

Primary Health Care Conference July 2015

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Outline

- Some common ear nose and throat disorders presenting to your practice
- Some guidance to PHC nurse role
- ORL “red flags”

Children

- Hearing
- Middle ear disease
- Foreign bodies
- Sleeping disordered breathing
- Tongue tie

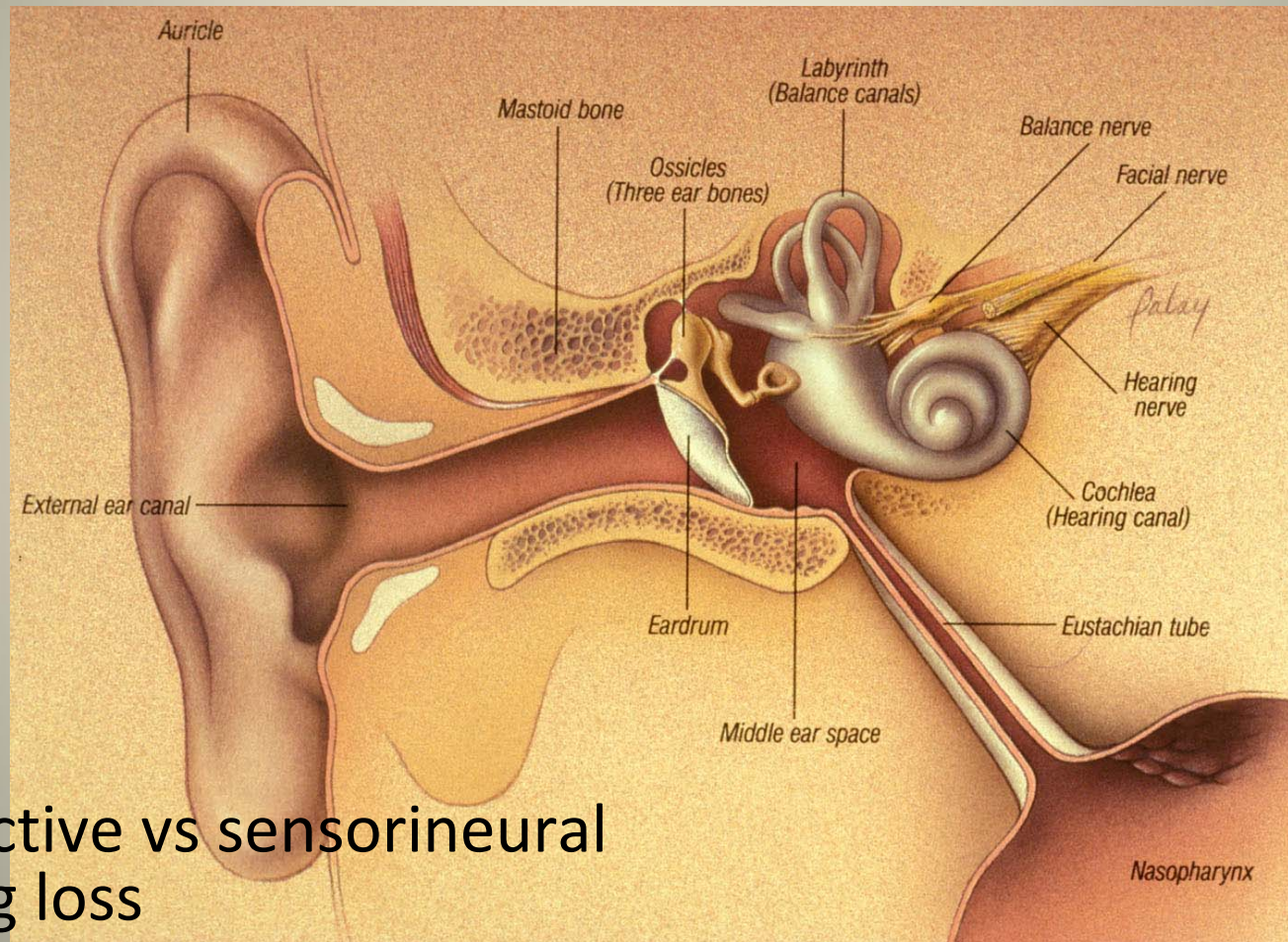
Children's hearing

- Why is it important
 - Auditory pathways
 - Language development
 - Social skills development
 - Education
 - ?success in adult life

Hearing is testable at any age

- Neonatal hearing screen (OAE's) 0-
- Caregiver assessment 0-
- ABR 0-
- play audiometry 2-4
- B4 school check 3-4
- Tympanometry 3-
- Pure tone audiometry 4.5-

Ear anatomy



- Conductive vs sensorineural hearing loss

Congenital hearing loss (sensorineural)

- 1/1000
- Mostly genetic
- Small number related to prenatal/birth issues
- Ideally detected before age 1
- Aiding
- Cochlear implantation

Acquired hearing loss

- Sensorineural
 - Viral infections
 - meningitis
 - Trauma
- Conductive
 - Inflammatory middle ear disease
 - Sequelae of same

Signs of hearing impairment

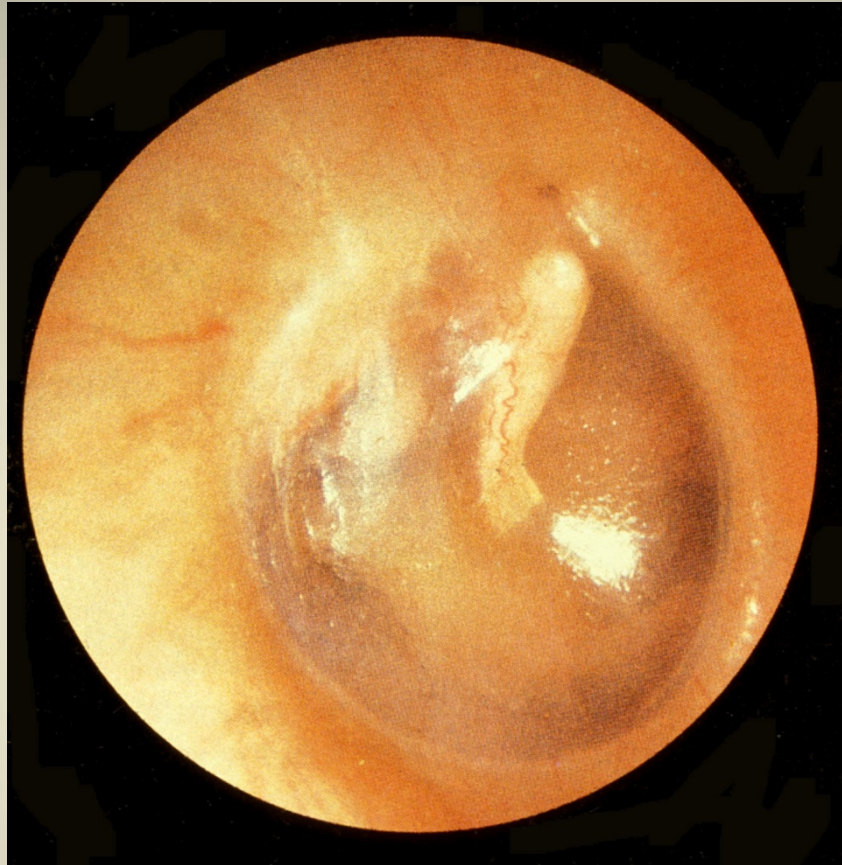
- Unresponsive to voices and environmental sounds
- Poor language development
- Lack of social skills, frustration
- Loud speech
- Educational and home inattention
- Loud TV , music

PHC role

- Encourage age appropriate testing
- Check previous tests achieved
- Avoid false reassurance
- Lookout for associated illnesses eg URTI/otitis symptoms
- Screening for middle ear disease/OME

