ENT EMERGENCIES

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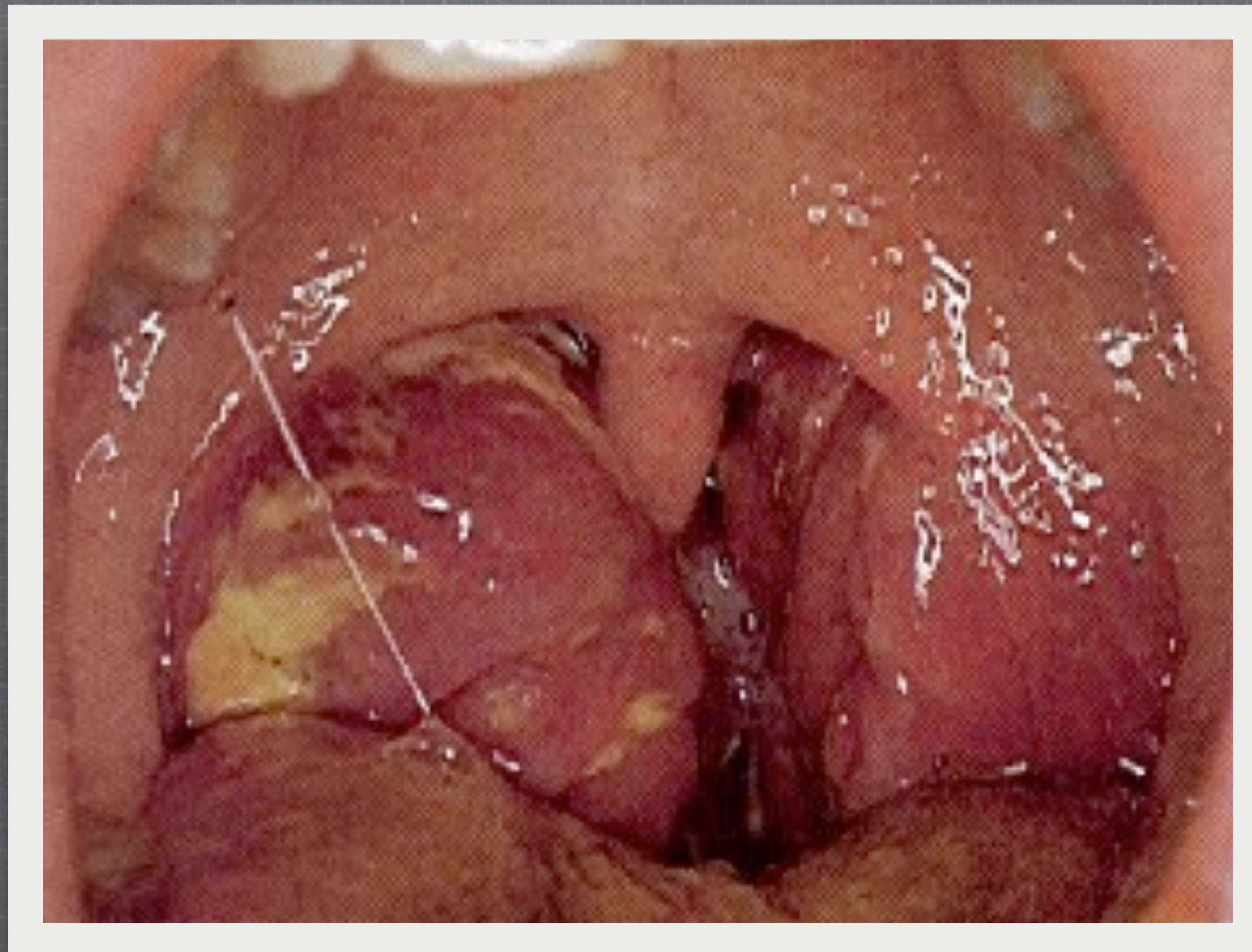

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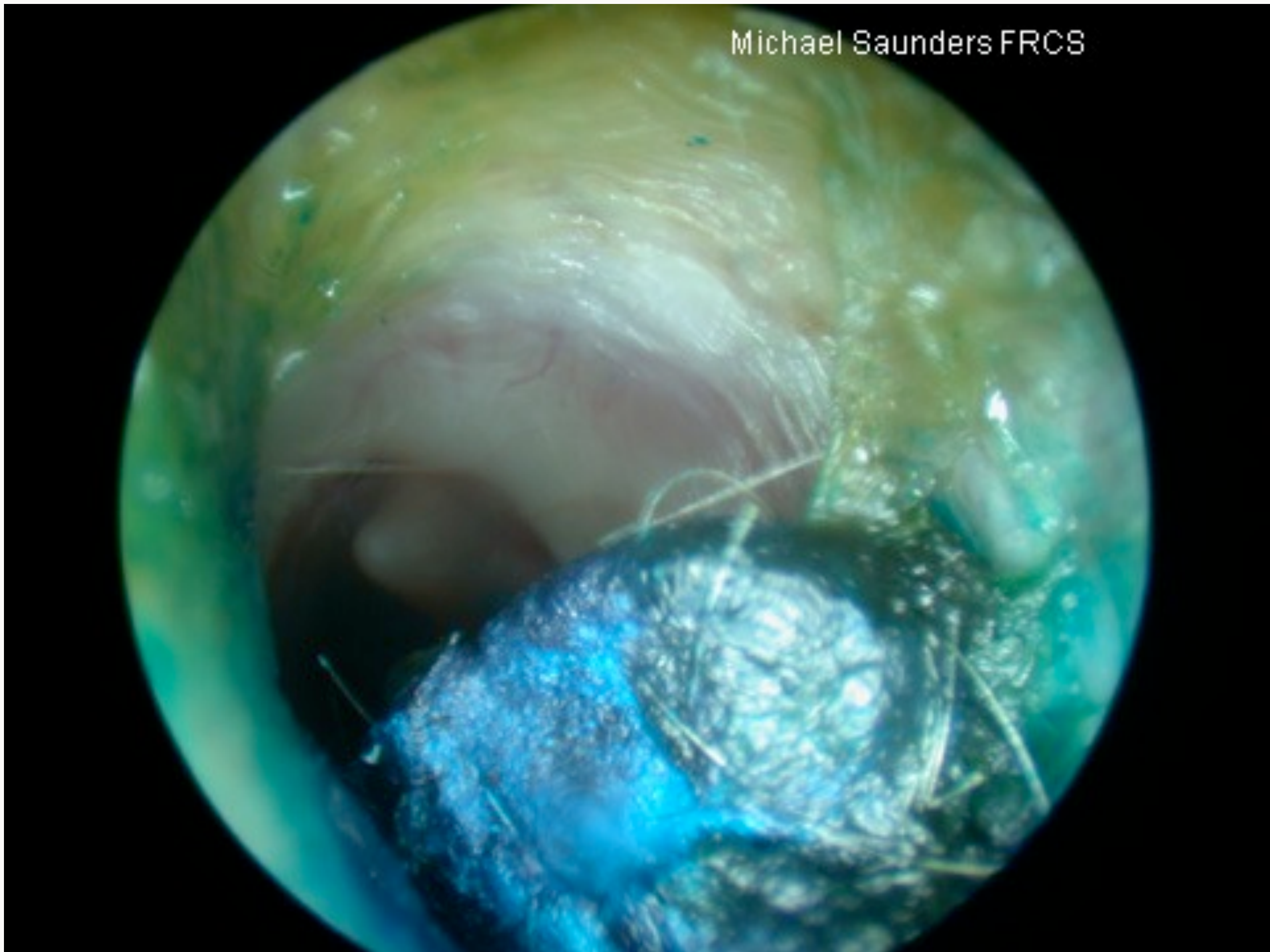
- Epistaxis
- Nasal fracture
- Quinsy
- Ludwigs angina
- Croup
- Epiglottitis
- Retropharyngeal abscess
- Otitis media and externa
- Perforated ear drum
- Salivary gland problems
- Facial Palsy

