

ENT SAQ

By: 430 ENT team

Rhinitis, nasal polyps, vestibular & frunculosis (Nose II)

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

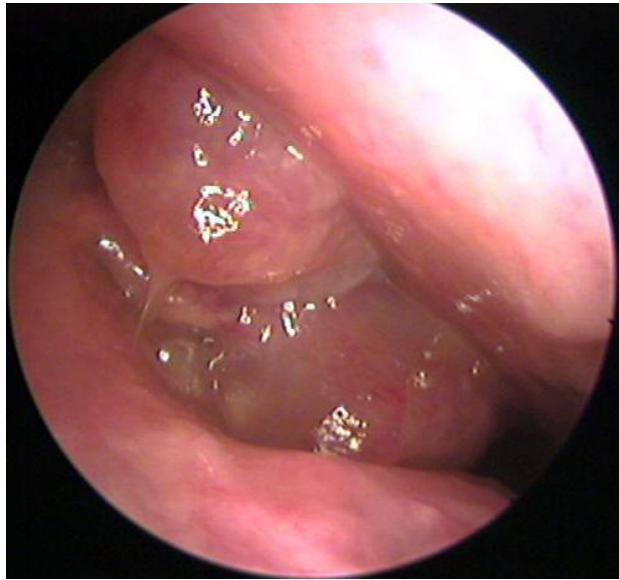
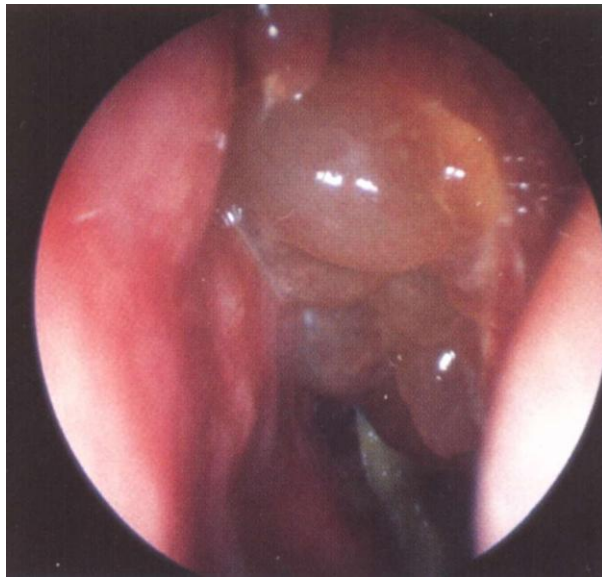
The pictures were sorted by:

- Sara Mohammad Al-Shehri
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- Rawabi Saleh Al-Ghamdi
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Ear, Nose
& Throat

Station 1:



Patient came with asthma and obstruction

A. What is the diagnosis Nasal polyp

B. Give best surgical treatment

Functional endoscopic sinus surgery (FESS)

Station 2:



A. What is the diagnosis? Nasal Polyposis/ Nasal Polyp

B. What is the treatment?

Functional endoscopic sinus surgery (FESS)/ polypectomy.

Note: if treatment in general: Start with medical 1st (Topical steroids) then surgical

Station 3:

