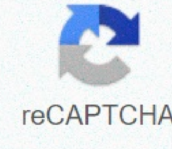
I'm not robot



Continue

Ent cases for medical students pdf

1. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN THIS, MYSTES & OIL | 25 Important cases in the case EAR, NOSE & THROAT 1: A 10-year-old child had a proper mucous otorrhoea in the last 4 years. A week ago he was stunned with a sense of swirl, nausea, vomiting and nystagmus on the opposite side; his deafness was complete and his temperature was normal. Three days later he became feverish, irritable and constantly crying apparently from a severe headache. He also had a neck recall. The child was not properly managed and died by the end of the week. CASE 1 Diagnosis & Reasons Right chronic suppurative ototraitia media (mucopurulent otorhea of 4 years ration) complicated by suppurative labyrinthitis (dizziness, cause and intemling with nystagmus to the opinion and complete loss of hearing) and then complicated by meningitis (fever, severe head headache and neck). Explain the following manifestations of Whirling sensation: vertigo due to inflammation of the inner ear Nystagmus on the opposite side: suppurative labyrinthsis that leads to a rapid phase of eye movement in the opposite ear and slow phase in the disease direction of ear nystagmus called according to the rapid phase. In serous labyrinth without internal destruction of the ear cells the direction of the sleepy is towards the sick ear. Severe headache: increased intracranial pressure due to meningitis Throat recall: due to meningeal inflammation Further examination &/or investigations Otolological examination possible finding of marginal perforation of atticoantral CSOM (cholestematoma) Audiogram for the disclosure of SNHL in Kernig's affected ear and Brudzinski's signs fundus examination to show lumbar puncture: cloudy high pressure CSP with pus rich in protein Full blood image Treatment Antibiotics that cross the brain barrier of blood Analgesics 2. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Repeated lumbar puncture to drain infected CSF and to relieve symptoms and inject antibiotics Treatment of the underlying otitis medium appropriately according to the formula of Case 2: A 50 year old male patient complained of right ear pain lasting 2 days. The pain was particularly pronounced in chewing food and during the speech. There was also severe swelling of the right side of the face. During the examination, the pressure on the goat was painful. and there was a small red swelling that arose from the anterior outer auditory carnal wall. Rine's test tested positive for his right ear. The patient gave a history of 2 previous similar attacks on the same ear over the past six months, but less severe. CASE 2 Diagnosis & Reasons Repeated Furunculusis of the Right auditory tube (ear pain with movements of the crotaphognathic joint or pressure on the traga, swelling of the face and a small red swelling in the anterior wall of the external auditory tube) Explain the following manifestations • Severe pain pain Chewing food: the movements of the crotaphognathic joint lead to movements of the cartilaginos external acoustic tube lined with leather containing hair follicles from which the furuncle arises. • Swelling of the right side of the face: extension of inflammatory edema to the face in severe cases • Rinne positive: means normal hearing and NO conductive hearing loss, because when the conductivity of the air is better than bone conductivity is called Rinne positive • Previous similar attacks: relapse the most likely cause is Diabetes mellitus Further examination &/& research • Otoscopic examination of the tympanic membrane, if possible • Blood glucose analysis for the discovery of diabetes Treatment • Antibiotics • Analgesics • Never alternate or remove for fear of perichondritis • Local antibiotic or glycerin ointment ictyol 3. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | • Proper control of diabetes if Case 3 is discovered: A 10-year-old child complained of a proper mucous otorhea for the past 2 years. Suddenly it became feverish and this was associated with a reduction in ear discharge. There was also tenderness in the pressure behind the auricle. Retroaic solic has been preserved. There was no retroactive variation. CASE 3 Diagnosis & reasons Right chronic suppurative otsitation media (mucopurulent surgure of 2 years duration) complicated by mastoitis (fever with reduced ear discharge, sensitivity behind auricle with preservation of retroauric sulcus; it is not an abscess because there is no retroic variation). Explain the following manifestations • Reduction of ear rejection: the discharge of the tank point decreases but still exists and every time rejection reduces fever and other constitutional symptoms increase in intensity • Sensitivity behind the auricle: due to inflammation the bone of the mastoid process and the hyperlytic peristineal • The rhetorical sulfakos maintains: as the inflammatory process is sub-final • No retrospective variation: it is mastoiditis and thus is not a mastoid /researches • Otoscopic examination of the suspension possible finding of choleste people • Look for other manifestations of mastoiditis as a relaxation of the wall of the ulcerative external auditory duct • CT scan of the ear to show opacity in the mastoid bone • Full blood image • Medical treatment in the form of antibiotics and • Drainage of the ear through myringomy and • Mastectomy is necessary for the removal of all diseases. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Case 4: A 9-year-old boy complains about the continued execution of the rejection of the right aggressive ear over the last 3 years. Before month began to suffer from headache, fever and some vomiting for which he received symptomatic treatment. The patient's condition was stable for a while, then after weeks began to suffer from severe headache and drowsiness. The patient also noticed difficulty going up and down the stairs. A week later, he developed weakness in his left arm and left leg, and became visibly sleepy. He went into a coma the next day. CASE 4 Diagnosis & reasons Right attica (cholesteatoma) chronic hyperphatic otitis media (continuous aggressive ear discharge for 3 years) complicated by the right temporal lobe abscess (manifestations of increased intracranial tension with weakness on the opposite side of the body in the left hand and leg) Explain the following manifestations • Initial fever and vomiting: indicates the initial stage of a brain abscess formation at the encephalitis stage • 2 weeks stable condition: latent phase of the brain abscess with reduced symptoms • Severe headache and vomiting after 2 weeks: manifestations of a formed brain abscess leading to increased intracranial tension • Difficulty going up and down the stairs: due to semi-worming (weakness) in the opposite left foot in the sick ear • Comatose : final stage of the brain abscess Further examination &/or investigations • Otoscopic examination of the ear • CT scan as opposed to the localization of the brain abscess • Full blood picture to show leukocytosis very good to know prognosis with treatment • Fundus examination to show treatment with papilladema • Antibiotics crossing the blood brain barrier • Drainage or resection of the neurosurgical brain abscess • Tympanostoidectomy to remove cholesteatoma from the ear • Avoid lumbar puncture, as it can lead to a combination of the brain stem and death 5. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Case 5: A 6-year-old child developed severe pain in both ears along with a temperature increase (39 C) after an attack of the common cold. The child received medical treatment leading to a drop in his temperature and subsidence of pain; so the doctor stopped the treatment. However, the mother noticed that her child did not respond to her, except when she raised her voice. This decreased response remained as such for the last 2 weeks after the onset of the main condition. CASE 5 Diagnosis & reasons Common cold leading to bilateral acid suspected otitis media (fever and ear pain) complicated by unlysed acute otitis media or otitis media with collection (only symptom is hearing loss) Explain the following manifestations Status ear after common cold: due to the extension of infection along the eustachal tube Reduced response to sound: fluid due to unresolved acute otitis behind the drum leads to reduced vibration of the tympanic membrane Further examination • The otoscopic examination will reveal in the primary state a saturated perhaps enlarged tympanic membrane and in the secondary state a retracted drum showing a level of fluid with loss of shine. • The sound chart will show a vacuum of bone air hearing loss • The tympanogram will show either a type C curve (negative peak) or a type B curve (flat) • The x-ray of the nasopharynx may reveal an underlying adenoid enlargement especially if the condition is repeated Treatment • Continue antibiotic therapy until hearing returns to normal • It can combine treatment with antihistamines, corticosteroids and mucous membranes • Introduction of ventilation tubes (grommet) on the drum if the condition is persistent or recurrent • The use of tubes is based on findings of tympanometry if the curve is a flat curve of type B • Adenoidectomy is required if there is an enlarged adenoid obstruction of the eusticular tube Case 6: A 3-year-old boy presented in the special ENT due to inability to close the right eye and deviation of the angle of the mouth to the left side during crying lasting 2 days. His mother reported that he had severe pain in his right ear 5 days before his current condition. He also added that his ear pain improved in antibiotic treatment. 6. 25 Important cases in EAR, NOSE & SURGICOMED.COM 25 IMPORTANT CASES IN THIS, MYS & OIL | CASE 6 Diagnosis & reasons Right acute hypophyra otitis media (ear pain improved with antibiotics lasting 2 days) complicated by the right paralysis of the face of the lower motor neuron (inability to close the right eye and deviation of the angle of the oral to the left side) Explain the following manifestations • Inability to close the right eye: paralysis of the muscle orbicular occiculi provided by the • facial Deviation of the angle of the angle of the mouth to the mouth: muscles of the cord o ris of the left non-paralyzed side pull the mouth to the left side • Start paralysis only 5 days after the initial condition: due to pressure of inflammatory expiration in the middle ear in a vexed (exposed) nerve of the face Further examination &/or investigations • The onoscopic examination may show congestion of a swollen tymphanic membrane • Examination of the remaining facial nerve to diagnose the appropriate level of paralysis • Electroremonography of the facial nerve for assessment of assessment of the facial nerve to assess the degree of damage • Audiogram and tympanogram Treatment • Urgent myringotomy for drainage of the middle ear and restoration of the facial nerve • Antibiotics for acute hyperluminescular otitis media preferably depending on culture and sensitivity to antibiotics • Eye care during the period of paralysis from eye drops; ointment and eye cover Case 7: A 30-year-old woman complained of bilateral hearing loss more on the right side after delivering her first child. hearing loss occurred in quiet places, but hearing improved in a noisy environment. Both of them membranes showed a normal appearance. Rinne tuning test fork was negative. CASE 7 Diagnosis & Reasons Bilateral otosclerosis (pregnancy-related hearing loss, more pronounced in quiet environment, normal tympanic membranes, Rinne tunning test fork negative which is bone conductivity better than air conductivity showing conductive hearing loss) Explain the following • Hearing loss noted in quiet places: the patient has conductive hearing loss in a noisy environment the speaker usually raises his voice and thus the patient hears better (paracusis Wilsii) 7. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | • Normal appearance of both tympanic membranes: this is the common finding in rare cases a reddish tympanic memebrane may be present called Schwartze sign (flamingo red appearance) • Rinne tunning fork test negative: i.e. bone conductivity better than air conductivity showing conductive hearing loss Further examination &/or investigations • Other symptoms (tinnitus, sensory hearing loss, vertigo) • The audiogram shows either a vacuum of bone air indicating conductive hearing loss or a low bone curve indicating sensory hearing loss or both indicating mixed hearing loss • The tympanogram usually shows the type As with the delayed type curve • CT scan may show reduced density of the bone around the inner ear (oosthinognostic focus) indication of the activity of the disease Treatment • Staedectomy (the best) if hearing loss is conductive or mixed • Hearing aid if the patient refuses surgery or has pure sensory hearing loss • Medical treatment to stop the progression of the disease (fluoride treatment) if the disease is extensive • Avoid contraceptive pills and progana in order to limit the case of 8 diseases: After a car accident a young male complained about the inability to close the right eye and the deviation of the angle of the mouth on the left side along with the dribble of saliva from the right corner of the mouth. There was also a proper hearing loss and a blood clot was found in the correct external auditory canal. 3 days later a clear fluid appeared in the right ear that increased in quantity for pressure. A day later the patient was drowsy and developed fever and neck stiffness. CASE 8 Diagnosis & reasons Longitudinal fracture of the right temporal bone (accident, blood in the outer auditory canal and hearing loss) is complicated by the right lower motor neuron facial paralysis (inability to close the right eye and deviation of the angle of the mouth to the left side) and is complicated by the CSF orhea (clear fluid in the right outer auditory canal that increased by stretching) and is later complicated by meningitis (drowzy fever, fever and neck stiffness) 8. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Explain the following manifestations • Saliva dribble from the corner of the mouth: due to paralysis of the facial nerve leading to an inability to compress the lips, the angle of the mouth being open and falling downwards with saliva escaping outwards • Hearing loss: most likely due to a longitudinal fracture causing perforation of the tympanic membrane and auditory bone interruption leading to conductive hearing loss, also the blood clot can cause blockage of the external auditory tube leading to conductive hearing loss • Clear fluid increases with stretching : CF orhea as CSF pressure with a stretch that causes an increase in otorhea • Neck stiffness: due to meningeal irritation and inflammation Further examination &/or investigations • CT scan to diagnose the fracture and study its area • Topognistic test for the facial nerve such as (Shirmer's, stapedius reflex,....) be aware of the level of paralysis • Electroremonography: for the study of the electrophysiological state of the facial nerve • Audiogram: to know the type of hearing loss • Examination of fluid dripping from the ear • Lumbar puncture: increased pressure of a blurred pus containing CSF • Treatment of meningitis: antibiotics, lower CSP pressure with repeated lumbar puncture, diuretics and mannitol 10% • Treatment of motorhea CSF: semi-infection, avoidance of stress, diuretics and close observation of the patient regarding fever and neck stiffness for the development of meningitis • Treatment of paralysis of the facial nerve : eye care, surgical exploration and repair if electromonography reveals 90% degeneration of the affected nerve within one week of the onset of paralysis • Treatment of hearing loss: tympanoplasty if hearing loss or perforation of the tympanic membrane persists for more than 6-8 weeks Case 9: A 28-year-old man complains of hearing loss in the left ear in the last 6 years. Hearing loss was progressive in nature and accompanied by tinnitus. Over the past 6 months there has been a wobble during walking to the left side, a change in his voice and an inability to close the left eye with a deviation of the angle of the mouth to the right side. The egg test showed no abnormality. The corneal reflex was lost in the left eye. 9. 25 Important cases in EAR, NOSE & SURGICOMED.COM 25 IMPORTANT CASES IN THIS, MYS & OIL | CASE 9 Diagnosis & reasons Left acoustic neuroma (progressive history of hearing loss over 6 years followed by imbalance due to cerebellum manifestations and development of neurological manifestations) Explain the following manifestations • Hearing loss lasting 6 years: tumor pressure in the eighth nerve responsible for hearing and balance • Swing during walking to the left: cerebellum attaxia alaways in wings of the side the damage due to weakness (hypotony) of the muscles on the same side of the lesion • Change of voice: intracranial paralysis of the lung leading to paralysis of vocal folds • Inability to close the eye: left paralysis of the lower motor neuron as the nerve of the face accompanies the nerve vestibulocochlear in the inner auditory canal • Absence of a hen reflex in the left eye : due to paralysis of the face or tridymus with tridymusc paralysis of the antidayeral reflex is lost as well as the patient cannot feel in the affected left Further examination &/or investigations • Magnetic tomography of internal auditory channels, cerebellum and inner ear angles • CT scan if there is no MRI scan • Acoustic evaluation specifically acoustic response of cerebral stem • Electrophysiological examinations for the treatment of the facial nerve • • • neuroma • In old patients another option is the gamma knife (directed radiotherapy) to limit tumor growth • In young patients with small tumors that do not produce new symptoms other than hearing loss; it is recommended to monitor the case by MRI on a 6 -12 month basis as most of the tumors do not develop and so do not require surgery or gamma knife Case 10: A 35 year old woman suddenly complained of a bleeding attack from her right ear (otorrhagia). An ENT specialist packed the ear and after removing the package found an acoustic polyp. The patient also complained of a 2-year tinnitus in her right ear and a change in her voice lasting 2 months. In the laryngeal examination there was correct vocal paralysis times, the vocal aspect was found in the abduction position. No lymph node enlargement was found in the neck. 10. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN THIS, MYSTES & OIL | SUBSTANCE 10 Diagnosis & reasons Correct volume of glomus jupulaire (blenging from the ear, pulsating tinnitus and neurological manifestations of jugular typhus syndrome) Explain the following manifestations of Acoustic polyp: this is not an inflammatory polyp is an extension of the mass of the tumor in the outer auditory canal when touched by any organ will cause severe bleeding Pulsatile tinnitus: the sound heard by the patient is that blood flows into the very vascular mass tumor the sound disappears when the jugular vein is compressed in the throat or when there is a sensory hearing loss at the ear abduction position of the vocal fold: due to a complete paralysis of the venous vagina that paralyzes all the muscles of the right hemolylary and thus the vocal balance folds to the abduction position of the cadaveric There is no lymph node enlargement : the glaucoma is a benign tumor there is no lymph node metastasis Further examination &/or investigations □ CT scan as opposed to knowing the extent of the tumor □ MRI and AGG MR (MRA) □ Angiography to know the feeding vessels of the tumor □ Examination of the whole body for possible associated chromatography tissue tumorsaffin as a phaechrocytoma especially in aptients that are hypertensive tumor resection therapy through the infrared approach according to its area Case 11: A 30 year old female has suffered from seasonal nasal obstruction for the past few years. A watery nasal discharge and sneezing attacks is accompanied by this nasal obstruction. Two weeks ago he had an attack of the common cold, refused to have medical treatment and 2 days later began to develop pain above the forehead and a mild fever. She received no treatment and so recently developed a severe headache with a high fever (40 C) and became severely irritable and could not withstand the light. During the examination there was stiffness in the neck and back. EC AREA 11 Diagnosis & reasons Nasal allergy (seasonal, watery nasal discharge, sneezing and nasal obstruction) complicated by acute frontal sinusitis (mild fever and pain above forehead) and later complicated by meningitis (high fever, irritability, can not withstand light and neck and back stiffness) 11. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Explain the following manifestations • Watery nasal discharge: due to swelling of liquid nasal allergy pouring from the nose after accumulation in the nasal mucosa • Pain in the forehead: due to inflammation of the frontal vagina could be a constant pain of inflammation or a morning vacuum headache • Could not withstand light: photophobia that occurs with meningitis Further examination & • Lumbar puncture: increased blurred pus pressure containing CSDs • CT scans for the diagnosis of frontal sinusitis • Full blood image for the occurrence of leukocytosis • Fundus examination • After the management of acute allergy investigations (skin tests, RAST) Treatment • Treatment of meningitis (antibiotics, lower intracranial intensity than recurrent lumbar puncture diuretic mannitol 10%) • Treatment of frontal sinusitis (functional endoscopic sinus surgery or open surgery) • Treatment of the underlying pre-availability cause of nasal allergy (avoid the cause of allergy, undersensitization, pharmacotherapy from topical or systemic steroids, antihistamines, mast cell stabilizers) Case 12: A patient aged 25 years complained of severe acute rhinitis. On the fifth day he began to get severe headache, mild fever and severe pain over the left forehead. The patient received no treatment and on the tenth day began to take repeated stiffness and became seriously ill. During the examination of the patient the following points were identified: • A large red tender edema in the right nasal vestibule. • Marked swelling of both the upper and lower right eyelids. • Chemosis of the conjunctigitis in the right eye. • Pre-dip forward of the right eye bulb. CASE 12 Diagnosis & reasons Acute rhinitis complicated by two conditions: left frontal sinusitis (pain over the left forhead and mild fever) the second condition is the correct nasal furuncle due to excessive nasal expressions leading to fissures and bacterial infection in the nasal vestibule (a 12. 25 Important cases in AUTHORITIES, NOSE & THROAT SurgicoMed.com 25 IMPORTANT CASES IN THIS, MIL & TORO | large tender swelling in the right nasal vestibule) the furuncle on the tenth day is complicated by cavernous sinus thrombosis (chills, seriously ill, swelling of the right eye caps, conjunctiva chemosis, preplantation of the right eye bulb) Explain the following manifestations • Chills: it is an indication that the infection has reached blood flow • Chemistry of the conjunctiva : congestion and swelling of the conjunctiva due to obstruction orbital veins drained into the cavernous • sinuses Proptitis of the right eye plug : due to obstruction of the venous drainage of the eye through the retrovital veins drained into the cavernous vagina Further examination &///amp; research • CT scan • Blood culture • • • Fundus test will show nine-day retinal vein therapy • Hospitalization • Intravenous antibiotics • Anticoagulants • Local antibiotic ointment to help furuncle drain • Treatment of frontal sinusitis Case 13: An 18-year-old male patient has complained of dull forehead pain over the past 3 years. This pain increased in the morning and decreased in the afternoons, along with intermittent nasal discharge. 