

# Primary Care ENT

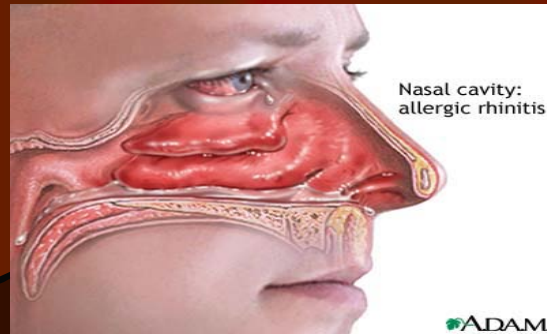
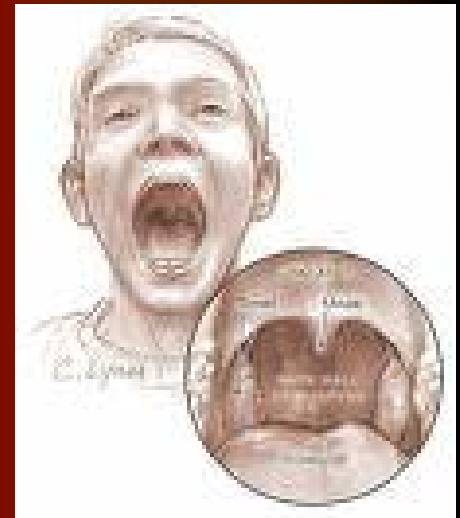
Dr Layth Delaimy

# EAR

# NOSE

# THROAT

## Examinations



# Inspecting the external ear

- Swab any discharge, and remove any wax. Look for obvious signs of abnormality:
- **Size and shape of pinna**
- **Extra cartilage tags/pre-auricular sinuses or pits**
- **Signs of trauma to pinna**
- **Suspicious skin lesions on the pinna including neoplasia**
- **Skin conditions of the pinna and external canal**
- **Infection/inflammation of external ear canal with discharge**
- **Signs/scars of previous surgery**

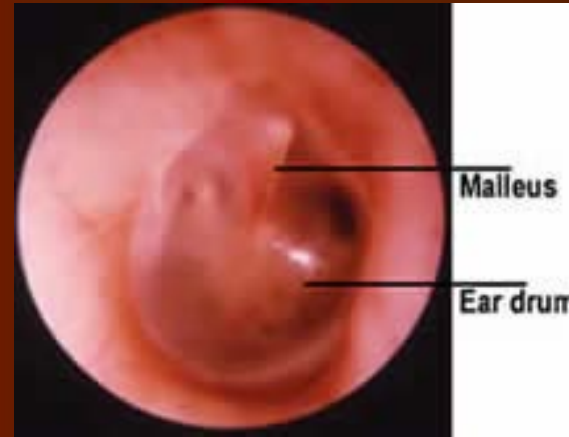
# The normal ear

- Normal drum the following structures can be identified:
- **Handle/lateral process of the malleus**
- **Light reflex/cone of light**
- **Pars tensa and pars flaccida (attic)**
- Occasionally, in a healthy, thin drum, it is possible to see the following:
- **Long process of incus**
- **Choroidatympani**
- **Eustachian opening**
- **Promontory of the cochlea**

# Normal ear drum



Michael Saunders FRCS



- 1=Attic (pars flaccida)**
- 2= Lateral process of malleus**
- 3=Handle of malleus**
- 4=End of the malleus**
- 5=Light reflex**

