



Ear cases

<u>Traumatic drum perforation</u>	<ul style="list-style-type: none"> <li>▪ Earache &amp; discharge</li> <li>▪ history of ear wash which was painful and associated with water coming from nostril of same side or with fluid trickling on throat</li> </ul>
<u>Malignant OE</u>	<ul style="list-style-type: none"> <li>▪ Diabetic pateint</li> <li>▪ Earache</li> <li>▪ Minimal discharge</li> <li>▪ with granulations in EAC</li> <li>▪ may lead to LMN fascial paralysis</li> </ul>
<u>ASOM</u>	<ul style="list-style-type: none"> <li>▪ Child</li> <li>▪ Otalgia ( pain )</li> <li>▪ Upper respiratory tract infection</li> <li>▪ If child : scream &amp; pull his ear</li> </ul>
<u>OME ( otitis media with effusion )</u>	<ul style="list-style-type: none"> <li>▪ Child</li> <li>▪ diminution of hearing</li> <li>▪ Upper respiratory tract infection</li> </ul>
<u>Complications of CSOM</u> ✓ <u>Acute Mastoiditis</u> ✓ <u>Meningitis</u> ✓ <u>L.S.thrombophlebitis</u> ✓ <u>L.S.thrombophlebitis , Brain abcess OR Meningitis</u> ✓ <u>Acute exacerbation on top of CSOM</u> ✓ <u>Labyrinthitis</u> ✓ <u>Petrositis</u>	<u>pateint with history of ear discharge +\- drum perforation</u> ✓ Pain behind ear & tenderness above tip of mastoid ✓ Neck regidity or photophobia ✓ Rigor, headache & intermittent or spiky fever ✓ Headache, papilloedema , projectile vommitting & blurring of vision >>>> increase in ICT  ✓ Pulsating discharge  ✓ Vertigo , nausea & vomitting ✓ Diabetic pateint with facial pain & squint ( Gradeingo's syndrome )
<u>Otosclerosis</u>	<ul style="list-style-type: none"> <li>▪ Middel aged female - pregnant -family history</li> <li>▪ bilateral hearing loss &amp; tinnitus</li> <li>▪ with intact drum</li> <li>▪ hearing is improves in noisy environment</li> </ul>
<u>Meniere's disease</u>	<ul style="list-style-type: none"> <li>▪ attacks of vertigo , tinnitus , hearing loss over years</li> <li>▪ with aural fullness ( patient feel as ear is about to explode )</li> </ul>
<u>Fascial n paralysis</u>	<ul style="list-style-type: none"> <li>▪ Inability to close his eye of one side</li> <li>▪ deviation of angel of mouth to opposite</li> </ul>

<b><u>Benign Paroxysmal Positional Vertigo ( BPPV)</u></b>	<ul style="list-style-type: none"> <li>▪ Sense of rotation of the surrounding objects which increase with change of position</li> <li>▪ no diminution of hearing</li> <li>▪ on examination ears were free</li> </ul>
<b><u>Longitudinal fracture of temp bone</u></b>	<ul style="list-style-type: none"> <li>▪ car accident</li> <li>▪ bloody otorrhea</li> <li>▪ traumatic perforation of TM</li> <li>▪ fascial paralysis (Inability to close his eye of one side – deviation of angle of mouth to opposite side )</li> </ul>
<b><u>Glomus tumor</u></b>	<ul style="list-style-type: none"> <li>▪ Deafness ( BC is better than AC )</li> <li>▪ pulsatile tinnitus</li> <li>▪ reddish drum</li> </ul>
<b><u>Acoustic Neuroma</u></b>	<ul style="list-style-type: none"> <li>▪ progressive hearing loss – tinnitus –</li> <li>▪ no abnormality in both ears – but SNHL ( do MRI )</li> <li>▪ may complicated by :                         <ul style="list-style-type: none"> <li>➢ cerebellar ataxia ( swaying during walking ) ,</li> <li>➢ vagus paralysis (change in voice) ,</li> <li>➢ fascial n paralysis ,</li> <li>➢ trigeminal or fascial paralysis ( loss of corneal reflrx )</li> </ul> </li> </ul>
<b><u>Sq cell carcinoma of middle ear</u></b>	<ul style="list-style-type: none"> <li>▪ male heavy smoker</li> <li>▪ deep seated earache</li> <li>▪ long history of deafness - tinnitus - discharge</li> <li>▪ reddish mass behind drum</li> </ul>
<b><u>Ramsy Hunt Syndrome</u></b>	<ul style="list-style-type: none"> <li>▪ earache and diminution of hearing</li> <li>▪ inability to close eye , deviation of mouth angle to other side (fascial n palsy)</li> <li>▪ days later vesicular eruption appear in ex auditory meatus and auricle</li> </ul>
<b><u>Otomycosis</u></b>	<ul style="list-style-type: none"> <li>▪ Itching and deep pain in ear</li> <li>▪ history of swimming in swimming pool</li> <li>▪ examination : white mass with black spots in ex. Aud.canal</li> </ul>
<b><u>Recurrent Furunculosis</u></b>	<ul style="list-style-type: none"> <li>▪ Old male</li> <li>▪ earache become severe on chewing and during speech</li> <li>▪ on examination pressure on tragus was painful , and there was small red swelling arise from anterior meatal wall</li> <li>▪ history of recurrent simillat attack</li> </ul>
<b><u>Preauriculat Fistula</u></b>	<ul style="list-style-type: none"> <li>▪ Bilateral pinpoint depression in skin just in front of the helix</li> <li>▪ dated since birth</li> </ul>

