

ENT SAQ

By: 430 ENT team

Disease of nasal septum, epistaxis, turinate hypertrophy (Nose III)

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❖ Note: please refer to the original lecture given by the doctor

The pictures were sorted by:
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Ear, Nose
& Throat

Station 1:

9 y/o boy presented with recurrent epistaxis and nasal obstruction

Diagnosis

Angiofibroma

Investigations: (if recurrent or severe)

CBC, HB%, coagulation studies (TT, PT, APTT), Blood typing

Suspicion of malignancy: CT, MRI, Angiogram



Station 2:

This patient had trauma 5 days ago.

What is the diagnosis?

Nose fracture with deviated nasal septum.

What is the treatment?

Nasal bone reduction immediately or within 2 weeks.

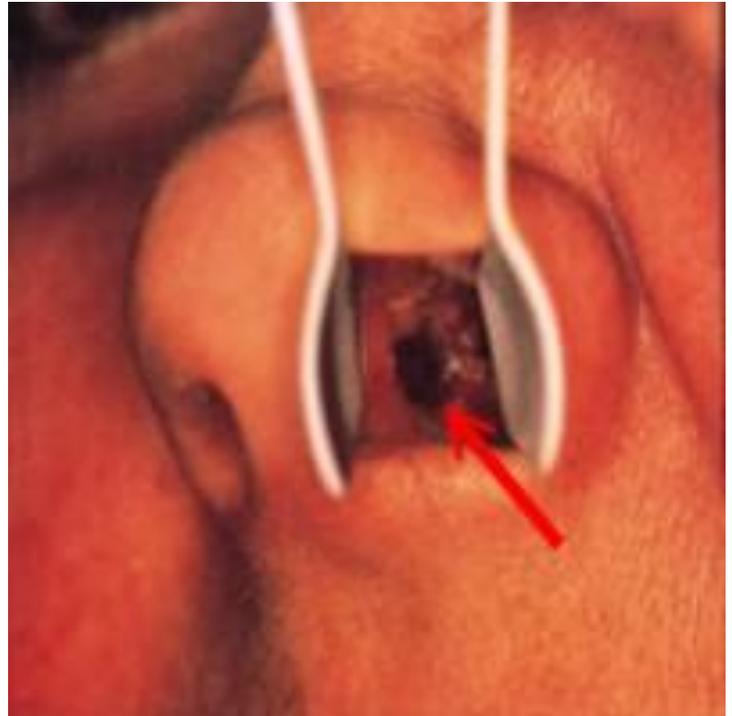


Station 3:**Hx... (Was not provided)**

From WebMD "Septal perforations are usually asymptomatic. However, some patients may present with a history of *nasal obstruction, pain, crusting, intermittent episodes of epistaxis, malodorous discharge from the nose,* or a *whistling sound* during nasal breathing."

What is the diagnosis?**Nasal septal perforation.****Give 2 causes for this condition. (Any of these 2 is enough)**

- **Traumatic Causes:** Previous surgery, **Cauterization for epistaxis**, Nose picking, Nasogastric tube placement, Septal hematoma that results from any blunt trauma, Battery or other foreign body in nose
- **Inflammatory or infectious causes:** TB, Sarcoidosis, Syphilis, SLE
- **Neoplastic causes:** Carcinoma, T-cell lymphomas
- **Other Causes:** Cocaine sniffing

**Station 4:****What is your diagnosis?****Septal perforation.****Mention 2 presenting symptoms.**

- 1- Epistaxis.
- 2- Whistling.



Station 5:

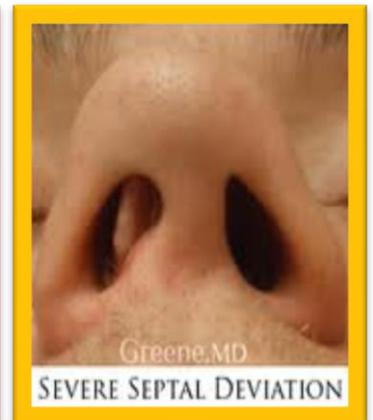
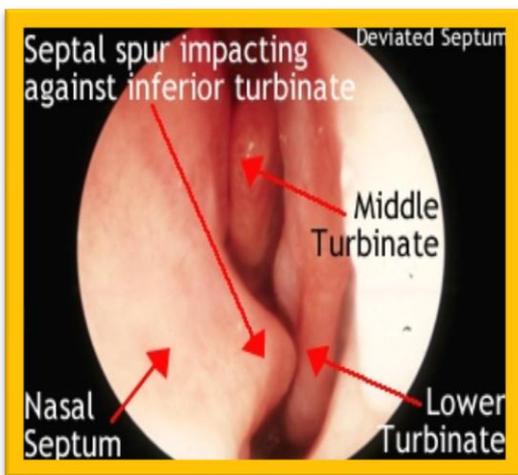
Identify?

