



The Throat

Anatomy

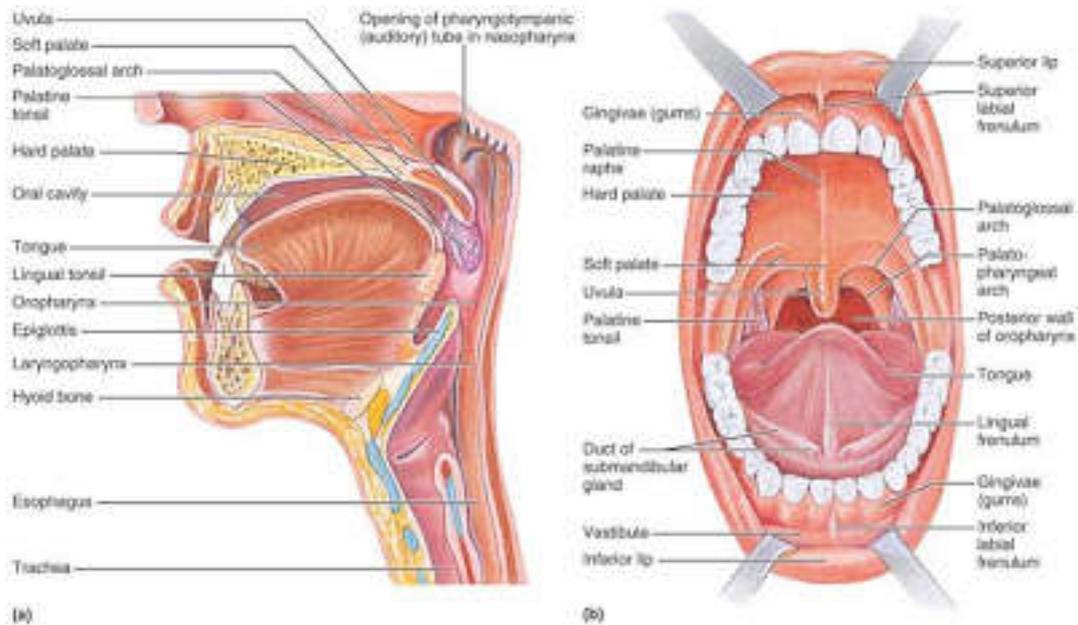


Image source: <http://anatomyforlayla.blogspot.co.za/2007/04/blog-post.html>

The Throat consists of three parts:

1. The Nasopharynx is the upper part of the throat and it is situated behind the nasal cavity.
2. The Oropharynx is the middle part of the throat and is situated behind the oral cavity.
3. The Hypopharynx is the lower part of the throat and it stretches from the lowest part of the oropharynx (behind the oral cavity) up to the vocal cords (larynx).

The Oropharynx (part of the throat that you can see in the mirror) includes the:

- Soft palate and uvula.
- Tonsils and the tonsillar pillars (structures in the front of and behind the tonsils).
- Base of the tongue (furthest part of the tongue).
- Back of the throat (posterior oropharyngeal wall).



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Throat conditions

Acute Pharyngitis (inflammation of the throat)

Acute pharyngitis is an inflammatory condition of the throat (and may include the tonsils). The most common cause of pharyngitis is an **infection**. Pharyngitis can be part of a generalized upper respiratory tract infection or a specific infection localized in the pharynx. It is most commonly caused by a **viral organism** (viral pharyngitis can be caused by numerous viruses). Less commonly, pharyngitis can be caused by a **bacterial infection**. The most common and important bacterial cause of pharyngitis is Streptococcus pyogenes (group A Streptococcus [GAS]). When suspected, a bacterial throat swab can help to identify the organism. Although the infection is mostly self-limiting, it may be treated with antibacterials, resulting in decreased local symptoms and prevention of serious complications.

Acute pharyngitis presents with the following symptoms:

- A sore throat.
- Painful swallowing.
- Coughing.
- Nasal congestion.
- Runny nose.
- Fever.
- Rash.
- Other flu-like symptoms.

The more of these symptoms are present, the more likely the infection is to be viral. The throat is usually red and the surface irregular (cobblestoned). There may be mucous or pus in the throat, or even sores/ulcers.

If the throat infection is recurrent, further investigations will be necessary.



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Chronic Pharyngitis

Chronic pharyngitis is a persistent inflammation of the throat.