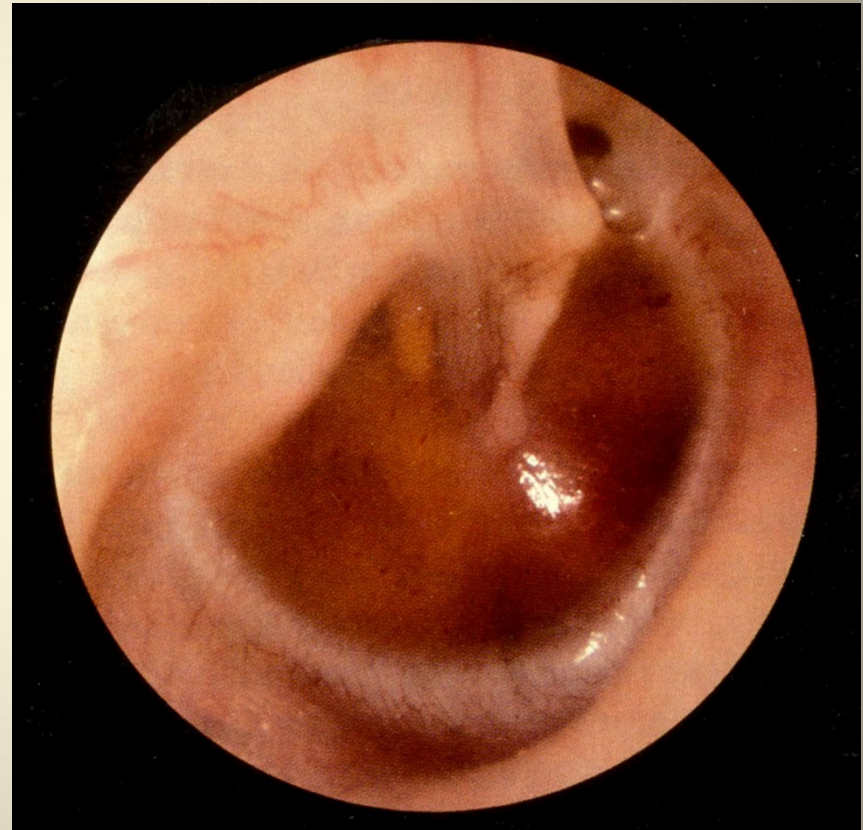
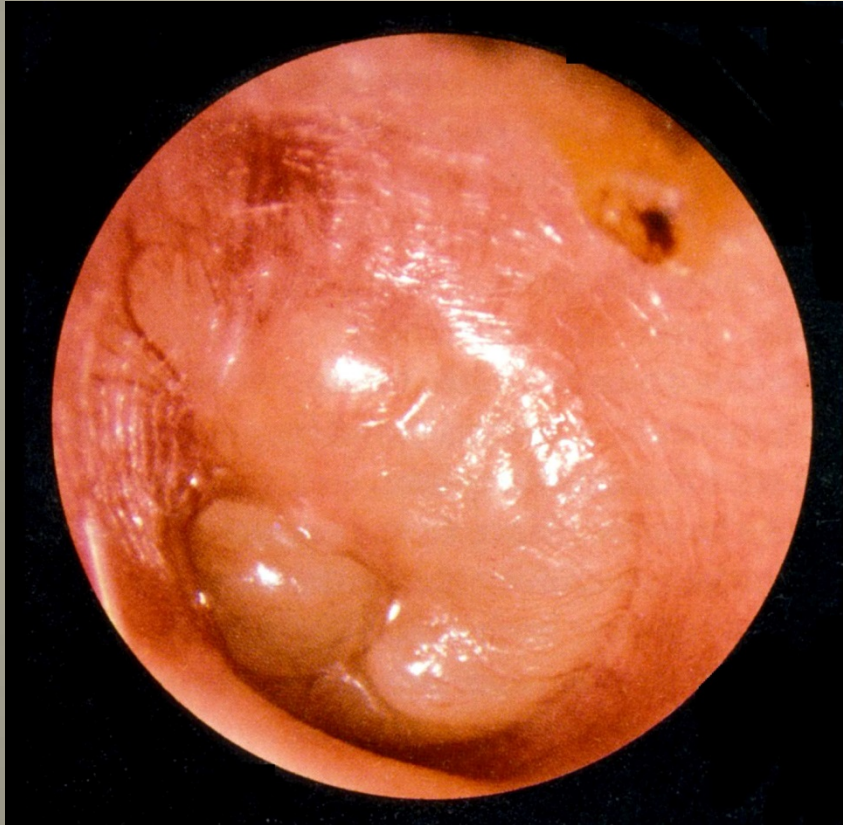
Inflammatory middle ear disease

- Clarity of symptoms is age dependent
- Often a mixture of acute and chronic symptoms
- Heavily associated with URTI's
- Less so with general health/socioeconomic factors (smoke, breast feeding, home environment etc)