Nose cases

<b><u>FB in the Nose</u></b>	Child Unilateral Offensive Nasal Discharge
<b><u>bilateral choanal atresia</u></b>	bilateral nasal obstruction and discharge in newlyborne e' cyanosis
<b><u>Atrophic rhinitis</u></b>	bilateral Nasal obstruction & discharge ( crusty ) Anosmia epistaxis roomy nose crustations e' bad odour
<b><u>Rhinoscleroma</u></b>	bilateral Nasal obstruction & discharge ( crusty ) Bilateral Nasal Masses at muco-cutaneous junction deformity(fibrotic stage)  <u>May lead to :</u> <ul style="list-style-type: none"> <li>▪ if there is hoarseness of voice &gt;&gt;&gt;&gt;&gt;&gt; <b><u>laryngeoscleroma</u></b></li> <li>▪ if there is epiphora &gt;&gt;&gt;&gt;&gt;&gt; <b><u>dacroscleroma</u></b></li> <li>▪ if there is shortening and deformity of uvula &gt;&gt;&gt;&gt;&gt;&gt; pharyngeoscleroma</li> </ul>
<b><u>Allergic nasal polyps</u></b>	Nasal obstruction history of sneezing , lacrimation , rhinorrhea which sometimes become yellowish green dull headache anosmia Snoring & attacks of sleep bilateral multiple glistening grape like mobile nasal masses (attached to the wall )
<b><u>antrochoanal nasal polyp</u></b>	unilateral single nasal mass passing through choana
<b><u>CSF rhinorrhoea</u></b>	accident unilateral watery nasal discharge headache
<b><u>oroantral fistula</u></b>	nasal offensive discharge pain in the affected side of face regurgitation of fluid history of teeth of extraction

<p><b><u>chronic sinusitis</u></b></p>	<p>history of recurrent attacks of bilateral nasal obstruction &amp; discharge ,                      headache ( dull aching pain over forehead )                      facial pain                      no masses in nose</p> <p><u>may lead to :</u></p> <p> <b><u>orbital complication</u></b></p> <ul style="list-style-type: none"> <li>▪ eye proptosis</li> <li>▪ edema of eyelid</li> <li>▪ pain</li> <li>▪ limitations of eye movement</li> <li>▪ visual diminution</li> </ul> <p> <b><u>frontal lobe abscess</u></b></p> <ul style="list-style-type: none"> <li>▪ drowsiness</li> <li>▪ behavioral change</li> <li>▪ vomiting</li> <li>▪ blurred vision)</li> </ul>
<p><b><u>fracture nose</u></b></p> <p><b><u>nasal diphtheria</u></b></p>	<p>history of trauma to the nose                      epistaxis                      Child                      unilateral nasal offensive discharge e' greyish pseudomembrane</p>
<p><b><u>Septal haematoma</u></b></p>	<p>Bilateral nasal obstruction with discharge                      Nasal pain                      no fever                      History of blunt trauma                      Swelling of septum</p>