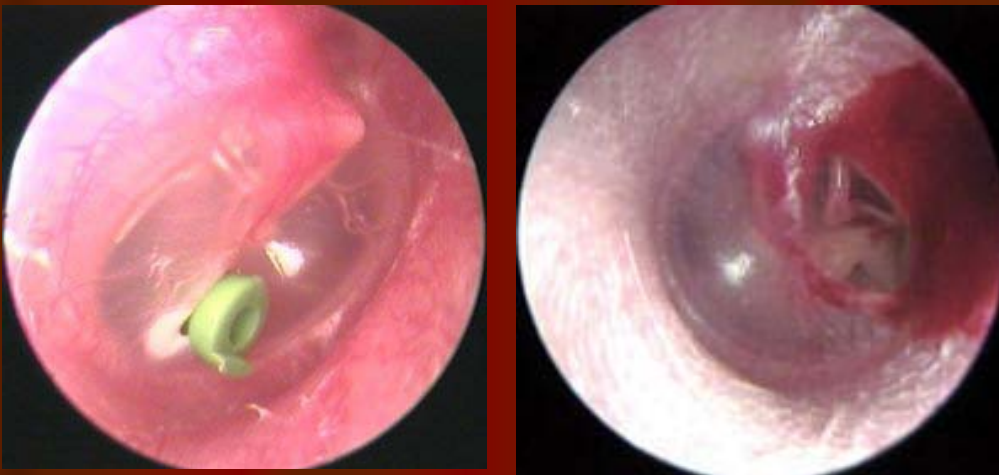
# Common abnormalities

- Common pathological conditions related to the ear include:
- **Perforations (note size, site and position)**
- **Tympanosclerosis**
- **Glue ear/ middle ear effusion**
- **Retractions of the drum**
- **Haemotympanum (blood in the middle ear)**
- **Check facial nerve function if ear pathology is serious**

# Perforation



- Perforation



- Grommet  
US: Tube  
Traumatic

# Glue Ear



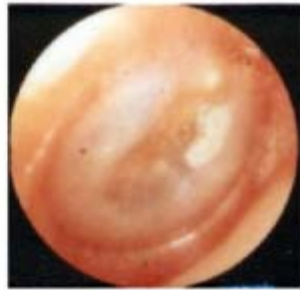
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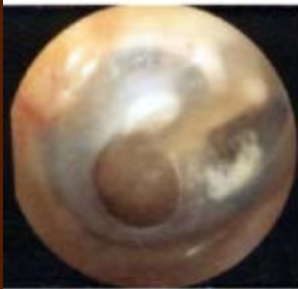
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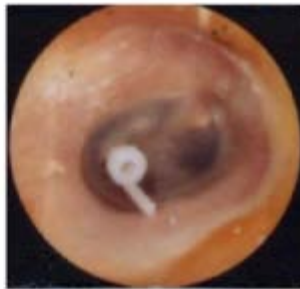
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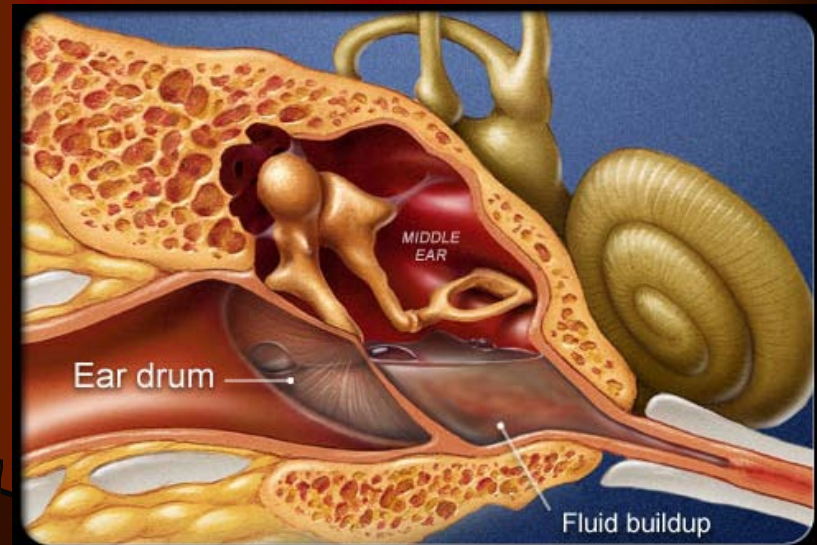
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# Tympanosclerosis



- Common



- Multiple

# Otitis Media



- Early (mild)



- Late (severe)



- Haemotympanum  
(not infection)