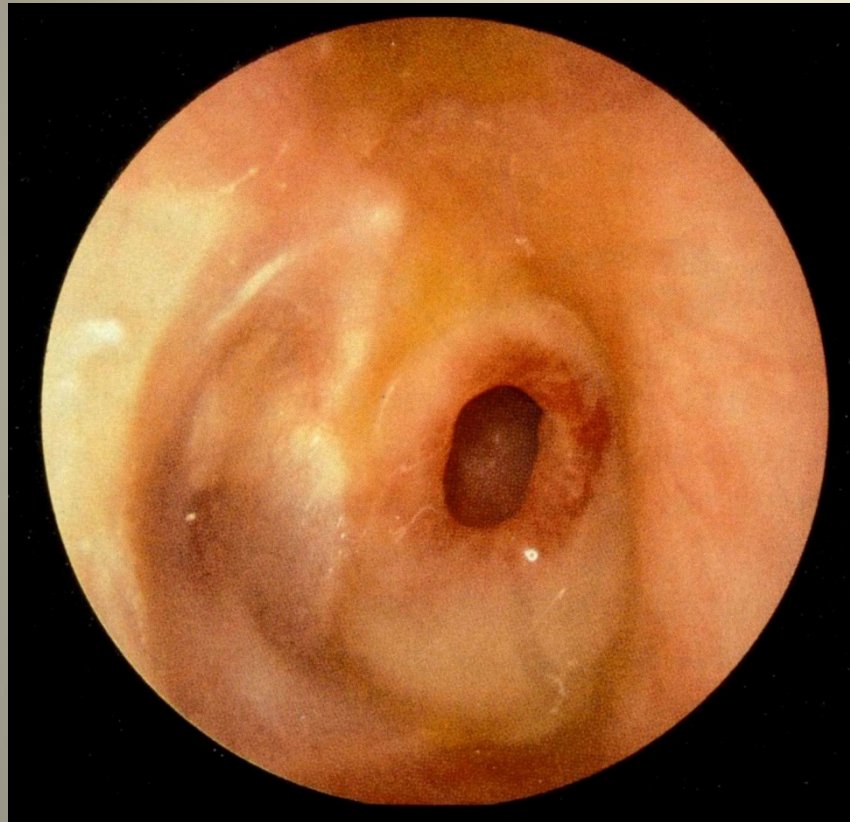


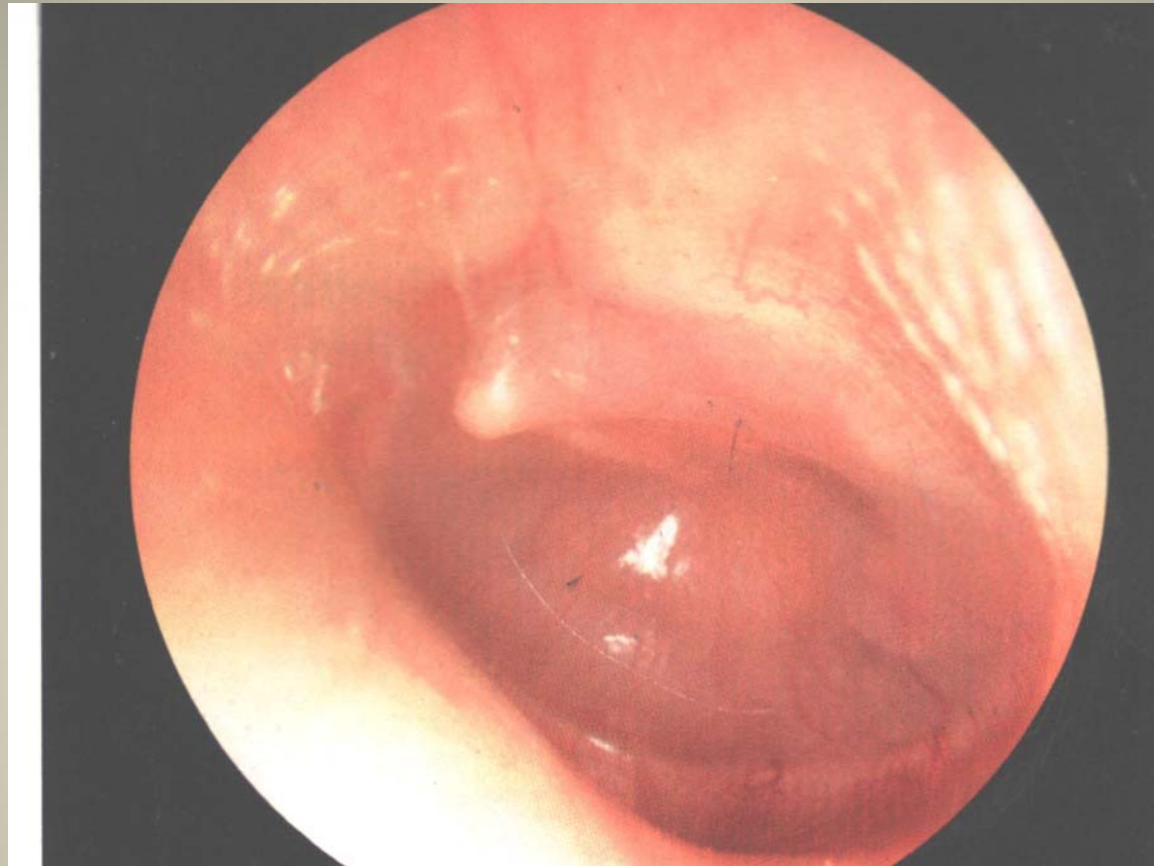
Normal R ear

Otitis media

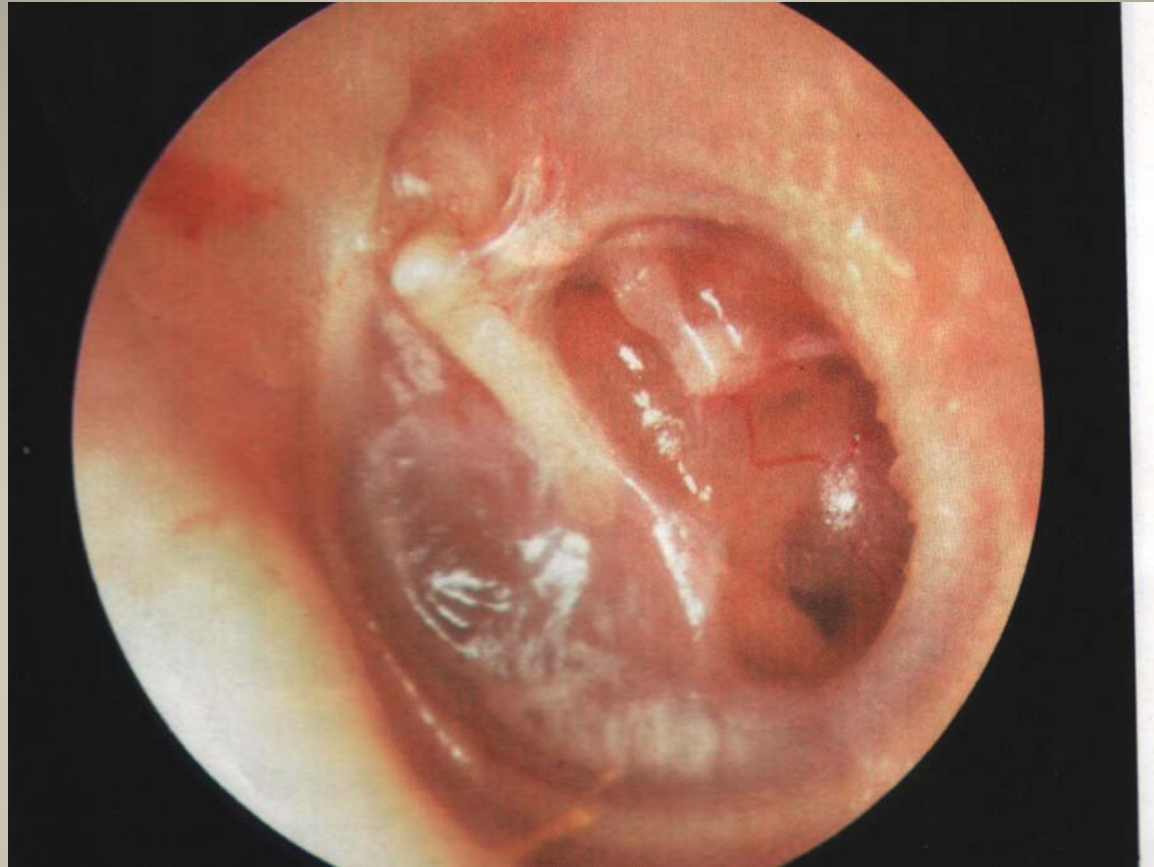


It can get worse





Chronic mucoid effusion



Retraction/incus erosion

PHC roles

- Observation of hearing issues, ear discharge
- Developmental/language concerns
- Frequent visits with ear complaints/URTI/febrile illnesses
- Infant sleep issues/parent counselling
- Ear examination
 - Requires experience and good equipment
- Tympanometry (remember the limitations)

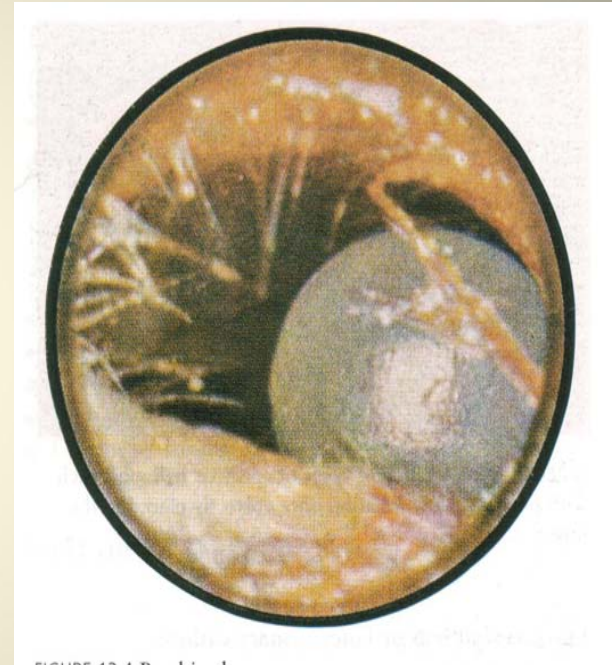
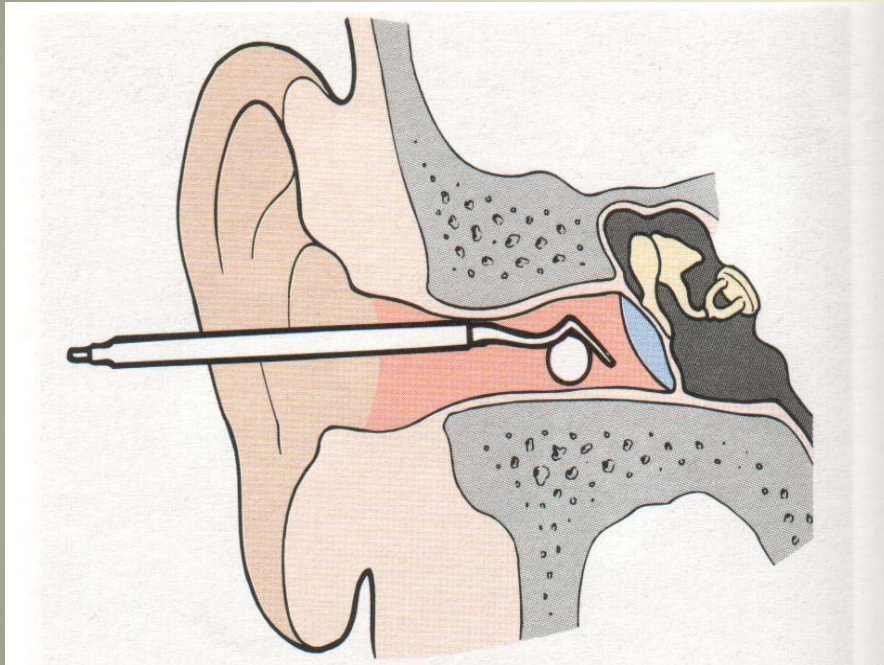
Foreign bodies