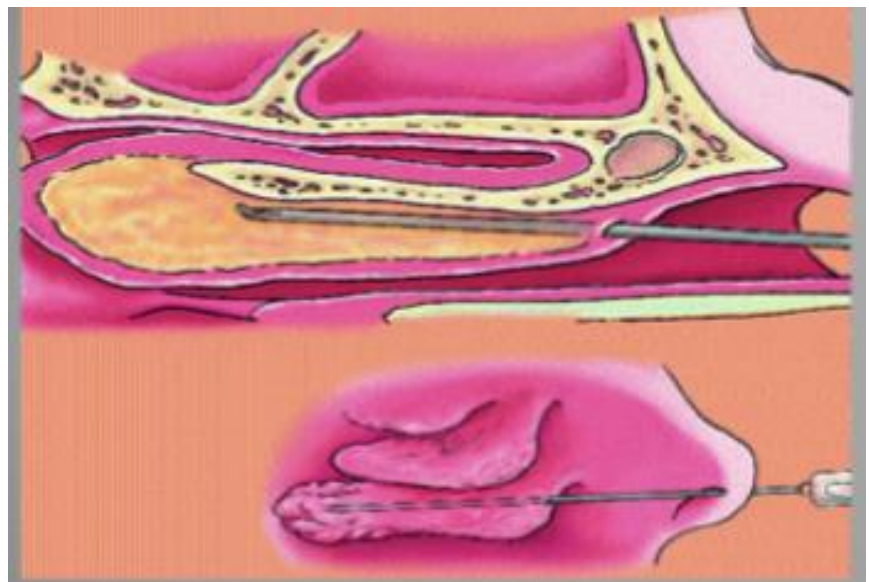
Patient came to the ER with fever and unilateral nasal obstruction

- A. What is the diagnosis?
Furunculosis
- B. What is the feared complication
Cavernous Sinus Thrombosis; due to valveless veins.

**Station 4:**

The patient has hypertrophy of the inferior turbinate.

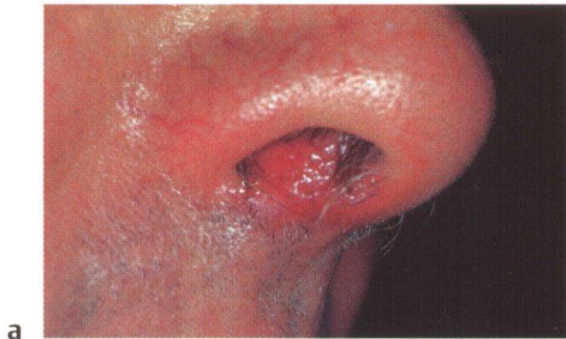
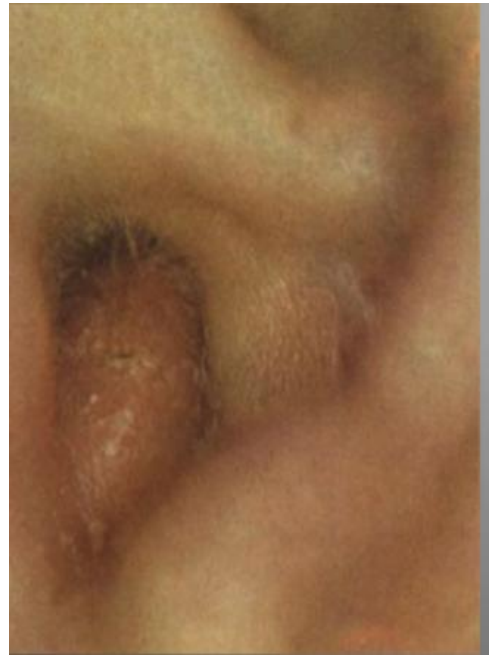
- A. Name this procedure.
Partial Inferior Turbinoplasty (PIT)
- B. Mention two complications of this procedure
- Atrophic rhinitis
 - Bleeding
 - Crusting
 - pain



Station 5:

History of pain with jaw movement

- A. What is your diagnosis?**
Furunculosis
- B. Which organism may cause that?**
Staphylococcus aureus



a



b

Fig. 3.53 Furuncles and cellulitis of the columella (a). These may spread to involve the skin of the nose and face (b). Treatment is with systemic penicillin.

Station 6:

A patient has allergic rhinitis and we have to do this test.

What is this test called?

