

ENT for the Specialist



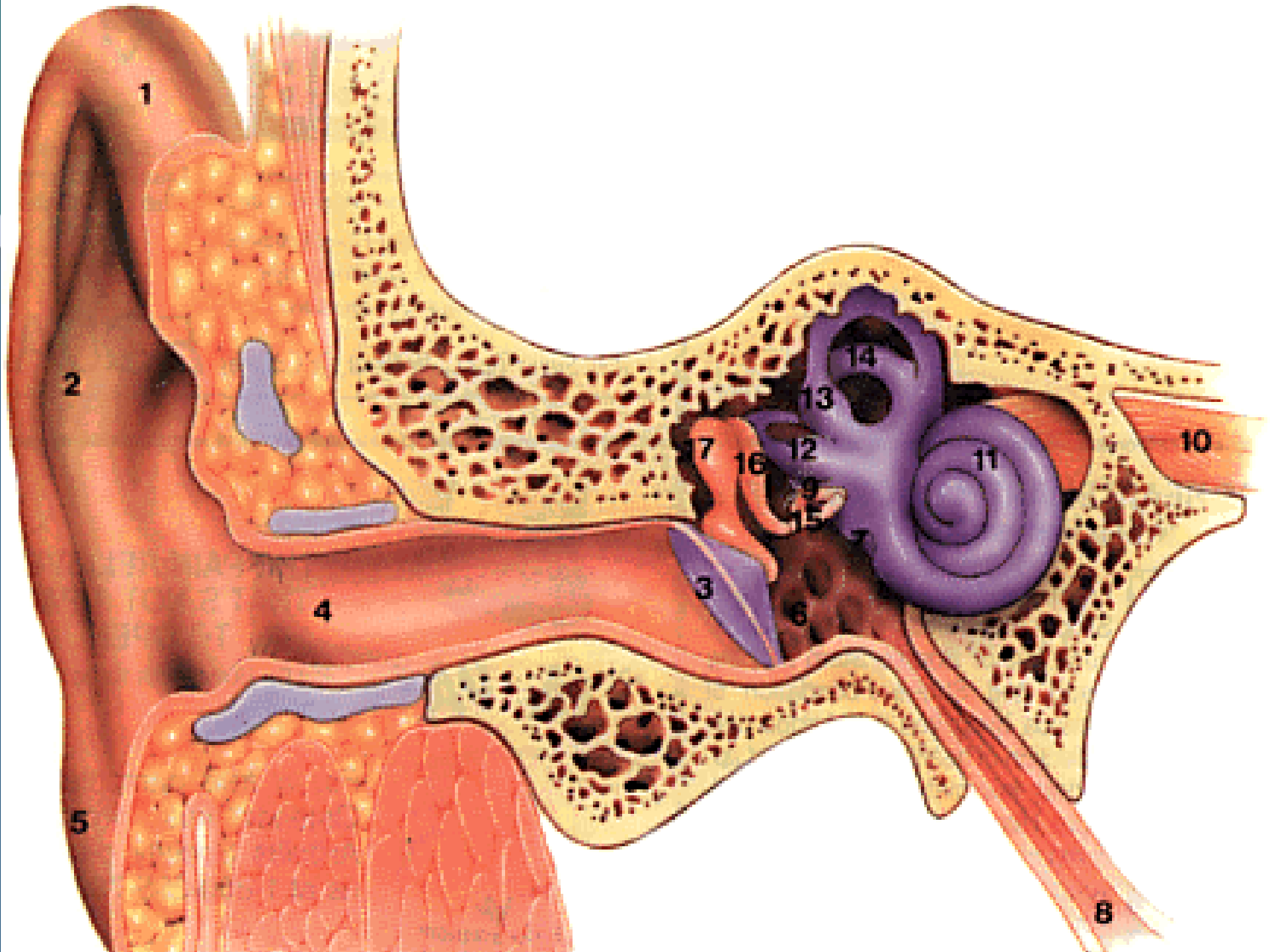
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COMMON PROBLEMS

- Frequently encountered by the PCP
- Account for up to 50% of primary care visits
- What do you need to know
- ? Treatment

“Ear Pain”

- Is it otitis externa?
- Or otitis media?
- Maybe both?
- Start amoxicillin
and otic drops?!?



Otitis Externa

- Canal swollen
- Red and inflamed
- Pain on movement of pinna
- TM difficult to see

Treatment

- Drops- Neomycin,
polymyxin,
hydrocortisone solution
- Antibiotics if
cellulitis present
 - ◆ Cephalexin
 - ◆ Clindamycin
 - ◆ Dicloxacillin

Cellulitis Vs. Chondritis?