FOREIGN BODIES

- Wax hook, don't use crocodile forceps on round objects: goes further in
- Direct vision where possible
- In nose: blow or get parent to do firm mouth-to-mouth while occluding patent nostril
- Need cooperation, otherwise refer ENT
- Don't flush organic matter in ear, ?suction
- lignocaine to drown insect in ear
- Fish bones: x-ray and refer if you can't remove
- Refer swallowed watch batteies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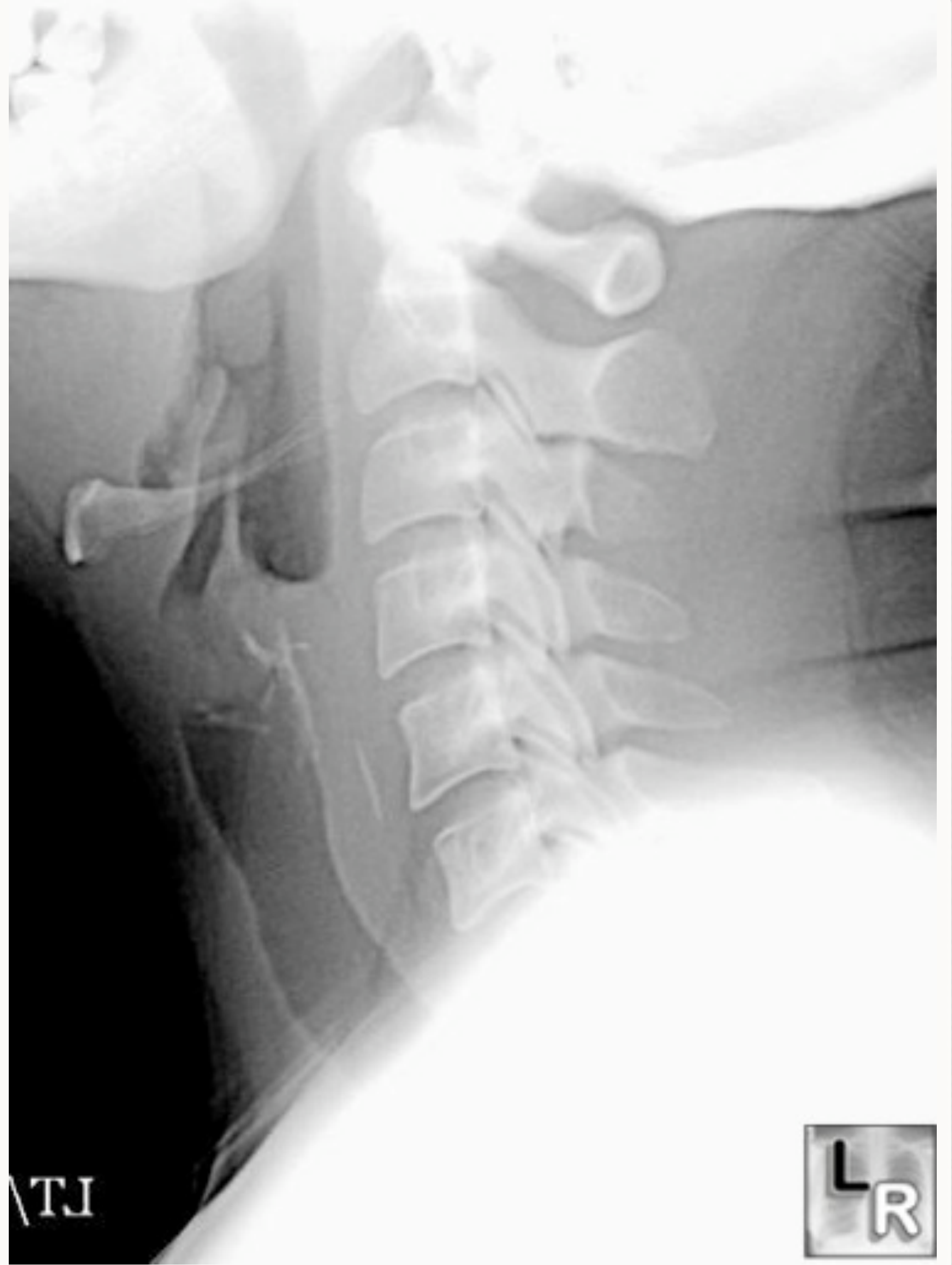
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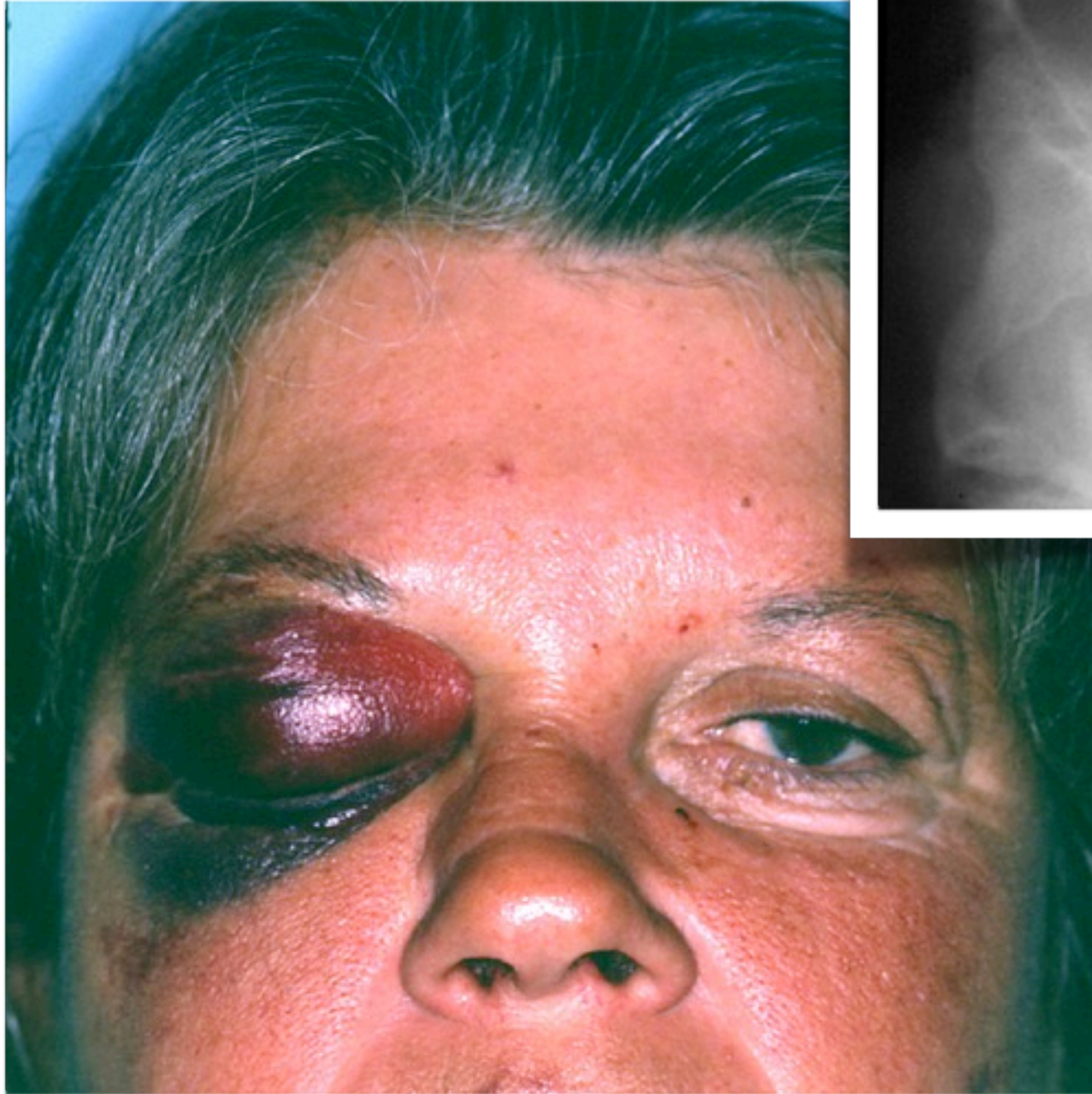
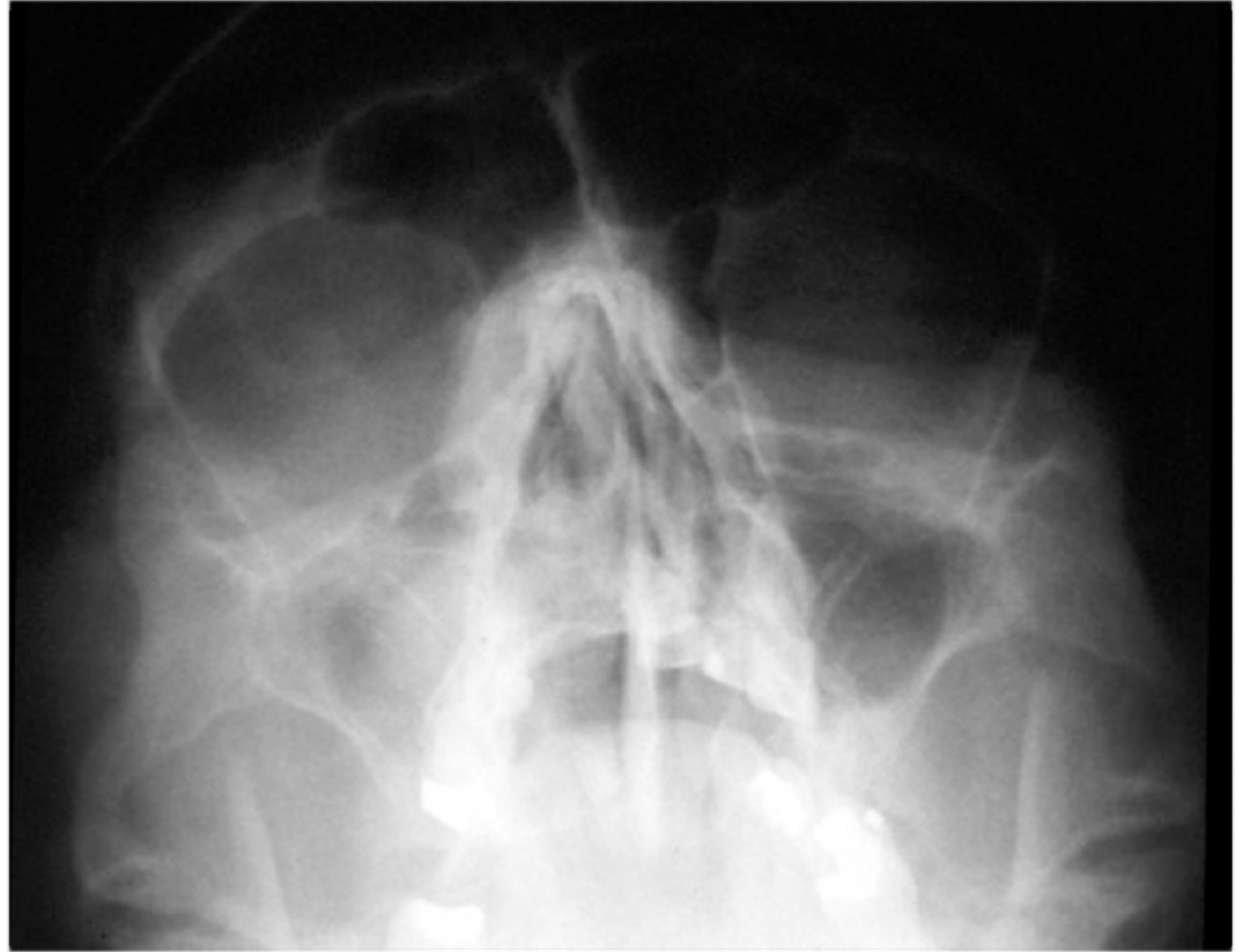
EPISTAXIS

