

ENT SAQ

By: 430 ENT team

Trauma and foreign body

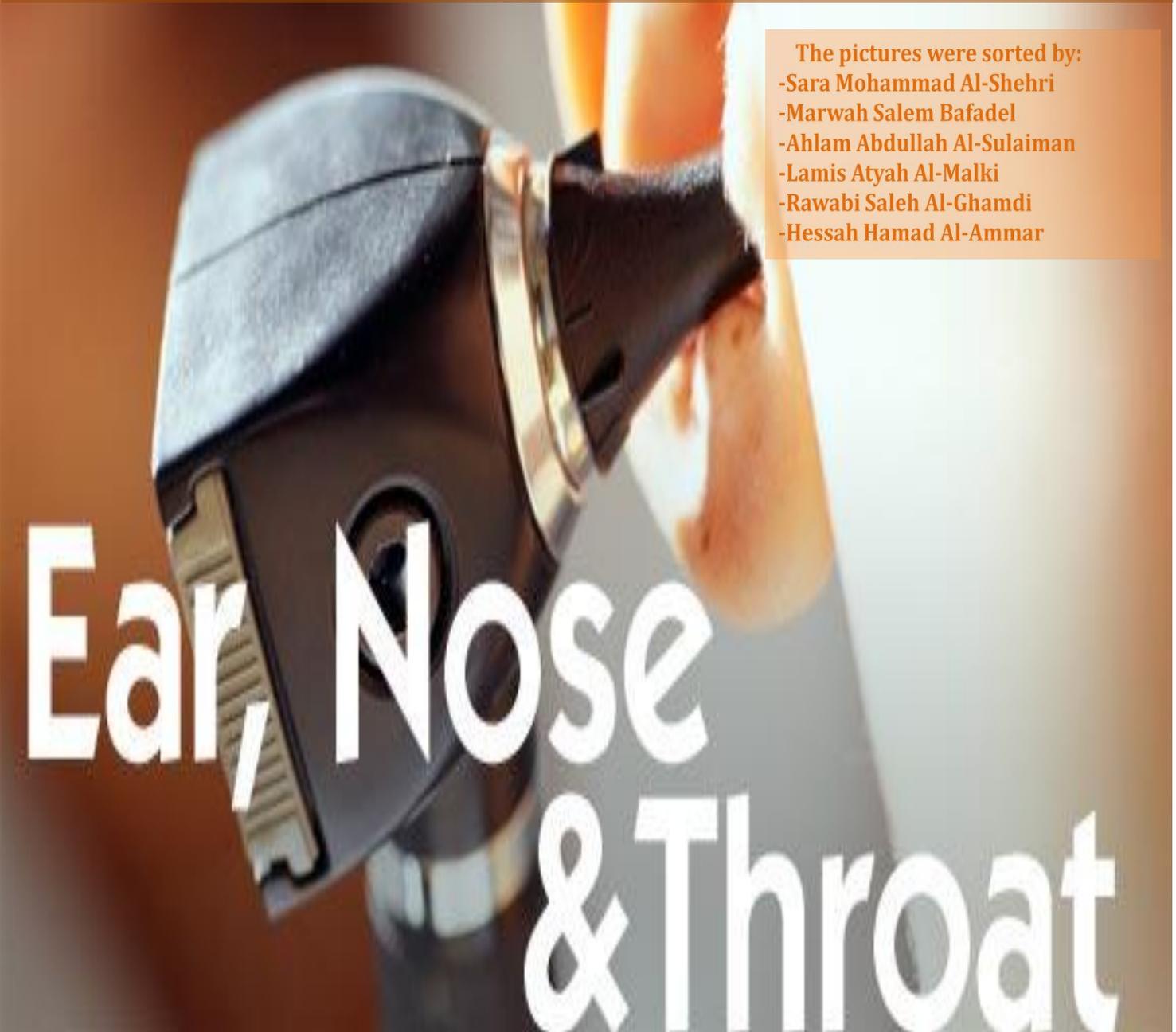
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❖ Note: please refer to the original lecture given by the doctor