Worsening Otitis Externa

- ? Change antibiotic
- ? Admit for IV antibiotic
- Consider neomycin sensitivity
 - ◆15% of population has cutaneous sensitivity
 - ◆These patients will get worse on cortisporin

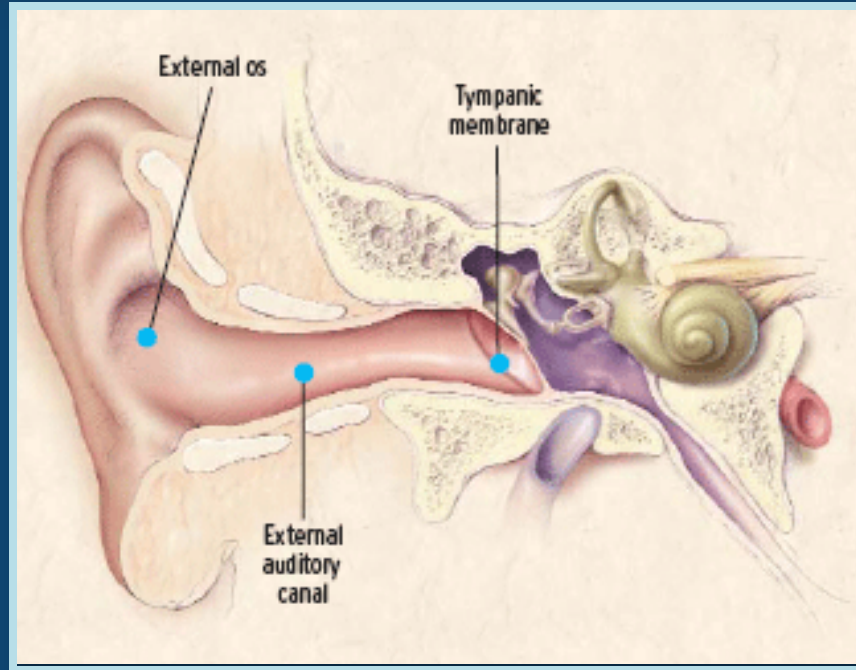
Solution

- Discontinue cortisporin
- Use alternate otic drops
 - ◆ acetic acid/hydrocortisone (Vosol/HC)
 - ◆ Ciprofloxin/Hydrocortisone (Cipro-HC)
 - ◆ Ciprofloxin/Dexamethasone (Ciprodex)

3 Weeks of Otitis Externa

- External canal looks “strange”
- White cotton-like substance
- With black dots
- Doesn't respond to antibiotics or drops

Diagnosis



- Fungal otitis externa
- Due to aspergillus nigr

Solution

- Irrigate ear with Domeboro solution
- VoSol HC
- Ketokonazole Cream
- Start Clotrimazole 1%
 - ◆ Lotrimin solution (off label)
 - ◆ Non-prescription
 - ◆ Dosage- 5 drops affected ear tid

Follow Up

- Repeat irrigation every 48-72 hours
- Once canal is clear:
- Home irrigation with acetic acid solution
 - ◆ 1 part white vinegar - 1 part warm water
 - ◆ “bulb syringe”

Recurrent Otitis Externa

- Look for ECZEMA as underlying condition
- History: chronic itching
- On exam:
 - ◆ Don't always see scales or flakes
 - ◆ Absence of cerumen