10 days ago the pain became very severe with complete nasal obstruction and fever 38 C the patient did not receive proper treatment and until the tenth day became drowsy with some mental behavioral changes, also there was vomiting and blurred vision. CASE 13 Diagnosis & reasons Chronic frontal sinusitis (duration 3 years, typical morning vacuum headaches) is recently complicated (10 days ago, complete nasal obstruction, fever 38 C) the last complication is a frontal lobe abscess (sleepiness, mental behavioral changes, vomiting and blurred vision) 13. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Explain the following manifestations • Morning headache: due to obstruction of the opening of the frontal vagina when the patient sleeps the opening is hermetically closed due to swelling and the air in the vagina is absorbed creating a negative pressure that causes a headache in the morning when the patient gets up edema is somewhat relieved and the air enters the vagina and so the headache disappears or decreases in the afternoon • Mental behavioural changes: the abscess causes pressure in the centers of the frontal lobe of the brain responsible for the behavior • Blurred vision: increased intracranial tension from the abscess causing vomiting and nooses further examination &/or investigations • Tenderness over the frontal vagina • CT scan with contrast to identify the abscess and diagnose the frontal sinus • Leukocytic number significant after treatment for prognosis Treatment • Neurosurgical resection or drainage of • abscess Treatment of semimotic frontal surgically to drain the frontal vagina Case 14 : A 52-year-old man began to develop a right side gradually increasing nasal obstruction 6 months ago. This was followed by blood tinged nasal discharge from the right side as well. Due to the laxity of the right second upper promoleclar tooth, the patient consulted a dentist who advised the extraction, this resulted in a seroandrium fistula. During the examination there was a constant swelling tenderness in the right upper part of the neck. POSITION 14 Diagnosis & reasons Cancer of the right upper jaw (right nose of nasal discharge into the blood, laxity of the right upper second promoleclar tooth, swelling of the right upper neck) Explain the following manifestations • Blood with nose of nasal discharge: common early manifestation paranasal sinuses due to the presence of necrotic infected nasal mass • Relaxation of the right second promoleclar tooth: due to the early onset of paranasal sinus cancer due to the presence of necrotic infected nasal mass • Relaxation of the right second promoleclar tooth: due to the early onset of paranasal sinus cancer due to the presence of necrotic infected nasal mass • Relaxation of the right second promoleclar tooth : due to the presence of the upper second promoleclar tooth: due to the presence of necrotic infected nasal octons of the root of the tooth from the malignant tumor, such as this tooth and the first hip is very close to the floor of the upper jaw • Oroantral fistula: due to the destruction of the cell and palate by the malignant tumor leading to escape of saliva food and drink from the mouth to the upper jaw and then behind the nose 14. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | • Constant tender swelling in the right upper neck: lymph node metastasis from the original upper jaw tumor could be tender or non-tender Further examination &/or investigations • Other symptoms include: orbital manifestations such as diplopia, blindness and pain. headache and tridym nerve pain. swelling of the cheek. Horner syndrome due to the spread of malignancy from the retrophic lymph node of Rouviere to the upper cervical sympathetic ganglion • CT scan: for diagnosis, study the extent of malignant damage and its relationship to the large blood vessels of the throat and look for another lymph node metastasis • Nasal endoscopy and biopsy to prove malignancy before treatment and to know the pathological type of malignant tumor before deciding on the form of treatment • General investigations to assess the patient's condition • Surgical resection with maxilectomy (partial, total or radical depending on the extent of the tumor) • Radiotherapy for extensive inoperative lesions • Radical dissection of the neck for lymph node metastases • Chemotherapy for non-operative tumors that do not respond to radiotherapy • Palliative treatment for non-operative final cases Case 15 : A 40-year-old woman has complained of long-lasting nasal problems in the form of bilateral nasal obstruction, anosmia and nasal crust. Two months ago he developed a mild stridor that required tracheostomy later. She received medical treatment for her condition, but a month later developed severe to profound hearing loss that required the use of a hearing aid. CASE 15 Diagnosis & reasons Rhinoraryngoscleroma (long nasal impacts, stridor) Explain the following manifestations • Nasal obstruction: due to the presence of scleroma mass or crust or nasal synchitis • Stridor: laryngoscleoma causes subglotic stenosis and fibrosis causing biphasic crown 15. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | • Deep hearing loss requiring hearing aids: an old antibiotic used to treat scleroma was streptomycin which was ototoxic, now causing sensory hearing loss now ryfabscin is used without such adverse reaction Further examination &/or investigations • Examination of the nose shows crusts, nasal mass, aggressive discharge • Examination of the larynx will be an area of hypoglottic stenosis may take the form of tissue • Biopsy: it will present a chronic inflammatory process with endoterinitis oblierans and two diagnostic structure the mickulicz mickulicz cell Russel's body; the active cell of fibroblasts is also observed Treatment • Medicine: Ryfabsin 300mgm daily twice a day before meals • Surgery: re-evaluation of the nose to relieve nasal obstruction • Laser excision of the subglot tissue to relieve shortness of breath and stridor • Monitoring the condition until full treatment Case 16: A male patient aged 24 years who experienced severe pain in the neck and left ear increased by swallowing the sudden onset and duration of 2 days. He gave a history of sores throats and fever a few days before the condition. During the examination, the patient looked very ill and has a thickened voice. The

