**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