- Anterior: usually Little's area (anastomosis of anterior ethmoid artery, great palatine artery, sphenopalatine artery and superior labial artery.) usually from picking, or ↑ BP, coagulopathy
- Check INR if on warfarin
- Pinch anteriorly 20 mins
- If stopped; home with first aid advice
- Usually don't need Ix
- If bleeding spray with xylocaine/adrenaline
- AgNO3 cautery for spot
- Nasal packing, bloods, IV line, refer ENT

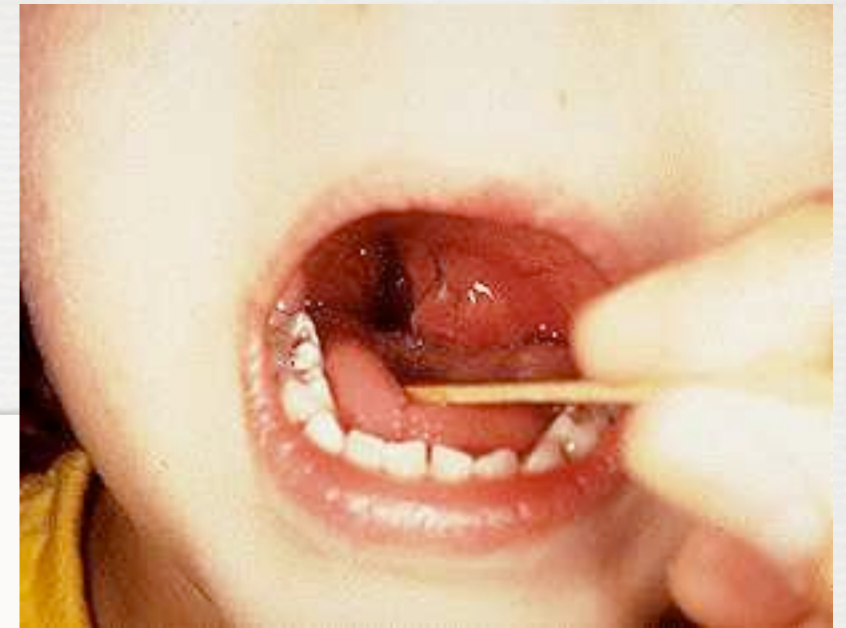
NASAL FRACTURES

- Check for HI symptoms/signs
- Epistaxis?
- Nasal/septal deviation?
- Other facial/jaw injuries?
- Septal haematoma? (will need referral to ENT for drainage)
- CSF rhinorrheoa
- Pack if epistaxis continues
- Refer ENT follow up clinic if any deviation
- Do NOT needs xrays