- Ear
- Nose
- Throat/larynx/swallowed/inhaled
- Usual suspects
 - Children
 - Intoxicated
 - Intellectual handicap

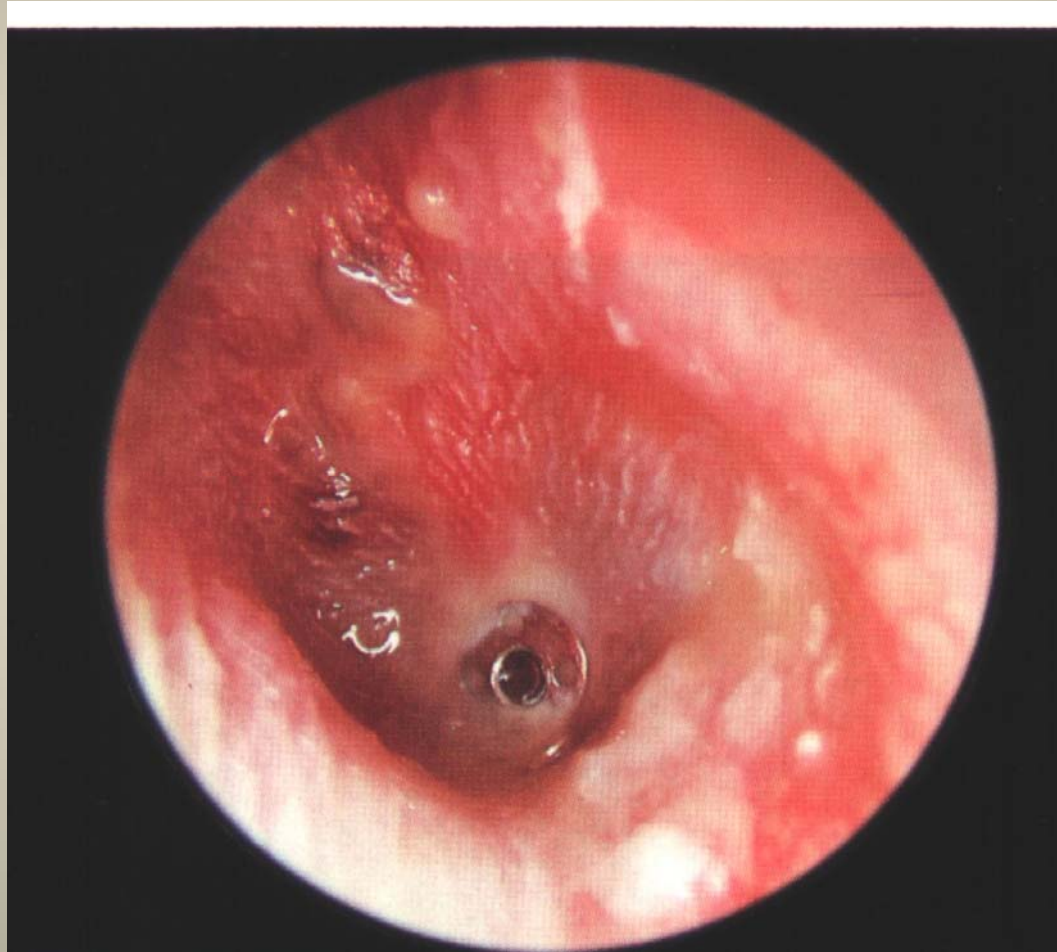
Ear F B

- Urgency of removal depends on FB...often not
- You probably only get one chance without a GA
 - Adequate equipment
 - Adequate view
 - If in doubt reassure and refer

Removal of FB from Ear

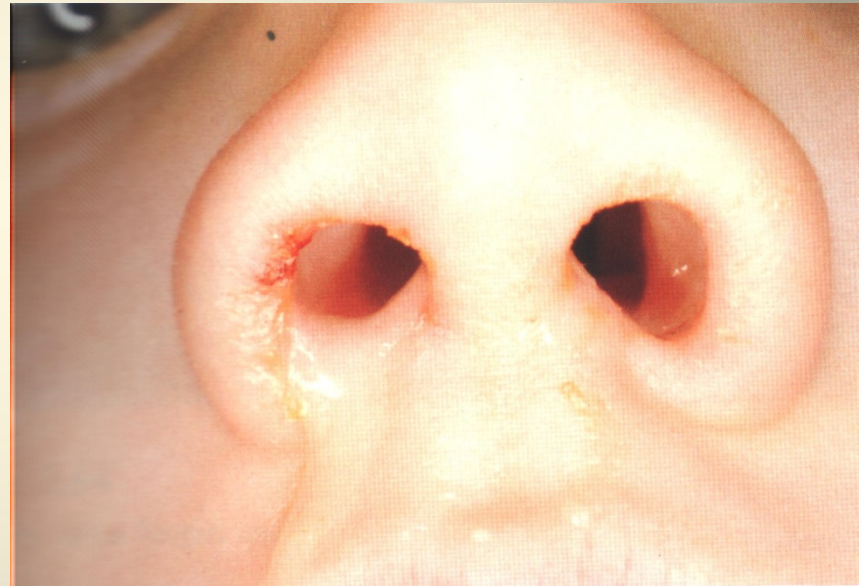


?foreign body



Nasal F B

- Organic vs inorganic
- Beware batteries
- Inhalation danger minimal
- Nose blow
- Anaesthetic nose spray
- Only get one good go!



Removal of Nasal FB

- Good view
- Good light
- Appropriate tool/s
- “Good” child
- “Good” parent
- Good assistant

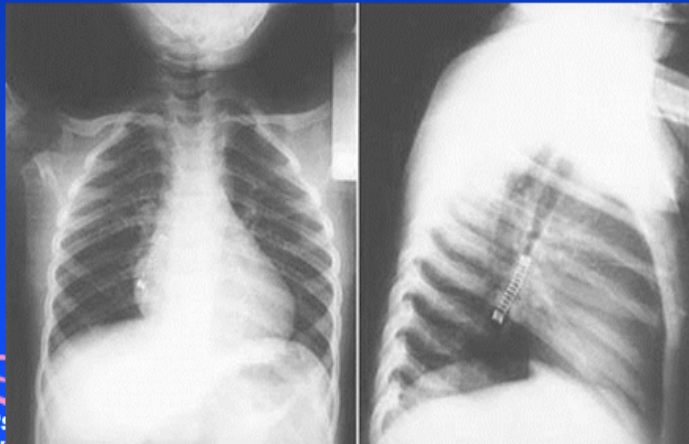


Swallowed or inhaled FB

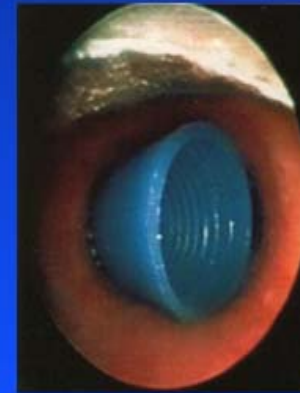
- Potentially serious
 - If respiratory symptoms
 - If unable to swallow
 - Corrosives/batteries
- Often unwitnessed
- May rely on radiology and high index of suspicion