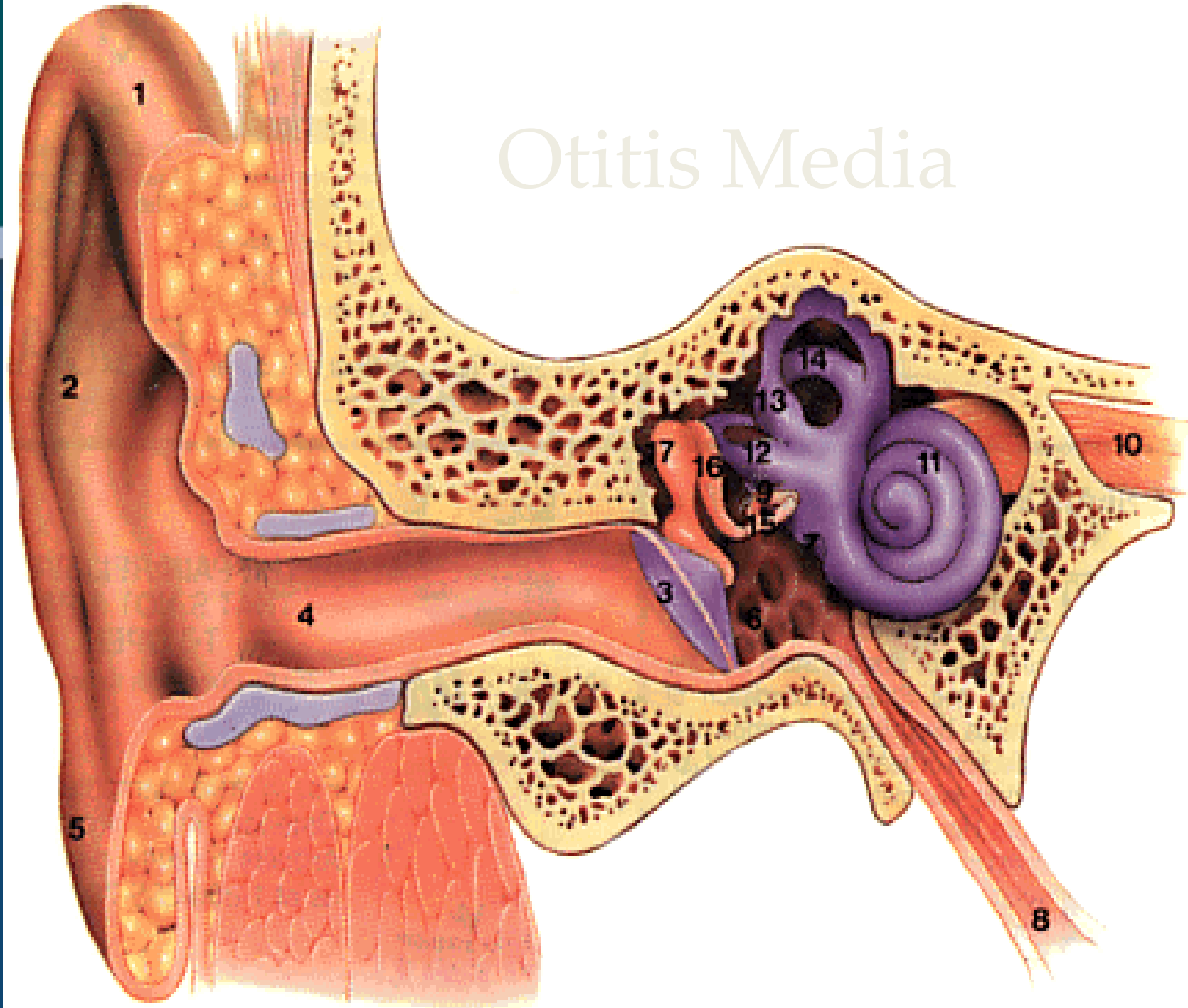
Treatment

- Strict water precautions
- No Q-tips
- Steroid drops prn
 - ◆ Topical steroid lotion-
Mometasone (Elocon 0.1%)
 - 5 drops for 5 nights
 - Off label
 - DermOtic drops- Fluocinolone
acetonide .01%

The Real Problem

- Recurrent otitis externa
- Fungal otitis externa
- Neomycin sensitivity
- Eczema is the PRIMARY condition
“Do your ears itch?”

Otitis Media



Otitis Media

- Canal looks normal
- No pain on movement of pinna
- TM looks dull or red
 - ◆ But not always bulging

Otitis Media



Treatment?

- Strept Pneumoniae 25-50%
- M. catarrhalis 15-30%
- Others 1-3%

- VIRAL 45-70%
- No microorganisms 16-25%

Treatment

- Antibiotics
 - ◆ Amoxicillin
 - ◆ Cephalosporin or Augmentin for treatment failures
 - H. Flu beta lactamase positive
 - ◆ Levofloxacin if pen allergic
- Antihistamine/Decongestant

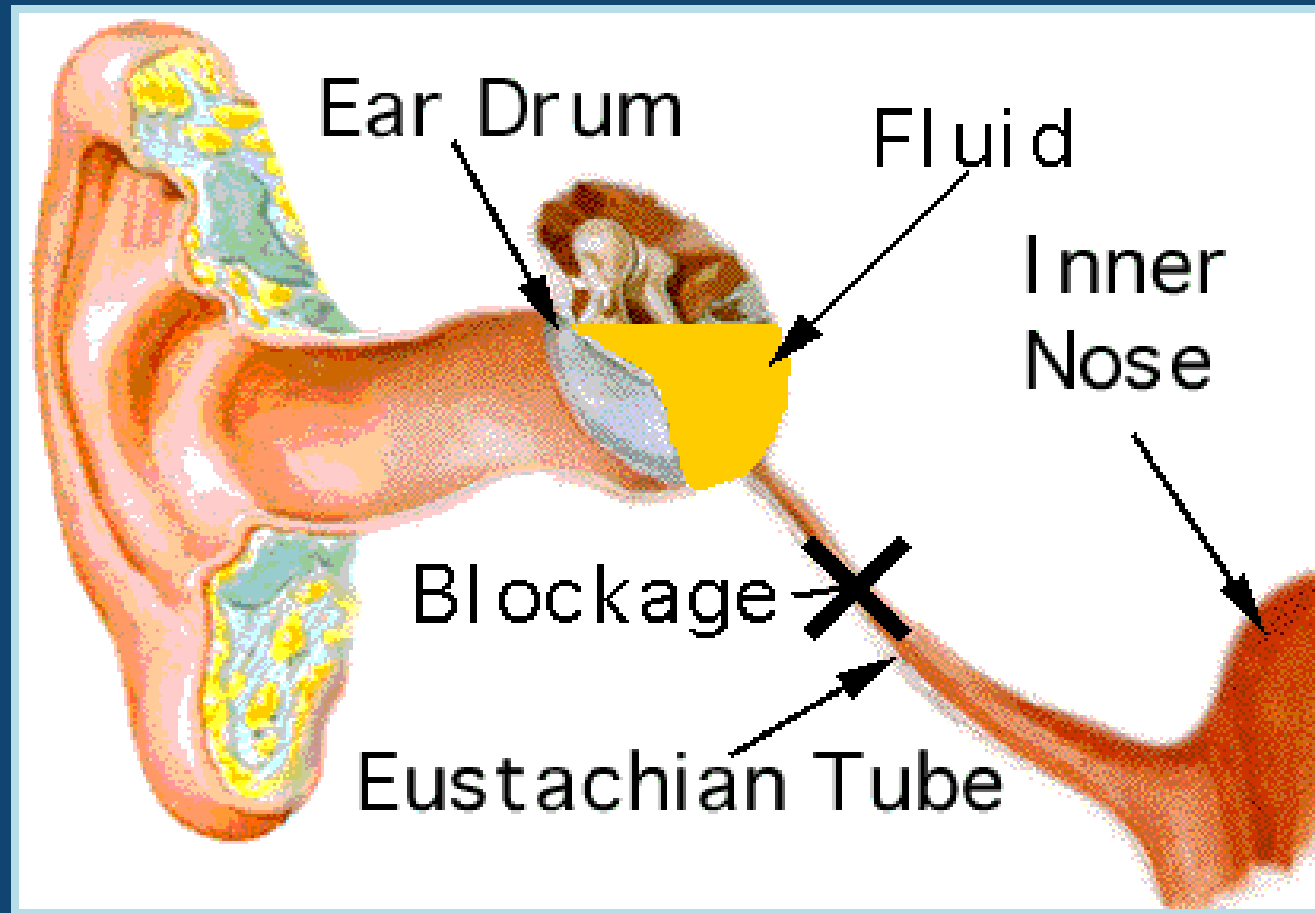
Otitis Media “No Better”