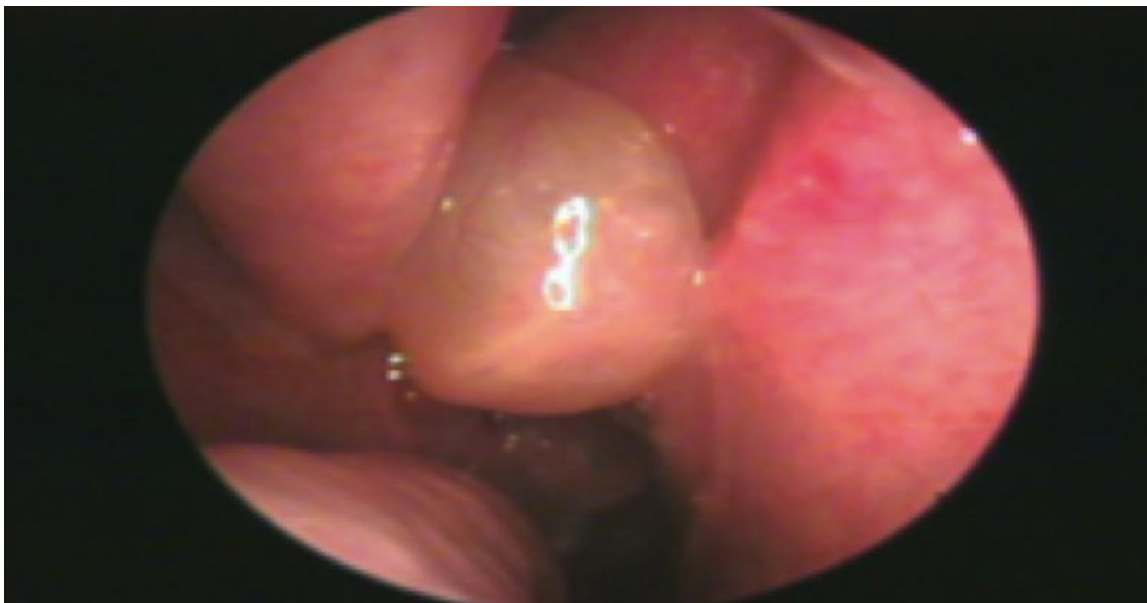
Skin prick test (interadermal prick test)

What is the complication?

Anaphylactic shock



Station 7:



What is the diagnosis? Nasal polyp

Numerate two common etiologic factors

Chronic rhinosinusitis (Sinus infection), Allergic rhinosinusitis , obstruction of sinus ostium



8. Identify

Inverted Papilloma



9. Hx. ...

Identify? Bilateral nasal polyp

Surgical method of treatment? Polypectomy by avulsion nasal snares

Why not (functional endoscopic sinus surgery)?

Station 10:

Patient came with limited eye movement and fever

Dx? Orbital cellulitis

Most common sinus? Ethmoidal

Station 11:

Mention 4 features of Adenoid face:

