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LETTER TO THE EDITOR

Letter to the Editor of *Anales de Pediatría (Barc)* about the work of Salinas-Salvador et al.: ''Retrospective study on the effectiveness and safety of the shortened 5–7-day antibiotic regimen for acute streptococcal pharyngotonsillitis compared to the classic 10-day regimen''. Authors reply

Carta a la editora de ANALES DE PEDIATRÍA (BARC) sobre el trabajo de Salinas-Salvador y colaboradores: «Estudio retrospectivo sobre la efectividad y seguridad de la pauta antibiótica reducida a 5-7 días en la faringoamigdalitis aguda estreptocócica comparada con la pauta clásica de 10 días». Respuesta de los autores

Dear Editor:

We would like to start by expressing our appreciation for the comments made by both authors in response to our article,[1] which enrich the still open debate on the duration of treatment for paediatric streptococcal pharyngitis.

In short, we believe that the focal point of this debate must shift. The point is no longer to achieve the highest possible rates of eradication of *Streptococcus pyogenes* from the pharynx of patients in the current context in which, in general, and in most developed countries, rheumatic fever is an exceptional occurrence. Historically,[2] the duration of treatment was set to 10 days because observational studies demonstrated that it achieved a higher reduction in the carriage prevalence. It was not based on the reduction of the incidence of suppurative or nonsuppurative complications. Ultimately, the evidence on the impact of treatment on these complications is very poor, and what little evidence there is suggests that courses that long are not needed to prevent them. In addition, the context has changed, not only due to the rarity of rheumatic fever in our region (and the proposal of reducing the duration of treatment is meant for our region), but also due to the emergence of antimicrobial resistance. We ought to keep in mind that antimicrobial resistance causes more than twice the deaths per year than motor vehicle accidents in Spain,[3] a new reality that warrants changing the duration of antimicrobial treatment if at all possible.

The periodic resurgence of invasive disease by *S. pyogenes*, which the authors mention, has historically been cyclical, and these cases generally have a severe presentation from the onset, and are not clearly associated with a previous history of streptococcal pharyngitis or with the duration of treatment.

A clear consensus is being reached in regard to other infectious diseases, such as typical community-acquired pneumonia,[4] in favour of reducing the duration of antibiotherapy (in this case, to 5 days if there is a good response within 24–48 h and the required clinical follow-up is feasible). Currently, the most recent clinical practice guideline on the management of pharyngitis of the National Health Service of the United Kingdom[5] already proposes shorter courses for streptococcal pharyngitis and specifies the cases in which treatment should continue to last 10 days: those in which the eradication of the bacterium from the throat of the patient is a priority. For all other cases, the majority in the paediatric population, we believe that shorter courses (5–7 days) can be recommended with sufficient safety. The benefit in reducing the emergence of more drug-resistant bacteria is becoming a decisive factor.

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