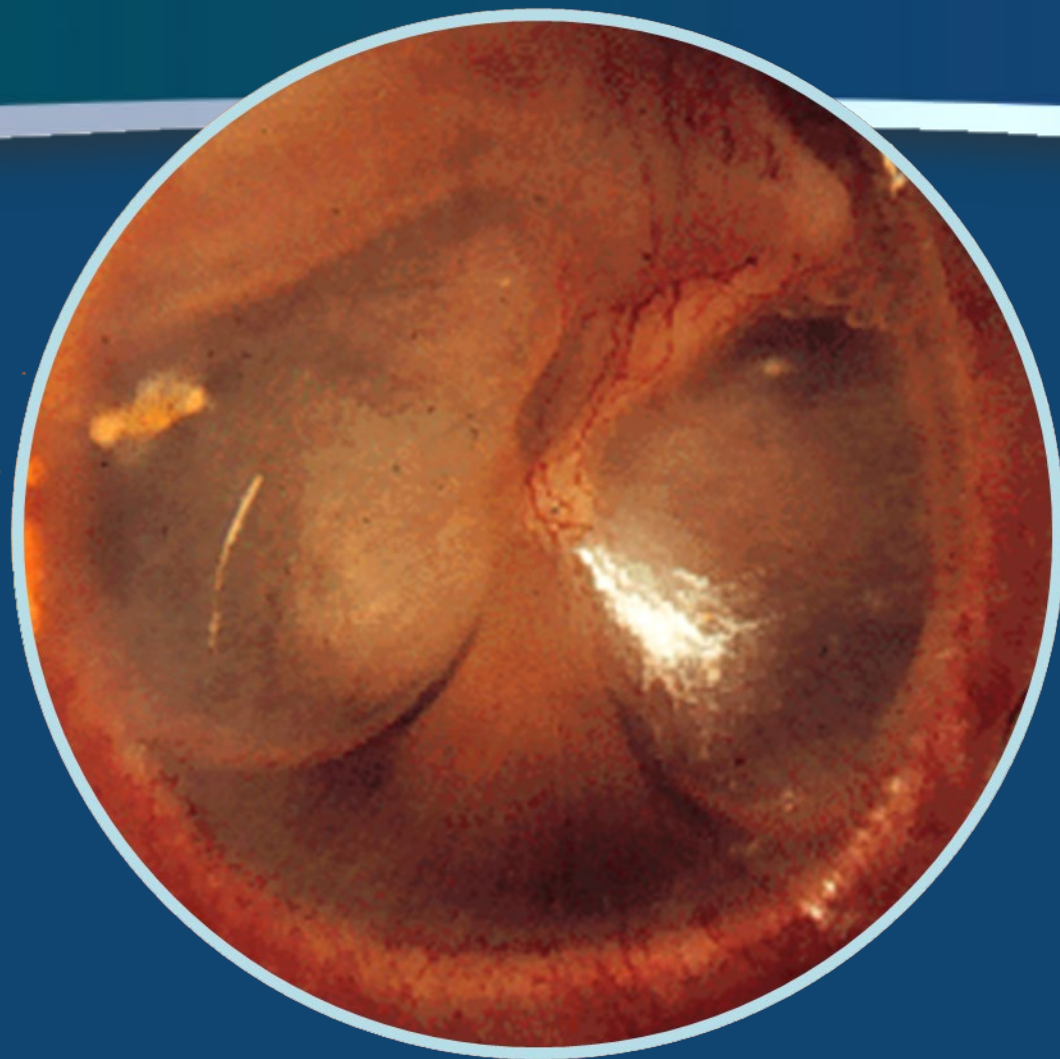
- On close questioning: “pain is gone”
- But hearing remains poor
- “Ear feels blocked”