1. Idiotic look.
2. Open mouth
3. Prominent incisors
4. Short upper lip
5. elongated face
6. elevated nostrils

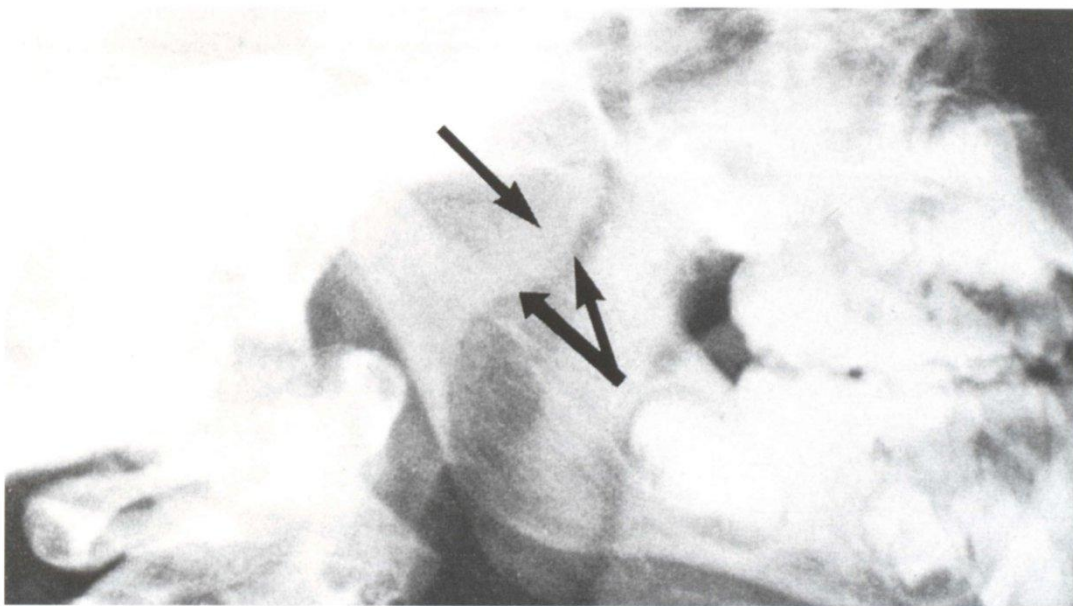
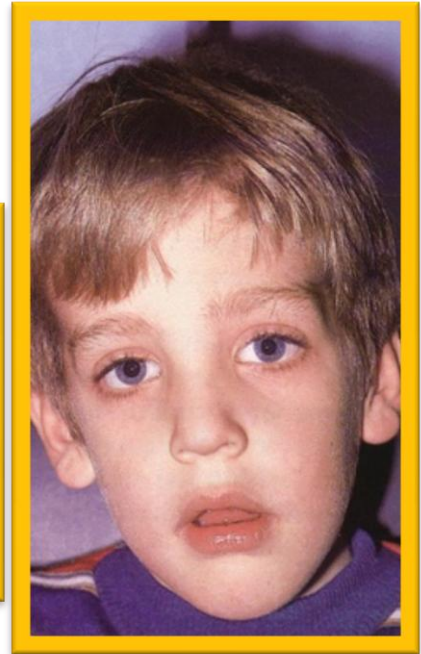
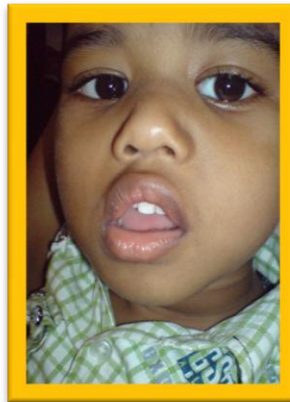


Fig. 3.15 Lateral radiograph of adenoids. The postnasal space is often difficult or impossible to see in a child, and a lateral radiograph clearly shows the size of the adenoids and degree of obstruction. In this radiograph, a small airway is present (lower arrows) despite a large adenoid shadow (upper arrow).

