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EXAMINATION OF THE EAR NOSE AND THROAT-HEAD AND NECK

CONSENT TO EXAMINE

- Note:
 - Although you are a student,
 - Public officer ethics act
 - Medical practitioners and dentist board act

THE EAR

- Symptoms relevant to hearing
 - Pain: Ootalgia
 - Discharge: Otorrhea
 - Deafness
 - Tinnitus

SYMPTOMS RELEVANT TO BALANCE

- Dizziness
- Vertigo → 'things seem to be moving round'
- Unsteady gait
- Oscillopsia → 'when I am walking I see people going up and down'
- Nausea/ vomiting

EXAMINATION OF THE EAR

- Inspection of pinna and conchus
- Inspection of the external meatus and the ear drum using an **otoscope**
 - Hold the otoscope like a pen.

FEATURES

- Swelling
- Reddening → inflammation
- Fungi
- Otorrhea
- Perforation of the ear drum

INSTRUMENTS

- Otoscope
- Ear speculum
- Microscope
- Otoendoscope

TESTING OF HEARING

- Speech
- Tuning forks → conductive hearing loss vs. SNHL (Sensori-neural hearing loss arises from the labyrinth)
- Audiometers
 - Shows how much one is hearing and what frequency it is.
- Tympanometers
 - Tell the pressures in the middle ear where the ossicles are
- BSER

EXAMINATION AND TESTS OF THE BALANCE SYSTEM

- Fistula test
- Gait
- Romberg test
 - Close the eyes, patient sways
- Nystagmus → spontaneous or induced
- Past-pointing
- Dysdiadochokinesis
- Video-nystagmography

THE NOSE AND PARANASAL SINUSES SYMPTOMS

- Nasal sinuses drain into the nose.
- They include:
 - Maxillary, Ethmoid, Sphenoid and Frontal.
- Patients may complain of:
 - Nasal blockage
 - Rhinorrhea
 - Loss of smell sensation (Anosmea)
 - Epistaxis
 - Cacosmea/ Halitosis
 - Headaches
 - **ANY PROBLEM IN THE NOSE AND SINUSES PRESENTS WITH HEADACHES (REFERRED HEADACHE)**

INSPECTION AND EXAMINATION

- Nasal profile
- Anterior & posterior rhinoscopy
- Naso-endoscopy
- Flexible naso-pharyngoscope

SIGNS IN PARANASAL SINUS DISEASE

- Blood
- Obstructive turbinates
 - In allergic people
 - Cause blockage
- Polyps
 - Seen through a naso-endoscope
- Neoplasms
- Deviated nasal spasm
- Pus

INVESTIGATION TECHNIQUES

- Lateral soft tissue cervical plain X rays
- CT scans, MRI scans
- Naso-endoscopy and biopsy
- Rhino-manometry
- Allergic tests

ORAL CAVITY AND THROAT SYMPTOMS

- Dysphagia
- Odynophagia
- Lump in throat sensation
- Snoring
- Pain in mouth
- Ulcer in mouth

SIGNS

- Ulcer
- Stomatitis
- Oral/ pharyngeal thrush
- Papilloma (warts)
- Infected/ enlarged tonsils
- Redundant uvula

LARYNX AND CERVICAL TRACHEA SYMPTOMS

- Hoarseness
 - Chronic laryngitis is a differential in chronic hoarseness
- Respiratory stridor

EXAMINATION TECHNIQUE

- Indirect laryngoscopy
 - Use a mirror
 - Spray LA to prevent gagging and retching in the patient
- Naso-pharyngo-laryngoscope
- Rigid direct laryngo-pharyngoscopy
- Fiber-optic laryngo-pharyngoscopy (with camera and monitor)
- Stroboscopy

CERVICOFACIAL AREA

- That area of the head and neck excluding the eyes, the brain, the spine and the great vessels.

SYMPTOMS


- Swelling
- Ulcers
- Sinuses

EXAMINATION

- Ask patient to identify **site**
- **Inspect** → walk around patients
- Palpate the swelling:
 - **Solid or cystic**
 - **Mobile or fixed**
 - A mobile mass is easy to remove as it has not attached to adjacent structures.
 - If fixed → infiltrating cancer probably
 - **Measure it**
 - **Discrete or diffuse or lobulated**
 - **Sinuses** → fungal infection or tuberculous infection
 - **Pulsatile** → either a very vascular mass, it is overlying a blood vessel, it is an aneurysm or a carotid body tumor. **DO NOT BIOPSY A PULSATILE MASS!**
 - **Painful** → inflammation; **painless** → tumor
- Stand behind the patient and palpate the mass plus the whole neck and head
- If probably neoplastic (most probably of lymphoid origin), look for the primary site
- If no primary, do FNA first



TYPED BY EFFIE NAILA



We are acceptable to God not because we have obeyed, nor because we have promised to give up certain things.

It's ONLY because of the death of Jesus Christ.

- OSWALD CHAMBERS