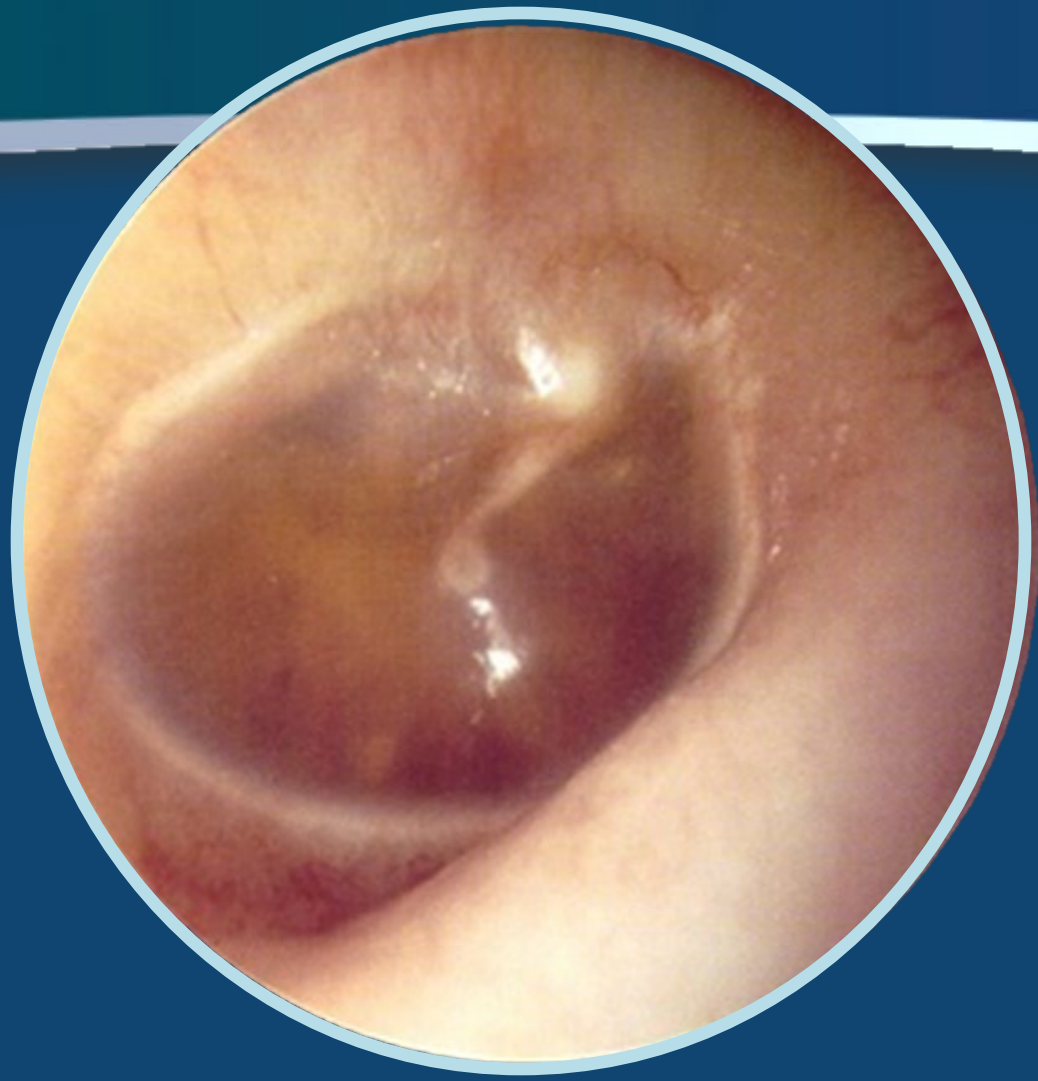
Serous Otitis Media

- Natural course of otitis media
- Middle ear fluid
- No erythema or bulge
- TM dull

Serous Otitis Media







Treatment

- Antihistamines/decongestants
 - ◆ Non-sedating antihistamines
 - ◆ Sedating: Drixoral, Actifed
- Steroid nasal spray
 - ◆ Rhinocort, Nasonex, etc.
- After 3-6 weeks,
 - ◆ Consider systemic steroids
- Role of myringotomy

Ventilating Tube



EAR PAIN

- Canal normal
- TM and middle ear normal
- ???