temperature was 39.5 C and the pulse was 110/min. The patient had fetor of breath and was able to open his mouth. There was intense swelling of the palate that conceals the left amygdala found to be intensified. There was a painful hot swelling located under the left corner of the lower jaw. The left tympanic membrane was normal. SUBSTANCE 16 Diagnosis & reasons Acute tonsillitis (sore throat and fever) complicated by peritonal abscess {quinzy} (intense neck pain reported in the left ear, very sick, thickened voice, fever, fetor, unable to open his mouth, swelling of the palate, painful warm swelling in the corner of the lower jaw) Explain the following manifestations 🗩 Pain in the left ear: re-determined ear pain along the tympantic branch of Jackobsen (which feeds the middle ear) of the tongue-faring nerve (which feeds the palatine amygdala) 🗩 Thickened voice: due to the palatial edema of breathing: severe dysphagia leading to inability to swallow saliva along with the presence of an abscess in the oropharyn 16. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | 🗩 Unable to open his mouth: trisms due to irritation of the medial pterygoid muscle from the pus under tension to the peritonal abscess 🗩 Left amygdala by injection: visibly saturated due to severe inflammatory process 🗩 Warm swelling under the left corner of the lower jaw: ju gulo transgastric lymphitis 🗩 Normal tympanic membrane: there is no acute otitis media pain in ea referred by the throat Further examination &/or investigations 🗩 Full picture of blood legacytosis 🗩 CT treatment 🗩 Medical treatment: antibiotics, analgesics, antipyretic and anti-inflammatory drugs 🗩 Surgical drainage of quinzy (pus showing, edema of the athaly, pulsating pain, swelling with pips) 🗩 Tonsillectomy after 2-3 weeks Case 17: A 5-year-old boy was referred to a special ENT due to breathing in the mouth and hearing impairment lasting 2 years. His mother said her child has a near-constant mucous discharge that sometimes changes to a mucous membrane and snores the duration of his sleep. During the examination, the child has nasal speech and obvious breathing in the mouth. Examination of the ears showed recovered tympanic membranes. The tympanograms were levels of type B. CASE 17 Diagnosis & reasons for adenoid enlargement (breathing in the mouth, nasal nasal snoring, nasal speech) is complicated by bilateral otitis media with collection (hearing impairment, retracted tympanic membranes type B tympanograms) Explain the following manifestations 🗩 Blenoid nasal discharge that can be changed to be mucous: adenoid enlargement may be complicated by ethmoid is causing mucous nasal discharge 🗩 Snoring: due to bilateral nasal obstruction during his sleep he may proceed to respiratory obstruction during his sleep (sleep apnea) 17. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | 🗩 Nasal speech: nasal clausa due to nasal obstruction was the letter m pronounced as b 🗩 Type B tybanograms: due to the presence of fluid behind the intact retractable tympanic membrane leading to no vibration of the drum Further examination &/or investigations 🗩 Other symptoms and signs: adenoid face, slowed growth, poor school performance, night urination. 🗩 X-ray lateral view skull: soft tissue shadow in the nasopharynx causing narrowing of the nasopharyngeal airway 🗩 Audiogram: vacuum of air bones indicating conductive hearing loss Treatment 🗩 Adenoidectomy 🗩 Bilateral introduction of a ventilation tube (grommet) into the tympanic membranes Case 18: A male patient of 49 years presented the complaint of enlargement of the upper deep cervical lymph nodes on both sides of the neck 6. The nodes first appeared on the right side later on the other side. The patient gave a history of impaired hearing to the right ear that was intermittent, but later became permanent. He recently developed hearing loss in his left ear, nasal reflux, nasal voice ton and repeated mild nosebleeds. POSITION 18 Diagnosis & reasons Nasopharyngeal carcinoma with lymph node metastasis (early onset of lymph node metastasis as the nasopharynx is one of the silent areas of the head and neck – esoteric primary signs, reduced hearing due to eustachular shielding) Explain the following manifestations 🗩 Bilateral enlargement of the upper deep cervical lymph nodes: the rhinopharynx can send metastases on both sides because the center of the head and neck is present 🗩 Reduced hearing in the right ear: due to the destruction of the eustachal tube by the malignant tumor causing right otitis with collection and recalled tympanic membrane leading to conductive hearing loss 🗩 Nasal reflux: due to analytic paralysis 🗩 Nasal tone of the voice: due to nasal obstruction and paleolithic paralysis is a combined nasolalia clausa and aperta 18. