

# ENT SAQ

By: 430 ENT team

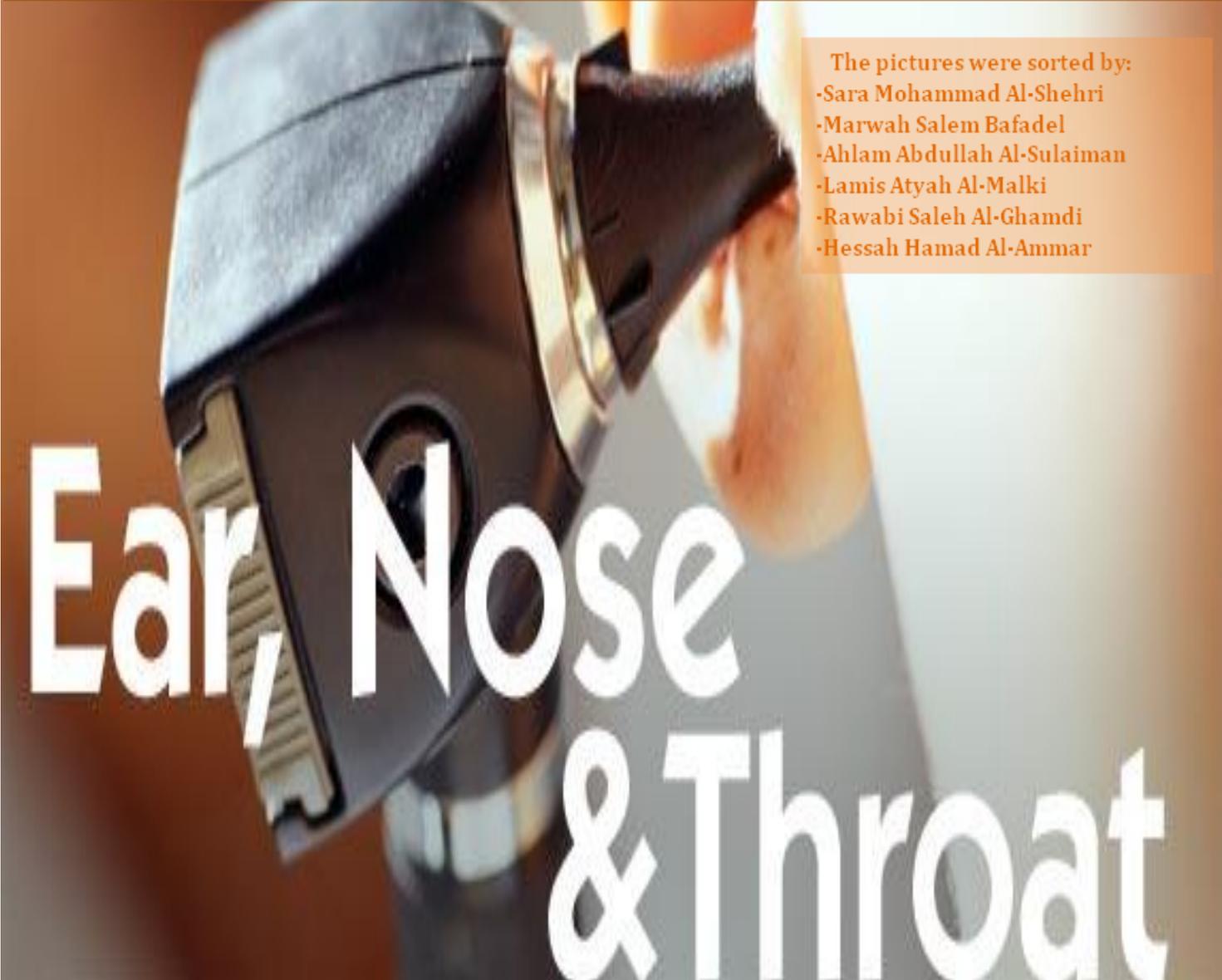
## Pharynx 1

Done by: Faten AlMohaidb

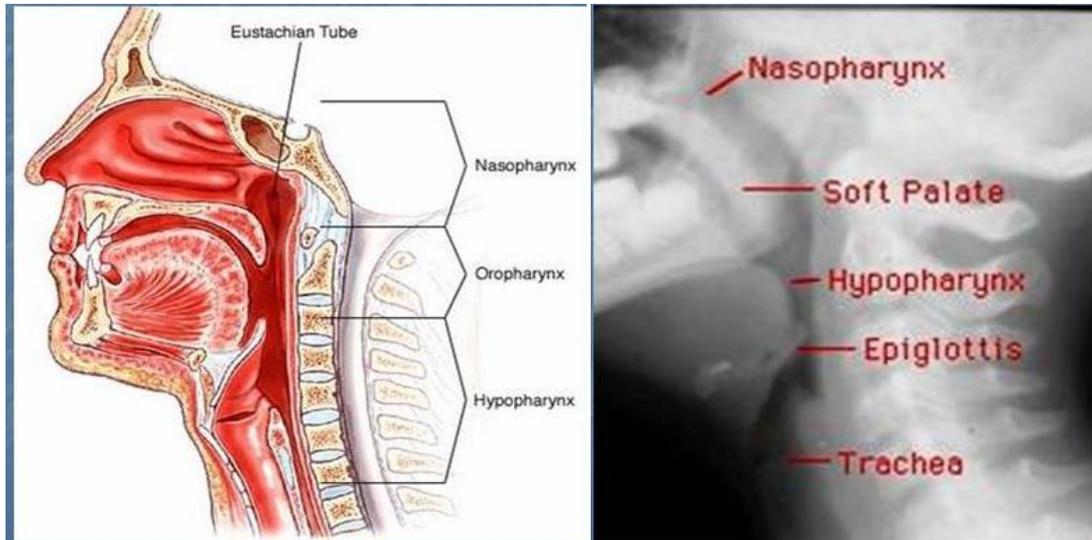
❖ Note: please refer to the original lecture given by the doctor

The pictures were sorted by:

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Ear, Nose  
& Throat

**Anatomy that you have to know:****1-NASOPHARYNX:**

Opens Anterior to the nose,

Above: the base of skull

Below: soft palate (when u open your mouth u can't see it because it's opposite to the nose)

Laterally: opening of the Eustachian tube

- Torus tuberosus
- Pharyngeal recess (Fossa of Rosenmuller): the area where the nasopharyngeal cancer most commonly occurs. Adenoid (lymph tissue):
- Nasopharyngeal isthmus

**2- OROPHARYNX:**

Open Anterior to mouth (opposite to the throat)

Above: soft palate.

Below: the upper border of epiglottis.

- Palatine tonsils (these are the tonsils that mostly get affected in tonsillitis) the tonsils are between the anterior pillars and the posterior pillars.

