTI/bronchitis. Further research should focus on stratifying the key risk factors for such complications and optimizing long-term monitoring strategies to detect any future changes in the risk-benefit analysis for antibiotic prescription. [References: 42]

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In particular, Hippocrates refers to opium poppy as “sleep inducing.” Substances in the Hippocratic Collection, containing 60 medical texts by Hippocrates and his pupils, was searched using the electronic database Thesaurus Lingua Graeca to identify the words “anaesthesia” and “analgesia,” their derivatives and also words related to pain. Our purpose was to investigate the special use and meaning of these words and their significance in medical terms. The word “anaesthesia” appears 12 times in five Hippocratic texts to describe loss of sensation by a disease process. This observation reveals Hippocrates as the first Greek writer to use the word in a medical rather than a philosophical context. Hippocrates was also the first Greek physician to keep an airway open by bypassing a pharyngeal obstruction with the insertion of narrow tubes into the swollen throat of a patient with quinsy, thus facilitating the airflow into the lungs. In the Hippocratic texts, “analgesia” is related to “anaesthesia” for the first time, when it is pointed out that an unconscious patient is insensitive to pain. Hippocrates and his followers rationalized pain as a clinical variable and as a valuable diagnostic and prognostic tool. They used expressive and precise adjectives and well-defined characteristics of pain, such as location, duration, or relation to other symptoms, to elucidate a disease process. They also had a wide terminology for the various types of pain, still in use today. Many cures were described for the treatment of pain, including incisions, effusions, venesection, purges, cautery and, most effectively in 99.2 per cent (118/119) of our specimens; this finding is supported by other studies. However, the rare but potentially life-threatening complications of quinsy must be recognised. The combination of penicillin or cephalosporin, plus metronidazole. Streptococcal species were cultured in 43.7 per cent (52/119) and anaerobes in 23.5 per cent (28/119; of these cultures, 5.9 per cent (7/119) were pure anaerobes only). All the anaerobes were sensitive to penicillin; however, this patient improved clinically on a combination of penicillin and metronidazole. No patients had their treatment changed because of culture results. To request copies of any of these articles please use one of our request forms. Articles can be emailed or posted to student members for a charge of £1 each.
STUDY DESIGN: Prospective observational study in a university teaching hospital of 90 consecutive patients admitted to secondary care over an 18 month period with acute tonsillitis, peritonsillar cellulitis and quinsy (peritonsillar abscess) to see if recommended treatment guidelines were being followed and whether antibiotic resistance was contributing to admission.

RESULTS: 58% (n = 28) of patients who were prescribed antibiotics before admission received an inadequate dose or inappropriate antibiotic. Only 56% (n = 45) of GPs said they used guidelines for the treatment of acute sore throat. In 34 cases an organism was isolated, with 33 (97%) being sensitive to penicillin. No resistant organisms were isolated. Hospital doctors prescribed antibiotics contrary to guidelines in 39% (n = 35) of cases.

CONCLUSIONS: Antibiotic resistance was not demonstrated in this study. Adherence to guidelines for prescribing antibiotics in patients with features of group A beta-haemolytic streptococcal sore throat is poor. Information support may help to improve prescribing.
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**Quinsy**

- **Rahn, Raymond. Hutten-Czapski, Peter.**
  - **Institution:** Temiskaming Hospital, New Liskeard, Ont.
  - **Title:** Quinsy (peritonsillar abscess).
  - **Abstract:**
    - Presented are four methods which may be used to determine the meaning behind past terminology usage, demonstrated through the utilisation of Victorian Registrar-General Reports from 1853 to 1900. These methods are: (1) looking for direct changes in terminology usages; (2) use of a control disease; (3) comparing historical terms whose use mirrors each other; and (4) using risk factor statistics. Through these methods, it is concluded that in the second half of the nineteenth century the term 'hydrocephalus' referred to tubercular meningitis, 'intemperance' to alcohol poisoning, 'quinsy' and 'laryngitis' indicated a diphtheria infection, 'puerperal fever' referred to group A streptococci infection, 'typhoid/typhus' described typhoid more than typhus, 'teething' often indicated infantile diarrhoea and 'tumour' often a tapeworm infection.