Inhaled

Aspirated FB
Right Main Bronchus

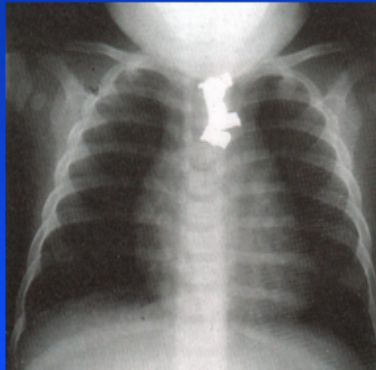


Pen Tip in Right Main Bronchus



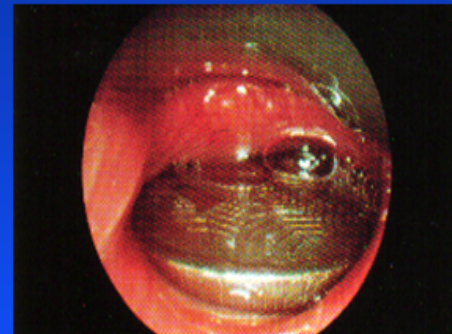
Swallowed

Child Swallows Dog



? Is this film adequate

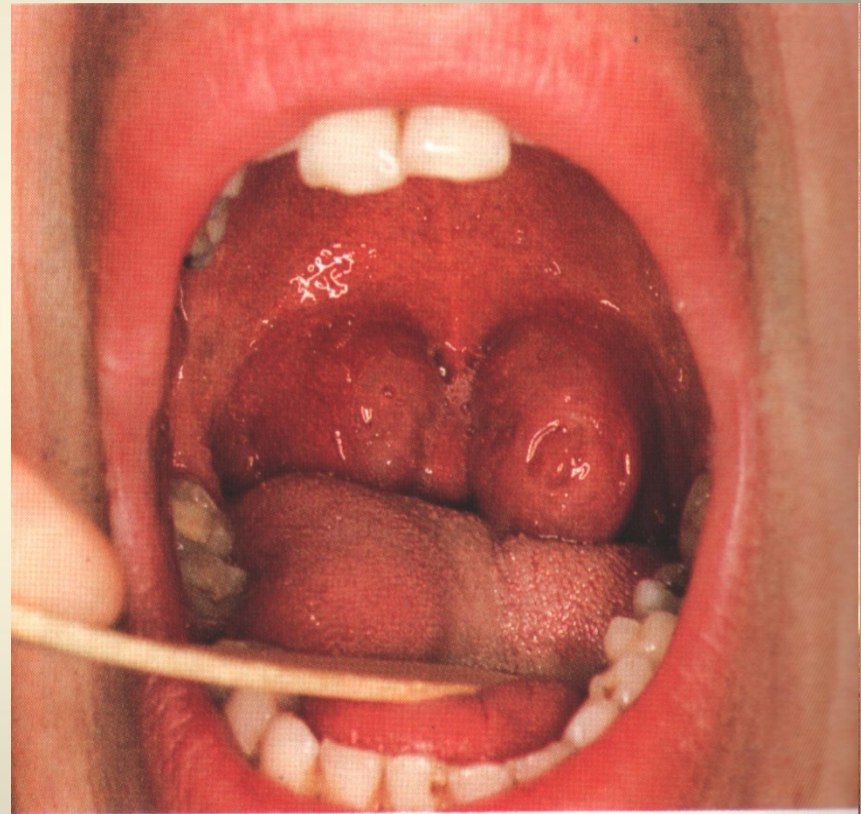
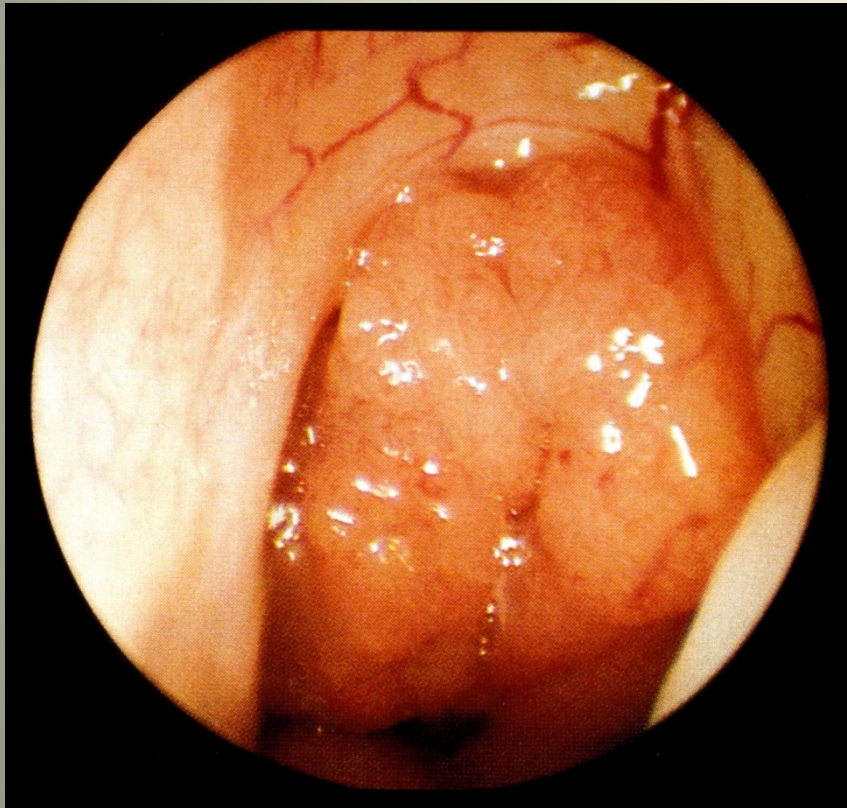
Coin in Oesophagus



Sleep disordered breathing

- Continuum between snoring and obstructive sleep apnoea
- Commonest between 3 and 8 years
- Recently confirmed by large (non ENT) Australian study to be important in child development
- Simple remedy

What makes a child snore?



PHC role

- Recognise symptoms
 - Daytime fatigue
 - Declining performance
 - Assoc URT symptoms (ears, rhinorhea)
- Examination signs
 - +/- home video
- Consider other causes
 - obesity

Tongue tie



The controversy

Anterior

Easily anatomically identified
Superficial/non vascularised
Safely divided, usually once

Posterior

- Palpable not visible
- Within tongue muscle
- Greater risk of bleeding/swelling
- Repeat procedures

Results

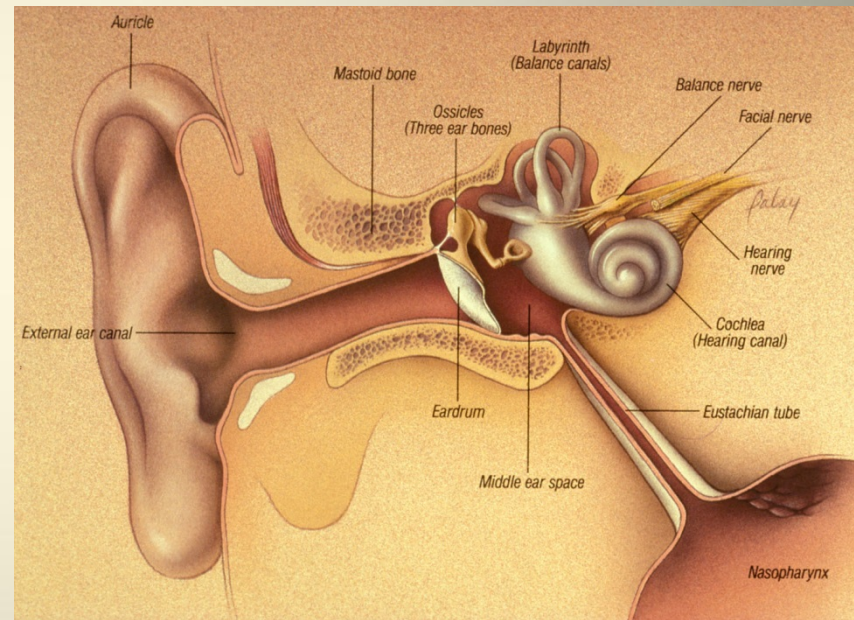
- Easily judged in older children
 - Articulation
 - Lick ability
- Assessed by feeding speed/ability in infants
 - Notoriously variable
 - 2 people involved
 - Emotive area
 - Scientific data lacking

Adults

- Ears/cleaning
- Pharyngitis and tonsillitis
- Head and neck cancer
- Epistaxis

Adult ears

- Wax
 - Combination of secretion and dead skin
 - Has bad “P R”
 - Protective function
 - Natural egress



Should ears be cleaned?

