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|  **Table 1. Characteristics of the included studies** |
| **Authors, year** | **Study** | **N° cases PTA** | **Mean** **Age (y)** | **Sex** | **Symptoms****PTA** | **Signs** | **Microbiology** |
| Weinberg et al.,1993 [23] | Retrospective | 43 | 13.9 | - | Shore throat 100%Drooling 34%Muffled voice 59% | Unilateral peritonsillar bulge 100%Trismus | GABHS, Str. ViridansFusobacterium necrophorumH. influenzae |
| Apostolopoulos et al., 1995 [18] | Retrospective | 189 |  9 | 86M:103F | Sore throat | Peritonsillar bulgeTrismus | GABHS 35%Anaerobs 12%Others 12%Str. Viridans 10%Str. non-A 7%St. Aureus 6%Candida 6%H. Influenzae 4.5%Str. pneumoniae 4.5%Str. Sanguis 3% |
| Wolf et al., 1995 [14] | Retrospective | 19 | 10-16y | - | Pain and dysphagia | Trismus 50%Fever | GABHS St. AureusStr. ViridansStr. Non-APneumococciPeptostreptococciMixed flora |
| Schraff et al., 2001 [11] | Retrospective | 83 | 12.1 | - | Sore throat/neck pain 93%Odynophagia 83%Muffled voice 37% | Neck adenopathy 94%Uvular deviation 52%Trismus 30%Dehydration 47% Fever 55% | Mixed flora with Str. pyogenes the predominant organism |
| Millar et al., 2007 [17] | Retrospective | 43 PTA178 PTC | 15.4 PTA3.2 PTC | - | Sore throat 100%Painful swallowing 100 %Voice changes 86.7%Decrease oral intake 90.6%Drooling 75% | Peritonsillar swelling 100%Cervical adenopathy 96.1%Trismus 78.9%Uvular deviation 73.3%Airway compromise 8% Fever 59.5%  | GABHS Str. non group A St. Aureus |
| Segal et al., 2009 [4] | Retrospective | 126 | 12.8 | 55M:71F | - | - | GABHS 45.3% Anaerobes 14%Mixed w/o anaerobes 15.6%Str. C 6.2%others 17.3 |
| Chang et al., 2010 [19] | Retrospective | 21 | 14.8 | 10M:11F | Odynophagia 21% | Fever 61.9%Trismus 4%Uvular deviation 6%Neck pain/mass1% | Mixed flora |
| Hsiao et al., 2012 [20] | Retrospective | 56 | 12.9 | 31M:24F | Sore throat | FeverAsymmetric Swollen/bulging tonsilUvular deviation | Str.72%Fusobacterium species 44%Anaerobes 74%  |
| Kim et al., 2015 [16] | Retrospective | 88 | 8.5 | 52M:36F | - | - | - |
| Allen et al., 2019 [21] | Retrospective | 566 | 12.9 outpt 9.9 inpt | 261M:305F | - | - | - |
| Chisholm et al., 2020 [22] | Retrospective | 200 | 12.6 | 77M:123F | - | - | - |
| Rosi-Schumacher et al., 2023 [15] | Retrospective | 777 | 10.7 | 357M:420F | Sepsis 45.9%Systemic inflammatory response syndrome 4.8% | - | - |
| PTA: peritonsillar abscess; PTC: peritonsillar cellulitis; GABHS: beta-hemolytic Streptococcus group A; Str: streptococcus; St: staphylococcus m: month; y: year; outpt: outpatient; inpt: inpatient.  |