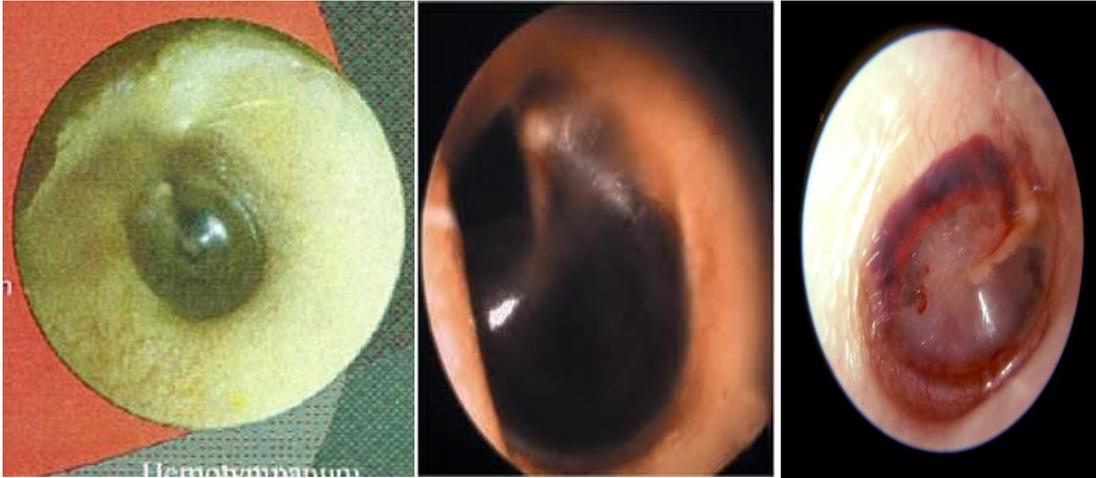
The pictures were sorted by:

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- Lamis Atyah Al-Malki
- Rawabi Saleh Al-Ghamdi
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Ear, Nose
& Throat

➤ Station 1:

**Similar Picture**➤ **History of head trauma.....not complaining of deafness.**

A- What is the diagnosis?

- ✓ Hemotympanum most likely due to basilar skull fracture (temporal bone fractures)

B- Name another cause of this sign?

- ✓ Therapeutic nasal packing.
- ✓ Hematological disorders or anticoagulant therapy.

➤ Station 2:

➤ **This patient in ER present with history of trauma.**

A- Identify the pathology.

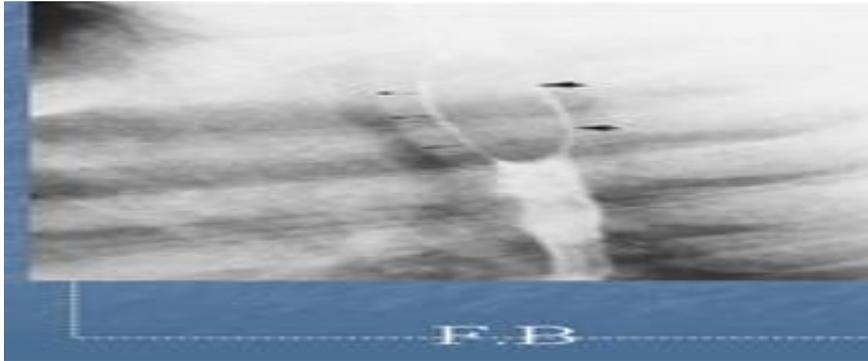
- ✓ Hematoma auris.

B- Mention 2 complications.

- ✓ Pericondritis.
- ✓ Cauliflower deformity.

➤ **Station 3:**

5 years old boy came to E.R. with drooling of saliva for few hours but no complaint. Barium swallow shows:



The esophagus starts at C6 vertebral level and end at T10

A- What is your Diagnosis?

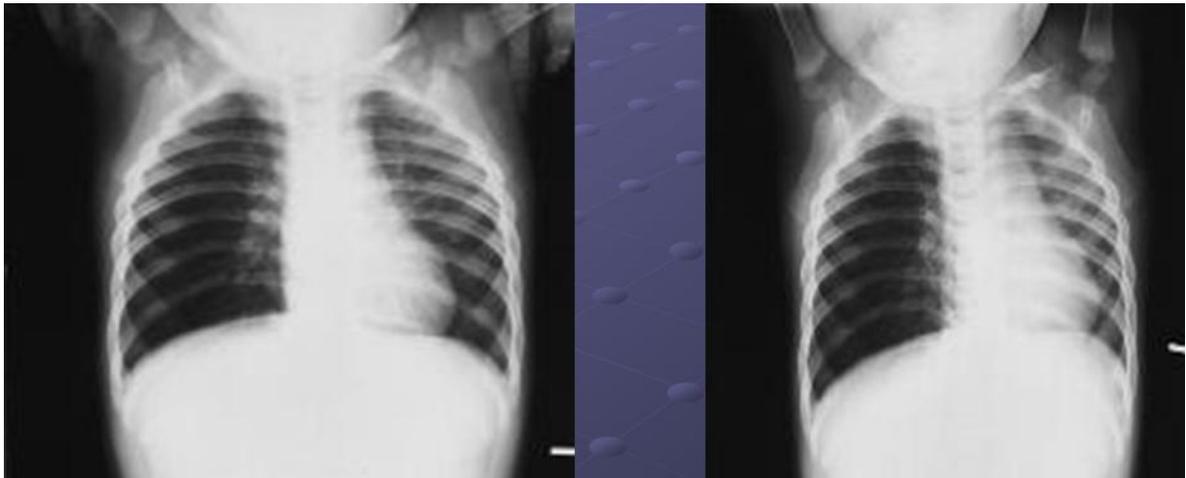
✓ Foreign body in the esophagus.