Septal deviation (nasal spur)

What is the treatment?

Septoplasty.

To better understand see photos below



Station 6:

This patient presented with history of trauma to the nose.

A. What is your diagnosis?

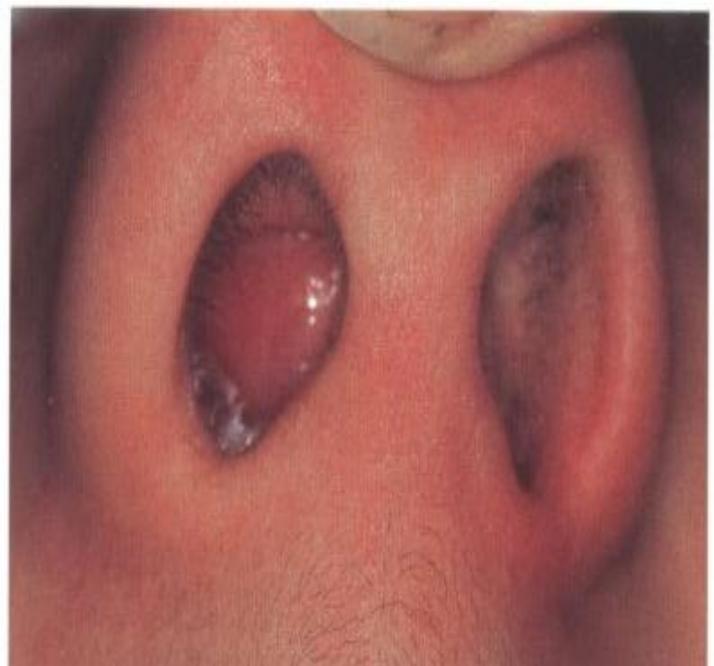
Septal hematoma.

B. Mention 2 complications.

1-Septal perforation.

2-Saddle nose.

3-Septal abscess.



Station 7:

Diagnosis? Deviated nasal septum into the columella

Q. Give 2 presented symptoms?

- Nasal obstruction
- Headache
- Difficulty breathing
- Recurrent or repeated sinus infections
- Epistaxis
- Anosmia
- External deformity
- Middle ear infection



Q. Mention 2 operative treatments?

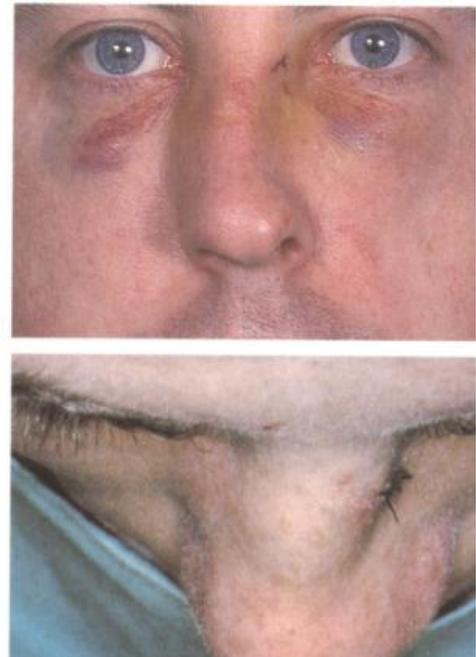
- Septoplasty
- Rhinoplasty (if combined Septorhinoplasty)
- Ballon Septoplasty

Station 8:

This pt presented after trauma with nasal obstruction.

