Tonsillitis

Tonsillitis is an inflammation of the tonsils. It is usually caused by a viral infection. Less often the cause is a bacterial infection.

Tonsillitis normally goes after a few days. Treatment can ease the symptoms until the infection goes. See a doctor if the symptoms are severe or don't get better quickly.

What are tonsils?

**Tonsils** are made of soft gland tissue and they are part of the body's defence against infections (the immune system). You have two tonsils, one on either side at the back of the mouth. The picture below shows large tonsils that are not infected (no redness or pus).

What are the symptoms of tonsillitis?

A sore throat is the most common of all tonsillitis symptoms. You may also have a cough, high temperature (fever), headache, feel sick (nausea), feel tired, find swallowing painful, and have swollen neck glands. The tonsils may swell and become red. Pus may appear as white spots on the tonsils. Symptoms typically get worse over 2-3 days and then gradually go, usually within a week. The picture below shows inflamed tonsils.

Glandular fever (infectious mononucleosis) is caused by a virus (the Epstein-Barr virus). It tends to cause a severe bout of tonsillitis as well as other symptoms. See separate leaflet called Glandular Fever (Infectious Mononucleosis) for more details.
Is tonsillitis infectious?

Infectious means you can pass the infection to someone else. The infection may spread by close physical contact with other people, or by droplets in the air, caused by sneezing or coughing.

As with coughs, colds, flu and other similar infections, there is a chance that you can pass on the virus or bacterium that has caused tonsillitis.

When should you contact a doctor?

See a doctor if symptoms of a sore throat cause severe symptoms, or if they do not ease within 3-4 days. In particular, you should seek urgent medical attention if you develop:

- Difficulty in breathing.
- Difficulty swallowing saliva.
- Difficulty opening your mouth.
- Severe pain.
- A persistent high temperature.
- A severe illness, especially when symptoms are mainly on one side of the throat.

What are the treatments?

Mild tonsillitis often doesn't need any treatment. However, it is important to drink plenty of water. Paracetamol or ibuprofen will help to ease pain, headache and high temperature. Gargles, lozenges and sprays may help to soothe a sore throat but they do not shorten the illness.

Most throat and tonsil infections are caused by viruses but some are caused by bacteria. Antibiotics kill bacteria but do not kill viruses. Even if tonsillitis is caused by a bacterium, treatment with an antibiotic does not make much difference in most cases.

If you have repeated bouts of tonsillitis you may consider having your tonsils removed (tonsillectomy).

What is the outlook?

In nearly all cases, a tonsillitis or sore throat clears away without leaving any problems. However, occasionally tonsillitis may progress to cause a complication. Also, a sore throat or tonsillitis is sometimes due to an unusual, but more serious, illness.

Sometimes the infection can spread from the tonsils to other nearby tissues. For example, to cause an ear infection, sinus infection or chest infection.

What is quinsy?

Quinsy is also known as peritonsillar abscess. Quinsy is an uncommon condition where a collection of pus (abscess) develops next to a tonsil. This is caused by a bacterial infection.

- It usually develops just on one side. It may follow a tonsillitis or develop without tonsillitis.
- The tonsil on the affected side may be swollen or look normal, but is pushed towards the middle by the abscess next to the tonsil. Quinsy is very painful and can make you feel very unwell.
- It is treated with antibiotics, but also the pus often needs to be drained with a small operation.
Further reading & references

- Tonsillectomy; Royal College of Surgeons, 2016
- Respiratory tract infections (self-limiting): prescribing antibiotics; NICE Clinical Guideline (July 2008)
- Management of sore throat and indications for tonsillectomy; Scottish Intercollegiate Guidelines Network - SIGN (April 2010)

Author: Dr Colin Tidy
Peer Reviewer: Dr Helen Huins
Document ID: 4403 (v46)

Disclaimer: This article is for information only and should not be used for the diagnosis or treatment of medical conditions. Patient Platform Limited has used all reasonable care in compiling the information but make no warranty as to its accuracy. Consult a doctor or other health care professional for diagnosis and treatment of medical conditions. For details see our conditions.