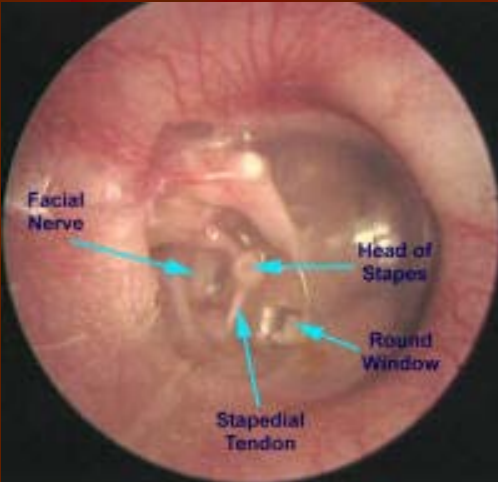
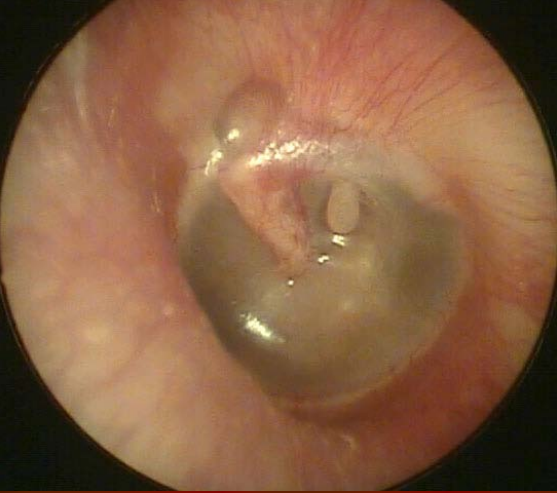
Retraction of Eardrum



Pocket & Erosion



Cholesteatoma



# Inspection of the nose

First look at the external nose. Ask patient to remove glasses. Look at nose from front and side for any signs of the following:

- **Size and shape**
- **Obvious bend or deformity: a deviated nose is often best looked at from above**
- **Swelling**
- **Scars or abnormal creases**
- **Redness (evidence of skin disease)**
- **Discharge or crusting**
- **Offensive smell**

# Inspection of the throat

- Ask patient to remove dentures and examine mouth systemically (use a bright torch): tongue, hard and soft palate, tonsillar fossa, gingivolabial/gingivobuccal sulci, floor of mouth/undersurface of tongue as follows:
  - **Examine mouth and note condition of tongue**
  - **Examine back of tongue and tonsils (press down on tongue with a tongue depressor)**
  - **Palate the base of tongue (look for tumours that may not be easily visible)**
  - **Inspect uvula and soft palate**
  - **Inspect hard palate (ask patient to tip their head backwards, until the whole hard palate is visible)**
  - **Examine buccal area and the gingivolabial (gingivobuccal) sulcus, (space between cheek and gums)**
  - **Examine the floor of mouth, check for submandibular duct stones or masses (ask patient to stick their tongue out)**
  - **Examine the nasopharynx and larynx with a mirror or flexible fibre-optic nasendoscope**

# Ear, Nose & throat

- **EMERGENCIES**
- Foreign Bodies – How to remove and when not to try!
- Epistaxis
- Infections including suspected epiglottitis (when not to examine)
- Sudden onset sensorineural hearing loss

# COMMON GP PRESENTATIONS

1. Sore ear – Adult including Atypical e.g. TMJ problems & Child
2. Sore throat – Who to refer for tonsillectomy, When to use antibiotics.
3. Discharging Ears – Otitis externa, CSOM
4. Hearing Loss including wax management
5. Vertigo
6. Tinnitus
7. Nasal obstruction, polyps, allergy
8. Sinus problems
9. Facial pain



# SPECIFIC CASES TO HIGHLIGHT

- Dysphagia
- Foreign Bodies, Fishbone
- Neck lumps
- Hoarseness
- Head and Neck Cancers



# Appreciation of Roles of Others:

- Audiologist

# Specific Skills:

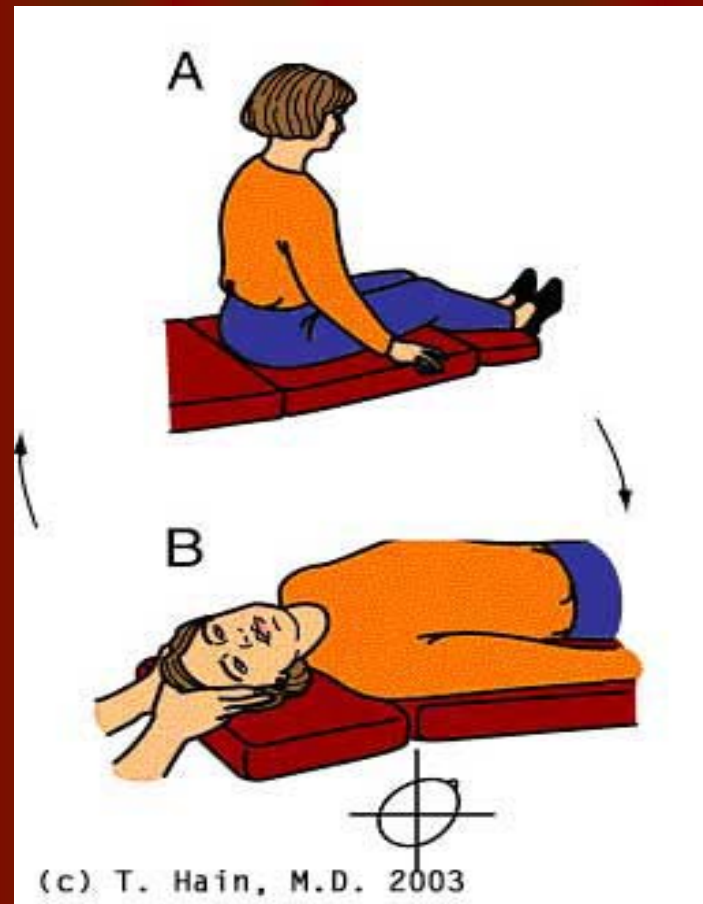
- Use of diagnostic set
- Epley's manouevre