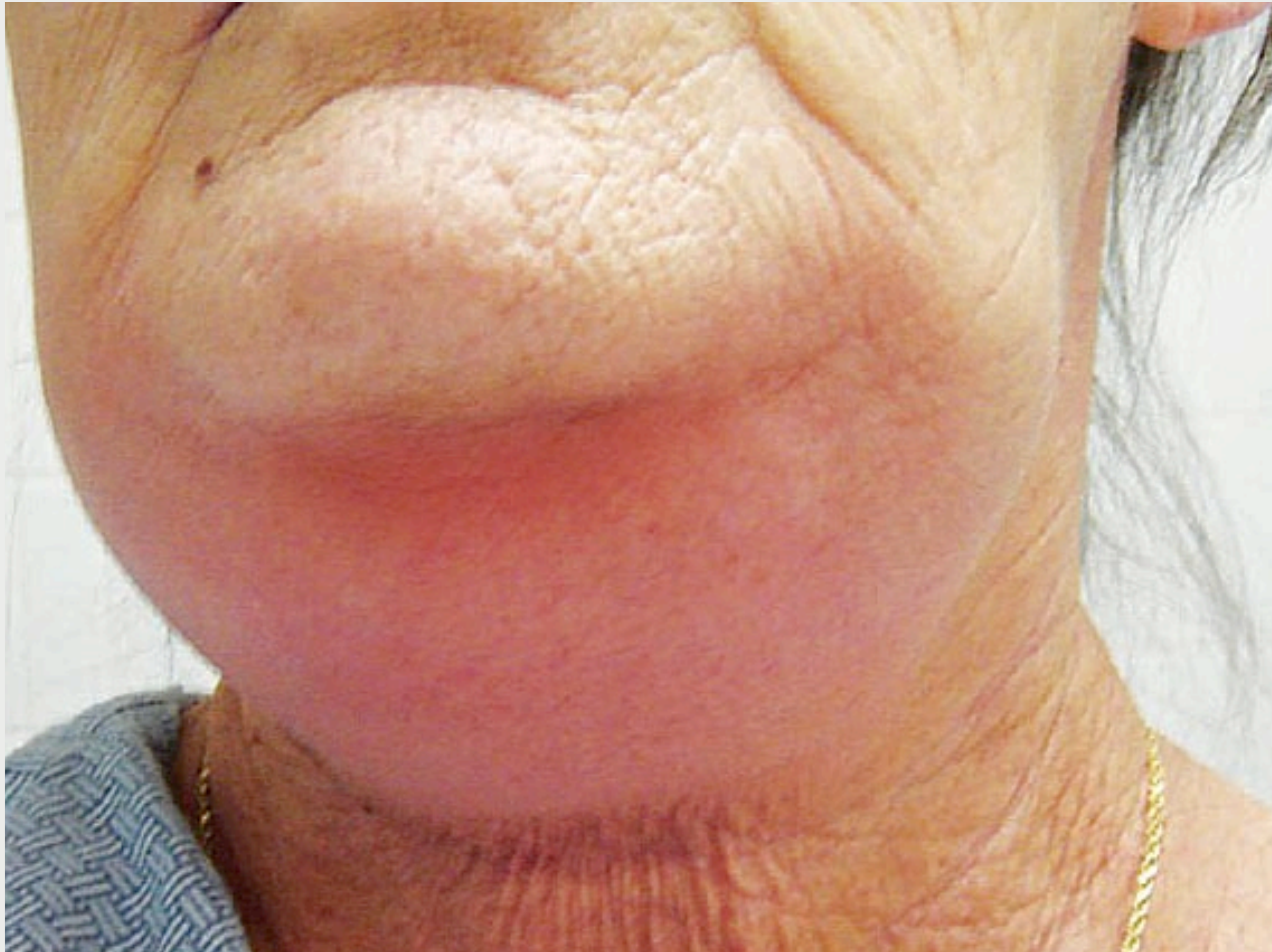
QUINSY



- Often Gp A, β-haemolytic strep.
- Sore throat for a few days
- Sore throat, difficulty swallowing
- May have fever
- Enlarged jugulodigastric nodes
- Prominent anterior facial pillar on one side, uvula pushed away
- Trismus
- Needs IV line, blood
- IV antibiotics-benzyl pen
- Refer ENT for draining

LUDWIG'S ANGINA

- Infection of the tissues in the sublingual and submandibular spaces
- Potential threat to airway
- May have fever
- Firm tender induration under chin, prominent tongue
- Anaesthetists?
- Needs IV line, bloods
- IV antibiotics
- Refer ENT



CROUP

- laryngotracheobronchitis , cause=RSV
- 6/12-5yrs, winter months
- Worse at night
- Barking cough and harsh stridor, fever
- May need RSI if severe
- Dexamethasone 0.15-0.6mg/kg po or nebulised budesonide 2mg. Home if 0-1 ‘mild’

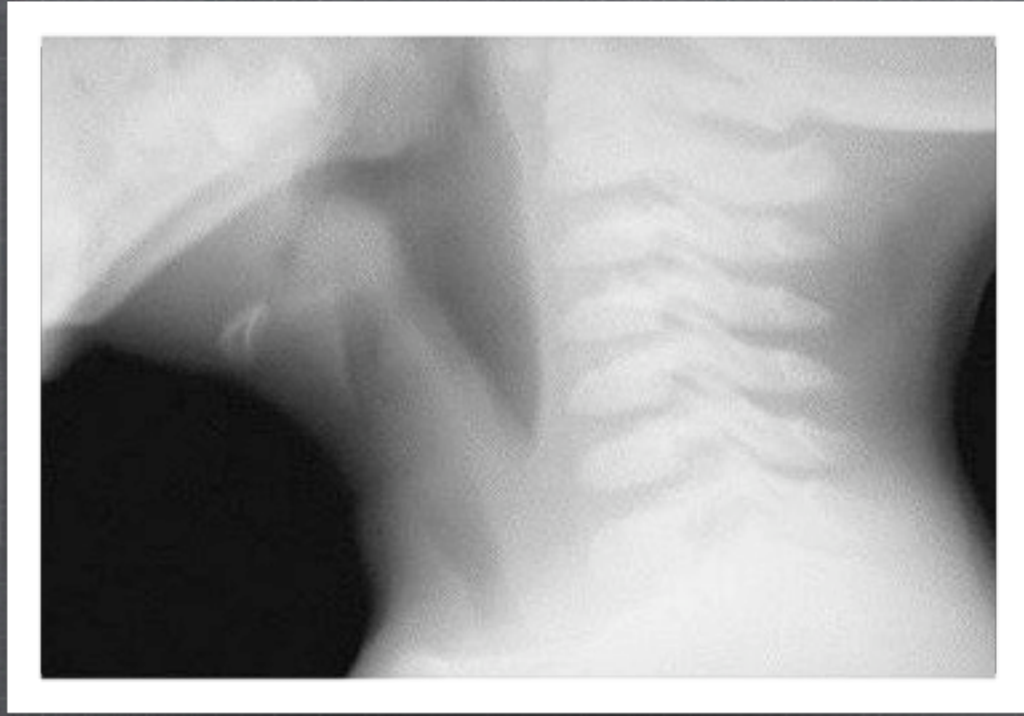
Mod. Westley Croup Score

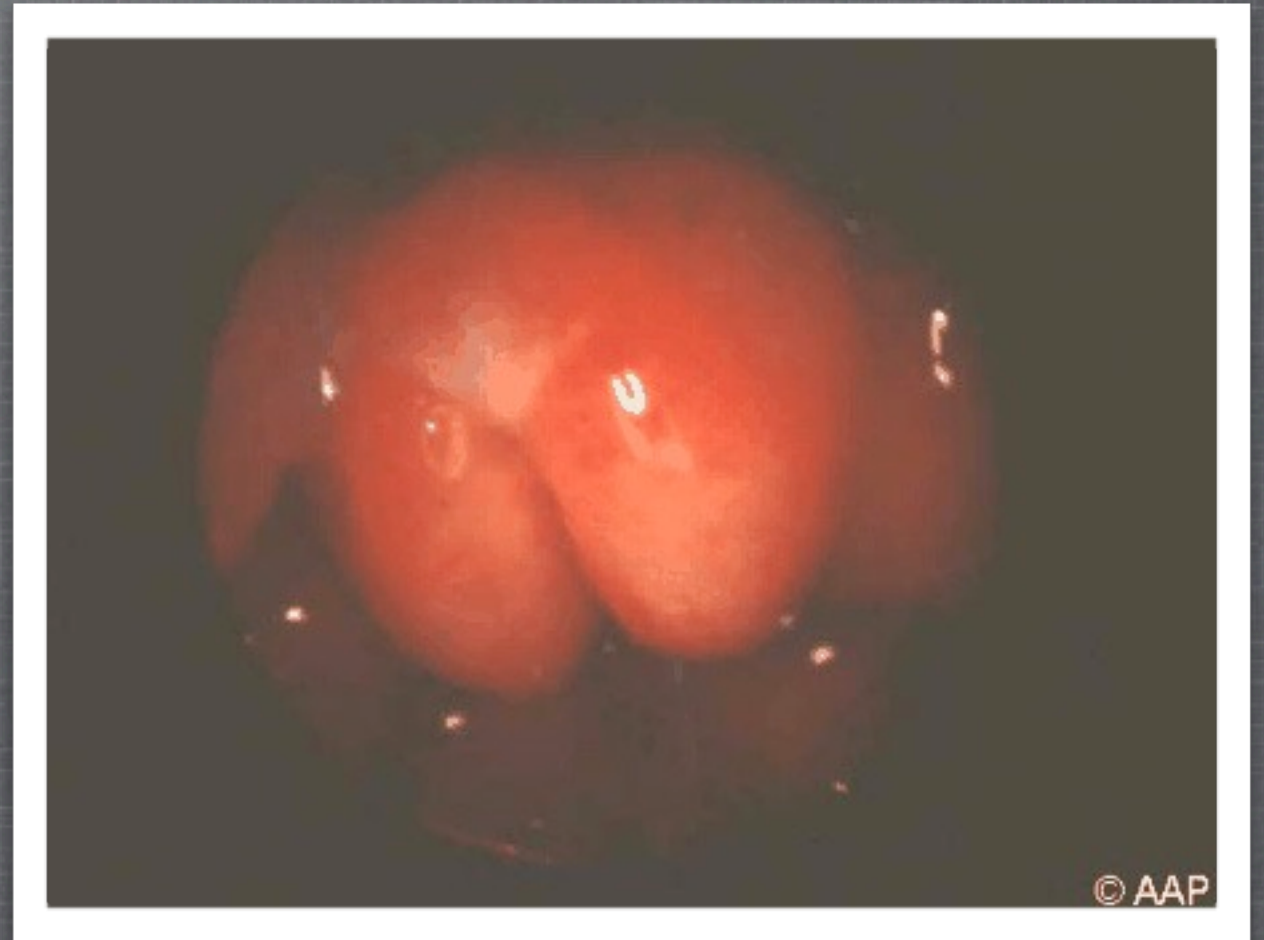
Table 1 Croup score (0-17)