- For diagnosis
- Treatment of canal condition
 - Otitis externa
 - Excema, psoriasis, skin migration disorder
- To assist hearing aid use
- Symptomatic blockage
- To improve hearing

Microscopic suction vs syringing

microscopic

- Direct view
- ?Non traumatic
- Dry
- Equipment expense
- training

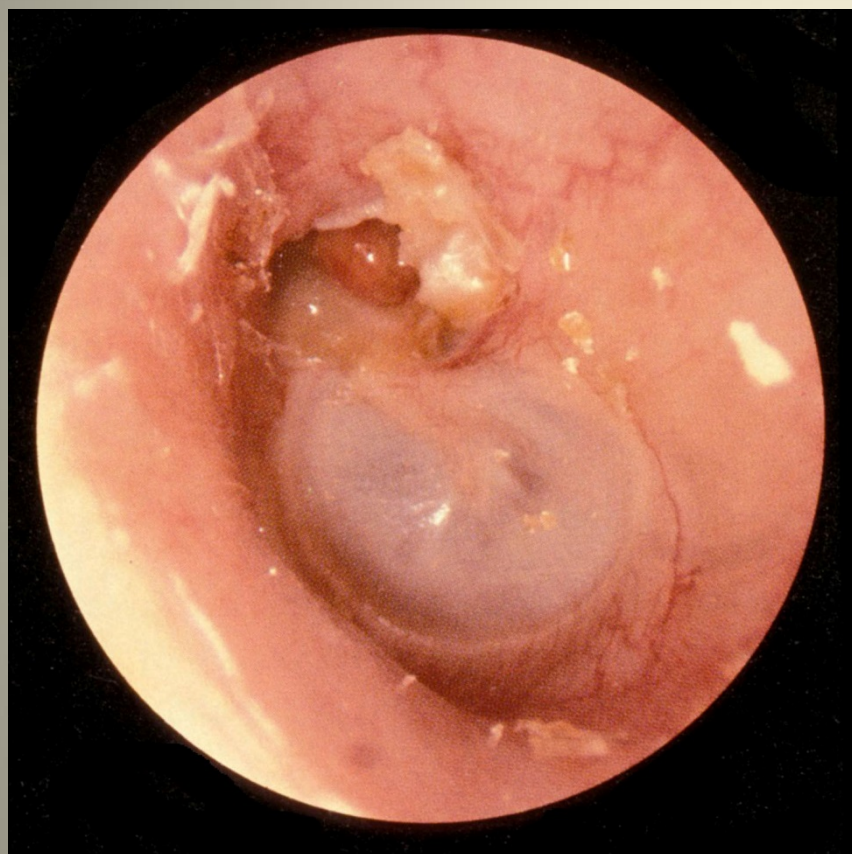
syringing

- Blind
- Potentially traumatic if abnormal ear
- Wet
- cheap

Ears that should not get wet







Adult ear red flags

- Intermittent or chronic discharge
- Progressive Unilateral hearing loss
- Pain assoc w other head and neck symptoms

Pharyngitis

- Common point of entry by resp pathogens
- Mostly viral initially
- Mostly mucosal initially
- Lymphatic involvement (tonsils/adenoids/nodes)
- Potential complications
 - Rheumatic fever
 - Local spread
 - Abscess formation (quinsy/neck node)
 - Rarer distal

Basic principles

One of commonest primary care complaints

Mostly self limited illness

10% caused by GABHS

Only GABHS benefit from antibiotic Tx

GABHS

- Mainly 5 to 15 year olds
- More prevalent in lower socio economic groups
- Clinical picture
 - Acute onset pain, fever, dysphagia, cervical lymphadenopathy
 - Tonsillo-pharyngeal erythema and exudate

Management recommendations

- Identify likely GABHS on epidemiological and/or clinical grounds
- Throat swab or RADT to confirm
- Penicillin is antibiotic of choice
- >One week window before risk of Rheumatic fever

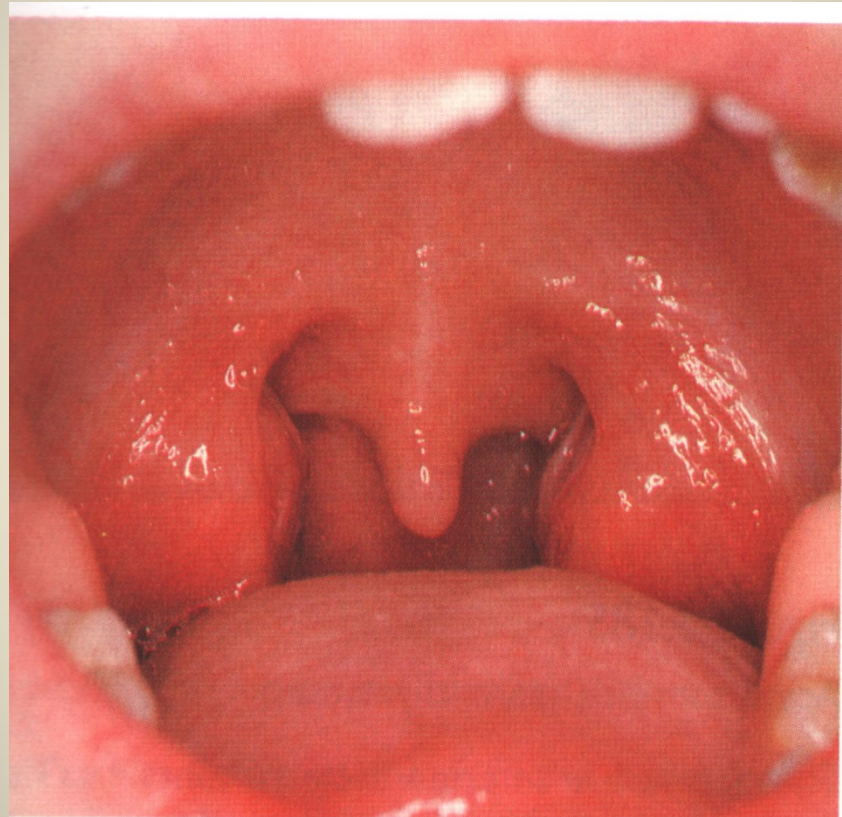
Reality Check

- Overlap of presentations
- Patient pressure to receive treatment
- Throat swab takes 48hrs
- Rapid antigen detection test
- What to do with return patients

Tonsillectomy

- Only prevents symptoms when tonsils are main site
- Role unclear w.r.t. rheumatic fever
- Children
 - Numbers criteria
- Adults
 - Depends on severity > frequency
 - Tonsoliths
 - diagnosis