**3- Laryngopharynx (hyopoharynx):**

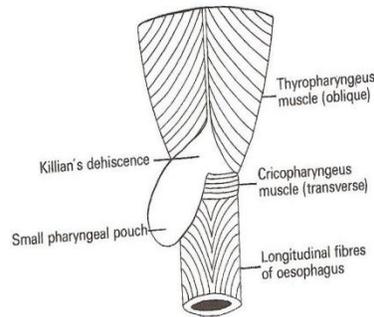
Open Anterior to the larynx

Above: the upper border of the epiglottis

Below: lower border of cricoid

Pyriform fossa

valleculae: between tongue and epiglottis contains the pyriform fossa



### Killian's Dehiscence:

Potential gap between the thyropharyngus and cricopharyngus where the mucosa may herniate forming a small pharyngeal pouch, some food may get into it and later regurge. The pouch needs to be removed by diverticulectomy.

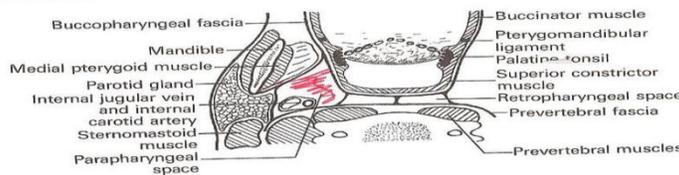
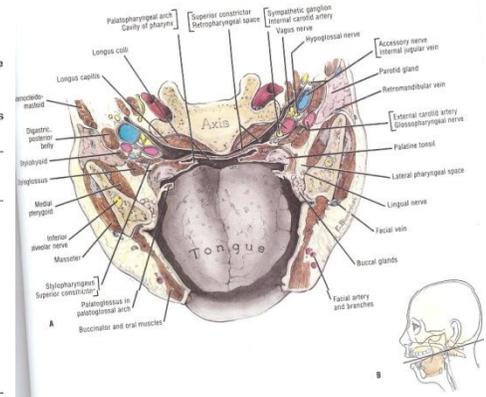
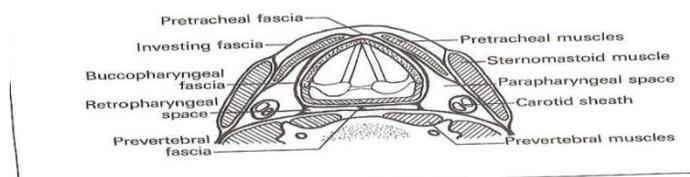


figure 11.6 Fascial compartments of neck at level of C2



### Parapharyngeal space:

Potential space lies outside the pharynx, Triangular in cross section, it extends from the base of the skull above to the superior mediastinum and apex of hyoid bone

