**URTI**

* **Common cold :**
  + M.C.C → Rhinovirus
  + symptoms → rhinorrhea , nasal congestion (fever & headache are rare)
  + Tx :
    1. supportive (O2 , hydration )
    2. antipyretics (in fever)
  + Nasal decongestant C/I < 6 years , Antihistamines C/I < 2 years
* **Tonsillitis & pharyngitis :**
  + Cause :
    1. Viral : M.C rhinovirus & adenovirus (mostly tonsillitis)
    2. Bacteria : GAS (group A beta hemolytic strept) → RF , PSGN , scarlet fever (mostly pharyngitis)
  + Symptoms : fever , sore throat , exudates (GAS) , neck swelling
  + Infectious mono → splenomegaly + symptoms of URTI
  + Diagnosis : (most important is GAS )
    1. Throat swab culture “gold standard” (needs 3 days)
    2. Rapid Ag test → if –ve do throat culture
    3. PCR if viral
  + Tx :
    1. Viral → always no treatment , just supportive
    2. Bacteria → **Amoxicillin** (amoclan) is preferred for children, for 10 days (it can resolve spontaneously , but Ab is to prevent RF)
    3. Chronic carrier of GAS → clindamycin
  + Tonsillectomy : indications
    1. At least 7 attacks of tonsillitis per year for last yr
    2. At least 5 attacks of tonsillitis per year for last 2 years
    3. Three attacks per year over a number of years for older child
    4. Obstructive sleep apnea
    5. Possible malignancy
* **Peritonsiller Abscess:**
  + Signs → deviation of uvula , swelling , trismus (lockjaw)
  + Tx :
    1. incision & drainage
    2. antibiotic → clindamycin , 3rd generation cephalosporine , amoclan
    3. or tonsillectomy
* **Retropharyngeal Abscess :**
* Symptoms → dysphagia , drooling , stridor (inspiratory) , **torticollis (**head persistently tilts to one side)
* Cause → GAS & anaerobs
* Dx → CT
* Tx :
  1. Antibiotics → clindamycin , 3rd generation cephalosporine , amoclan
  2. If no response → incision & drainage
* Complications of abscess → rupture & thrombophlebitis
* **Otitis media :**
  + Cause → strept pneumo (m.c) , hemophilus , moraxilla cataralis
  + Symptoms → fever , ear discharge , ear pain
  + Signs → bulging or perforated tympanic membrane TM , redness , loss of land mark on TM , Air-fluid level behind TM , air bubble , no movement when using pneumatic otoscopy
  + Tx :
    1. 2nd generation cephalosporins & Azithromycin
       - Treat for 10 days → if age < 2 years
       - Treat for 7 days → if age > 2 years .
    2. Effusion → until 3 months ( start tx if no improvement after 3 months or if there is hearing loss)
* **Sinusitis :**
  + Ethmoidal → at birth
  + Maxillary → present at birth but pneumatized → 4 yr of age.
  + Sphenoidal → 5 yr of age
  + Frontal → begin at 7-8 yr and complete development → adolescence
  + Causes :
    1. strept , hemophilus , moraxilla (70%)
    2. viral (30%)
    3. fungal in immunosupressed
  + dx :
    1. clinical
    2. CT & X-ray → air-fluid level , mucosal thickening
  + When to suspect sinusitis ?
    1. If URTI exceeds > 2 weeks
    2. Or worsening in symptoms (fever , headache )
  + Tx → frontal sinusitis I.V , the others orally
* **Croup (Laryngotracheobronchitis) :** 
  + Cause → parainfluenza (75%) , RSV , measles
  + Age → Mostly 3 mo - 5 yr, peak in the 2nd yr of life
  + Signs → barking cough , inspiratorystridor , hoarseness , runny nose , worse at night
  + Dx → steeple sign on X-ray
  + Tx :
    1. ABC
    2. Epinephrine nebulizer
    3. Dexamethasone (oral or I.V)
  + Spasmodic croup :
    - Sudden stridor , barking cough , distress , no fever , no runny nose
    - Few hours then back to normal (بتحسن لحاله)
    - in children 1-3 yr
* **Epiglottis :**
  + Cause → hemophilus (m.c) , strept , staph
  + Signs → drooling , dysphagia , dyspnea , sore throat , stridor (late sign) , toxic , air hunger , high grade fever , hyper-extended neck , tripod position (differentiate it from Bacterial Tracheitis)
  + AIR RAID :
    - A → airway inflammation (obstruction )
    - I → increased pulse
    - R → restlessness
    - R → retractions
    - A → anxiety increased
    - I → inspiratory stridor
    - D → drooling
  + Dx → lateral X-ray “thumb sign”
  + Tx :
    1. Intubation
    2. Phlebotomy
    3. I.V line placed
    4. Child in supine
    5. Inspection of oral cavity
    6. Never use tongue blade (C/I)
    7. Antibiotics → 3rd generation cephalo for 10 days
* **Bacterial Tracheitis** *:*
  + Most important differential dx of epiglottitis
  + Causes → staph (m.c) , MRSA
  + Symptoms → high grade fever , stridor , laying down , trachea filled with mucous and discharge , brassy cough ,purulent airway secretions
  + 50-60% require intubation
  + Tx :
    1. Vancomycin + 3rd generation cephalo
    2. O2
    3. Intubation
* **Laryngitis :**
  + Diphtheria
  + Signs → sore throat , cough , hoarseness
  + Tx :
    1. Epinephrine
    2. Corticosteroids
* Toxic shock syndrome → staph + strept