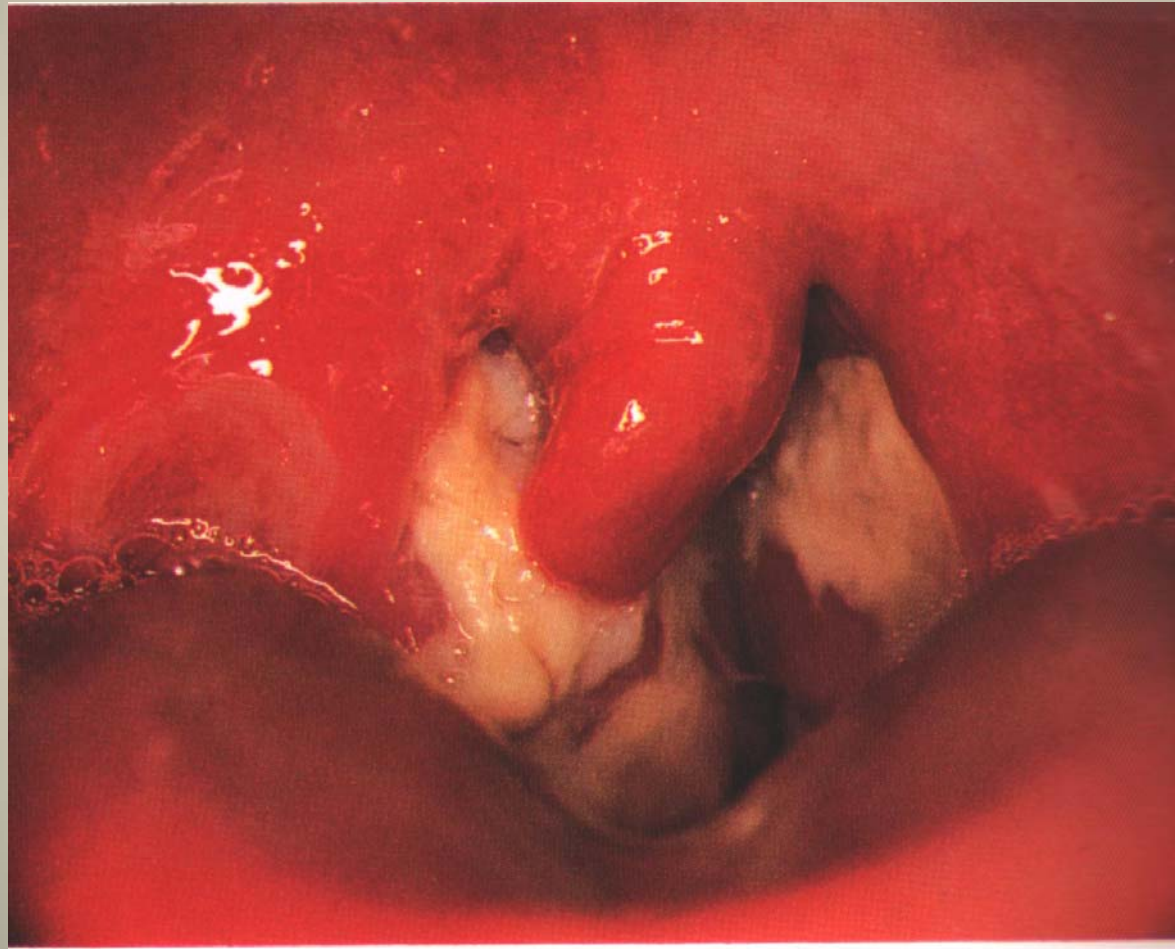
Normal pharynx



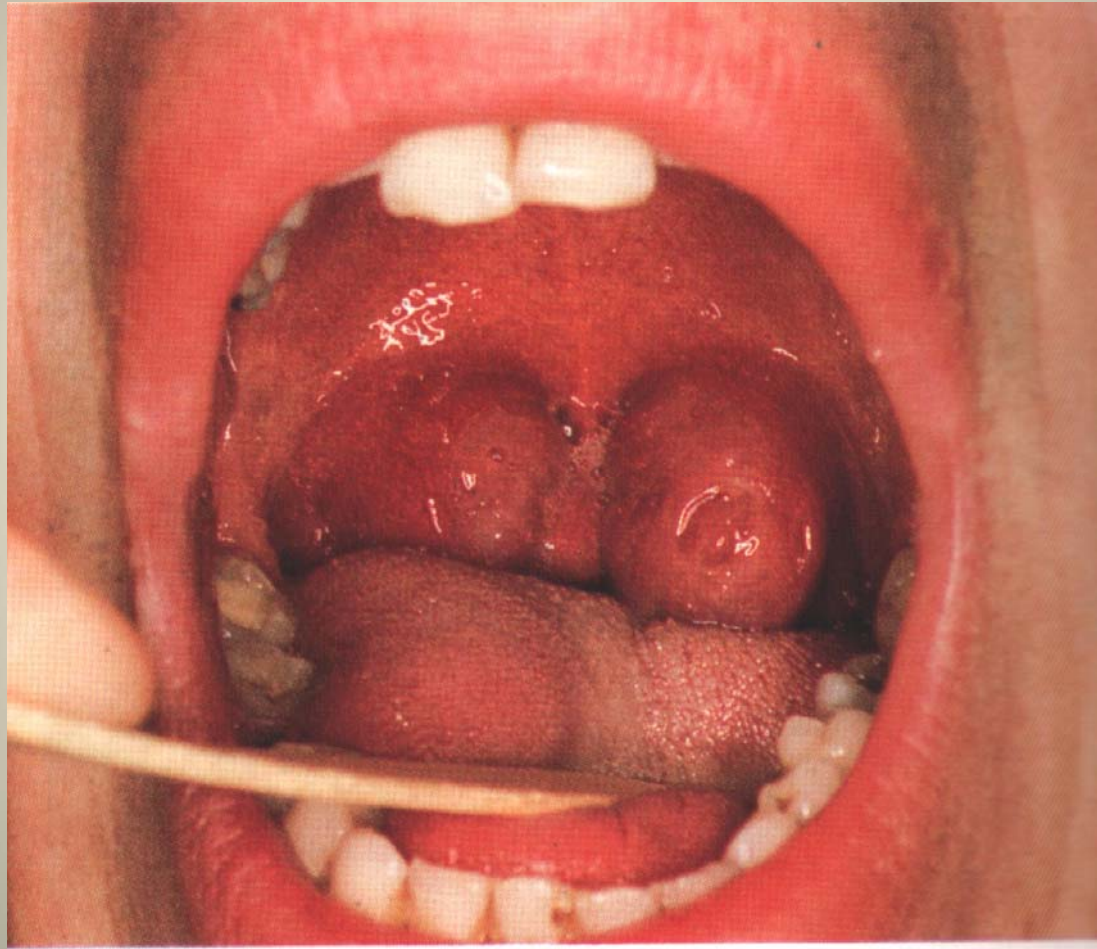
tonsillitis



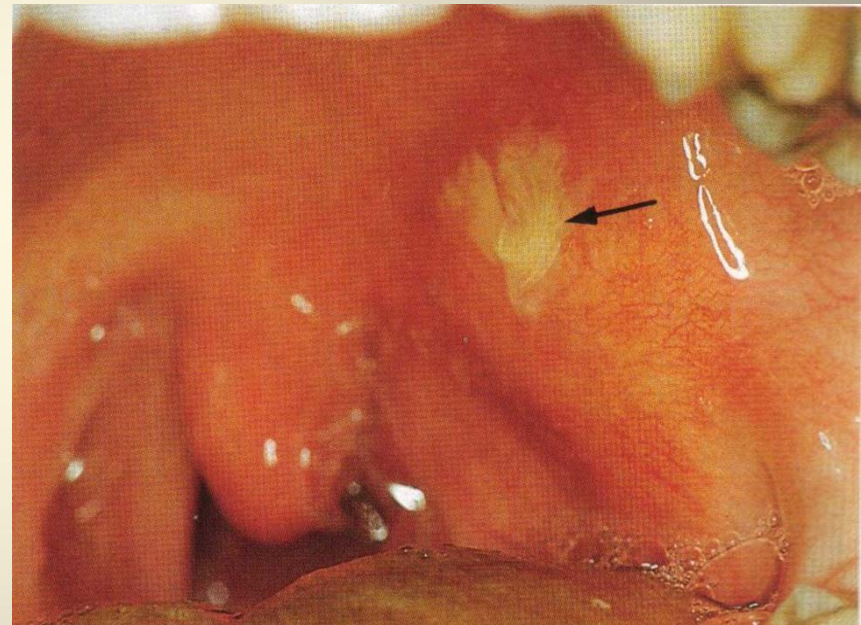
Glandular fever

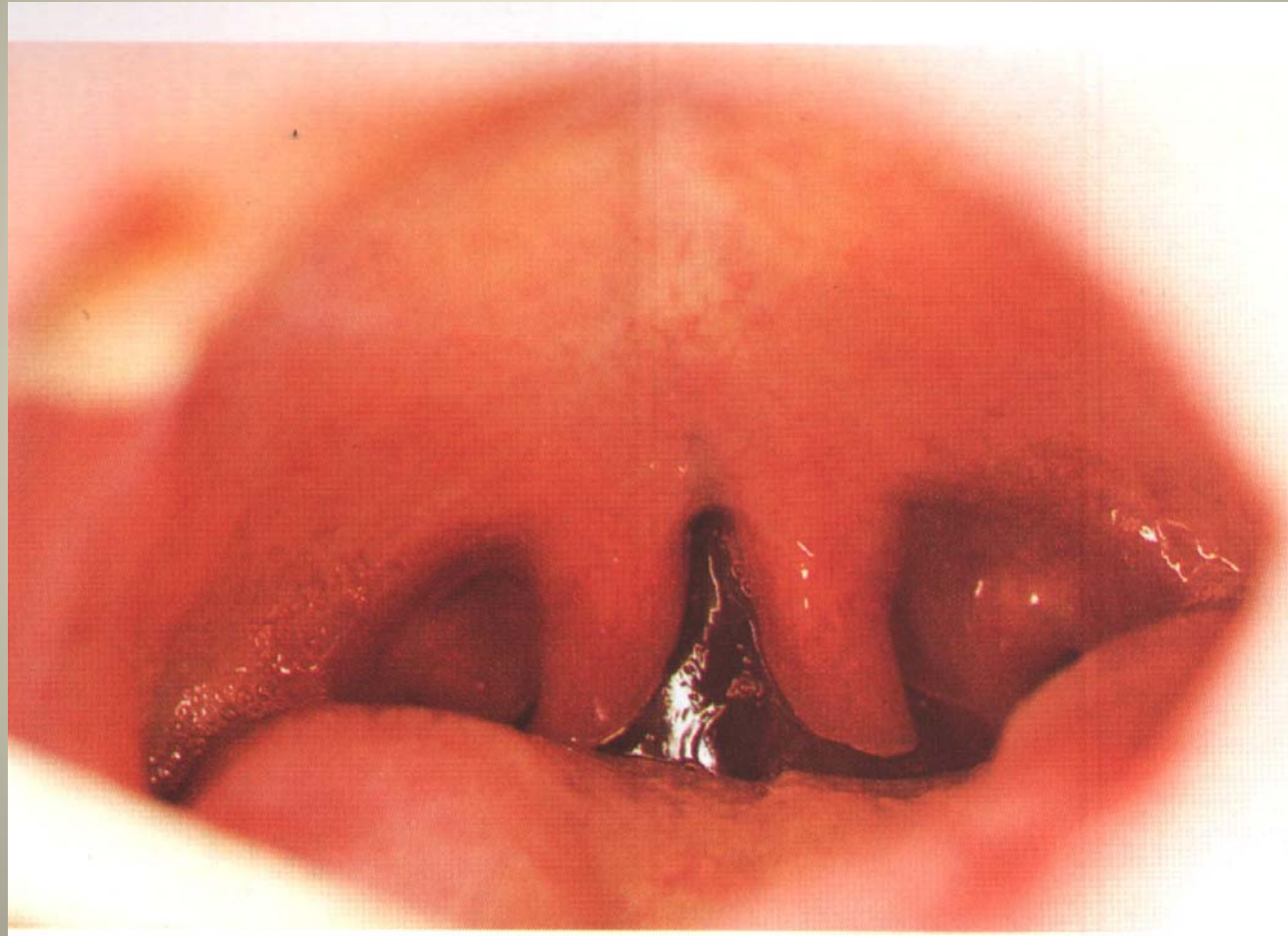


Hypertrophy



Quinsy





Normal 1/52 post tonsillectomy



Head and neck cancer

- 10% of cancers
- 10% of lymphomas
- Many directly visible
- Treatment mostly favourable



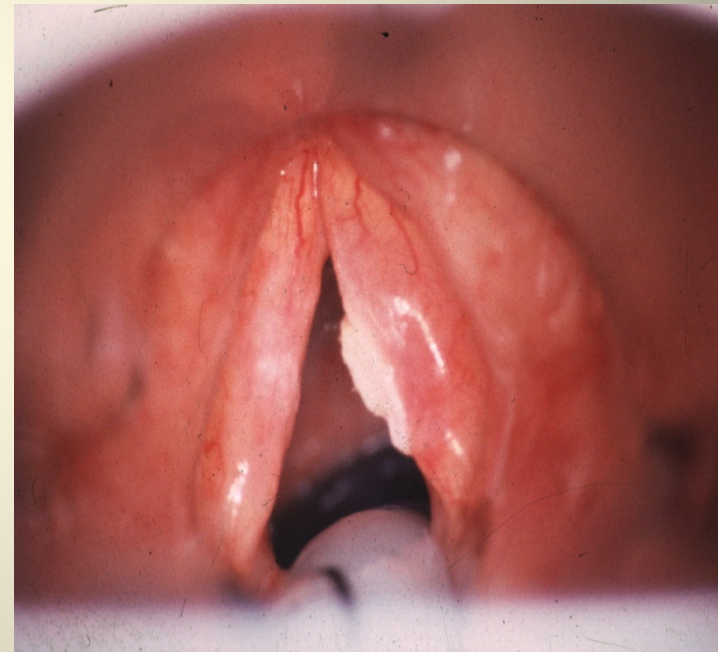
Changing demographics

- Less smoking related
- HPV related
- Therefore
 - Younger population
 - Oropharynx predominating
 - Treatment options improving

Likely tonsil cancer



Nasendoscopy



PHC role

- Smokers
- Younger male population
- Unilaterally enlarged tonsil