B- How can you manage this patient?

✓ Removal of foreign body by flexible endoscopy (esophagoscopy).

C- What is the most serious complication?

✓ esophageal perforation

➤ **Station 4:** NOTE THE AIR TRAPPING

A- What is your Diagnosis?

✓ Foreign body aspiration.

B- Where is the commonest site of the foreign body in the respiratory tract?

✓ Rt. Main bronchus.

➤ Station 5:

Old man had obstructive symptoms + neck mass and they put picture of IRMor CT, The questions were:

A- What is your diagnosis?

Nasopharyngeal cancer

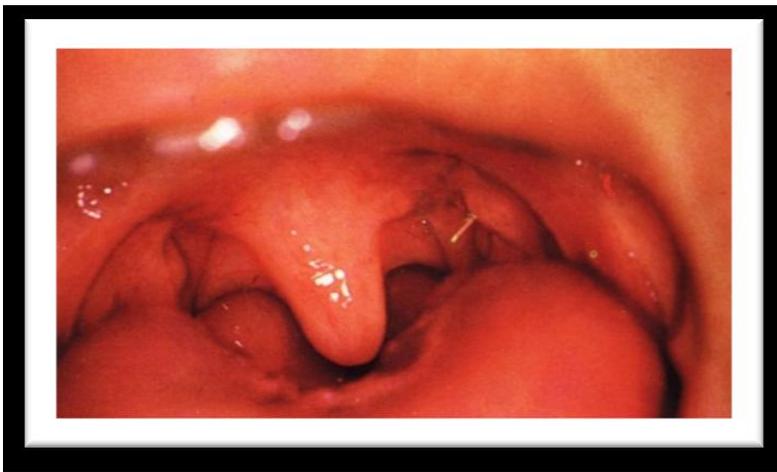
B- How can you manage this patient?

Depend on the stage:

Early stage: Radiotherby.

Late stage: Chemotherby with radiotherby

➤ Station 6:



هذا السؤال صورته للفم من الداخل
لواحد آكل سمك سبق وعرضها
د.سمير بأفقيه وكانت ل

Foreign body in front the
tonsil

I got this similar pic from 429
team

A- What is your diagnosis?

- ✓ Foreign body in the pharynx (in front the left tonsil)

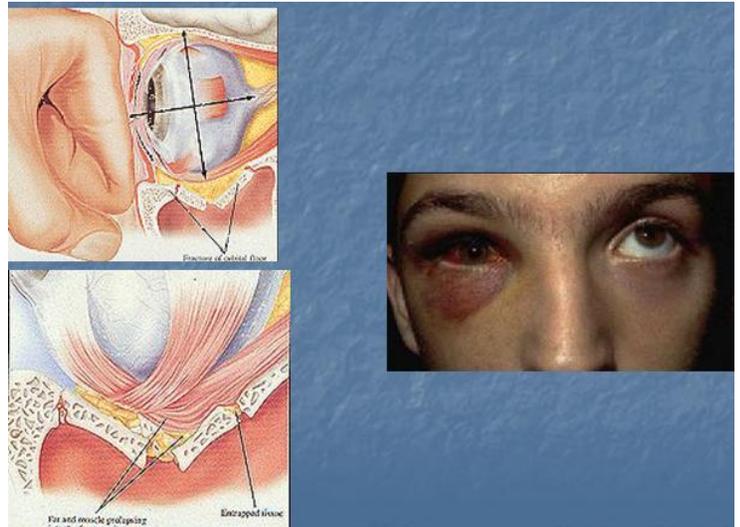
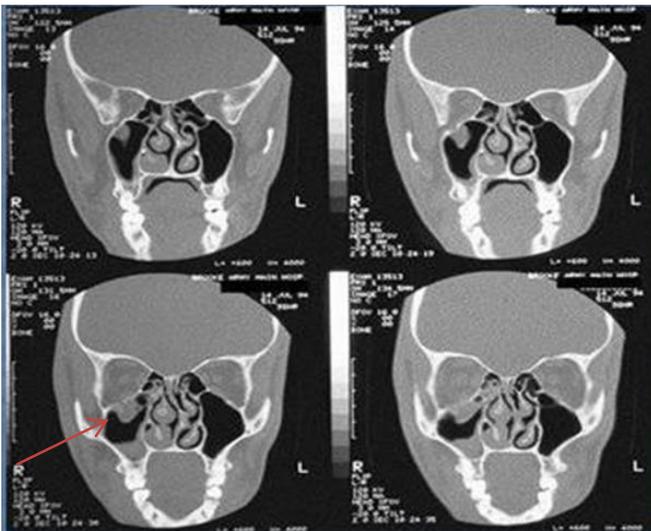
B- Mention two symptoms:

- ✓ Odynophagia.
- ✓ Foreign body sensation in the throat.