- Anteromedial wall: buccopharyngeal fascia
- Posteromedial wall: cervical vertebrae, prevertebral muscle and fascia
- Lateral wall: (up) the mandible, pterygoid muscle, parotid gland, (Lower) sternomastoid muscle

#### - Compartment:

divided into two parts by styloid process:

- o prestyloid: internal maxillary artery, fat, inferior alveolar, lingual, and auriculotemporal nerves.
- o Poststyloid: neurovascular bundle (carotid artery, internal jugular vein, sympathetic chain, CN IX, X and XI)

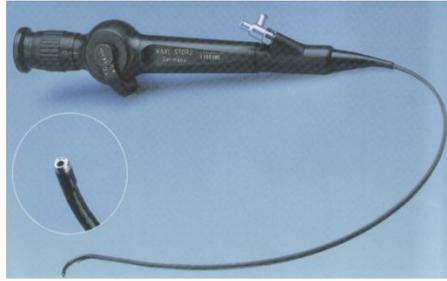
### Retropharyngeal space:

It extends from the base of skull to superior mediastinum, Lies behind the pharynx, Contains only lymph nodes

- Ant: posterior pharyngeal wall and its covering buccopharyngeal fascia
- Post: cervical vertebrae and muscles and fascia

**Contents:** Retropharyngeal lymph nodes.

## ➤ Station 1:



1. Identify:  
Flexible fiberoptic endoscopy
2. What is the indication?  
1. Examination of the nasal cavity, pharynx, larynx.

## ➤ Station 2:

Patient comes with painful unilateral mass, he is smoker, when you examine him you find this :



1. What is your DDX?  
lymphosarcoma
2. What is the treatment if we consider this as late stage ?  
Surgical resection with postoperative radiation

## ➤ Station 3:

1. This picture of tonsillectomy, what are the indication ?

- Recurrent tonsillitis
  - snoring, mouth breathing, causing obstruction  
(Hypertrophied tonsils)
  - 3- asymmetrical tonsilar enlargement suspecting malignancy  
(Smoker or not)
  - 4- Peritonsillar abscess (quinsy)
2. What are the most common complications?
1. Hemorrhage
  2. Respiratory obstruction
  3. Injury to near-by structures
  4. Pulmonary and distant infections



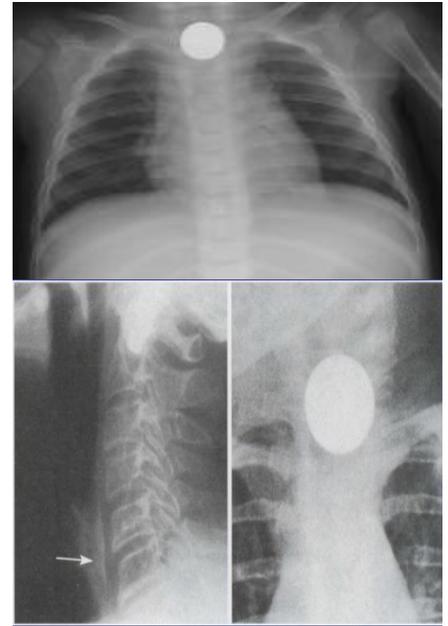
➤ **Station 4:**

Child present after few hours with voice change..

1. **What is your diagnosis?**  
Esophageal Foreign body -Ingested -
2. **What is the most common site?**  
Cricopharyngeus sphincter

**Note:**

- **Ingested** Usually stuck at cricopharyngeus while **Aspirated** stuck at right main bronchus.
- Any patient comes with history of ingested foreign body we must do Bronchoscopy under GA .
- 3. **Why we do anterior and lateral films?**  
To know the exact site of the foreign body
- 4. **What is the complication of the surgical management?**
- Aspiration of the foreign body
- Esophageal perforation

➤ **Station 5:**

Child with sudden cough, choking, cyanosis and respiratory distress..