Oxygen saturation (%) (0-4)	*Stridor (0-4)*	*Cough (0-3)*	*Recessions (0-3)*	*Respiratory distress (0-3)*
0 95-100	Nil	Nil	Nil	Nil
1 92-94	Only when agitated	Only when agitated	Mild	Mild
2 89-91	Mild at rest	Mild at rest	Moderate	Moderate
3 86-88	Moderate at rest	Moderate-severe at rest	Severe	Severe
4 < 86	Severe at rest	—	—	—

EPIGLOTTITIS

- 2-7yrs, Haemophilus influenza B usually
- Less now with vaccine
- High fever T>38.5, drooling, soft stridor
- Sits up leaning head forward, no speech
- DO NOT examine airway, upset or lie down
- Blow over 0_2, adrenaline nebs if possible
- Urgent ENT / Anaesthetist referral for intubation

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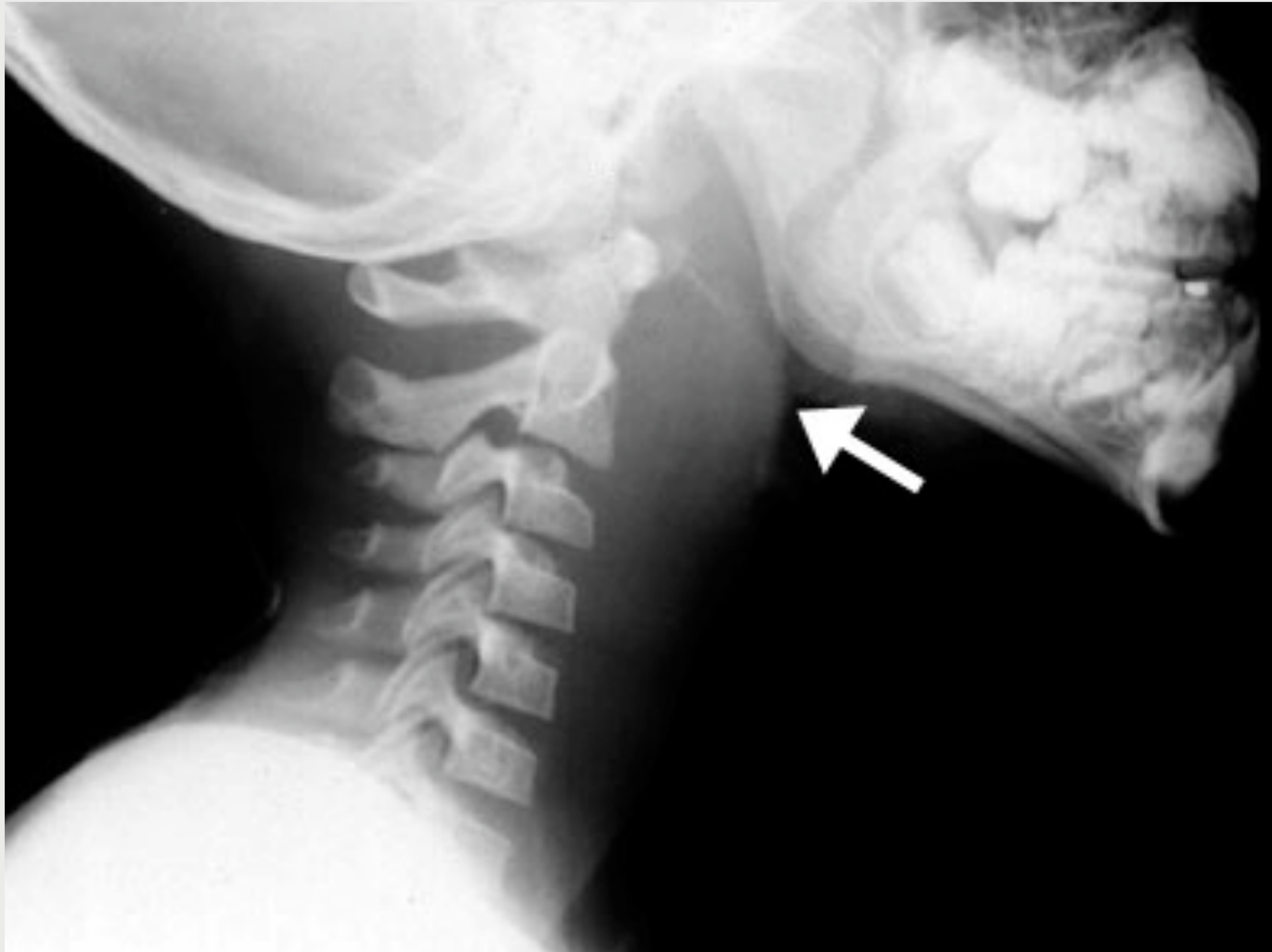
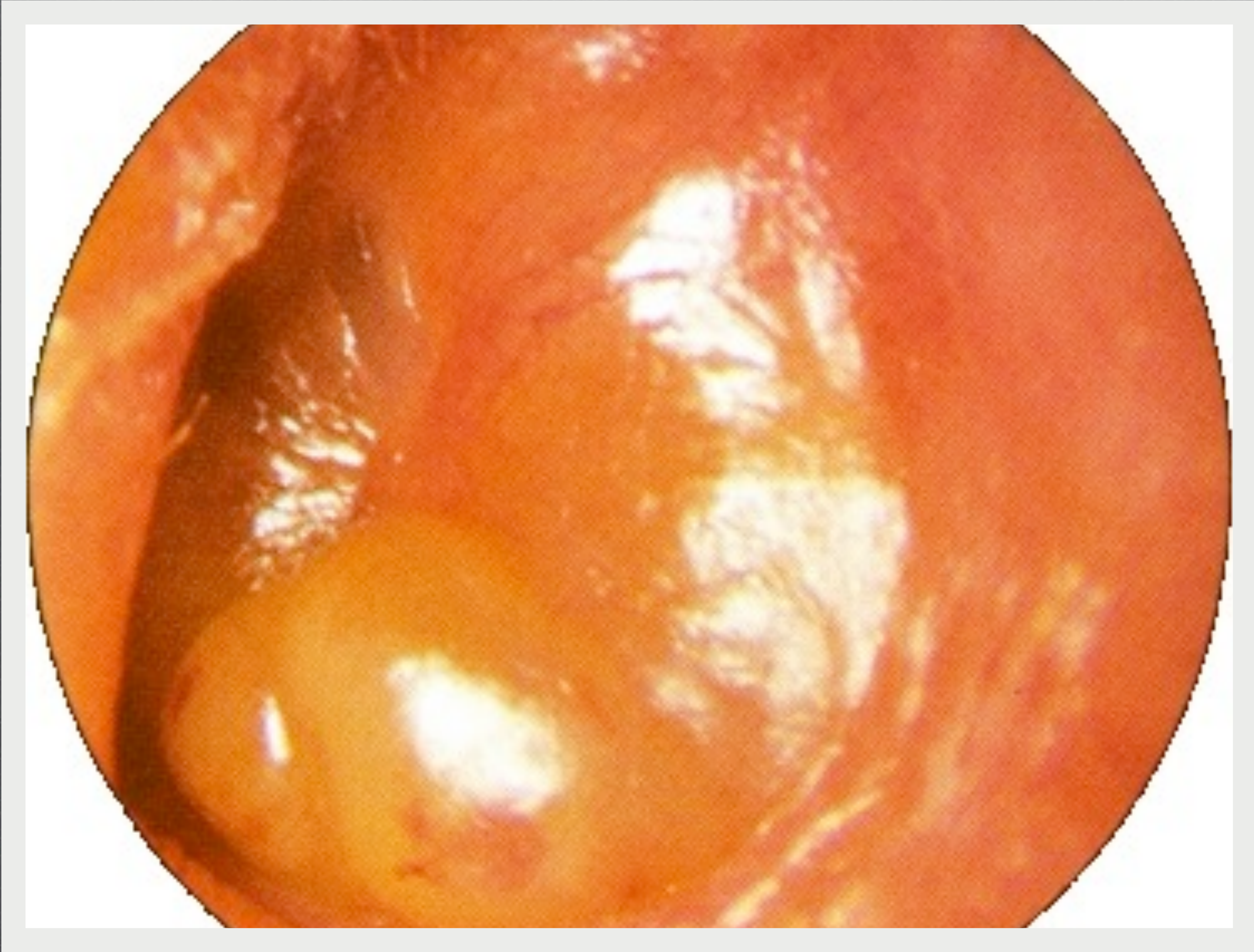
RETROPHARYNGEAL ABSCESS