Treatment

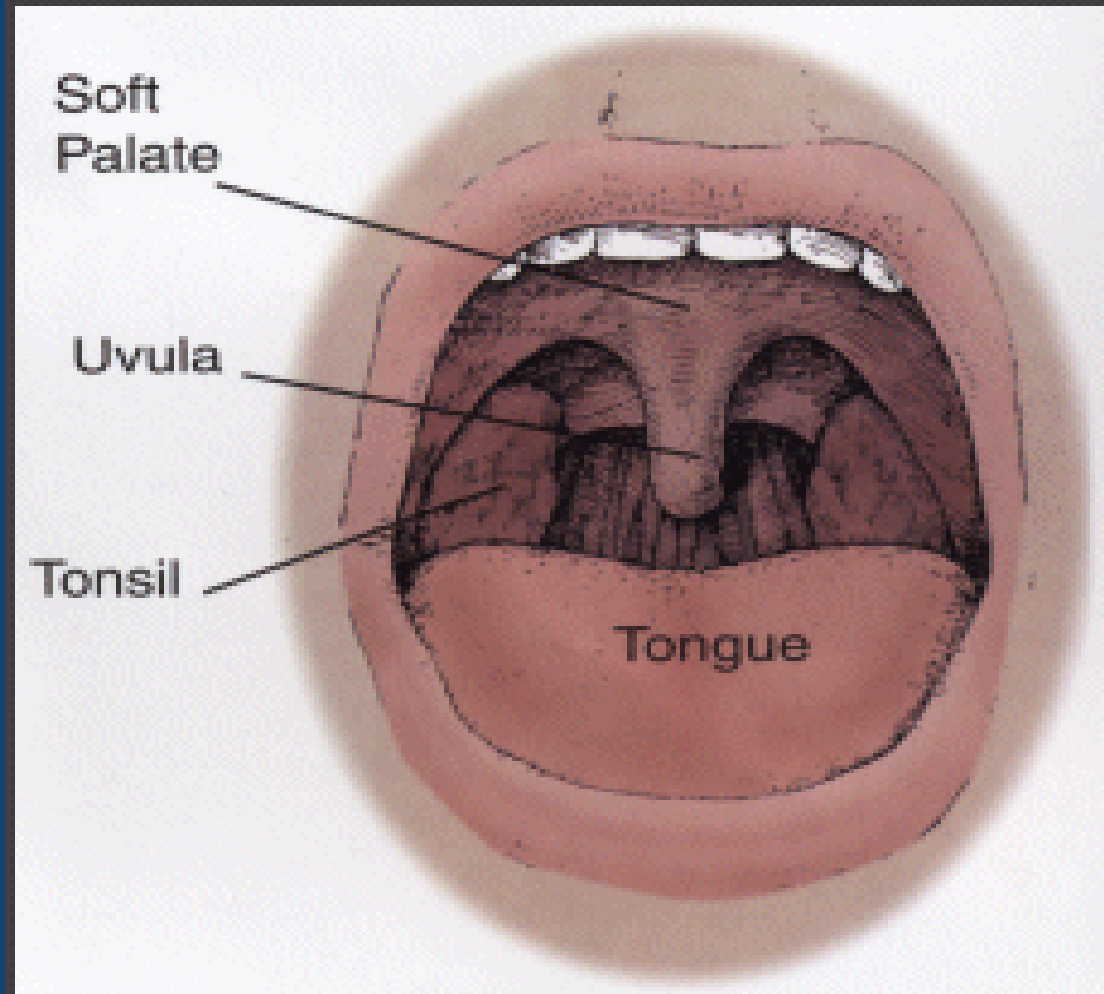


- Heat
- Aspirin
- Soft diet
- Dental evaluation
 - ◆ Night guard

Throat Problems



The Throat



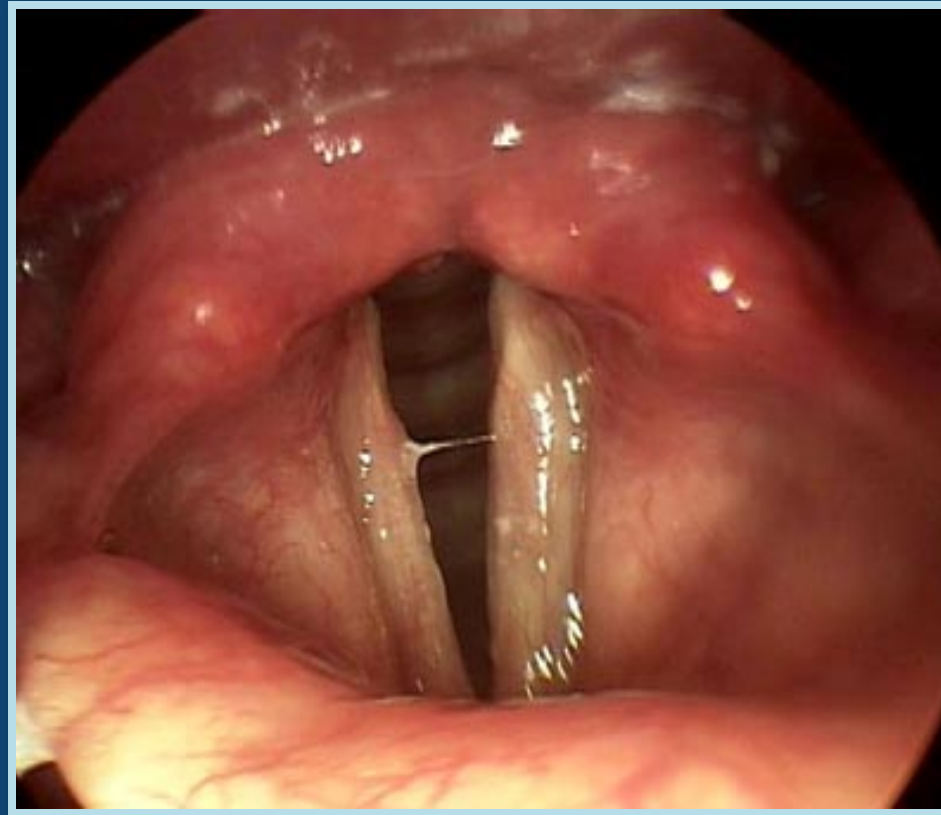
Throat Problems

- Tonsillitis
- Mono Tonsillitis
- Epiglottitis
- Peri-Tonsilar Abscess

Tonsillitis

- Severe sore throat
- Usually bilateral
- Responds to antibiotic therapy
- Indications for tonsillectomy

LPR



Treatment

- Proton pump inhibitor
- Given 1 hour before dinner time
- Repeat fiber optic laryngoscopy