C- How can you manage this patient?

- ✓ Remove the FB under direct vision (carefully grasp and remove it with bayonet forceps or hemostat).

➤ Station 7:



A- Mention the pathology?

- ✓ Orbital Floor Fractures (blowout)

B- Mention 2 complains?

- ✓ Enophthalmos.
- ✓ Limitation of eye movement due to entrapment of an extraocular muscle.
- ✓ Altered vision (diplopia).

➤ Station 8:



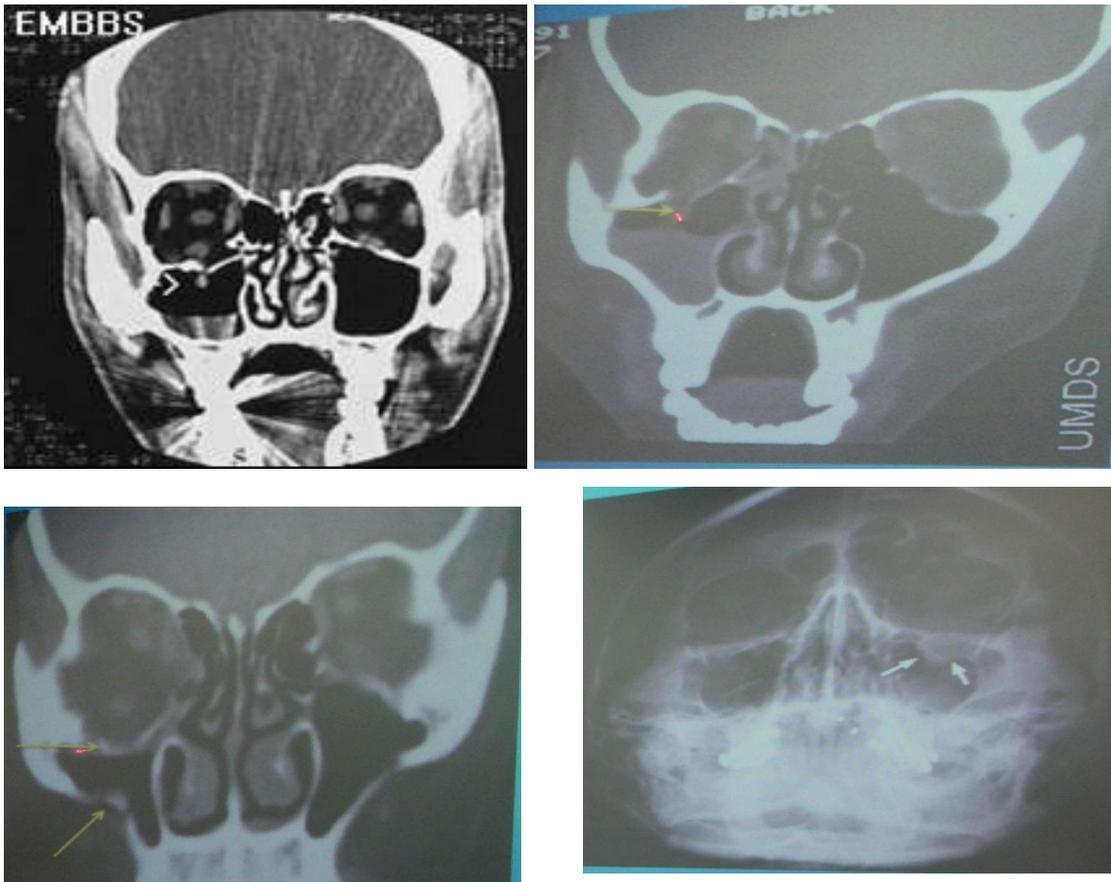
A- Diagnosis:

- ✓ Septal perforation

B- What is the most surgical procedure causing it?

- ✓ Septoplasty.

➤ Station 9:



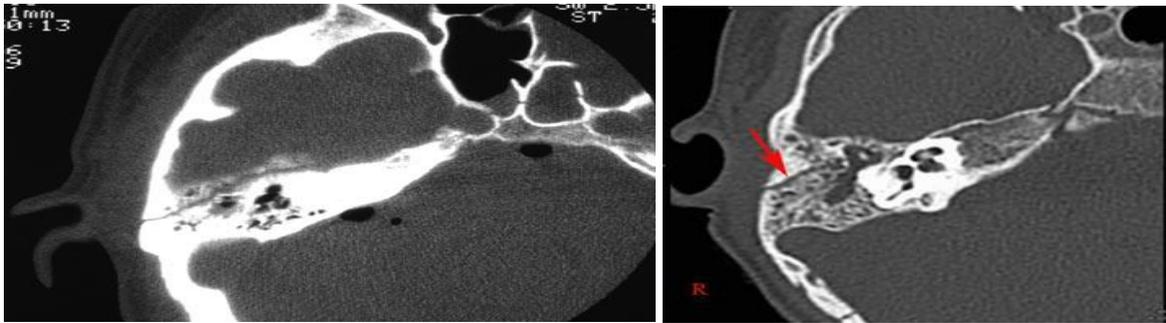
A- Diagnosis

✓ Facial trauma orbital floor fracture (blowout).