<http://www.youtube.com/watch?v=eOuzUi5ckrk&feature=related>

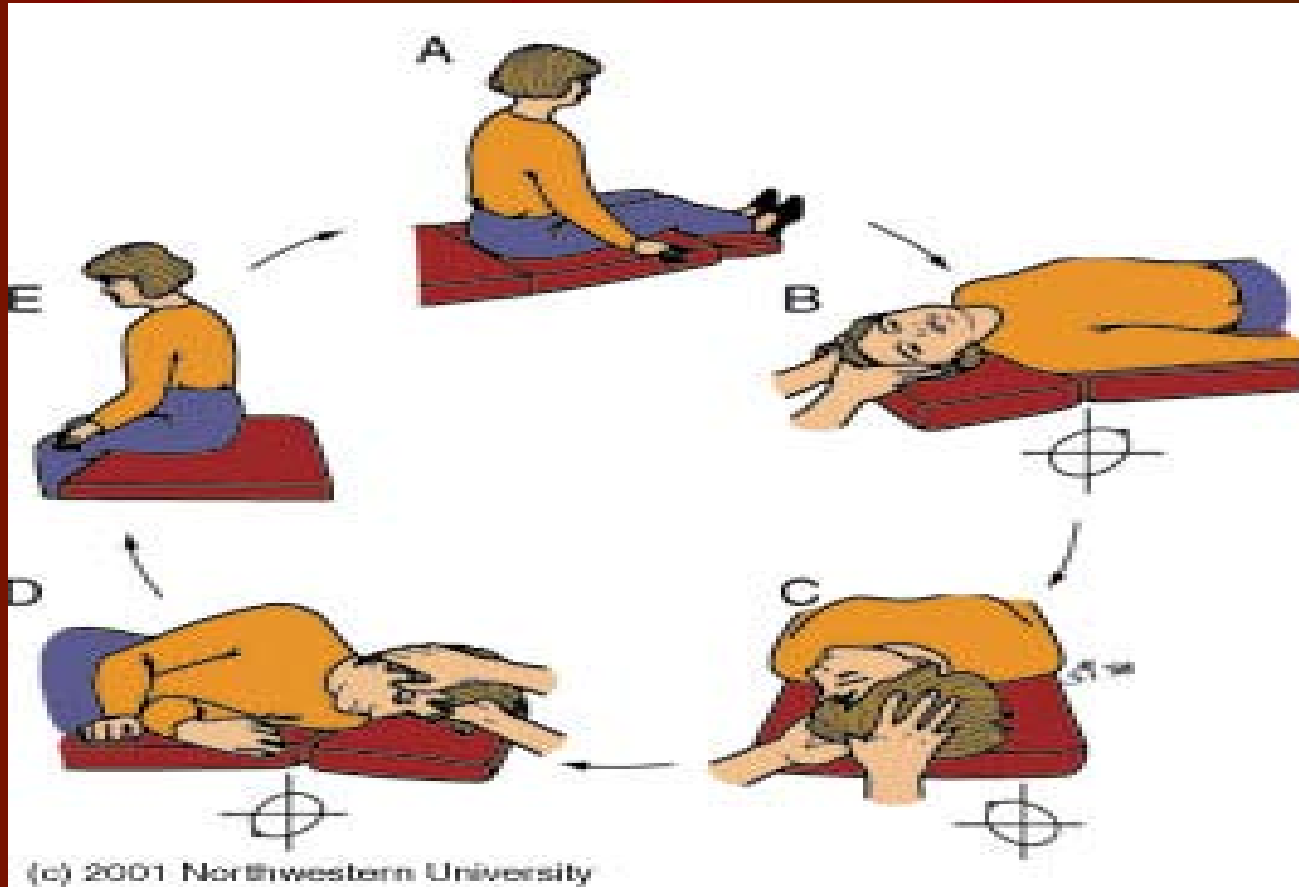
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- Micro-suction of auditory canal
- Audiogram interpretation