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Further examination &/research 🗩 CT scan 🗩 Nasopharyngoscopy and biopsy 🗩 Audiogram and tympanogram 🗩 General research Treatment 🗩 for primary nasopharyngeal carcinoma 🗩 Radical dissection of the neck for residual lymph node metstasis after radiotherapy treatment 🗩 Chemotherapy in some selected cases in the histopathological finding of biopsy 🗩 Palliative treatment for the final cases Case 19: A 40-year-old female began to experience difficulty swallowing for the last 3 years. This difficulty in swallowing was in all types of food and the condition showed variation in the degree of dysphagia and was associated with a feeling of obstruction at the root of the throat. In the last 2 months, she quickly developed progressive difficulty swallowing even in fluids along with a change in her voice. I recently noticed a constant non-tender swelling in the right upper neck. CASE 19 Diagnosis & reasons Plummer – Vinson disease (intermittent dysphagia for 3 years in all types of food) leading to hypopharyngeal or esophageal malignancy (evolution of dysphagia in the last 2 months, change of voice, appearance of edema of the throat indicating lymph node metastasis) Explain the following manifestations 🗩 Sensation of obstruction at the root of the throat: the level of obstruction of Plummer Vinson disease is due to the presence of pharyngeal and esophageal fibrous tissues in the lower pharynx nxx and upper esophagus 🗩 Change of voice: due to malignant involvement of recurrent laryngeal nerve leading to paralysis of vocal folds 🗩 Stable non-tender swelling in the right upper neck: lymph node metastasis in the right upper deep cervical lymph node Further examination 🗩 Indirect laryngoscopy : the tumor is observed in the hypopharyneal with hypersaryngeal foam 🗩 Immediate laryngoscopy and biopsy 19. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | &/or research 🗩 X-ray side view neck showing a wide prevertebral area displacing the anterior airway 🗩 CT scan to show the extent of the tumour much lower area 🗩 Ingestion of barium 🗩 General surveys to assess the general condition treatment of the patient 🗩 Surgical resection with total larynx at fault and radical dissection of the neck of the metastatic lymph nodes 🗩 Radiotherapy 🗩 Chemotherapy 🗩 Palliative treatment 🗩 The type of treatment depends on the general condition of the patient, age of the patient, the extent of the tumor and histopathological type of Case 20:4 hours after adenotonsilectomy for a 6 year old the pulse was 110/min, blood pressure 100/70, breathing 20/min and the child vomiting 250 cc of a dark liquid. 2 hours later he vomited another 150 cc of the same dark liquid, the pulse became 130/min, the blood pressure became 80/50. The breathing rate remained 20/min. CASE 20 Diagnosis & Reasons Post-tonsillectomy reactive bleeding (increased pulse, decrease in blood pressure, vomiting of modified blood, 4 hours after adenotonsilectomy) Explain the following manifestations 🗩 The pulse is 110/min and then increases to 130/min: a continuous rate of increase due to taccycardia as compensation for blood loss 🗩 Vomiting dark liquid: blood (acid hematine when blood changes from the stomach HCL) Further examination &/or investigations 🗩 Examination of the place of the throat may come from the tonsil bed or from the adenoid bed 🗩 Rapid evaluation of hemoglobin therapy 🗩 Antisock measures (fluid and blood transfusion, steroids, gels) 🗩 Surgical hemostasis under general anesthesia 20. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Case 21: A 3-year-old child was referred to an ENT specialist due to coughing, shortness of breath and a temperature of 39.5 C lasting a few hours. The child was admitted to the hospital for observation and medical treatment. Six hours later, the doctor decided on an immediate tracheostomy. After the operation the child was relieved of respiratory distress for 24 hours, then became dyspnonic again. The doctor performed a small procedure that was necessary to relieve the child from shortness of breath. A few days later the tracheostomy tube was removed and the child was discharged from the hospital. CASE 21 Diagnosis & Reasons Acute laryngotracheobronchitis – CROUP (dyspnea relieved by tracheostomy placed for only a few days, cough and fever) is complicated by blockage of the tracheostomy tube by secretions (relieved after cleaning the tube) Explain the following manifestations 🗩 Cough: common with croup due to the presence of trachea and broncjial imflammation and secretions 🗩 Temperature 39.5 C: the temperature in the croup is heavy may be mild or severe depending on the virus causing the condition 🗩 Observation and medical treatment: the main observation is that of the degree of respiratory distress and tachcyardia for the detection of early heart failure. Medical treatment is mainly steroids and humidification of breathable air, mucous and expectorants to facilitate getting rid of secretions in the bronchi and trachea. 🗩 Small procedure: clear tracheostomy tube from accumulated secretions. Further examination &/research 🗩 Pulse rate 🗩 Cyanosis 🗩 Chest X-ray for differentiation from inhalation of a foreign body Treatment 🗩 Steroids 🗩 Mlenolytics 🗩 Expectorants 🗩 Antibiotics 🗩 Inhalation of liquefied oxygen 🗩 Treatment of heart failure 21. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Case 22: A 45-year-old man who is a heavy smoker complained of a change in his voice lasting 3 years in the form of hoarseness. During the last 3 months his voice became very hoarse and he developed mild respiratory distress. He later became seriously distressed and needed surgery to alleviate the agony. During the examination there were bilateral stable non-tender swelling of the upper neck. CASE 22 Diagnosis & reasons Leukoplakia of the vocal folds (shortness lasting 3 years) leading to mycinoma vocal folds (glottic carcinoma increased hoarseness, respiratory relieved of tracheostomy) with bilateral lymph node metastasis (stable non-tender swelling of the upper neck) Explain the following manifestations 🗩 Brachnada: the presence of leukoplakia or carmatoma the ability to vibrate causing hoarseness 🗩 Bilateral stable non-tender swelling in the upper neck: metastasis of lymph nodes not common with the carcinoma of the vocal fold; but may occur when the tumor spreads to the neighboring hyperglotida or subglottida 🗩 Surgical procedure: tracheostomy to bypass the glottic lesion that causes respiratory obstruction Further examination &/or investigations 🗩 Other symptoms: cough and hemoptitis 🗩 Indirect rabbit: imaging of the lesion and imaging dysfunctional paralysis of the vocal aspect 🗩 Laryngeal strobe: to examine the movement of the vocal aspect very useful with minor lesions of the carcinoma of the vocal aspect 🗩 Immediate laryngoscopy and biopsy 🗩 CT and MRI 🗩 Chest X-ray therapy 🗩 Laser resection of the lesion 🗩 Laryngochia and cholectomy 🗩 Laryngectomy (partial or total) 🗩 Radiotherapy for minor cord lesions 🗩 Chemotherapy and palliative treatment for final cases 22. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Case 23: A 40-year-old woman has had repeated attacks of chest infection that are not improved by medical treatment. The patient was admitted to a hospital to investigate her condition. A chest X-ray revealed a major lung infection. During her stay in the hospital she was observed to have suffered from chest tightness and choking after meals. The ward nurse noticed that the patient refuses fluid nutrition and prefers solid bulky foods. SUBSTANCE 23 Diagnosis & reasons Cardiac achalasia (basic infection in the chest due to suction, drowning after meals and dysphagia more in fluids) Explain the following manifestations 🗩 Chest infection does not improve with medical treatment: due to continuous suction the initial state of cardiac achalasia must be treated first and chest infection will then improve 🗩 Basic pulmonary infection by X-ray: with gravity suction the basal lung is always affected 🗩 The patient refuses to feed the fluids and prefers solid food: solid food creates better stimulation by rubbing against the esophageal wall and thus the cardiac sphincter opens while the fluids must accumulate in the esophagus before causing sufficient stimulus Further examination &/or investigations 🗩 The esophagus of the barium X-ray shows a large dilation of the esophagus and narrowing at the level of the cardiac sphincter 🗩 Esophagoscope 🗩 CT scan with barium ingestion 🗩 X-ray treatment In 🗩 Chest Function Heller 🗩 : A 4-year-old child was referred to an ENT specialist by a pediatrician due to repeated attacks of severe chest infection (three in number) during the last month usually resolved with antibiotics, expectorants and mucous membranes, but the last attack was not solved. During the examination, the following lung lobe showed no air entry and a lot of wheezing throughout the chest from asuclulation. A chest X-ray revealed an opacified lower right lobe. Temperature 38 C, pulse 120/min and breathing rate 35/min. OEM 24 23. 25 Important cases in ears, nose and neck SurgicoMed.com SurgicoMed.com IMPORTANT CASES IN THIS, MYTH & BLOOD | Diagnosis & reasons 🗩 Inhalation of a foreign body in the right lung most likely vegetable seed as a peanut (attacks of chest infection, without air inhaling and palpation of the lower right lobe of the lung, tachycardia fever and shortness of breath 35/min normal respiratory rate reting in a child should not exceed 18/min Explain the following manifestations 🗩 The latest attack of chest infection has not been solved: the chemical bronchopneumonia caused by vegetable seed has reached a severity that could not be controlled by medical care always suspected an inhalation of a foreign body is in an unresponsive chest infection in a child 🗩 Wheezing throughout the chest: although the foreign body is located in the right lung the point of reduced air entry and an x-ray opaised lobe , but the chemical effect of fatty acids on vegetable seed is throughout the lung causing severe shortness of breath and tachypnea as well as 🗩 Pulse 120/min : respiratory failure is also accompanied by tachycardia which can lead to heart failure Further examination &/or investigations 🗩 Correct history 🗩 Tracheobronchoscus Treatment 🗩 Tracheobronchoscopy and removal of the foreign body followed by 🗩 Antibiotics 🗩 Antibiotics 🗩 Steroids 🗩 Expectorants Case 25: A 3-year-old child suddenly complained of a sore throat and enlarged left upper deep cervical lymph node. Later he suffered from severe weakness of the body and mild respiratory distress that gradually became severe. Oropharyngeal examination revealed a grayish membrane on the left amygdala, soft palate and posterior pharyngeal wall. 2 days later he developed nasal reflux. Its temperature was 38 C and pulse 150/min. CASE 25 Diagnosis & reasons Diphtheria (sore throat, enlarged upper deep cervical lymph node, severe weakness, respiratory distress, extension of the membrane outside the amygdala, low grade fever with severe tachycardia) 24. 25 Important cases in ear, nose and neck SurgicoMed.com 25 IMPORTANT CASES IN EAR, MYS & OIL | Explain the following manifestations Enlarged upper deep cervical lymph node: significantly enlarged (Bull's Neck) common in diphtheria in the early stages of the disease Respiratory distress: it could be due to heart failure caused by severe toxemia or due to the expansion of the diphtheria membrane in the larynx Grizopi membrane: due to tissue necrosis Extension of the membrane outside the surface of the amygdala: di ftheria is a disease of the mucous membrane not only of the amygdala Pulse 150/min: toxemia that causes heart failure leading to rapid pulse further examination &/or investigations Smear from the membrane Bacteriological diagnosis Treatment Start of treatment immediately do not wait for a definitive bacteriological diagnosis Antitoxin serum 20,000 – 1 000,000 units until the membrane disappears bacteriological smears until the body disappears from the throat Antibiotics Treatment of heart failure if there is tracheostomy for respiratory distress or even severe heart failure to reduce the effort of breathing reduction of respiratory dead space Passive and active immunisation of patient contacts

slick slime sam youtube , normal_5f8f69a815743.pdf , telugu bahubali 2 movie full hd , normal_5f9449ea06476.pdf , normal_5f91cbbfe7804.pdf , normal_5f8a102782a7e.pdf , normal_5fca646c96a4d.pdf , sands surf report magicseaweed , mass effect 2 final mission guide , halo bad blood plot , 16776703623.pdf , sacred spirit incense ,