B- What is the X ray sign

✓ Tear drop sign

➤ Station 10:

**CT of patient came with hearing loss**

A- Diagnosis:

- ✓ Longitudinal fracture of temporal bone

B- Give 2 clinical features:

- ✓ The Battle sign (ecchymosis of the postauricular skin) and the raccoon sign (ecchymosis of the periorbital area).
- ✓ CHL, Tinnitus, otorrhea.

➤ Station 10:

**I can't remember the Hx but it was talking that this patient came to ER after swallowing this**

A- Diagnosis

- ✓ Foreign body ingestion (in esophagus).

B- Most common site for this FB

- ✓ At the level of the cricopharynx fossa.

➤ Station 11:



- A- What is the diagnosis?
 ✓ Cauliflower ear deformity.
- B- Mention 2 causes.
 ✓ Perichondritis.
 ✓ Hematoma Auris.

➤ STATION 12:



Fig. 2.56 **Traumatic perforation.** A blow on the ear with the hand is a common cause of traumatic perforation which has an **irregular margin (a)**, and there is fresh blood or a blood clot **(b)** on the drum. The defect is frequently slit-shaped **(c)**. Pain and transient vertigo at the time of injury are followed by a tinnitus and hearing loss.



There is fresh blood or a blood clot on the drum

Patient slapped in his ear?

- A- Diagnosis?
 ✓ Traumatic TM perforation.
- B- Initial treatment
 ✓ Observation, usually it's self-limiting.



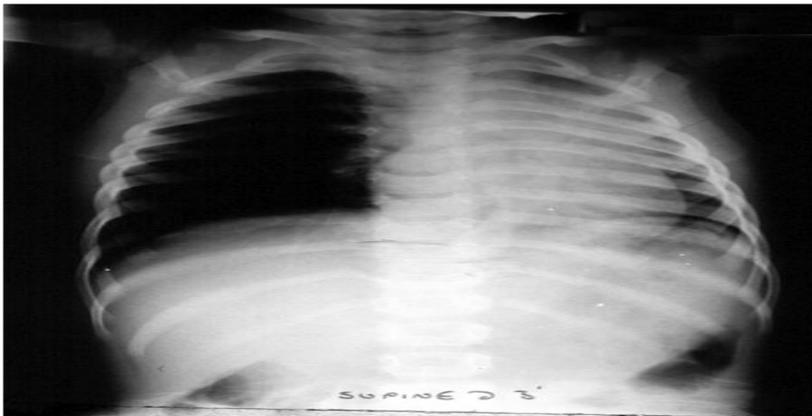
➤ **Station 13:**

A- The diagnosis?

- ✓ Traumatic TM perforation (linear tear in the posterosuperior quadrant of the drum).
- ✓ (we are not sure if it is healing perforation or new⊗ but most likely it is healing perforation)
- ✓ Almost all traumatic perforations heal spontaneously.

➤ **STATION 14:**

This chest X- ray was taken during **EXPIRATION**, for a child who has sudden onset of choking, coughing & difficulty in breathing 6 hours ago.



The question mentioned that the x-ray was expiratory, that means the lung should be empty, so it seems like the air is stuck in the right side.

A- Diagnosis?

- ✓ Foreign body Aspiration

B- What is the most common site for the abnormality?

- ✓ Right Main Bronchus

C- What instrument will we use for diagnosis and removal?

- ✓ Bronchoscopy

➤ Station 15:

3.17 Fractured nose (p. 111)

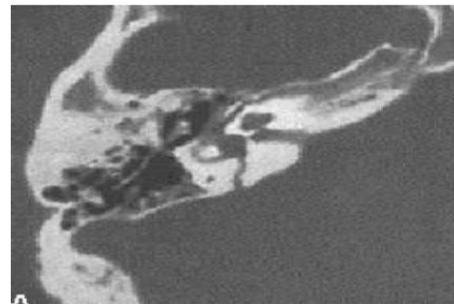


This patient had trauma 5 days ago

- A- Diagnosis?
 - ✓ Nasal Fracture.
- B- Mention 2 complains?
 - ✓ Nasal obstruction
 - ✓ Pain, bleeding
- C- Mention 2 complications?
 - ✓ Deformity
 - ✓ Septal hematoma
- D- What is your treatment?
 - ✓ Immediate reduction.
- E- What is the timeframe to perform that?
 - ✓ Pediatrics within 10 days and adults up to two weeks if patient come after that do Septorhinoplasty.

