



**Be alert to a very unwell patient with stertor or stridor, drooling asymmetric neck or pharyngeal examination, neck stiffness or trismus**

	Bacterial tonsillitis	Viral tonsillitis	Peritonsillar cellulitis or abscess (quinsy)	Deep neck space abscess (retropharyngeal, parapharyngeal, submandibular)	epiglottitis
Airway at risk	+/- +/- stertor	+/- +/- stertor	++ +/- stertor	+++ +/- stridor	++++ +/- stridor
sick	+/-	+	++	+++	++++
age	Any	Any	Any	Any	Any
drooling	+	+	++	+++	++++
febrile	+/-	+/-	+/-	+/-	+/-
tonsils	Inflamed exudate not always big	Very inflamed Coalescent exudate huge	+/- inflammation +/- exudate asymmetric	normal	normal
Palate & pharynx	normal	normal	asymmetric	+/- asymmetric or bulging posterior pharyngeal wall	normal
trismus	-	-	+/-	+/-	-
neck	Bilateral lymphadenopathy	Bilateral often gross lymphadenopathy	Asymmetric lymphadenopathy	Asymmetric swelling +/- neck stiffness	normal
FBE	Neutrophilia	Lymphocytosis with atypical cells	Neutrophilia	Neutrophilia	+/- neutrophilia
CRP	>100	+/-	>100	>100	+/-
monospot	-	+/-	-	-	-
ultrasound	-	-	-	Useful for mild submandibular abscess only	-
CT with contrast	-	-	Useful for making diagnosis if inexperienced or atypical location of abscess (lateral or inferior to tonsil)	Useful for assessing size, extent, airway risk and for planning surgical management	-