CONDITION

Tonsillitis

Tonsillitis is inflammation of the tonsils, usually caused by a viral or bacterial throat infection.

WHAT IT IS
Inflammation and infection of the tonsils

BODY SYSTEM
Throat and immune system

MAIN SYMPTOMS
Sore throat, painful swallowing, fever, swollen tonsils

WHAT CAUSES IT
Viral or bacterial infection

HOW IT IS DIAGNOSED
Throat examination and strep testing when needed

MAIN TREATMENT
Fluids, pain relief, and antibiotics for bacterial infection

CAN IT BE CURED?
Yes - episodes clear or tonsils can be removed

IS IT AN EMERGENCY?
Sometimes - breathing difficulty or inability to swallow saliva

LONG-TERM OUTLOOK
Most recover fully; some have recurrent episodes

Overview

Tonsillitis is inflammation of the tonsils. The tonsils are two pads of tissue at the back of your throat. They are part of the immune system and help detect germs entering through the mouth and nose.

Most tonsillitis is caused by a virus, including viruses that also cause colds or flu-like illnesses. Some cases are caused by bacteria, particularly group A streptococcus. This bacterium also causes what is commonly called strep throat.

Tonsillitis is especially common in children and teenagers, but people of any age can develop it. Most episodes improve within several days without lasting effects. Bacterial tonsillitis may need antibiotics like amoxicillin or doxycycline , while viral tonsillitis does not respond to them.

Some people have repeated episodes that interfere with school, work, sleep, or eating. In that situation, removal of the tonsils may be considered. Tonsil removal prevents future tonsillitis, but it does not prevent every kind of sore throat.

Symptoms

A sore throat is usually the main symptom. The tonsils may look red and swollen, sometimes with white spots or a coating.

Other symptoms can include:

Young children may not be able to describe throat pain. They may refuse food or drinks, drool more than usual, become irritable, or complain of stomach pain.

Cough, a runny nose, hoarseness, and red eyes make a viral infection more likely. Sudden throat pain, fever, tender neck glands, and no cough can occur with strep throat. Symptoms alone cannot always show which germ is responsible.

White spots do not automatically mean the infection is bacterial. They can occur with viral infections, including infectious mononucleosis, also called glandular fever.

- Pain or difficulty when swallowing
- Fever or chills
- Tender, swollen glands in the neck
- Bad breath
- Headache, tiredness, or body aches
- A muffled or changed voice
- Reduced appetite, especially in children

Causes and risk factors

Tonsillitis spreads through respiratory droplets and close contact. Germs can pass between people when someone coughs, sneezes, kisses, or shares cups and eating utensils.

Viruses cause most cases. Possible causes include common cold viruses, influenza, adenovirus, and Epstein-Barr virus, which causes glandular fever.

The main bacterial cause is group A streptococcus. Other bacteria can cause tonsillitis less often.

Your chance of catching an infection that causes tonsillitis may be higher if you:

Having large tonsils does not necessarily mean that they are infected. Tonsil stones, which are small deposits trapped in the tonsils, can cause bad breath or discomfort but are not the same as tonsillitis.

- Spend time in crowded settings such as schools or childcare centres
- Live with or have close contact with someone who is infected
- Are a child or teenager exposed to frequent respiratory infections
- Have a weakened immune system

Diagnosis

A healthcare professional usually begins by asking about your symptoms and examining your mouth, throat, neck, and sometimes your ears. Red, swollen tonsils support the diagnosis, but their appearance cannot reliably identify the cause.

A rapid strep test or throat swab may be used if group A strep is suspected. A swab collects material from the tonsils and back of the throat. Depending on the test, results may be available quickly or after a laboratory culture.

Testing practices differ by age, symptoms, and local guidance. A clinical scoring system may be used to estimate how likely a bacterial infection is, but a score is not the same as laboratory confirmation.

If symptoms suggest glandular fever, a blood test may be considered. Persistent one-sided swelling, a neck lump, or symptoms that do not settle may require further examination to look for another cause.

Treatment and management

Most viral tonsillitis improves as the immune system clears the infection. Treatment focuses on comfort and preventing dehydration.

Helpful measures include:

A pharmacist or healthcare professional can help you choose pain relief that is appropriate for your age, health conditions, and other medicines. Aspirin should not be given to children or teenagers unless a clinician has specifically recommended it.

Antibiotics do not treat viral tonsillitis. They may be offered when testing confirms group A

strep or when bacterial infection is considered sufficiently likely. Antibiotics can shorten strep symptoms modestly, reduce spread, and lower the risk of certain complications.

If antibiotics are prescribed, take them as directed and complete the instructed course. Do not use leftover antibiotics or share them with anyone else. Seek advice if symptoms worsen, do not begin to improve, or you develop a possible medicine reaction.

People with frequent, well-documented episodes may be referred to an ear, nose, and throat specialist to discuss tonsillectomy. This is an operation to remove the tonsils. Decisions usually consider how often episodes occur, how severe they are, and how much they disrupt everyday life.

