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Strep Throat

A sore throat can be either an annoying ailment or the symptom of a serious illness. Causes of throat pain range from allergic drainage or a virus cold to "strep throat," an infection caused by Group A streptococcus bacteria. While anyone can get strep throat, it is most commonly seen in children between the ages of 5 and 15. It is important that parents take their child to a physician if they suspect the illness since untreated streptococcal throat infections can lead to rheumatic fever (heart disease) or glomerulonephritis (kidney disease).

The symptoms of strep throat vary from child to child. The most common findings include a swollen bright red throat, fever (sometimes as high as 104 - 106 degrees F), and tender swollen lymph nodes under the jaw. Ear pain, white pus on the tonsils and dark red spots in the back of the throat can also be present. It is not uncommon for the child to complain of headache, stomachache, generalized aches and pains, and nausea. The nasal congestion and runny nose associated with the common cold do not usually occur with a strep throat. Symptoms of strep throat are so variable that about one out of six children may have no complaints at all.

Strep is extremely contagious. The bacteria travel from one child to another by hand-to-mouth contact or by tiny droplets that fly into the air during laughing and sneezing. When strep is in the neighborhood, parents should double their child's efforts to wash their hands. They should always wash their hands prior to using finger food and be instructed not to share drinks with friends. While this infection can occur any time, it is more common in the fall, winter and early spring. Symptoms usually begin three to five days after the child has been exposed to the bacteria. Siblings have a 50-50 chance of getting strep from an infected brother or sister.

Since the same symptoms of a strep throat can occur with common viral infections, a throat culture is frequently used to identify the strep bacteria. Since this test takes one to three days to get results, newer methods have been developed to detect the presence of strep in a matter of minutes (rapid strep test). Some physicians, on the other hand, do not use throat cultures but rely on their clinical judgment to recognize a strep throat.

Once confirmed, strep responds well to a 10-day course of antibiotics such as penicillin. If the child is allergic to penicillin, there are other antibiotics that will prevent the complications of a strep throat. Once antibiotics are started, children with strep throat can return to school when they feel better (usually within one to two days) and have been fever free for 24 hours. It is important that the infected child take the antibiotic for the full course of treatment to avoid complications.

One of the most colorful forms of strep throat is scarlet fever. This illness is characterized by a sore throat and a fine, red rash that feels like sandpaper. The rash usually first appears on the neck and upper chest, and then quickly spreads over the rest of the body. There is increased redness in the skin folds of the groin, armpits and elbow. Usually four to seven days after it appears, the rash begins to fade and in one to two weeks the skin may peel where it was most prominent. Scarlet fever is nothing more than a strep throat with a rash (a toxin generated by the streptococcus bacterium causes the rash) and the complication rate is no different from the complication rate from a strep throat alone. It is treated the same way as a strep throat.

The proper treatment of a strep throat will prevent two serious complications - rheumatic fever and glomerulonephritis. These conditions result when antibodies the body makes to destroy the streptococcus bacteria also attack the normal tissues of the heart or kidneys.

Rheumatic fever is a serious condition whose symptoms typically begin a few weeks after an untreated or partially treated strep infection. While anyone can develop it, school-age children are the most susceptible. Symptoms include swollen painful joints, damaging heart disease, movement disorders, and red rashes a few weeks after the strep throat has cleared. Past generations lived in fear of scarlet fever and rheumatic fever because of high death rates associated with epidemics in the 1920's. Consequently, today's grandparents might become very concerned when they hear that their grandchild has a "strep throat" or "scarlet fever." The incidence of rheumatic fever was on the decline until outbreaks in the 1980's showed that the condition is still around.

Another consequence of untreated strep throat is glomerulonephritis, which develops one to six weeks after throat symptoms have disappeared. Symptoms include decreased urination, blood in the urine, increased blood pressure and fluid retention (edema).

Parents can avoid the complications of a strep throat by consulting with their child's physician during regular office hours if the child has symptoms that suggest the illness - especially if they have heard of outbreaks in the community, child's school, or daycare center. And if strep is the diagnosis, parents should not forget any antibiotic doses and remember to finish all the medicine - even after their child starts to feel better.

Adapted from "Not All Sore Throats are Created Equal" accessed from www.kidsgrowth.com