Q. Give 2 symptoms?

- Nasal obstruction
- Headache
- Difficulty breathing
- Recurrent or repeated sinus infections
- Epistaxis
- Anosmia
- External deformity
- Middle ear infection



Q. Define sleep apnea?

Cessation of airflow at the mouth and nostrils lasting 10 seconds for at least 30 apnoeic episodes

Q. Name 3 bones of the nose?

1. Nasal bone
2. Nasal process of frontal bone.
3. Nasal (ascending) process of maxillary bone.

Station 9:

Pt presented with epistaxis.

Q. Give Dx? Nose septal perforation**Q. Mention 2 traumatic causes to epistaxis?**

- Nose picking
- Nose got hit while playing
- Blowing nose too hard

Q. Name 3 main arteries supplying the nose?

Internal Carotid Artery → Ophthalmic artery

External Carotid Artery → Maxillary Artery & Facial Artery

**Station 10:**

Write the name of the surgery for each of the following conditions.

- | | |
|--|----------------------------|
| • Septal deviation | → Septoplasty. |
| • Nasal polyp | → FESS-Polypectomy. |
| • Tympanic membrane perforation | → Tympanoplasty. |
| • OM (Otitis Media) with effusion | → Myringotomy. |

Station 11:

14 year old boy (Male Child) presented with epistaxis and unilateral nasal obstruction.

A/What is the diagnosis?

Nasopharyngeal Angiofibroma

B/ Mention 2 investigations.

-Angiogram -CT -MRI

C/Treatment?

Surgical excision

Extra Photos

Definition: Nasopharyngeal

angiofibroma (juvenile nasopharyngeal angiofibroma) is a histologically benign but locally aggressive vascular tumor that grows in the back of the nasal cavity.

Gender Exclusive in MALES **Age** 7-19 years

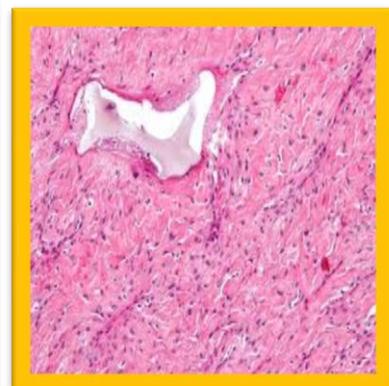
S&Sx.

- Unilateral nasal obstruction,
- Unilateral & Recurrent Epistaxis

Headache, Facial Swelling, rhinorrhea, anosmia, hyposmia, rhinolalia, deafness, otalgia, swelling of the palate, deformity of the cheek, Nasal mass, Orbital mass, Proptosis.

Dx CT, MRI, Angiogram. **No Biopsy**

Rx. Surgical Excision



Station 12:

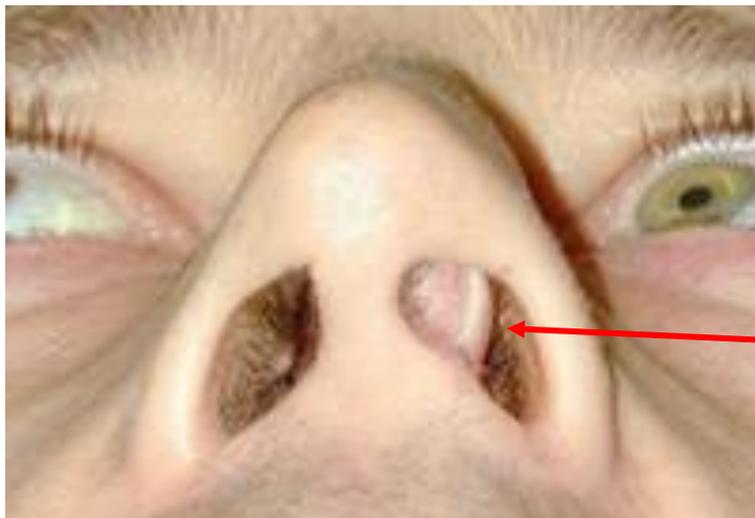
This patient presented with left-sided nasal obstruction

Q1. Dx?

Deviated Nasal Septum

Q2. Tx?