N.B. The treatment differs according to the time frame.

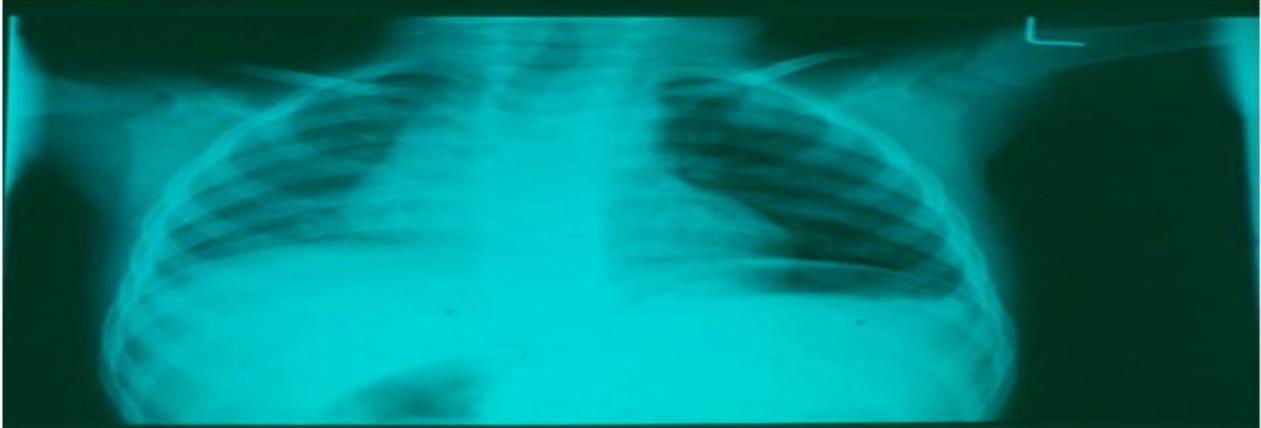
➤ Station 16:



Patient after RTA.

- A- What is the diagnosis?
 - ✓ Right LMNL facial nerve palsy
- B- What does CT scan show?
 - ✓ Transverse fracture of temporal bone.

➤ Station 17:



- this chest X-ray was taken during expiration, for a child who has a recent history of acute choking, coughing and difficulty in breathing?
 - What is the most likely diagnosis and site of involvement?
 - foreign body aspiration left main stem bronchus
 - How do you confirm your diagnosis
 - bronchoscopy

➤ Station 18:

12

❖ Name the deformity you see ?
- Saddle nose

❖ 2 causes for it ?
- Septal perforation
- Trauma

- Overaggressive septoplasty or Rhinoplasty.



➤ Station 19:

8

Patient with Hx of trauma

❖ Identify A & B ?

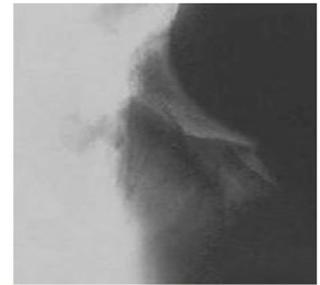
A= Nasal bone fracture.
B= Septal hematoma .

❖ What is the management for B ?

- Surgical drainage with Bilateral Nasal Packing & Abx.



A



B



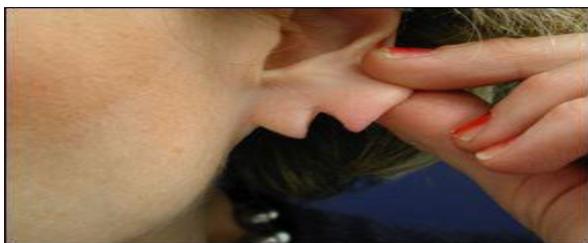
➤ Station 20:

Pictures FROM 430 team foreign body and trauma part 1, 2:



