

中文題目：住院的急性咽喉扁桃腺炎成人需要常規抗生素治療嗎？

英文題目：Do Hospitalized Adult Patients with Acute Pharyngotonsillitis Need Empiric Antibiotics? The 10-Year Experience of a Regional Hospital in Taiwan

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Background: Acute pharyngotonsillitis is one of the common reasons for presenting to primary care providers by both adults and children. It ranges from mild, self-limited viral illness to severe, life-threatening bacterial infection. Group A Streptococcal (GAS) pharyngitis is the most common bacterial infection which needs antibiotic treatment. GAS accounted for about 10-15% of acute pharyngitis cases in adults. However, 66-78% adult with pharyngitis received antibiotics treatment. The etiology study of acute pharyngotonsillitis for hospitalized adult patients is very rare, which can implicate antimicrobial stewardship and emergence of bacterial resistance. So we reported the 10-year surveillance data of hospitalized adult patients with acute pharyngotonsillitis in a regional hospital in Taiwan.

Methods: Every consecutive patient admitted with acute pharyngotonsillitis was recruited in the study prospectively in 2011-2021 with complete etiology study, including throat swab for viral isolation and bacterial culture, Group A Streptococcus antigen rapid test, viral antigen test for influenza, parainfluenza, herpes simplex virus (HSV) and adenovirus, Respiratory syncytial virus, serology for *Chlamydomphila pneumoniae*, *Mycoplasma pneumoniae*, adenovirus, HSV, varicella-zoster virus (VZV), cytomegalovirus (CMV), Epstein-Barr virus (EBV) and human immunodeficiency virus (HIV).

Results: Total 457 patients were recruited in the study and 117 patients has identified the etiology of acute pharyngotonsillitis. Forty-two HSV, 26 adenovirus, 16 acute HIV, 12 influenza, 3 parainfluenza, 6 EBV, 1 CMV, 4 enterovirus, 1 VZV, 4 Mycoplasma, 1 Chlamydia and only 1 Group A Streptococcus were identified. The average points of modified Centor's criteria were 1.38 (55% of patients with 0-1 points and 45% with 2-3 points). There was none with more than 4 points who should receive empiric antibiotic treatment. However, 88.9% patients received antibiotics at emergency department and 76.9% patients also received antibiotics in infectious diseases ward.

Conclusion: Only few patients needed antibiotics treatment and the majority viral infection patients needed symptomatic treatment only. Antibiotic overuse is very common for the hospitalized acute pharyngotonsillitis patients in our study. Although distinguishing viral etiology from Group A Streptococcus pharyngitis is difficult despite of the existence of tonsil exudates, high CRP, high WBC. A diagnostic algorithm and the application of modified Centor's criteria should be used for these hospitalized acute pharyngotonsillitis adults to improve antimicrobial stewardship and to reduce the emergence of bacterial resistance.