Septoplasty



Station 13:

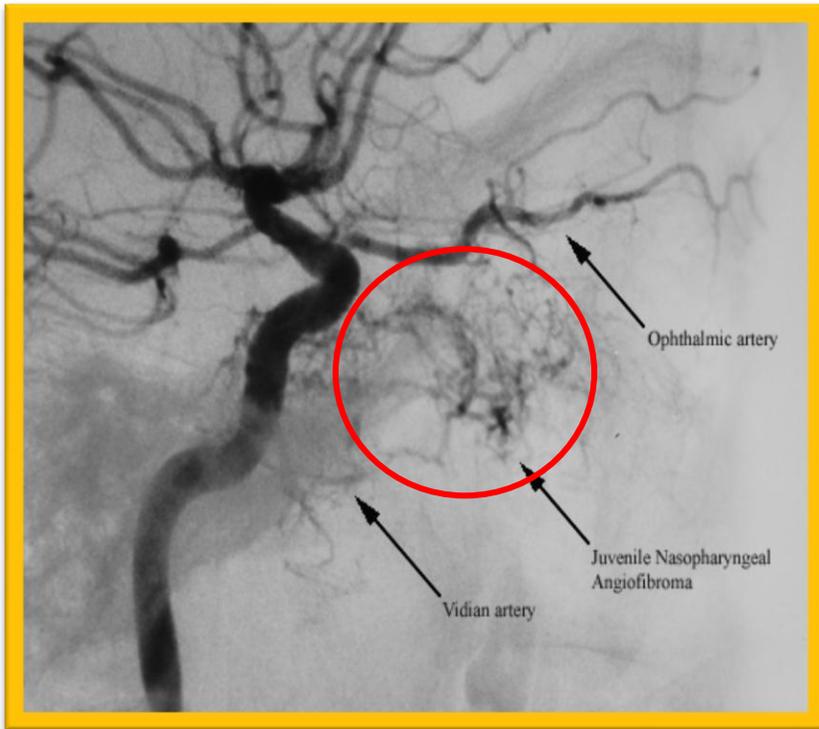
CT Nasopharynx

Angofibroma



Angiogram

Angiofibroma



Fiberoptic (Endoscope) View

Angofibroma



Station 14:

8 y/o boy presented with acute first time nasal bleeding

Q1: What is this type of epistaxis?

Q2: Most common area of nose bleed?

Q3: Mention the probable causes?

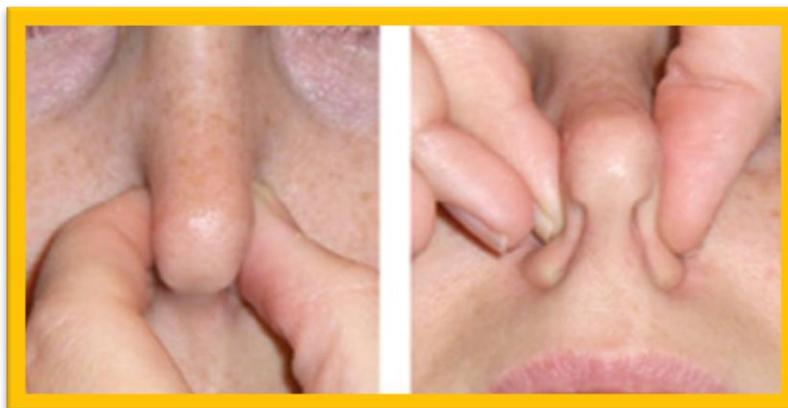
Q4: How to stop it?

A1: Primary epistaxis (Majority the cause is unidentifiable) or childhood epistaxis

A2: Little's area (Kiesselbach's plexus)

A3: traumatic (Nose Piking, Foreign Body, Forceful Nose Blowing), nose infection, fragile blood vessels.

A4: Hippocratic maneuver (compressing the soft alar region against the septum) + IV access + Resuscitate → History (look for 2ndry factors) → Examine with headlight and suction: look for bleeding point: spray it with anesthesia and vasoconstrictors → can use cautery → continue bleeding? Insert tampon and refer to ENT



Station 15:

25 y/o old man presented with nose bleeding after a street fight

Q1: What is diagnosis?

A1: Secondary epistaxis due to fractured displaced nose

Q2: Mention other causes of 2ndry epistaxis?

A2:

- Systemic Arterial Hypertension
- Hereditary Hemorrhagic Telangiectasia, Thrombocytopenia , hemophilia, Von willebrand's
- Anticoagulant (aspirin, NSAIDS, Antiplatelet medications, anticoagulant)
- Alcohol
- tumors, surgery, septal perforation

