ENT Potpourri for Primary Care

57th Family Medicine Review Course
Estes Park, CO
June 25, 2010
Julie A. Goddard, MD
Assistant Professor
Department of Otolaryngology
University of Colorado School of Medicine
Learning Objectives

- Improve understanding of etiologies of otorrhea and ear infections
- Differentiate exam findings seen in ears with otorrhea
- Improving understanding of nasal airway obstruction and become familiarized with surgical intervention
- Better evaluate tonsillar and oropharyngeal exam findings
Nothing to disclose
Doc – I have pus in my ear!

Doc – my ear is draining!

- Otitis Externa ??
- Otitis Media ?
- Cholesteatoma ???
- Others?????
Normal Ear

http://www.bris.ac.uk/Depts/ENT/normal%20TM.JPG
Otitis Externa
Otitis Externa

- Ototopical antibiotics +/- steroid
  - Ciprodex or CiproHC
  - Floxin (ofloxacin)
  - Cortisporin (neomycin/polymixin B/hydrocortisone)
- Dry ear precautions
- Wick?
Otitis Externa

http://3skimo.com/network_medical/_images/ent_products/Netcell_EarWick.jpg

Otitis Externa?

http://www.rcsullivan.com/www/ger0821.jpg
Otomycosis

http://www.bris.ac.uk/Depts/ENT/DSCN1718.JPG

Otomycosis
• Acetic acid 2% otic drops
• Antifungals (clotrimazole solution, ketoconazole cream)
• Dry ear precautions
Doc – my ear is draining!

http://www.bris.ac.uk/Depts/ENT/DSCN1803.JPG
Cool tools!!
Acute Otitis Media

http://faculty.washington.edu/alexbert/MEDEX/Fall/acute_otitis_media.jpg

http://www.virtualpediatrichospital.org/providers/VirtualPedsPatients/Case01/Images/OMDDAOM.jpg
Otitis Media

- Acute otitis media
- Suppurative otitis media
- Serous otitis media
- Secretory otitis media
- Chronic otitis media with effusion
- Chronic otitis media
Serous Otitis Media
Chronic Otitis Media

- Persistent (>6 wks) or recurrent drainage from infection in the middle ear or mastoid in the presence of a TM perforation or ventilation tube
Cholesteatoma

• Keratinized squamous epithelium in middle ear, mastoid
• “Skin cyst”

• Acquired
  – Primary – retraction pocket
  – Secondary – through TM perforation
Primary Cholesteatoma

http://www.bris.ac.uk/Depts/ENT/attic_defect_2.jpg
Granulation tissue
Cholesteatoma
Myringosclerosis

Bloody otorrhea

- Trauma
- Infectious
- Neoplastic
Otorrhea

- Hard to diagnose etiology with handheld otoscope alone
- Ototopical quinolone antibiotic drops are a safe bet for initial treatment
- Always dry ear precautions
Doc – I got sinus!
Doc – I got sinus!

- Nasal airway obstruction
  - Medical
  - Mechanical
- Rhinorrhea/postnasal drainage
- Facial pressure/pain
- Itching/sneezing/watery eyes
Nasal Airway Obstruction

• Medical
  – Chronic rhinitis → mucosal edema → submucosal hypertrophy

• Mechanical
  – Hypertrophy of inferior turbinates
  – Nasal septal deviation
  – Polyps/other masses
Rhinitis

- Inflammatory modulators
- Increased vascular permeability
- Increased mucous production
- Mucosal edema
Nasal Airway Obstruction

- Medical → mechanical
  - Inferior turbinate hypertrophy

Medical Treatment

• Nasal steroid spray
  – flunisolide (Nasarel)
  – fluticasone propionate (Flonase)
  – fluticasone furoate (Veramyst)
  – mometasone (Nasonex)
  – budesonide (Rhinocort Aqua)
  – beclomethasone (Beconase AQ)
  – triamcinolone (Nasacort AQ)
  – ciclesonide (Omnaris)
Saline

• Nasal saline spray

• Nasal saline irrigations
Scores from the 20-Item Sino-Nasal Outcome Test (SNOT-20)7 determined at baseline and weeks 2, 4, and 8 after randomization by irrigation and spray study group.
Nasal Irrigations
Medical Treatment

• Topical nasal antihistamines
  – Azelastine (Astelin, Astepro)
  – Olopatadine (Patanase)

• Topical nasal mast cell stabilizer
  – Cromolyn sodium (NasalCrom)
Medical Treatment

• Oral antihistamines
  – Loratadine (Claritin)
  – Fexofenadine (Allegra)
  – Cetirizine (Zyrtec)
  – Desloratadine (Clarinex)
  – Levocetirizine (Xyzal)
Medical Treatment

• Leukotriene inhibitors
  – Montelukast (Singulair)
  – as effective as antihistamines but less effective than intranasal steroid spray
Inferior Turbinate Reduction

http://www.snoringcenter.com/imgD/turbinate_coblation.jpg
Inferior Turbinate Reduction

Septoplasty Technique
Nasal Masses

http://www.docmartinsclinic.com/images/nasal_polyps.jpg
Nasal polyps

Cool Tools!
Nasal Airway Obstruction

• Medical and mechanical etiologies

• Medical and mechanical treatments

• Nasal masses are difficult to differentiate based on appearance
Doc – my throat hurts, I think it’s my tonsils…
What should tonsils look like?

Acute Tonsillitis

- Group A Strep
- Other strep
- Haemophilus
- Moraxella
- Bacteroides
- Staph
Tonsillitis

Mononucleosis

Post-tonsillectomy
Tonsilloliths

http://www.tonsilstones.com/images/tonsilstoneimage.jpg
Tonsilloliths

http://atorridloveaffair.com/images/tonsils.jpg
Left PTA

Parapharyngeal Space Mass
Tonsil Squamous Cell CA

Squamous papilloma

Squamous papilloma

http://www.dentalmedsoft.com/OralPathDemo/OralPath/Ch1files/fig1-32.jpg
Squamous papilloma
Squamous Cell Carcinoma

Tonsillectomy

• Absolute Indications
  – Tonsillar hyperplasia resulting in sleep disturbance associated with cor pulmonale
  – Suspected malignancy
  – Tonsillitis resulting in febrile seizures
  – Persistent or recurrent tonsillar hemorrhage
  – Failure to thrive (not attributable to other causes)

• Relative Indications
  – Recurrent acute tonsillitis (5-7x in 1 year, 5x in 2 years, 3x in 3 years, > 2 wks missed work or school in 1 year)
  – PTA
  – Chronic tonsillitis (persistent sore throat, halitosis)
  – Dysphagia
  – Tonsillolithiasis
  – Strep carrier unresponsive to medical mgmt
  – Recurrent/chronic otitis media
Oropharynx

- Tonsils can be tricky
- Not all tonsil problems = strep throat
- Peritonsillar abscess is generally a clinical diagnosis, but be wary in older individuals
- It’s okay to touch those tonsils
Learning Objectives

• Improve understanding of etiologies of otorrhea and ear infections
• Differentiate exam findings seen in ears with otorrhea
• Improving understanding of nasal airway obstruction and become familiarized with surgical intervention
• Better evaluate tonsillar and oropharyngeal exam findings
Thank you...