- Sore throat/stiff neck
- Difficulty swallowing
- Fever
- <3yrs of age usually
- No cough
- May have stridor, neck hyperextension
- Lateral soft tissue xray in resusc.= wide pre-vertebral tissue space
- IV line, bloods, antibiotics
- Refer ENT urgently



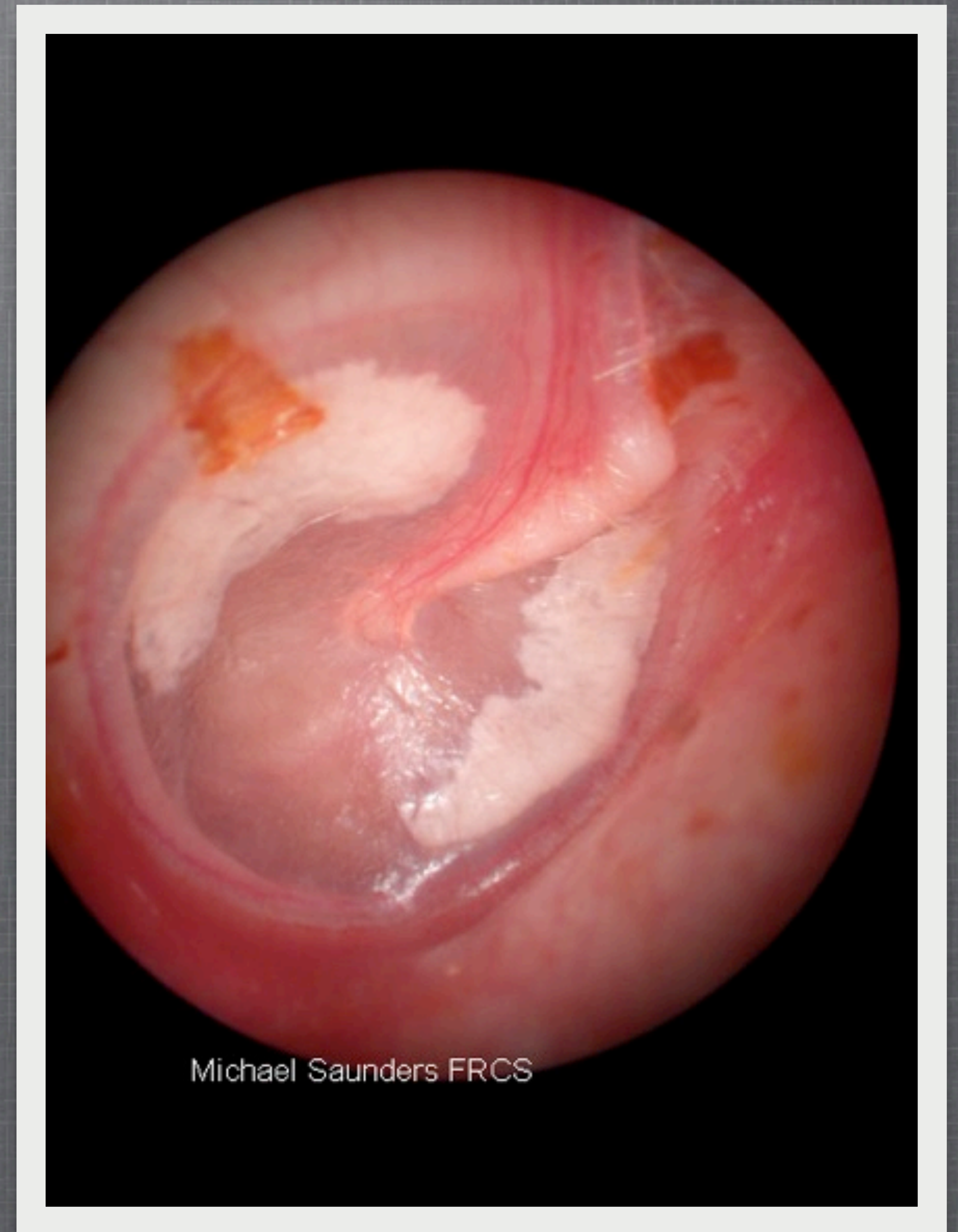
ACUTE OTITIS MEDIA

- Very common primary care problem, usually 3-6yrs
- Strep. pneumonia, H. influenzae
- Ear ache, discharge, reduced hearing
- Fever, lethargy,
- Red angry bulging drum, or perf with pus.
- Always check for mastoiditis
- Analgesia, antipyretics
- Antibiotics eg amoxycillin=controversial but commonly given