Mono Tonsillitis

- Massive obstructive tonsillitis
- Does not respond to antibiotics
- Cultures can be misleading
- May need to be admitted
- Treatment
 - ◆ Hydration, humidification, IV steroids & antibiotics



Things
We
Don't
Want
to Miss

Peritonsillar Abscess

- Dangerous
- Triad
 - ◆ Unilateral palatal swelling
 - ◆ Deviation of the uvula
 - ◆ TRISMUS

Treatment

- Immediate referral
- Aspiration vs. I&D
- Quinsy tonsillectomy
- Risk of upper airway obstruction

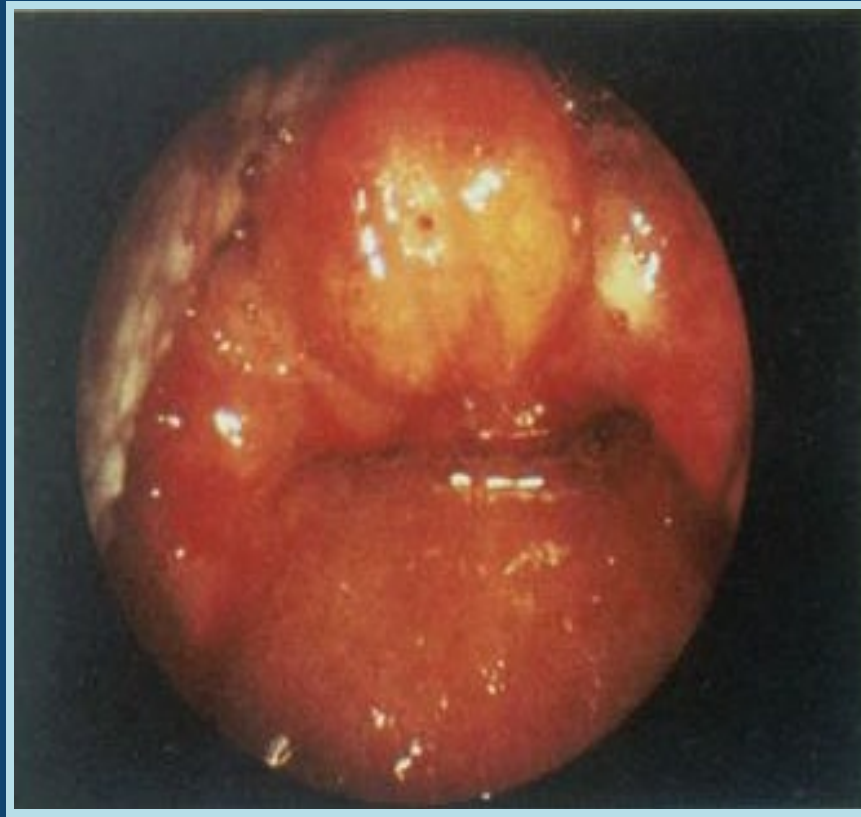
Epiglottitis

- Seen in adults more than children
- Cardinal signs
 - ◆ Severe sore throat
 - ◆ Difficulty with secretions
 - ◆ STRIDOR
 - ◆ Muffled voice
 - ◆ Cannot lay flat

Normal Larynx



Epiglottitis



Treatment

- Immediate ENT referral
- Plan to establish an airway
- Anesthesia involvement
- Steroids, Mist, Antibiotics
 - ◆ Cover H Flu, Beta Lactmase +
- Intubation or elective tracheotomy

Necrotizing Tonsillitis or “Something Bad”



Squamous Cell Carcinoma

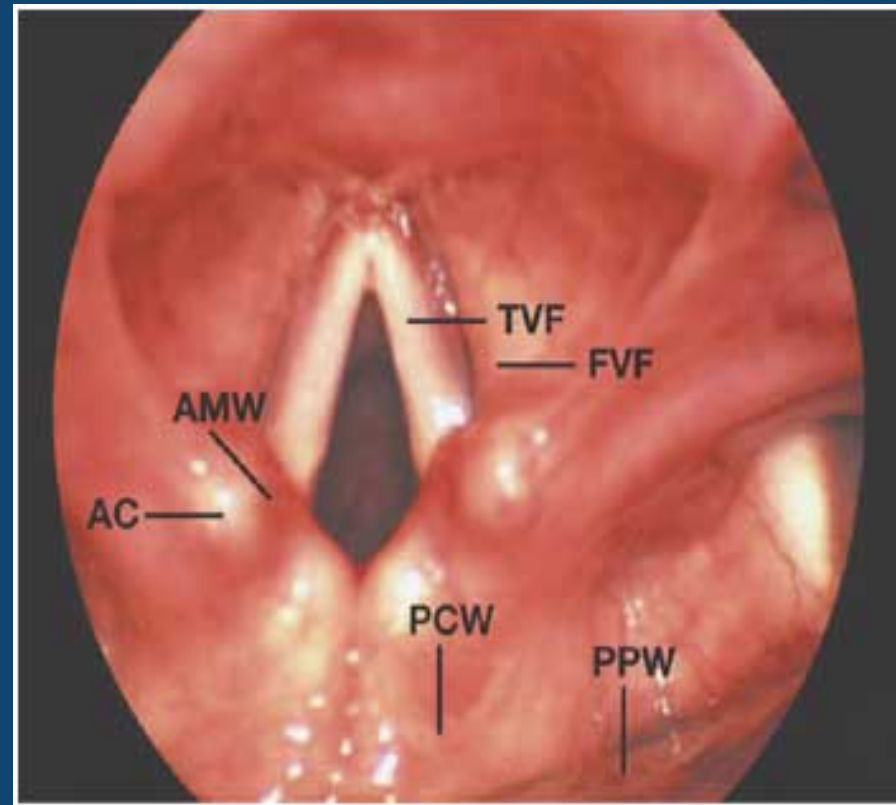
- Increased risk
 - ◆ Smoking, Alcohol
- HPV-16
 - ◆ Younger age group: 30-40 year olds
 - ◆ “High risk sexual behavior”
 - ◆ Up to 85% of adult population infected at some time
- Treatment
 - ◆ Surgery
 - ◆ Radiation therapy