The most common causes include:

- **Environmental irritants** (smoke, dust, chemicals).
- **Gastro-oesophageal reflux disease** or Laryngopharyngeal reflux disease.
- **Chronic allergies** (usually associated with nasal symptoms and/or itchiness of the eyes, ears and/or throat).
- A persistent postnasal drip due to **chronic rhinitis** or **rhinosinusitis**.
- **Chronic mouth breathing** (the air that flows through the nasal cavities is moistened, warmed, and cleansed from most impurities; therefore, mouth breathing exposes the throat to dry, cold and unclean air).
- **Chronic tonsillitis** is often associated with pharyngitis.
- **Smoking**.
- **Alcohol**.
- Spicy **foods** and food with a high acid content (excessive intake of lemons or vinegar for example).
- **Cancer**.

Gastro-oesophageal reflux disease (GERD) is a condition where the acid and enzymes produced in the stomach flows back into the oesophagus (swallowing pipe), causing irritation and inflammation. It may also cause more serious complications. Patients may experience heartburn or chest pain, but not all patients are symptomatic. When the stomach contents flow back up the throat, the condition is called laryngopharyngeal reflux disease (LPRD). It then causes irritation and inflammation of the throat and larynx (voice structures).

The symptoms of chronic pharyngitis include:

- A sore throat (often worse in the morning).
- Painful or difficult swallowing.
- A foreign body sensation (feels like something is stuck in the throat).
- Chronic cough.
- Chronic throat clearing.
- Voice changes.

The treatment of chronic pharyngitis depends on the cause. Treatment is often a combination of medication, dietary changes and lifestyle changes. The compliance of the patient is the golden key to a successful outcome.



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When a sore throat last more than 2 weeks it should be investigated by an Ear Nose and Throat doctor.

Acute Tonsillitis

Acute tonsillitis is an infection and inflammation of the tonsils. It is usually characterized by a sudden onset of a sore throat, difficulty and pain with swallowing and other flu-like symptoms. The cause of the infection is mostly viral. In the case of a bacterial infection, the most common organism is a group A beta-haemolytic *Streptococcus pyogenes* (GABHS). Distinguishing between a viral and bacterial infection often requires a throat swab. In the case of a bacterial infection, the doctor may prescribe a course of antibiotics to decrease local symptoms and prevent serious complications.

Recurrent or Chronic Tonsillitis

Recurrent tonsillitis is defined as repeated infection of the tonsils 6 or more times a year, or 4 or more times in 6 months. Chronic tonsillitis is a persistent inflammation of the tonsils. It is usually due to bacterial organisms getting trapped within the tonsillar crypts. Crypts are folds in the mucosa (soft tissue lining of the surface of the tonsils) that dive down into the tonsillar tissue. The trapped organisms and debris causes chronic inflammation or repeated infections.

Some children may have impaired growth, as tonsillitis causes pain with swallowing, resulting in poor intake of food. Their development may be impaired by poor school attendance, and difficulty focusing their attention on their schoolwork when they feel ill most of the time.

Recurrent or chronic tonsillitis has a tendency to burn-out during late childhood or adolescence. If the problem, however, causes significant problems, a tonsillectomy can be done.