Pharynx

<b><u>Adenoid</u></b>	Child snoring sleep apnea bilateral nasal discharge any sign of adenoid facies..... , CHL, may lead to secretory otitis media ( mucois basal discarge & bilateral retracted drum )
<b><u>Acute tonsillitis</u></b>	Fever rapid pulse Sore throat dysphagis jugulodigastric LNs enlargement.
<b><u>Chronic tonsillitis</u></b>	Recurrent acute attack low grade fever otalgia asymmetrically enlarged tonsilles jugulodigastric LNs enlargement.
<b><u>Quinsy ( peritonsillar abscess )</u></b>	History of acute tonsillitis ( fever , dysphagia ) <u>throbbing pain</u> Unilateral swelling above & lateral to tonsile jugulodigastric LNs enlargement Neck pain referred to ear
<b><u>Parapharyngeal abscess</u></b>	Fever , thore throat , dysphagia , throbbing pain BECK's triad: 1-Internal swelling ( lat. to tonsile) 2-Ext. swelling: Below & behind angle of mandible deep to ant. border of strenomastoid 3-Trismus.
<b><u>retropharyngeal abscess</u></b>	Infant Difficult breathing difficult sucking examination show swelling on post pharyngeal wall lateral to midline , feverish
<b><u>chronic retropharyngeal abscess ( chold abscess )</u></b>	Adult Difficult breathing & difficult swallowing examination swelling on post pharyngeal wall in midline

<b><u>Angiofibroma</u></b>	male teenage (Young boy ) unilateral nasal obstructio severe epistaxis
<b><u>Nasopharyngeal carcinoma</u></b>	male 45 years heavy smoker unilateral nasal obstruction unilateral CHL ( through ET ) Trotter's triad: <ul style="list-style-type: none"> <li>❖ Unilateral trigeminal facial pain.</li> <li>❖ Unilateral palatal immobility.</li> <li>❖ Unilateral CHL</li> </ul>
<b><u>plummer vinson syndrome</u></b>	Progressive dysphagia first to solids loss of weight – pallor glazed tougue (glossitis) CBC microcytic hypochromic anaemia xray with barium show web formation at upper part of esophagus may lead to postcricoid carcinoma
<b><u>hypopharyngeal (post cricoid ) carinoma</u></b>	Dysphagia for solids loss of weight neck swelling loss of laryngeal click
<b><u>carcinoma of pyriform fossa</u></b>	Chronic Earache sweling appear in side of neck recentlr change of voice & dysphagia examination show froth behind lt side of larynax
<b><u>ludwing’s angina</u></b>	Dental caries , gingivitis congested elevated floor of mouth submandibular and submental swelling sevres dysphagia fever pain in floor of mouth stifness In tongue movement

**Esophagus**

<b><u>Reflux esophagitis :</u></b>	Hyperacidity hoarseness of voice attacks of sleep apnea
<b><u>Cardiac achalasia :</u></b>	Dysphagia more to fluids no wasting , no loss of weight xray with barium show dilatation of lower part of esophagus
<b><u>Cancer esophagus</u></b>	Progressive Dysphagia Loss of weight Hoarseness of voice Referred otalgia

**Larynx**

<b><u>Unilateral vocal cord paralysis :</u></b>	Hoarseness of voice after neck surgery
<b><u>Bilateral vocal cord paralysis</u></b>	difficulty in breathing (stridor ) Thyroidectomy ( neck surgery )
<b><u>Laryngeal carcinoma</u></b>	Old man chronic heavy smoker progressive hoarsness of voice ( persist and not releaved ) vocal cord polypoid masses ( there may be vocal cord paralysis or cough & haemoptysis due to lung metastasis )
<b><u>Inhaled foreign body ( in the airway )</u></b>	Young boy sudden respiratory difficulty cough & dyspnea
<b><u>acute non specific laryngitis</u></b>	Child has common cold 2 days later has inspiratory stridor , cough , hoarsness
<b><u>Laryngomalacia</u></b>	Newlyborn Infant intermittent attacks of inspiratory stridor and diminsh slightly at sleep no hoarsness no fever and child is of good health examination show collapse of larynx or curling of glottis
<b><u>Congenital web</u></b>	Newlyborn Infant - no fever inspiratory stridor after birth and persist by day and night

