

EENT Inservice Review

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EAR

Perichondritis	Ear piercing, <i>Pseudomonas</i> , tx w/ antipseudomonals
Otitis Media	<i>S pneumo</i> , <i>H flu</i> , <i>M catarrhalis</i> , daycare/smoke exposure, amoxicillin 80-90mg/kg/day, if failure, augmentin, cephs, macrolides, complication – mastoiditis
Otitis Externa (OE)	<i>Pseudomonas</i> , <i>S aureus</i> , pain on ear movement, topical antibiotics (abx)/ear wick,
Fungal OE	<i>Aspergillus</i> , black/blue canal, antifungals
Necrotizing OE	<i>Pseudomonas</i> , complications – facial nerve palsy, meningitis, sigmoid sinus thrombosis
Mastoiditis	<i>S pneumoniae</i> , postauricular swelling with loss of fold, CT mastoids, IV abx, admit
Labyrinthitis	Mumps/meds (abx, NSAIDS, diuretics), hearing loss/vertigo, symptomatic care
Meniere's Disease	Vertigo/tinnitus/hearing loss, look for CNS mimickers, low-salt diet/diuretics
Peripheral Vertigo	Sudden, intense, intermittent, positional, +nausea, horizontal nystagmus, ± hearing loss, - CNS signs
Central Vertigo	Insidious, moderate, constant, not positional, ± nausea, vertical nystagmus, - hearing loss, +CNS signs

Nose

Nasal FB	Unilateral nasal discharge!
Epistaxis	Anterior = Kiesselbach's plexus, posterior = Sphenopalatine artery, cautery, packing, abx, admit for posterior packing
Sinusitis	Acute <3wks, Chronic >3wks, most common viral, bacterial = <i>S pneumo</i> , <i>H flu</i> , complications – meningitis, cavernous sinus thrombosis, Pott's puffy tumor, orbital cellulitis
Cavernous Sinus Thrombosis	Infectious thrombosis of cavernous sinus, <i>S aureus</i> , CN 2-6 but not V3 affected, bilateral ocular palsies!, CT head w/contrast, IV abx

Oral

Peritonsillar Abscess	<i>S pyogenes</i> , unilateral tonsillar swelling/uvular deviation, needle aspiration/I&D, abx
Retropharyngeal Abscess	Group A <i>Strep</i> , 6mo-4y/o, progresses over 2-3 days, lateral soft-tissue neck/CT, abx/ airway management, complications – lose airway, mediastinitis
Epiglottitis	<i>S pneumo</i> , <i>H flu</i> , 3-6y/o / adult, abrupt onset, tripod position, lateral soft-tissue neck with thumbprint sign, racemic epi, airway in the OR!
Bacterial Tracheitis	<i>S aureus</i> , 3mo-13yrs, cough, ST, stridor, toxic-looking, airway management, 3 rd gen cephs + clinda,
Pharyngitis	Most common – viral, bacteria – Group A <i>Strep</i> , 4-11y/o, abx to prevent rheumatic fever
Parotitis	Mumps, <i>S aureus</i> , <i>Strep</i> , <i>H flu</i> , parotid swelling, possible pus from Stenson's duct, Augmentin/Unasyn, sialogogues. Vanco + admit if suppurative and complicating factors
Sialolithiasis	Submandibular mostly, hot compress, sialogogues, ductal massage
Stomatitis	Amphthous most common, also herpes, supportive care

Dental

Alveolar Osteitis	"Dry socket," 3-5 days post extraction, irrigate, pack with iodoform
Periapical Abscess	Tooth very tender to percussion, abx/analgesics
Periodontal Abscess	Fluctuant abscess in periodontal pocket, I&D, abx/analgesics
Periodontitis	Gingival swelling/bleeding with mobile teeth, MCC tooth loss, abx, peroxide rinses
Acute Necrotizing Ulcerative Gingivitis	painful, bleeding gums with interdental ulcerations and pseudomembrane, give flagyl, peroxide rinse
Avulsed Tooth	primary tooth – don't replace, permanent tooth – irrigate socket, reimplant tooth
Fractured Tooth	Ellis I – enamel only, Ellis II – enamel + dentin, Ellis III Enamel/dentin/pulp, Ellis II and III – dental paste or aluminum foil
Ludwig's Angina	Neck pain, trismus, swollen bilateral submandibular region with elevated tongue, airway control, IV abx, surgical drainage
Myofascial Pain Dysfunction Syndrome	Psychological stressors → TMJ pain, analgesics, muscle relaxants, warm compresses, stress reduction

Eyes

Periorbital Cellulitis	<i>S aureus</i> , lid trauma, eyelid swelling/erythema, augmentin, if <5y/o admit and IV abx Orbital Cellulitis
Conjunctivitis	<i>S aureus</i> , sinusitis etc., swelling/erythema + proptosis, painful/limited eye movements, IV abx, admit, MCC viral (adenovirus); viral/allergic – clear drainage, bacterial – purulent drainage; neonatal – gonococcal in 2-4 days, Chlamydia in 3-15 days; bacterial – topical abx, neonatal – rocephin + erythromycin or doxy + erythromycin topical

Blepharitis	Staph, Strep, seborrheic dermatitis, lid margin erythema w/crusting, shampoo / warm compresses, topical abx if bad
Keratitis	Conjunctivitis symptoms + photophobia ± decreased visual acuity, UV – multiple punctate lesions, pain control, topical abx. HSV – dendritic lesions, topical Trifluridine. Herpes Zoster – dermatomal involvement, acyclovir/valacyclovir, bacterial – topical abx, if contacts—think Pseudomonas
Stye vs. Chalazion	Stye – oil gland involvement – warm compresses, erythromycin topical, Chalazion – Meibomian gland, same treatment
HypHEMA/Hypopyon	HypHEMA – red cells in anterior chamber, hypopyon – white cells
Iritis	Consensual photophobia! pain, redness, ciliary flush, topical abx/steroid, cycloplegic, consult
Chorioretinitis	Visual changes + photophobia ± pain, cotton ball retina, consult / treat underlying cause
Glaucoma	Pain, HA, halos, blurry, peripheral vision loss; mid-dilated pupils, corneal edema; acute (closed) angle – acute onset, open angle – insidious onset, IV carbonic anhydrase inhibitor, topical B blocker, topical A2 agonist, mannitol, topical cholinergics
Central Retinal Artery Occlusion	Sudden, painless, unilateral visual loss; cherry-red macula; embolic event; orbital massage, topical B blocker, acetazolamide, paper bag/carbogen
Central Retinal Vein Occlusion	Sudden, painless, unilateral visual loss; swelling/hemorrhages; aspirin, supportive care
Retinal Detachment	“Curtain,” flashes of light, visual field deficits; gray retina out of focus; ophtho for repair within 24 hrs