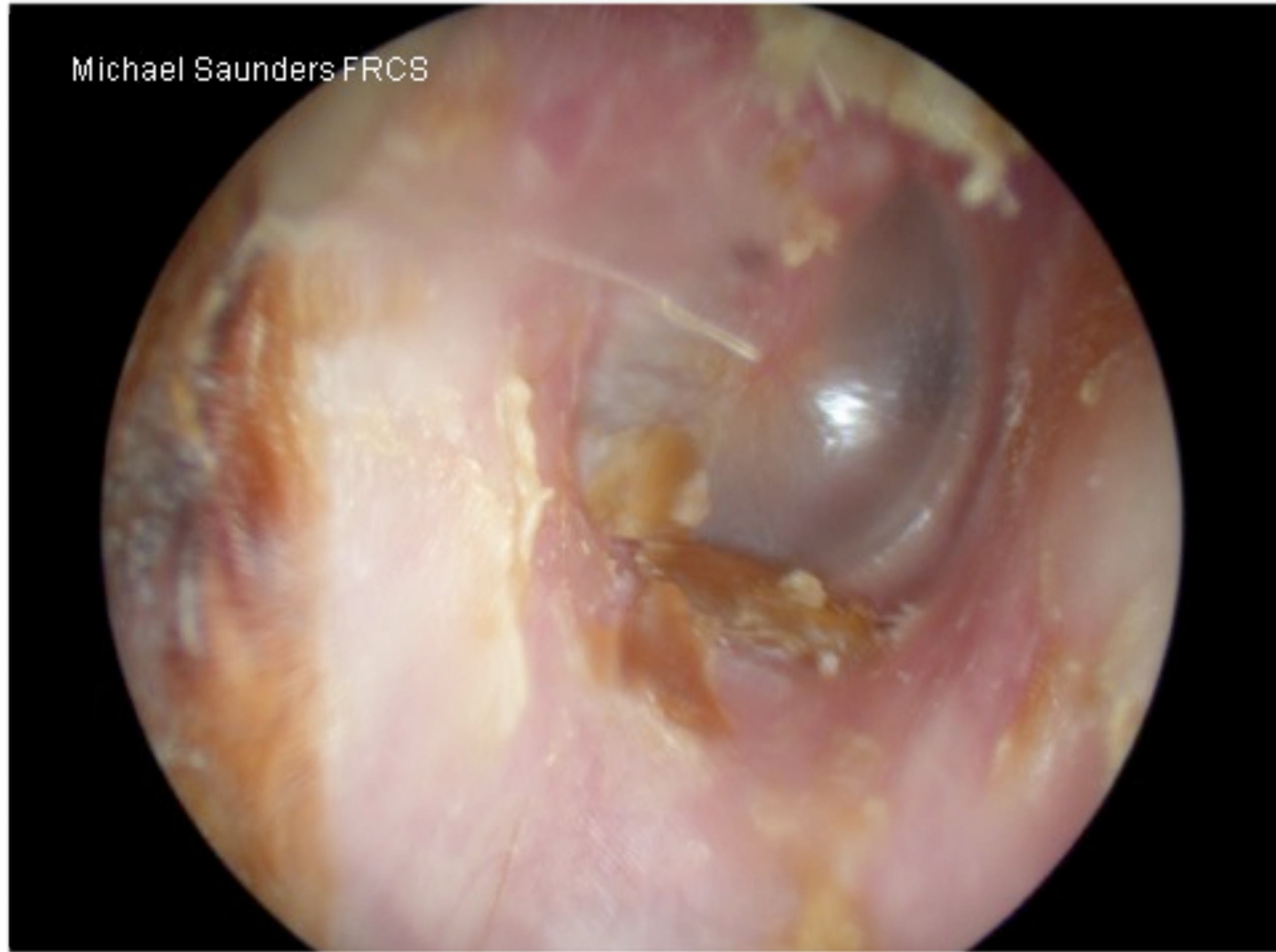
SEROUS OTITIS MEDIA

- Secondary to pressure changes due to Eustachian tube dysfunction
- Not infective
- Post viral URTI
- Reduced hearing, bubbly sounds
- Retracted drum seen
- Rx= Time, Grommets in young if recurrent



ACUTE OTITIS EXTERNA

- Pseudomonas, Strep, Staph, E.coli
- Common in swimmers, after minor trauma eg cotton bud use
- Pain, itching, discharge and reduced hearing
- May have eczema
- Tender tragus movement
- Pus/debris in canal
- Dry wicking then Gentisone HC drops, 2 tds (not in perf. TM)
- Oral if canal obliterated, may need wick inserted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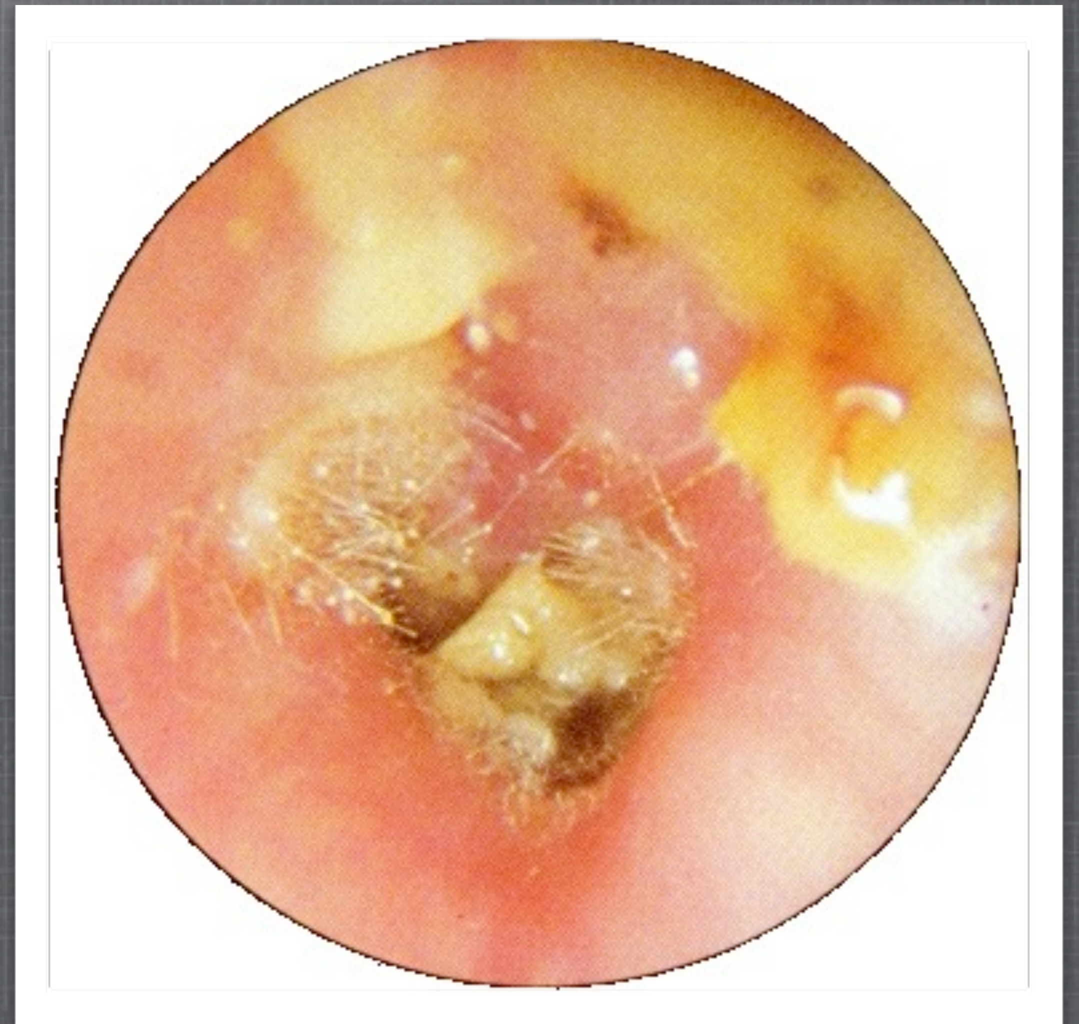
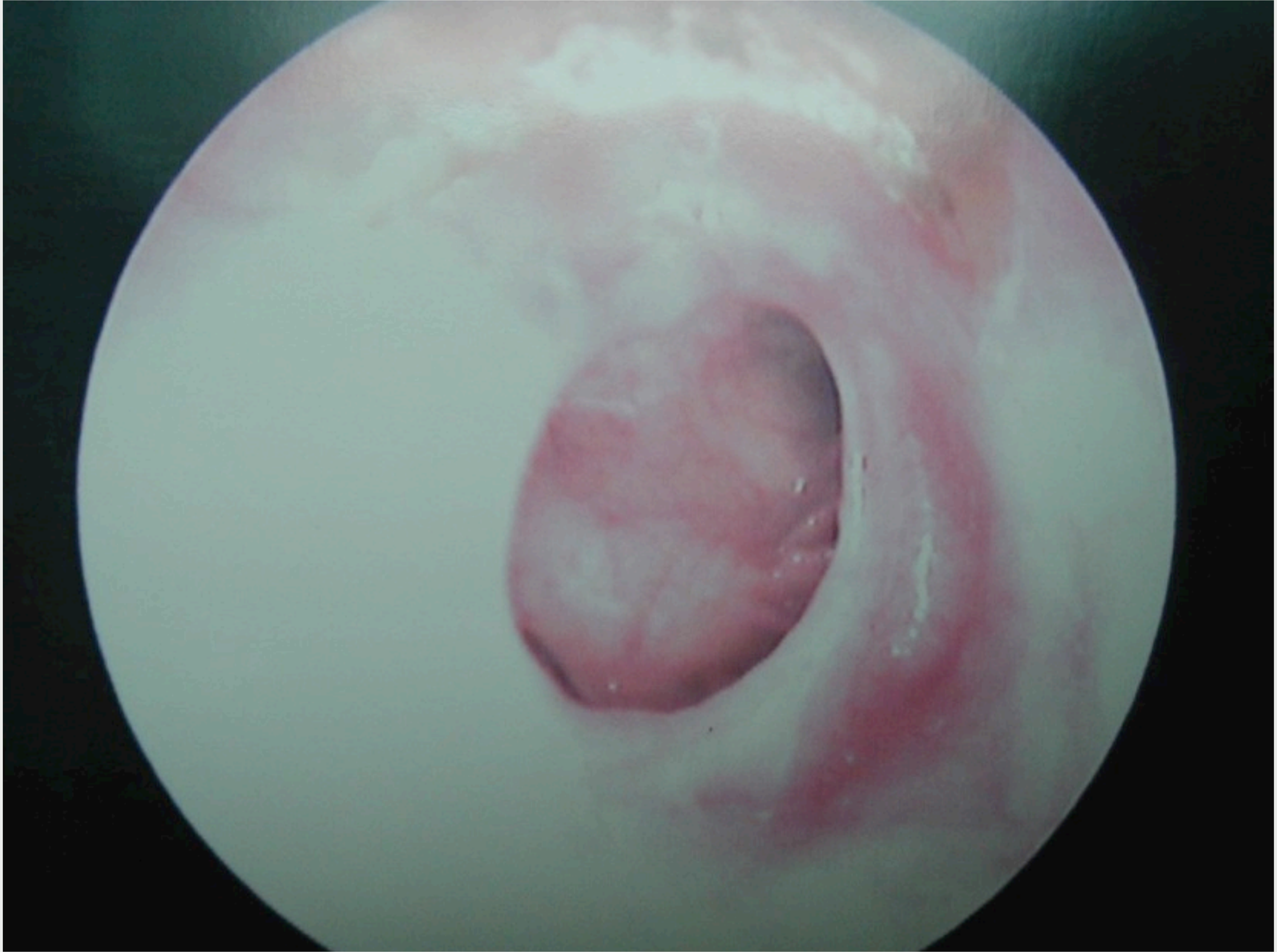


