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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. Viridans  Fusobacterium necrophorum  H. influenzae |
| Apostolopoulos et al., 1995 [18] | Retrospective | 189 | 9 | 86M:103F | Sore throat | Peritonsillar bulge  Trismus | 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. Aureus  Str. Viridans  Str. Non-A  Pneumococci  Peptostreptococci  Mixed 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 PTA  178 PTC | 15.4 PTA  3.2 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 | Fever  Asymmetric Swollen/bulging tonsil  Uvular 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 immediate  1 elective | 17 antibiotics initiated  1-8 d prior the admission | 0 | - | 1 torticollis  1 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% cefuroxime  13.5% cefuroxime + metronidazole  2.1% azithromycin | - | - | - | - |
| Chang et al.,  2010 [19] | 3 I&D  10 needle aspiration | - | 8 antibiotics alone | - | - | no complications | - |
| Hsiao et al.,  2012 [20] | 48 | 1 elective | 9 penic.  15 penic.+genta.  4 penic.+clyndamicina  5 penic.+clyndamicina+genta  12 amox.cl.  5 amox.cl+ genta.  1 amox.cl+ ciprofloxacina  3 ampicillina/sulbactam  1 oxacillin + genta.  1 vancomycin + ceftazidime  8 intravenous antibiotics alone | 2% |  | 1 IOT  2 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 outpt  184 I&D inpt | immediate  12 outpt + 42 inpt  elective  22 outpt + 33 inpt | antibiotics only  181 outpt + 88 inpt | 9.1%  29 outpt  23 inpt | within 30 d | - | - |
| Chisholm et al.,  2020 [22] | 115 I&D | - | - | - | - | - | - |
| Rosi-Schumacher et al.,  2023 [15] | 725 I&D | 52 immediate  6 elective | - | 2.5% | - | 357 sepsis  37 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 |