<b><u>Laryngismus stridulus ( decrease Ca ) :</u></b>	Child attack of stridor at night carpopedal spasm may be present improve after deep breath child is undernourished
<b><u>Laryngeoscleroma</u></b>	Female severe stridor examination of nose show bilateral nasal masses or crustations
<b><u>Laryngeal polyp</u></b>	Male smoker hoarseness of voice on examination small pedunculated grayish mass that get up with expiration and down by inspiration
<b><u>Leukoplakia of vocal cords</u></b>	Male smoker hoarseness of voice respiratory distress on examination bilateral firm tender upper neck swellings ( metastasis )
<b><u>Pyramidal fossa malignancy</u></b>	Chronic earache swelling on side of neck progressive enlarge change in voice and dysphagia on examination there was froth behind larynx
<b><u>Thyroglossal cyst</u></b>	Child tender painful midline swelling move upward and down with swallowing and tongue protrusion
<b><u>Thyroid swelling</u></b>	Neck swelling move up and down with deglutition
<b><u>Multiple papillomatosis</u></b>	Boy change in voice then stridor that need tracheostomy examination show multiple polypi recurrence after removal
<b><u>Acute laryngotracheo bronchitis</u></b>	Child Nasal obstruction with water rhinorrhea ( common cold ) Fever Cough with expectoration Respiratory distress ( may the case need immediate tracheostomy then it relieve )



**N.B.:**

- 1) bilateral nasal obstruction in children ..... **most commonly adenoid**
- 2) history of sever epistaxis in a boy..... **angiofibroma**
- 3) commonest cause of epistaxiin old age ..... **hypertension**
  
- 4) Different Incisions for Treatment of Pharyngeal Suppuration
  - ✓ **Quinsy:** INTERNAL incision (most pointing point or midpoint between uvula & last upper molar)
  - ✓ **Parapharyngeal Abscess:** EXTERNAL incision , Along the ANTERIOR border of Sternomastoid muscle
  - ✓ **Acute Retropharyngeal Abscess:** INTERNAL incision, Vertical with head low down
  - ✓ **Chronic Retropharyngeal Abscess (Cold Abscess) :** EXTERNAL incision, Along the POSTERIOR border of sternomastoid
  
- 5) d.d of **offensive ear discharge:**
  - Cholesteatoma.
  - F.B.
  - otomycosis.
  
- 6) **Especially in diabetics**
  - Malignant O.E
  - Petrositis.
  - Fungal infection of the nose.
  
- 7) **D.D of offensive nasal discharge:**
  - F.B. ( unilateral)
  - oro-antral fistula ( unilateral)
  - Rhinoscleroma( bilateral)
  - chronic atrophic rhinitis(bilateral)
  - Nasal diphteria
  - Isolated maxillary sinusitis(of dental origin)

8) **Nasal polypi** are seen in:

- ✓ Allergic fungal sinusitis.
- ✓ Allergic rhinosinusitis.
- ✓ aspirin sensitivity or intolerance

9) in acute inflammation : **ear wash is contraindicated**

10) in drum perforation : **Nothing per ear**

11) in **OME** we try medical ttt for 3 month at least then we do myringotomy & tube BUT almost cases recover with medical ttt & myringotomy is done in ANTROSUPERIOR part of the drum

12) in **all complications of OM** main **investigation** is **CT** to confirm diagnosis and exclude other complications

13) While **main ttt** is **Radical mastoidectomy** (in almost cases) TO CURE UNDERLYING CAUSE OF COMPLICATION then we do symptomatic ttt according to complication

14) **lateral sinus thrombophelbitis** may be **Asymptomatic** being covered by ANTIBIOTICS

15) **Reversible SNHL** occurs in

- ✓ serous labyrinthitis
- ✓ menieres disease