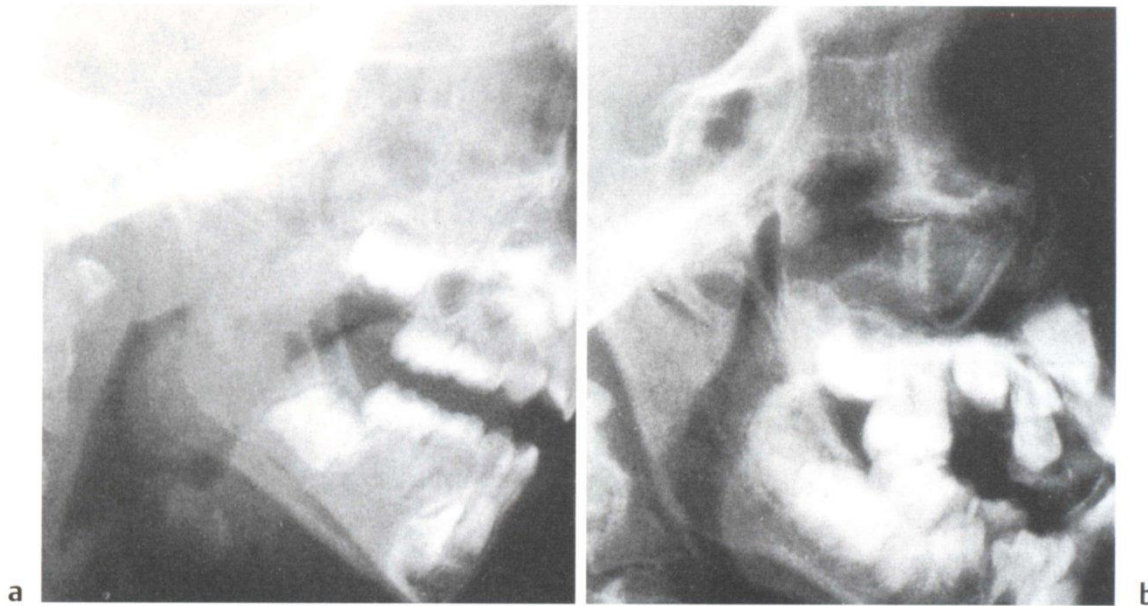


Fig. 3.16 Accurate lateral radiographs are necessary. A wrongly angled radiograph (a) is not infrequently erroneously reported as showing “large adenoids.” It is not easy to maintain a child in the correct position; patience and skill are required by the radiographer. When checking the lateral radiograph for adenoids, therefore, it is essential to be sure that the lateral picture is true (b) before assessing the bulk of the adenoid lymphoid tissue.

Station 12:

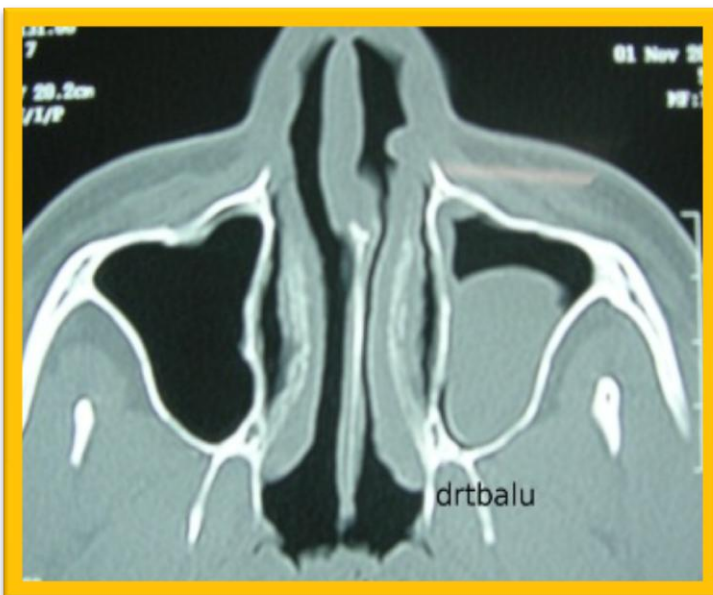
This x ray was taken for child with down syndrome who presented with snoring and mouth breathing

What is the diagnosis? Adenoid hypertrophy

What is the type of this X-ray? Lateral neck x-ray (main imaging study in adenoid hypertrophy)

If surgical treatment to be done, what radiologic evaluation has to be performed pre-operatively? Flexion and extension cervical x-ray





13. Identify

CT Nasal Polyp

14. Identify



Antrochoanal polyp



**Axial CT showing
Antrochoanal polyp**

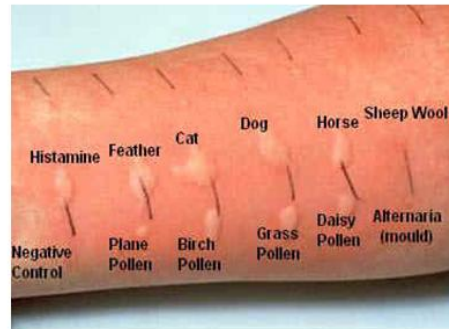
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❖ What is this investigation ?