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✓ Avulsion of ear



✓ Earring result in split the ear

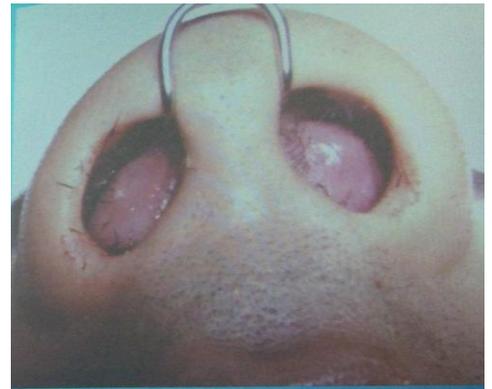
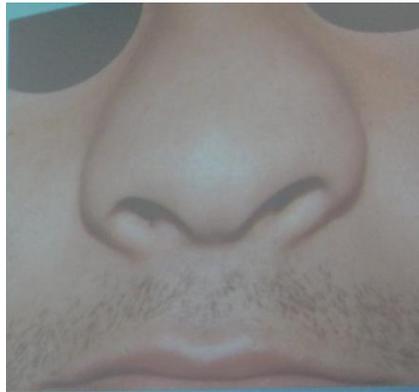
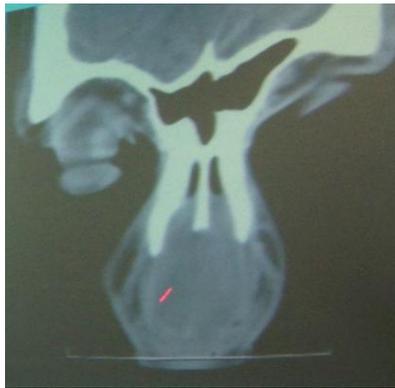


✓ If earring is at higher level can cause keloid in dark skinned people



✓ If earring is high at the cartilage of auricle it can cause hematoma

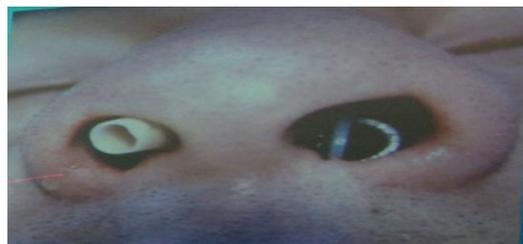
➤ **Station 21:**



➤ **17 year old man presented two days post facial trauma with nasal obstruction?**

A. What is your diagnosis? Septal hematoma

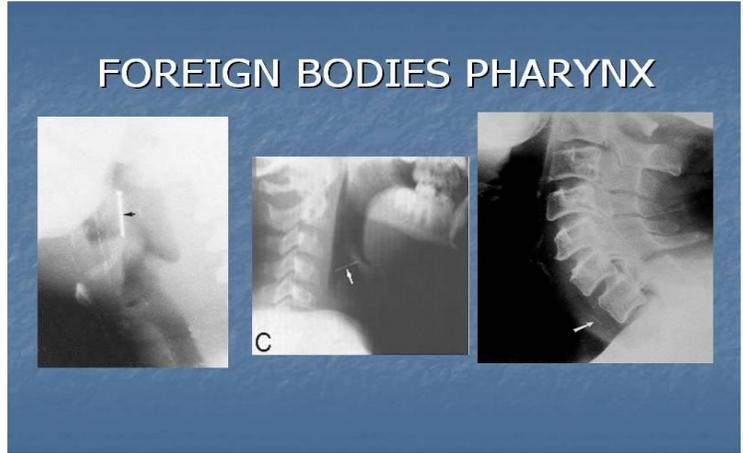
B. Mention two major complications? Septal abscess, septal perforation Spread of infection to brain, Cavernous sinus, etc.



In this patient a **Penrose Drain** was **left inside** the abscess cavity and **Doyle nasal splint** was placed bilaterally to compress the nasal septum.

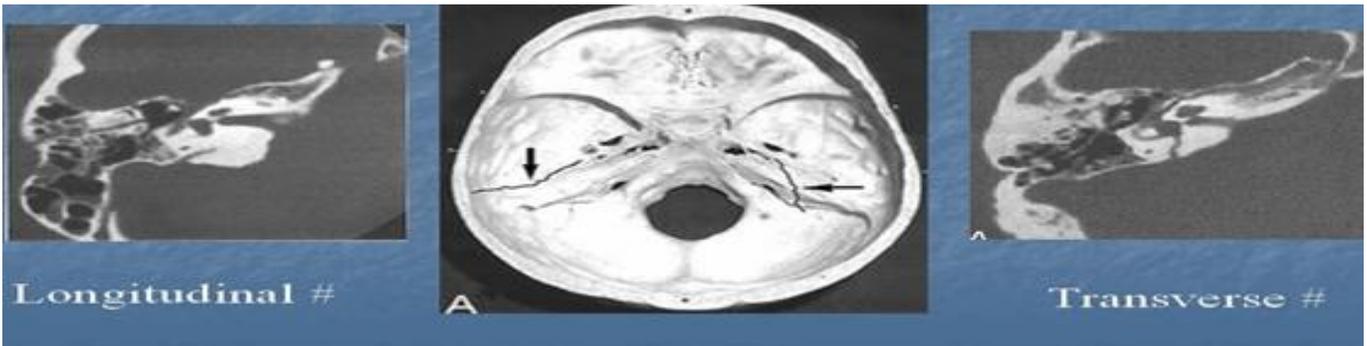
➤ Station 22:

A-DIAGNOSIS: Foreign body of the pharynx.