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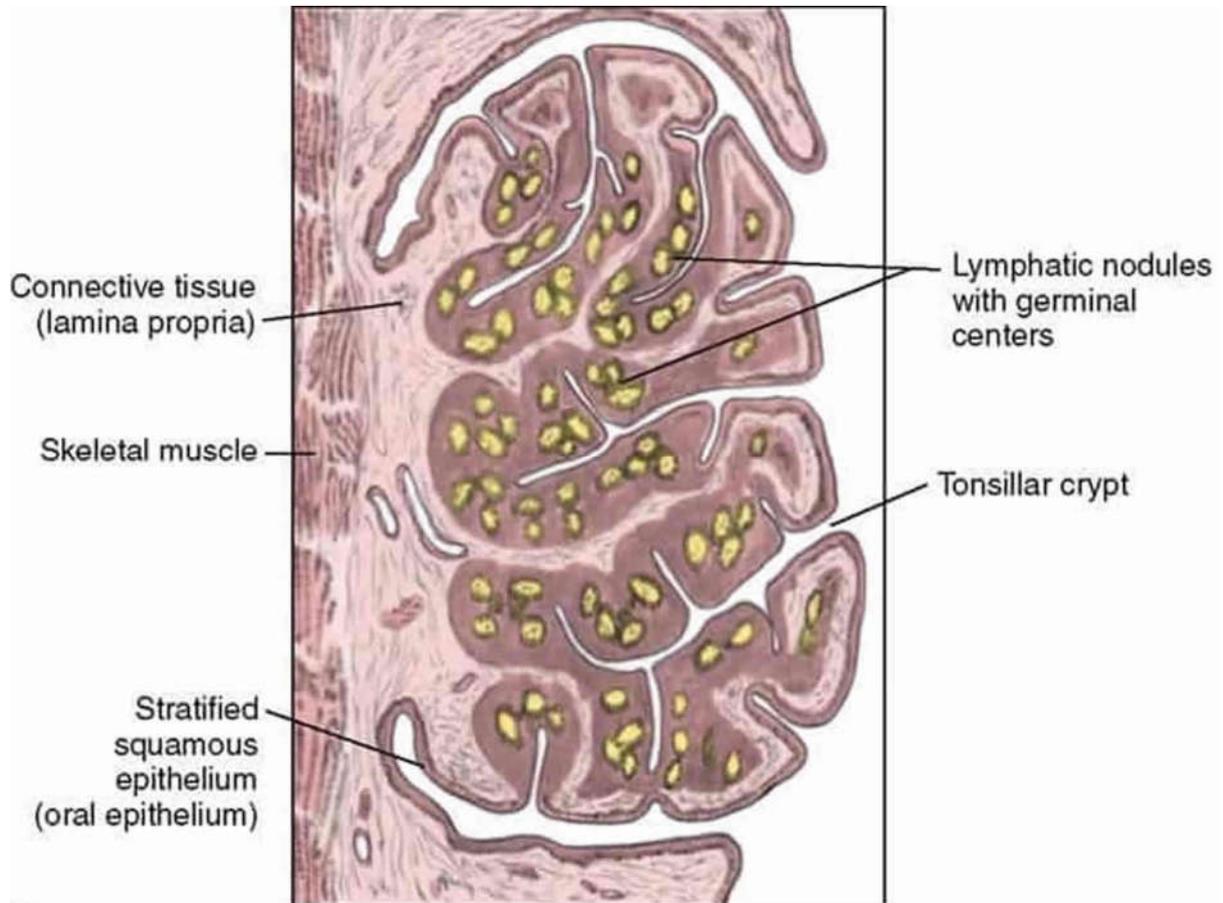


Image source: healthjade.com

Tonsillar Hypertrophy (enlargement of the tonsils)

Tonsillar tissue forms antibodies to the micro-organisms that it is exposed to, in order to help the body fight against these organisms. Sometimes the tonsils can grow so large that it can obstruct the airway. In that case, it needs to be removed. Removing the tonsils does not impair the upper respiratory tract's ability to fight infection. Like the appendix, the immune-protective role that it plays is extremely small and the body can survive without it.

Tonsil Stones

The tonsillar crypts can sometimes trap old debris (bacteria, dead cells, food), which becomes calcified and forms a yellow 'stone'. It can be visible on examination of the throat in the mirror. Sometimes it can be removed by the patient or doctor. If the stones cannot be removed or keep recollecting and cause bad breath, a tonsillectomy can be helpful.



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Peritonsillar Abscess

The tonsillar tissue is attached to the tonsil beds with a thin connective tissue (binding) layer. This layer 'encapsulates' the tonsil. When infection spreads from the tonsil to the surrounding area, the swollen tissue causes the soft-palate to bulge forward. Very soon it forms a pus collection and is called a 'peritonsillar abscess'. This condition is extremely painful. A patient is usually unable to swallow and can dehydrate. The treatment includes intravenous (via a drip) antibiotics, fluid and pain medications, as well as drainage of the abscess through the mouth.

Masses or Lesions of the Throat

A mass or lesion of the throat should never be taken lightly. If it does not completely resolve with treatment given by your doctor, it has to be investigated further by an ENT. A sample of the tissue must be taken and sent for histological analysis. It can then be treated accordingly. The reason for the urgency, is that any lesion or mass can be cancerous. Early detection can make the difference between life and death, and whether survival means a good or a poor quality of life.