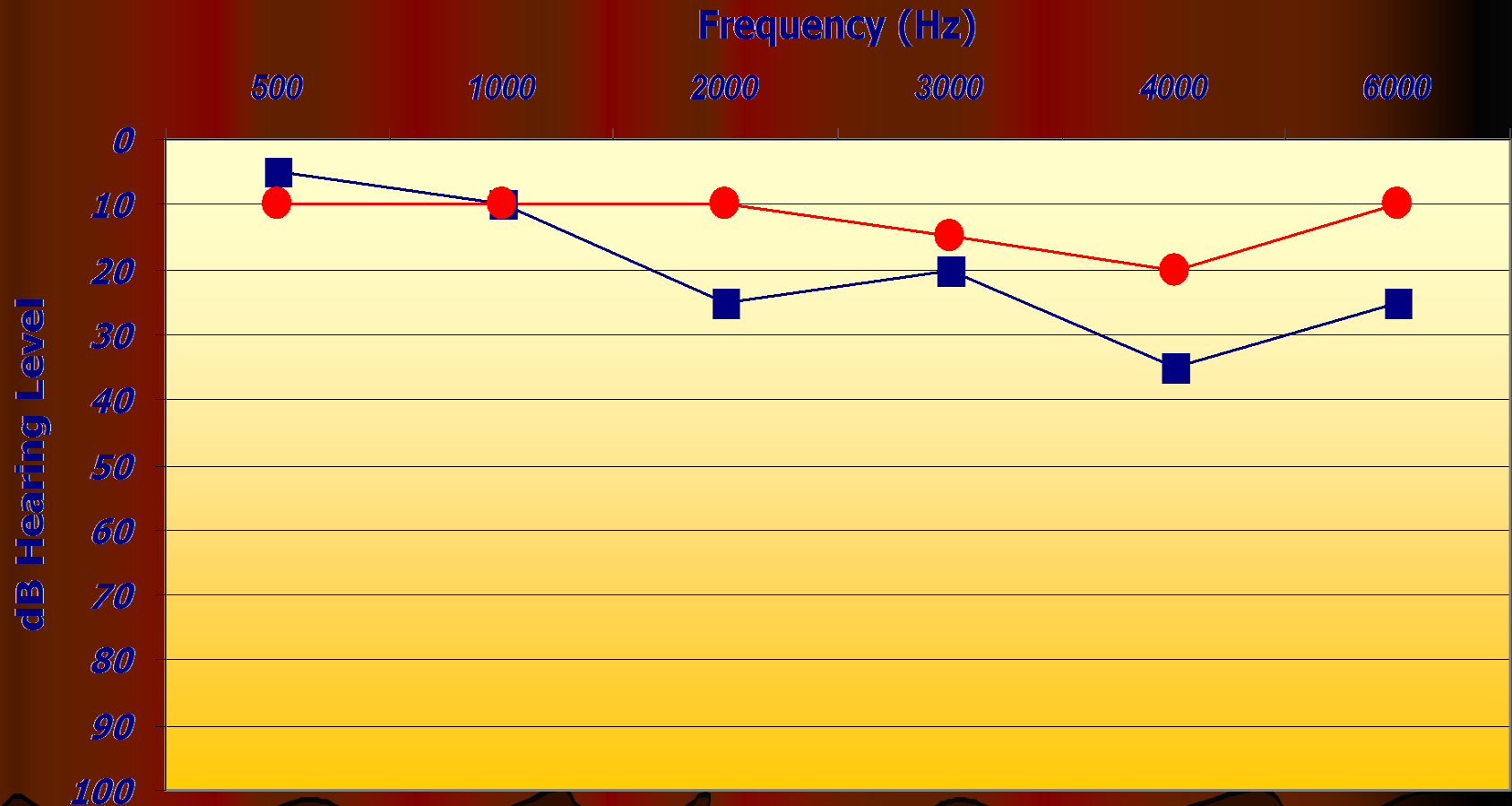
# What is this?