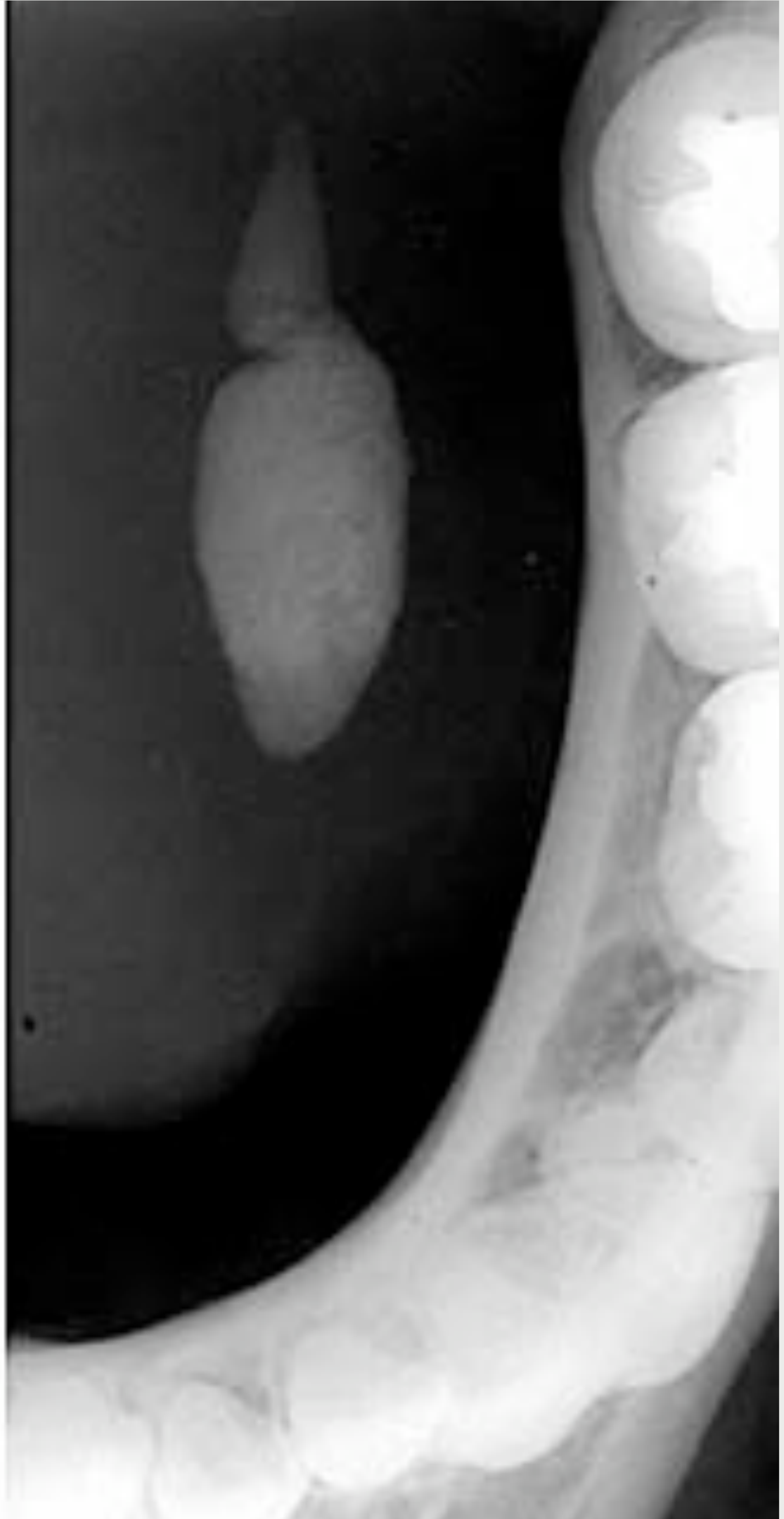
PERFORATED EAR DRUM

- Secondary to direct trauma, basal skull fracture or barotrauma (blast, slap over ear)
- Pain, bleeding
- Reduced hearing
- Should see perforation, usually pars flaccida
- Strict attention to keeping dry
- GP follow up
- Some give prophylactics oral AB's (I don't)



SALIVARY GLAND PROBLEMS

- Bilateral Parotitis: mumps, Sjogrens, Sarcoidosis, hypothyroid, lymphoma, drugs
- Unilateral parotitis post op, poor oral hygiene- refer ENT for IV AB's
- Severe pain on eating- stone, sometimes neoplasm, stricture. Usually submandibular. Bimanual palpation may feel stone. Xray of floor of mouth. May be superadded infection. Refer ENT.



FACIAL WEAKNESS

- Lower motor neurone lesion, so involves eye and forehead motor function.
- Bells++, & cerebello-pontine tumours, ear disease, trauma (basal skull fracture), parotid tumour/infection, HIV
- Always check ear for cholesteatoma, infection, tumour or rash (Ramsay-Hunt syndrome)
- Acoustic neuroma-check hearing, other cranial nerve function
- Bells may have loss of taste & hyperacusis. Most resolve over months. ?Acyclovir and prednisolone? No evidence says Cochrane, but often given
- ENT clinic follow up & physio