Recovery from tonsillectomy can be painful and usually requires time away from normal activities. Bleeding is an important possible complication, including during recovery at home. Any fresh bleeding after tonsil surgery needs urgent medical assessment.

- Drinking regularly, using cool or warm drinks as preferred
- Eating soft foods if swallowing is painful
- Resting while feverish or unwell
- Gargling warm salty water if you can do so safely
- Using suitable non-prescription pain relief according to the label

Complications

Most people recover without complications. Dehydration can occur when throat pain makes it difficult to drink. Signs include passing less urine, a dry mouth, dizziness, and unusual sleepiness.

A bacterial infection can occasionally spread into nearby tissue. A peritonsillar abscess, sometimes called quinsy, is a collection of pus beside a tonsil. It may cause severe one-sided throat pain, difficulty opening the mouth, drooling, a muffled voice, or swelling that pushes the uvula away from the affected side.

Rare complications of group A strep include rheumatic fever, which can affect the heart and joints, and kidney inflammation after infection. These complications are uncommon in many settings but remain important reasons to assess and treat confirmed strep appropriately.

Severe tonsil swelling can sometimes narrow the airway, particularly in young children or during glandular fever.

Prevention

Tonsillitis cannot always be prevented because many common viruses and bacteria can cause it. There is no vaccine specifically against tonsillitis.

You can reduce the spread of respiratory and throat infections by:

If you have confirmed strep throat, follow local advice about returning to work, school, or childcare. People are generally much less contagious after they have been fever-free and have taken an appropriate antibiotic for at least 12 to 24 hours.

Tonsillectomy can prevent further infections of the tonsils themselves, but surgery is not used to prevent an occasional sore throat.

- Washing your hands regularly
- Covering coughs and sneezes
- Avoiding shared cups, bottles, cutlery, and toothbrushes
- Cleaning frequently touched surfaces during an illness
- Avoiding close face-to-face contact while actively unwell

Living with it and what to expect

An uncomplicated episode often begins to improve within several days. Throat discomfort and tiredness may last about a week, and glandular fever can cause symptoms for much longer.

Drink enough to keep your urine pale and regular. Normal food can be restarted as swallowing becomes more comfortable. You can gradually return to work, school, exercise, and social activities when you feel well enough and are no longer feverish.

Some people have another episode months or years later. This does not necessarily mean there is an immune problem. Children may have repeated infections during school years and then experience fewer episodes as they get older, although no individual course can be guaranteed.

If episodes keep returning, it can help to record their dates, symptoms, test results, treatment, and effect on school or work. This information can support a future discussion about specialist assessment.

Tonsillectomy substantially reduces tonsillitis because the tonsils are no longer present. Other throat infections and sore throats can still occur after surgery.

When to get medical help

Arrange routine medical advice if the sore throat is not beginning to improve after several days, keeps returning, or is making it difficult to eat and drink. Assessment is also appropriate for persistent one-sided tonsil swelling, a lasting neck lump, or prolonged tiredness and swollen glands.

Seek urgent same-day help if you or your child:

Call emergency services if there is difficulty breathing, noisy breathing, an inability to swallow saliva, blue or grey lips, severe drowsiness, or rapidly increasing swelling in the mouth or throat.

Fresh blood from the mouth or throat after a tonsillectomy is also an emergency, even if the bleeding appears to stop.

- Cannot drink enough or has signs of dehydration
- Has rapidly worsening or severe one-sided throat pain
- Has difficulty opening the mouth
- Develops a muffled voice, marked neck swelling, or drooling
- Has a weakened immune system and is becoming more unwell
- Improves and then develops a new fever or worsening symptoms

Common questions

Is tonsillitis contagious?

The inflammation itself is not passed between people, but the virus or bacterium causing it often is. How long you remain contagious depends on the germ. Confirmed strep is usually much less contagious after 12 to 24 hours of suitable antibiotics and once fever has settled.

Is tonsillitis the same as strep throat?

No. Tonsillitis means that the tonsils are inflamed. Strep throat is a throat infection caused by group A streptococcus and may involve the tonsils. Many cases of tonsillitis are viral rather than strep.

Do white spots mean I need antibiotics?

Not necessarily. White spots can occur with bacterial tonsillitis, viral tonsillitis, and glandular fever. An examination and, when appropriate, a strep test help determine whether antibiotics may be useful.

How long does tonsillitis last?

Many uncomplicated episodes improve within several days, although soreness may continue for about a week. Symptoms caused by glandular fever can last longer. Seek assessment if symptoms are worsening rather than improving or keep returning.

Can I get tonsillitis without having tonsils?

You cannot develop inflammation of tonsils that have been completely removed. You can still develop infections and soreness in other parts of the throat, which may feel similar.

When are tonsils removed?

Tonsillectomy may be considered when well-documented episodes are frequent, severe, and disruptive, or when complications occur. Local eligibility criteria differ. The likely reduction in future tonsillitis is weighed against surgical pain, recovery time, anaesthetic risks, and the possibility of bleeding.

Sources

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