Hoarse Voice

- 3-month history of hoarseness
- “Doesn’t smoke”
- On close questioning, “quit 3 weeks ago”
- DID smoke 2 packs per day x 30 years

Laryngeal Exam

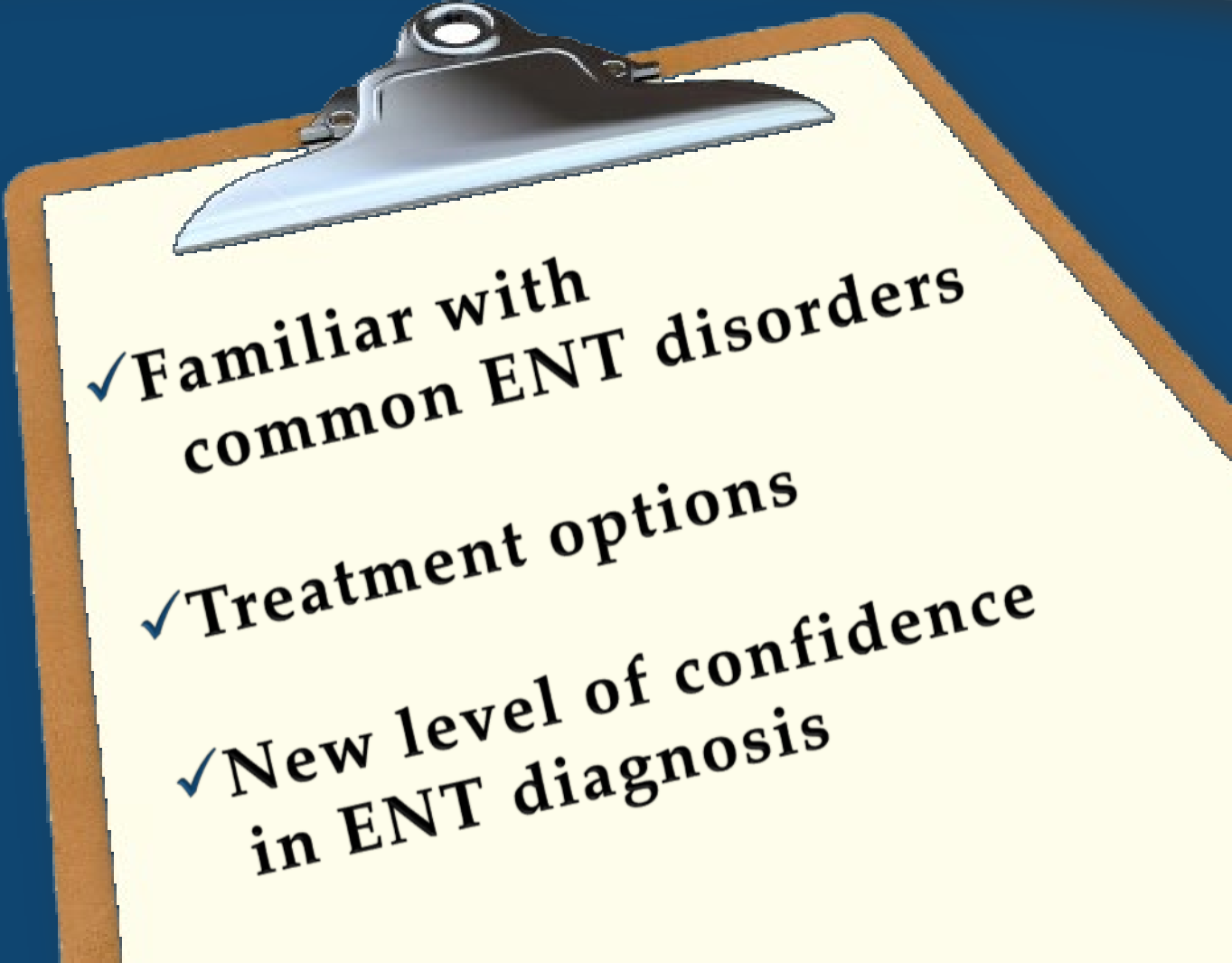




Carcinoma of Larynx



In Summary

- 
- ✓ Familiar with common ENT disorders
 - ✓ Treatment options
 - ✓ New level of confidence in ENT diagnosis