- Skin prick test (intradermal allergy test).

❖ How you treat allergic rhinitis ?

- Education to avoid the cause of the allergy with Antihistamine, if no effect give Topical corticosteroid.



16. Identify



Axial CT showing partial homogenous opacity of the left maxillary sinus (air fluid level mostly associated with acute sinusitis)



Coronal CT showing total homogenous opacity of the left maxillary

3.71 Nasal polyp (p. 145)

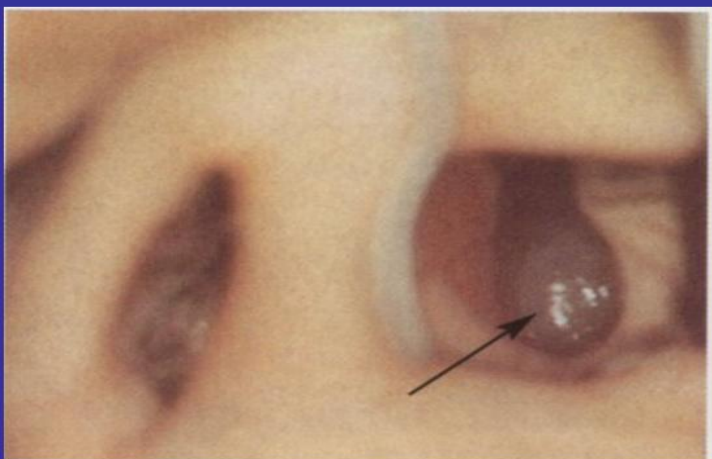


Fig. 3.11a, b **Rhinophyma**, in which the skin becomes thickened and vascular, may produce gross nasal deformity in which the skin epithelium becomes thickened and vascular. “Shaving” of the excess skin (without skin grafting) is the surgical treatment. Irregular areas of epithelium (arrow) should be sent for histology since **basal- or squamous cell carcinoma** may occur within a rhinophyma.