- Unilateral throat/neck pain
- Prolonged consistent hoarseness
- Large lymph nodes

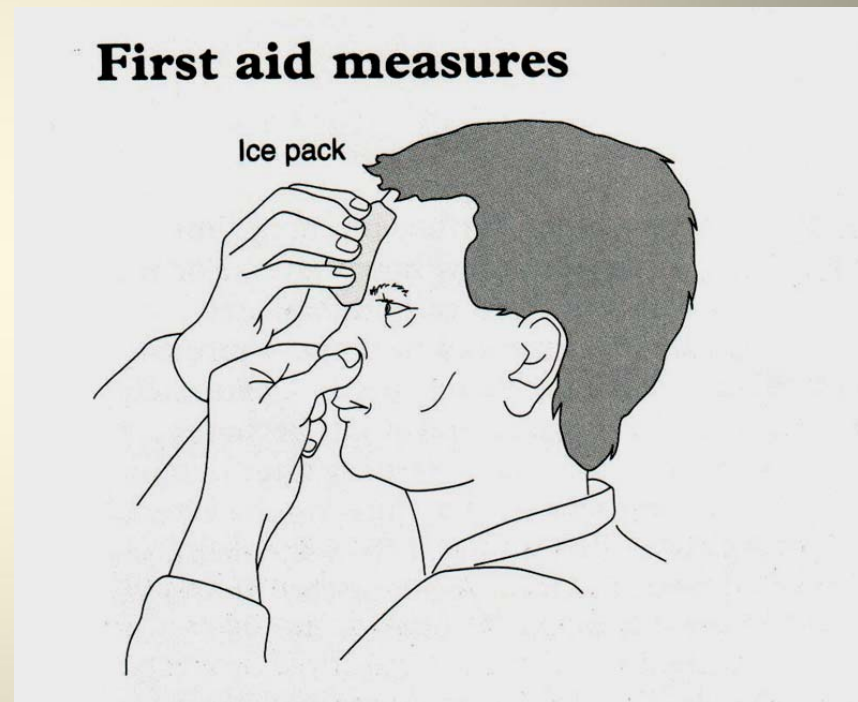
Epistaxis(bleeding nose)



- Why so common?
 - Nasal factors
 - Septum
 - vascularity
 - Patient factors
 - Children
 - Elderly
 - Tissue quality
 - Anticoagulation
 - BP

First aid

- Resuscitation
- Reassurance
- “Slow the flow”
- Topical vaso
constriction/anaestheti
c
- Caustery/coagulate
- pack



2nd care measures

- Resuscitation
- Outpatient endoscopic examination
- Coagulation of “bleeder”
 - Silver nitrate
 - electrical
- Variety of nasal packing
- Operating Room
 - Septoplasty
 - Endoscopic ligation of specific vessels

End of the rapid ORL tour