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| **Table 2. Types of treatments for pediatric PTA** |
| **Authors, year** | **Needle aspiration****and/or****Incision&drainage** | **Tonsillectomy** | **Antibiotics** | **Recurrence****(%)** | **Time of recurrence** | **Complications** | **Follow-up** |
| Weinberg et al.,1993 [23] | 41 needle aspiration(31 positive, 10 negative) | 5 immediate  | 7 antibiotics alone | - | - | - | - |
| Apostolopoulos et al., 1995 [18] | 136 I&D(53 negative) | - | - | 15.8% | 1 m  | 12 (6.3%)torticollis, prologed fever | 1m-7y |
| Wolf et al., 1995 [14] |  7 needle aspiration (6 LA, 1 GA)12 I&D (5 LA, 7 GA) | 2 immediate1 elective | 17 antibiotics initiated1-8 d prior the admission | 0 | - | 1 torticollis1 dyspnea | 2 y |
| Schraff et al., 2001 [11] | 54 I&D  | 25 immediate | 3 antibiotics alone | 0 | - | - | - |
| Millar et al., 2007 [17] | 43 needle aspiration or I&D | - | - | 4.7% | within 60 d | - | - |
| Segal et al., 2009 [4] | 95 needle aspiration 30 I&D GA | 1 immediate  | 64.2% amoxicillin-clavulanate,19% cefuroxime13.5% cefuroxime + metronidazole2.1% azithromycin | - | - | - | - |
| Chang et al., 2010 [19] | 3 I&D10 needle aspiration | - | 8 antibiotics alone | - | - | no complications | - |
| Hsiao et al., 2012 [20] | 48 | 1 elective | 9 penic.15 penic.+genta.4 penic.+clyndamicina5 penic.+clyndamicina+genta12 amox.cl.5 amox.cl+ genta.1 amox.cl+ ciprofloxacina3 ampicillina/sulbactam1 oxacillin + genta.1 vancomycin + ceftazidime8 intravenous antibiotics alone | 2% |  | 1 IOT2 parapharyngeal involvement |  |
| Kim et al., 2015 [16] | 55 any surgery “Poor responder “  | 0 | 33 antibiotic alone“good responder” | - | - | - | - |
| Allen et al., 2019 [21] | 113 I&D outpt184 I&D inpt | immediate12 outpt + 42 inptelective22 outpt + 33 inpt | antibiotics only181 outpt + 88 inpt | 9.1%29 outpt23 inpt | within 30 d | - | - |
| Chisholm et al., 2020 [22] | 115 I&D | - | - | - | - | - | - |
| Rosi-Schumacher et al., 2023 [15] | 725 I&D | 52 immediate6 elective | - |  2.5% | - | 357 sepsis37 systemic inflammatory response syndrom | 1m  |
| LA: local anesthesia, GA: general anesthesia; d: days; m:month; y: year; I&D: Incision&Drainage; outpt: outpatients; inpt: inpatient: amox.cl.: amoxicillin + clavulanic acid; penic: penicillin; genta: gentamicin |

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| **Table S1. The Joanna Briggs Institute Critical Appraisal Checklist** |
| **Questions** | **Yes** | **No** | **Unclear** | **Not applicable** |
| 1. Were clear criteria for inclusion in the case series? |  |  |  |  |
| 2. Was the condition measured in a standard, reliable way for all participants included in the case series? |  |  |  |  |
| 3. Were valid methods used for identification of condition for all participants included in the case series? |  |  |  |  |
| 4. Did the case series have consecutive inclusion of participants? |  |  |  |  |
| 5. Did the case series have complete inclusion of participants? |  |  |  |  |
| 6. Was there clear reporting of demographics of participants in the study? |  |  |  |  |
| 7. Was there clear reporting of clinical information of participants? |  |  |  |  |
| 8. Were the outcomes or follow-up results of cases clearly reported? |  |  |  |  |
| 9. Was there clear reporting of presenting sites’/clinics’ demographic information? |  |  |  |  |
| 10. Was statistical analysis appropriate? |  |  |  |  |

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| **Table S2. The JBI Critical Appraisal Checklist of the included studies** |
| **Authors, years** | **Q1** | **Q2** | **Q3** | **Q4** | **Q5** | **Q6** | **Q7** | **Q8** | **Q9** | **Q10** | **Overall rating** |
| Weinberg et al.,1993 [23] | yes | yes | yes | yes | yes | un | yes | yes | no | N/A | 7 |
| Apostolopoulos et al., 1995 [18] | yes | yes | yes | yes | yes | yes | yes | yes | yes | N/A | 8 |
| Wolf et al., 1995 [14] | yes | yes | yes | yes | yes | un | yes | yes | no | N/A | 7 |
| Schraff et al., 2001 [11] | yes | yes | yes | yes | yes | un | yes | yes | no | N/A | 7 |
| Millar et al., 2007 [17] | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes | 10 |
| Segal et al., 2009 [4] | yes | yes | yes | yes | yes | un | yes | un | yes | N/A | 7 |
| Chang et al., 2010 [19] | yes | yes | yes | yes | yes | yes | yes | un | yes | yes | 9 |
| Hsiao et al., 2012 [20] | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes | 10 |
| Kim et al., 2015 [16] | yes | yes | yes | yes | yes | yes | yes | yes | yes | yes | 10 |
| Allen et al., 2019 [21] | yes | yes | un | yes | yes | yes | no | yes | no | yes | 7 |
| Chisholm et al., 2020 [22] | yes | yes | yes | yes | yes | yes | no | no | no | yes | 7 |
| Rosi-Schumacher et al., 2023 [15] | yes | yes | yes | yes | yes | yes | un | un | un | yes | 7 |