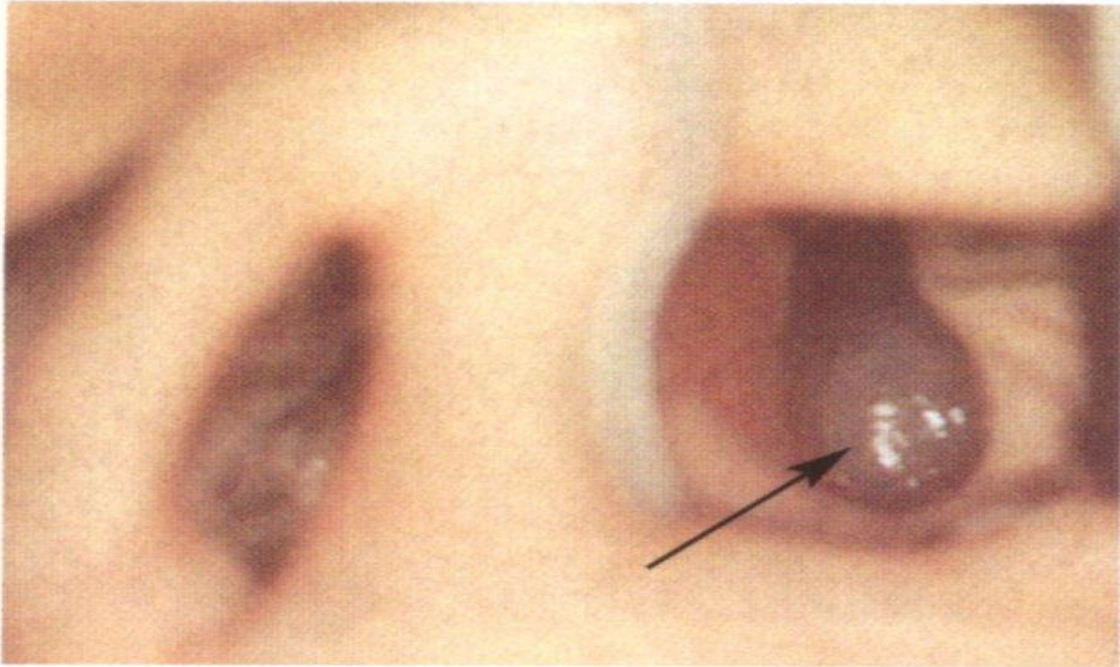


Fig. 3.71 **Nasal polyp** (arrow).

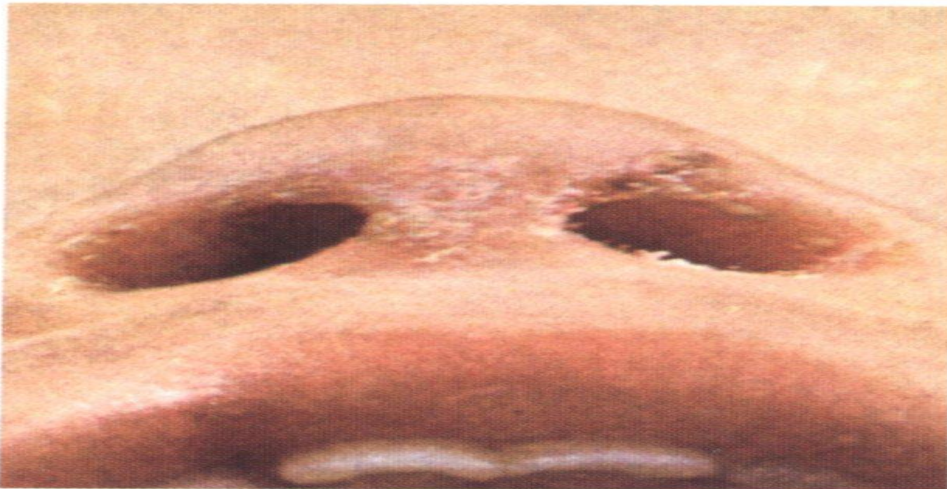
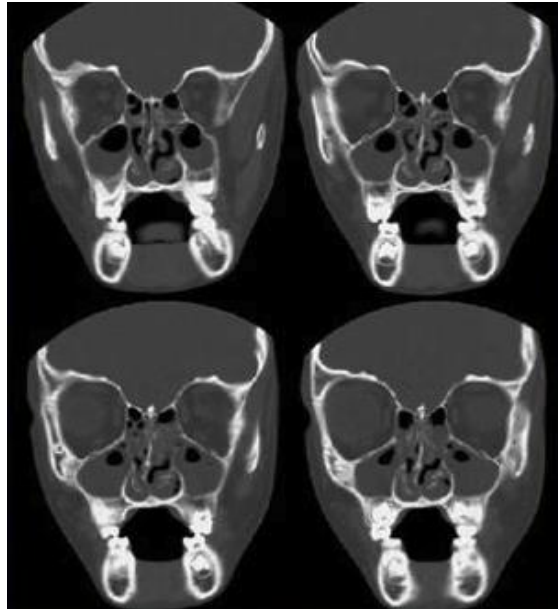


Fig. 3.43 **Vestibulitis.** When nasal discharge and skin involvement affect both nostrils, a vestibulitis (an eczema of the vestibular skin) is the probable diagnosis. This condition responds rapidly to an antibiotic ointment. The nasal swab usually grows a staphylococcus.