- **Roberts, Phillip.**
  - **Institution:** Australia National University.
  - **Title:** Determining the meaning behind historical disease terminology through an examination of patterns of terminology used in the mortality statistics of Victoria, 1853-1900.
  - **Source:** Health & history. 10(1):63-87, 2008.
  - **Abstract:**
    - Presented are four methods which may be used to determine the meaning behind past terminology usage, demonstrated through the utilisation of Victorian Registrar-General Reports from 1853 to 1900. These methods are: (1) looking for direct changes in terminology usages; (2) use of a control disease; (3) comparing historical terms whose use mirrors each other; and (4) using risk factor statistics. Through these methods, it is concluded that in the second half of the nineteenth century the term 'hydrocephalus' referred to tubercular meningitis, 'intemperance' to alcohol poisoning, 'quinsy' and 'laryngitis' indicated a diphtheria infection, 'puerperal fever' referred to group A streptococci infection, 'typhoid/typhus' described typhoid more than typhus, 'teething' often indicated infantile diarrhoea and 'tumour' often a tapeworm infection.

- **Ingrams, D.**
  - **Comments:** Comment on: J Laryngol Otol. 2007 Dec;121(12):1194-6; PMID: 17655806
  - **Source:** Journal of Laryngology & Otology. 122(9):1016; author reply 1016, 2008 Sep.
  - **Abstract:**
    - Mastoiditis and quinsy are too rare to support antibiotic prophylaxis.

- **Browning, G G.**
  - **Source:** Clinical Otolaryngology. 33(3):253-4, 2008 Jun.
Coblation technique over bipolar scissors. Participants in Coblator group assessed higher pain scores 1 and 3 h postoperatively (P = 0.005, P = 0.013) with Coblator than with bipolar scissors. Participants in Coblator group assessed higher pain scores 1 and 3 h postoperatively (P = 0.005, P = 0.013) with Coblator than with bipolar scissors. Exclusion criteria were a history of quinsy, bleeding disorder, or any major health problems. All participants completed the study. Postoperative pain, return to normal diet, and estimated need for sick leave were utilized as parameters. Data on healing assessed at day follow-up. No significant differences were found in pain scores, return to solid food or subjective working ability between the groups. Considering the overall outcome of the patients the results did not favor coblation technique over bipolar scissors.

Abstract
Coblation tonsillectomy has shown promising results with respect to postoperative pain when compared with other techniques. Our study was designed to compare this technique with bipolar scissors tonsillectomy. Forty adult patients with a history of chronic or recurrent tonsillitis referred for standard tonsillectomy were recruited and randomized into two groups. Twenty were operated with Coblator and 20 with bipolar scissors. Exclusion criteria were a history of quinsy, bleeding disorder, or any major health problems. All participants completed the study. Postoperative pain, return to normal diet, and estimated need for sick leave were utilized as parameters. Data on operative time, difficulty of tissue removal, and hemostasis were also analyzed. Operative time was longer (P < 0.001) and tissue removal as well as hemostasis control were more difficult (P = 0.005, P = 0.013) with Coblator than with bipolar scissors. Participants in Coblator group assessed higher pain scores 1 and 3 h postoperatively (P = 0.044, P = 0.038). From the time of extubation, patients had access to an opioid (fentanyl) via a self-controlled analgesia device. The number of doses of analgesics needed during the hospital stay was significantly higher in the Coblator group (P = 0.020). During the 14-day follow-up, no significant differences were found in pain scores, return to solid food or subjective working ability between the groups. Considering the overall outcome of the patients the results did not favor coblation technique over bipolar scissors.

Abstract
Sustained reduction of antibiotic use and low bacterial resistance: 10-year follow-up of the Swedish Strama programme. [Review] [43 refs]

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Sustained reduction of antibiotic use and low bacterial resistance: 10-year follow-up of the Swedish Strama programme. [Review] [43 refs]

Source

Abstract
Increasing use of antibiotics and the spread of resistant pneumococcal clones in the early 1990s alarmed the medical profession and medical authorities in Sweden. Strama (Swedish Strategic Programme for the Rational Use of Antimicrobial Agents and Surveillance of Resistance) was therefore started in 1994 to provide surveillance of antibiotic use and resistance, and to implement the rational use of antibiotics and development of new knowledge. Between 1995 and 2004, antibiotic use for outpatients decreased from 15.7 to 12.6 defined daily doses per 1000 inhabitants per day and from 536 to 410 prescriptions per 1000 inhabitants per year. The reduction was most prominent in children aged 5-14 years (52%) and for macrolides (65%). During this period, the number of hospital admissions for acute mastoiditis, rhinosinusitis, and quinsy (peritonsillar abscess) was stable or declining. Although the epidemic spread in southern Sweden of penicillin-resistant Streptococcus pneumoniae was curbed, the national frequency increased from 4% to 6%. Resistance remained low in most other bacterial species during this period. This multidisciplinary, coordinated programme has contributed to the reduction of antibiotic use without measurable negative consequences. However, antibiotic resistance in several bacterial species is slowly increasing, which has led to calls for continued sustained efforts to preserve the effectiveness of available antibiotics. [References: 43]