

Infection		Causes	Treatment
Paranasal & ears infection	Para nasal infection (sinusitis)	<u>Streptococcus pneumoniae</u> ,	-nasal decongestants <b>ephedrine</b> , <b>xylometazoline</b> -Choice of antibiotic oral <b>amoxicillin</b> or <b>co-amoxiclav</b> or <b>doxycycline</b> -In chronic sinusitis antibiotics are given according to results of culture & sensitivity
	Ears infection (otitis)	<u>Streptococcus pyogenes</u> , <u>Haemophilus influenza</u>	Mild cases normally viral (resolve spontaneously), only, analgesia  bacterial OM <b>amoxicillin</b> or <b>Co-amoxiclav</b>
Throat infection	Throat infection(pharyngitis)	-Viral  - <u>Streptococcus pyogenes</u> (group A beta-haemolytic)	<b>Benzylicillin</b> for strep.  Useful drugs include <b>benzylpenicillin</b> , <b>phenoxymethylpenicillin</b> , <b>erythromycin</b> or <b>clarithromycin</b> , or <b>cephalexin</b> N.B: Treatment is to be continued for <b>10 days</b> to prevent late complications as <b>rheumatic fever</b>
Bronchial infection	Acute bronchitis	- Most cases are viral - Bacterial: Causative organisms include <u>S. pneumoniae</u> & <u>H. influenzae</u>	<b>Amoxicillin</b> , <b>tetracycline</b> or <b>co-trimoxazole</b>
	Chronic bronchitis	-chronic smokers -Suppressive chemotherapy	
Pneumonia (lung infection)	Community-Acquired Pneumonia (CAP)	<u>Streptococcus pneumoniae</u> ( <u>pneumococcus</u> )	- <b>Benzylicillin IV</b> or <b>amoxicillin orally</b> are drugs of choic -In penicillin allergic patients, <b>erythromycin</b> or <b>clarithromycin</b> , <b>azithromycin</b> → In seriously ill patients use <b>benzylpenicillin</b> with <b>ciprofloxacin</b> (H.influenzae & atypical pathogens) → In penicillin-resistant pneumococci infections, <b>cefotaxime (claforan) IV</b>

Atypical pneumonia	<u>Mycoplasma pneumoniae</u> , rarely <u>chlamydia</u> , <u>psittacosis</u> , <u>legionella</u>	tetracycline, erythromycin or clarithromycin given orally 3 weeks
Hospital-acquired Pneumonia (nosocomial)	staph. aureus, <u>pseudomonas aeruginosa</u> & <u>H. influenzae</u>	3ed generation CS e.g. cefotaxime plus aminoglycoside e.g. gentamicin → Ciprofloxacin or vancomycin may be necessary (in Methicillin resistant S. aureus; MRSA)
Pneumonia following influenza	<u>Staph.aureus</u>	flucloxacillin
Pneumonia in Patients with Chronic Lung Disease	Mixed infection with <u>H. influenzae</u> & <u>S. pneumoniae</u>	Amoxicillin or trimethoprim or ciprofloxacin
Pneumonia in Immunocompromised Patients	<u>S. aureus</u> & <u>S. pneumoniae</u> +fungi like: <u>pneumocystis carinii</u>	aminoglycoside with cefotaxime P. aeruginosa give an anti-pseudomonal penicillin like piperacillin Pneumocystis carinii pneumonia in AIDS give co-trimoxazole orally or IV