Antro-choanal polyp



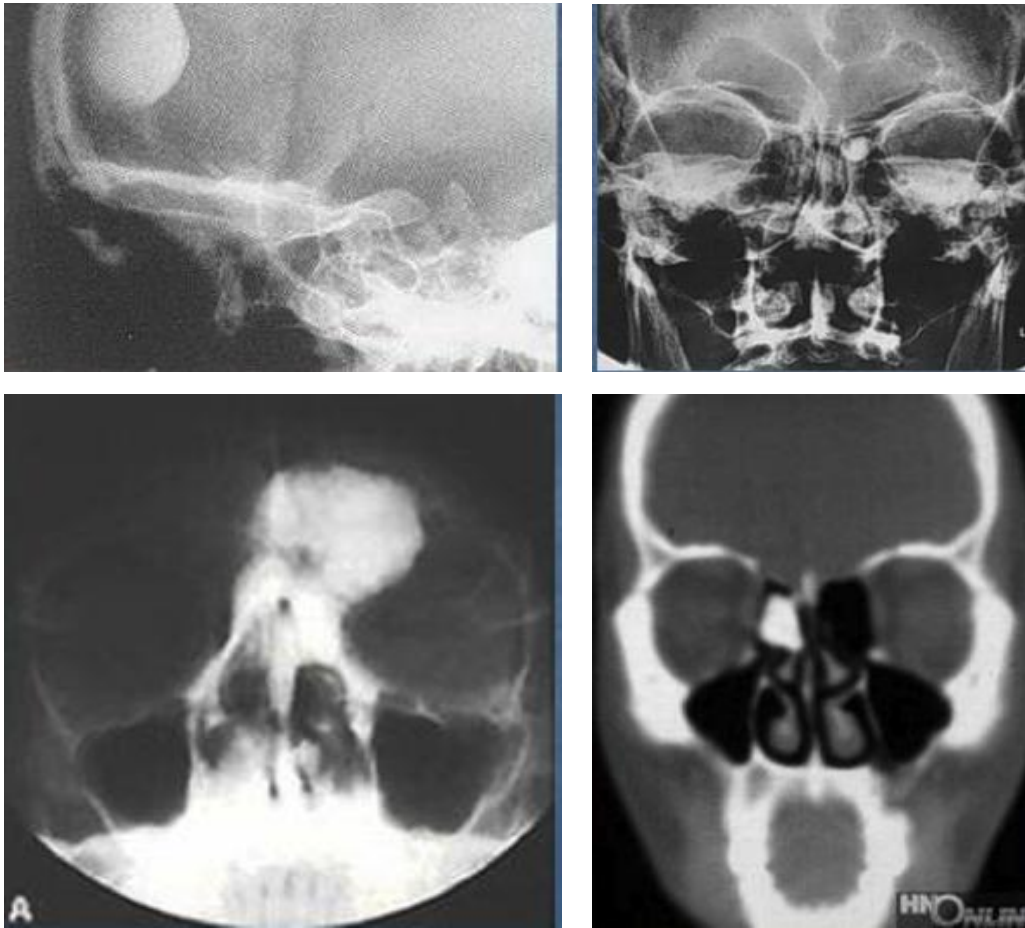
Aantrochoanal polyp is a solitary polyp that arises within the maxillary sinus but passes through and enlarges the sinus ostium or more commonly an accessory ostium

Etiology: Chronic rhinosinusitis (Sinus infection), Allergic rhinosinusitis

Gender: Males > females

Age: 3rd – 5th decade

S&Sx. : obstructed nasal passage and/or sinus symptoms

Osteoma

Osteoma: is a new piece of bone usually growing on another piece of bone, typically the skull. It is a benign tumor.

Most common benign neoplasm of the nose and paranasal sinuses.

S&S: facial pain, headache, infection due to obstructed nasofrontal ducts, ocular signs and symptoms.

Complications: Mucocoele formation, mass effect

Treatment: Excision

Malignant tumors