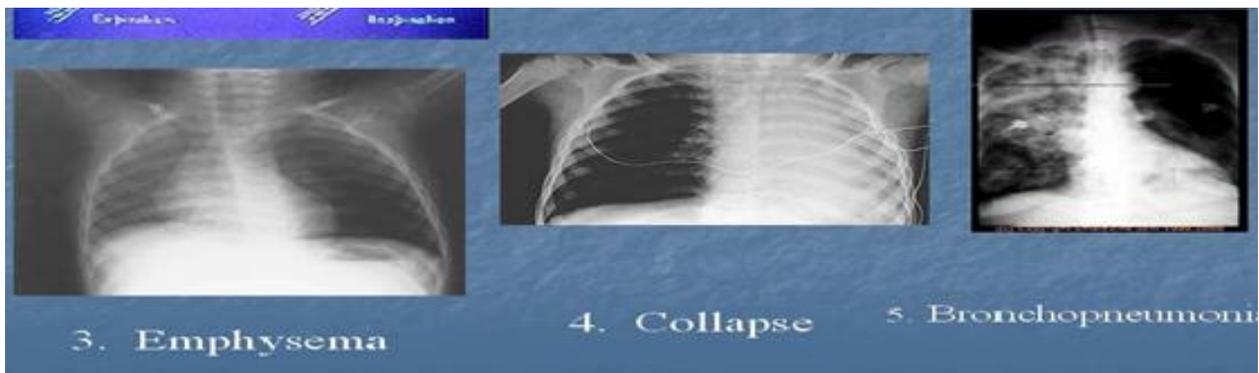


➤ Station 23:

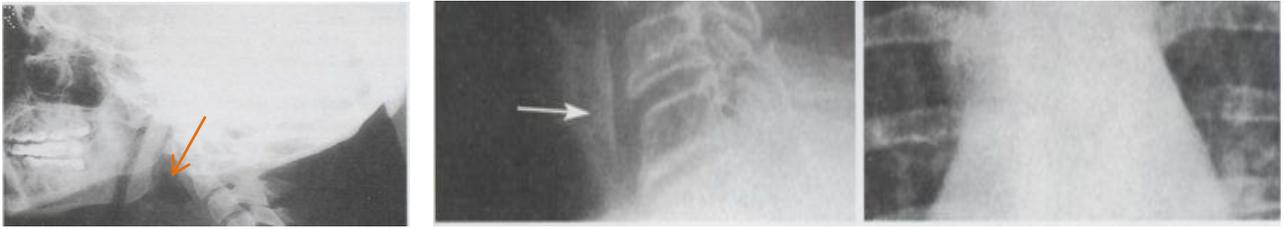
A-diagnosis: temporal bone fractures



➤ Station 24:



➤ Station 25:



A- Diagnosis:

- ✓ Foreign body in the esophagus (note the air level between the esophagus and the vertebra which indicate perforation)

B- Complication:

- ✓ Esophageal perforation that can lead to cervical cellulites and mediastinitis.

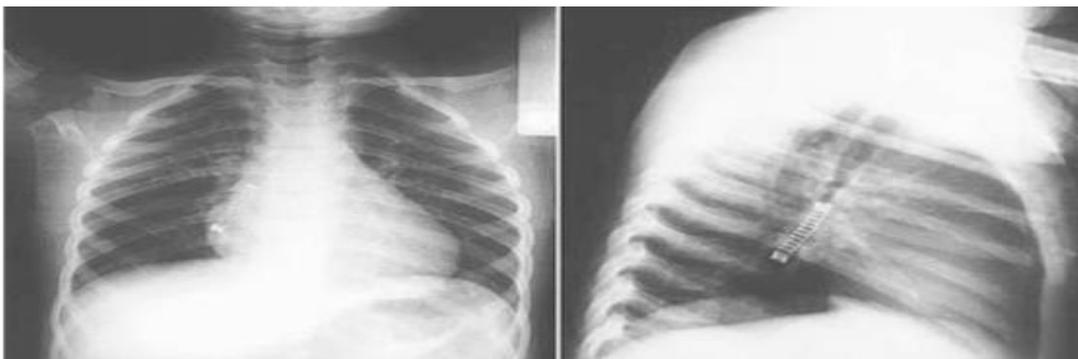
➤ Station 26:



A- Diagnosis:

- ✓ Retropharyngeal abscess with foreign body.

➤ Station 27:



Chest x-ray

A- Diagnosis:

- ✓ F.B inhalation

B- Complication of foreign body aspiration:

- ✓ Pneumonia
- ✓ Atelectasis



- **Station 28:**
- ✓ F.B in the Nose.



- **Station 29:**
- ✓ Orbital cellulites



- **Station 30:**
- ✓ **Periorbital cellulites a complication of nose FB**
- ✓ We need history and imaging to diagnose this case