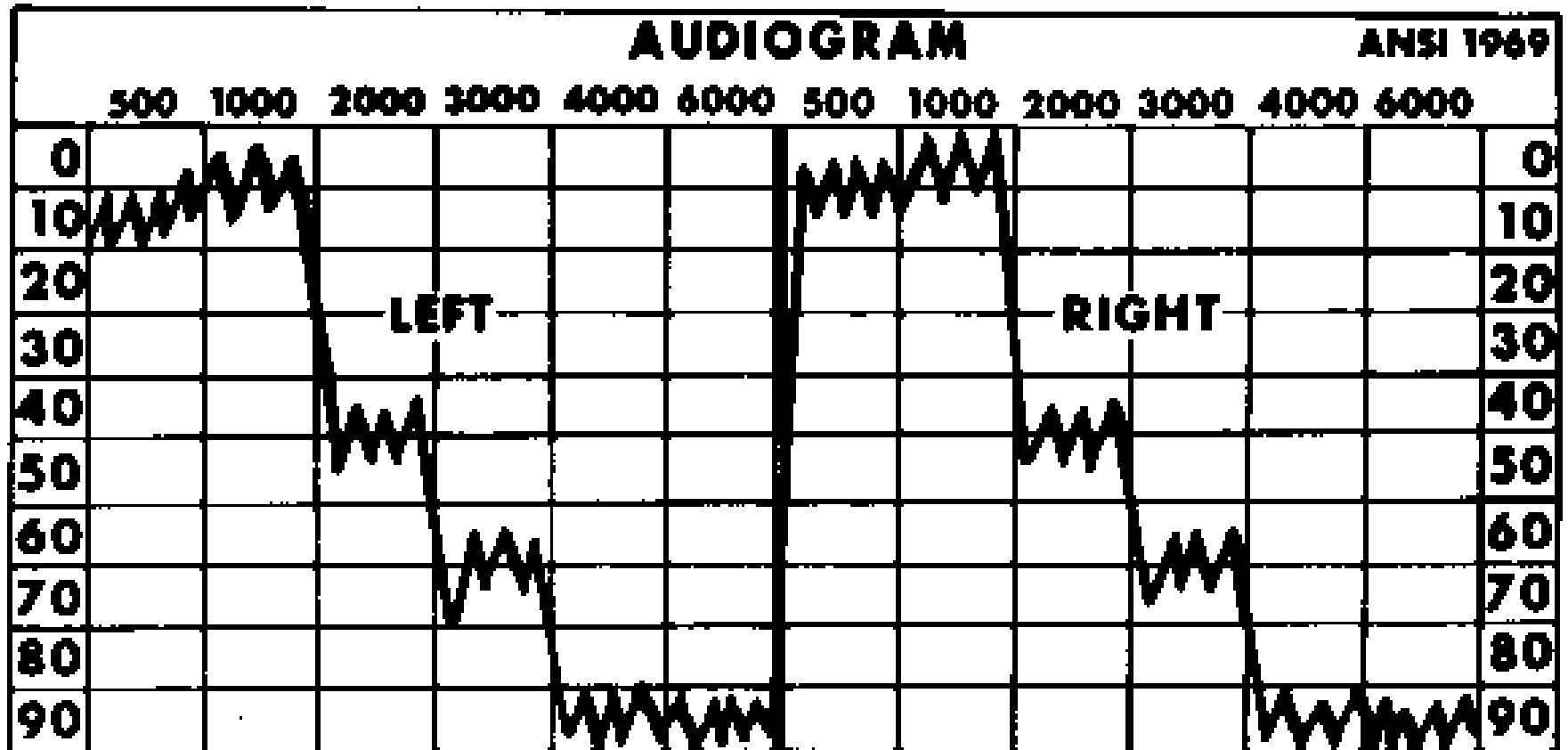
# Epley's Manuevre



# Graphic Audiograms



# Self-recording Audiogram



# Degrees of Hearing Loss

- Normal Hearing -10 - 25 dB HL
- Mild Hearing Loss 30 - 45 dB HL
- Moderate Hearing Loss 50 - 65 dB HL
- Severe Hearing Loss 70 - 85 dB HL
- Profound Hearing Loss > 90 dB HL