1. **What is your diagnosis?**

Foreign body in the esophagus

2. **Management?**

Rigid esophagoscopy OR balloon Extraction



## ➤ Station 6:

## 1. What is this?

Tracheostomy

## 2. What is the commonest site?

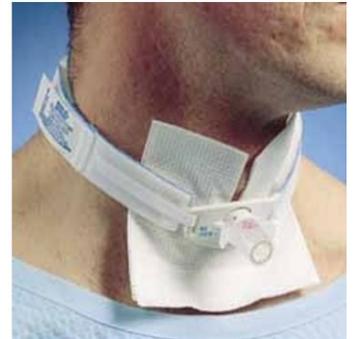
Between the 3rd and 4th tracheal ring

## 3. What is the indication?

1. Severe airway obstruction (foreign body, trauma)
2. Severe chest infection as epiglottitis

## 4. Give 2 complications.

- a. Obstruction by mucus
- b. Infection
- c. Subglottic stenosis
- d. Pneumothorax



## ➤ Station 7:

This picture was taken to a child during inspiration, he was complaining of stridor.

## 1. What is your diagnosis?

Laryngomalacia



## 2. What is your finding?

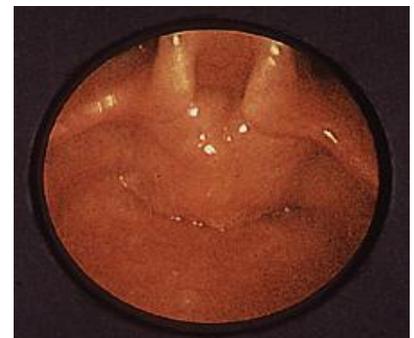
- Inward collapse of aryepiglottic fold (short) into laryngeal inlet during inspiration.
- Epiglottis collapses into laryngeal inlet

## 3. What is your treatment?

1-Mild cases :( no cyanosis not effecting the child growth)

Observation

2-Severe cases: supraglottoplasty or tracheostomy



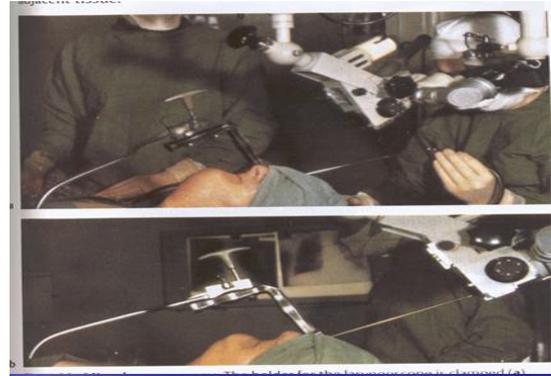
➤ **Station 8:**

**1. Identify:**

**Microlaryngoscope**

**2. What is the nerve that supplies the cricothyroid muscle?**

**External branch of Superior laryngeal nerve**



➤ **Station 9:**

**This picture was taken for patient complained of stridor after intubation for long time..**

**1. What is your diagnosis?**

**Subglottic stenosis.**

**2. What is the predisposing factor for this condition?**

**Prolong intubation.**

**3. What is the treatment?**

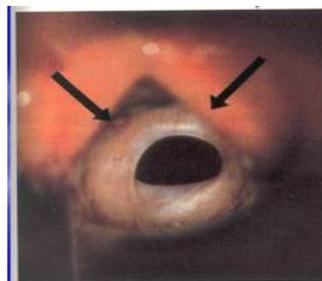
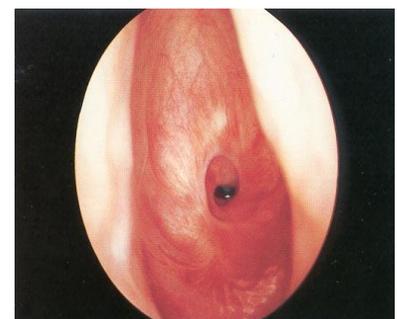
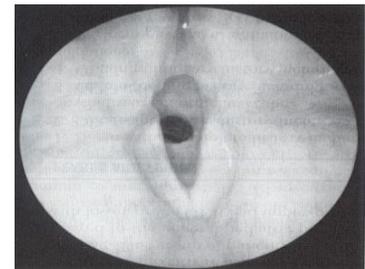
**1. Grade I - II;**

**Endoscope (CO2 or excision with dilation)**

**2. Grade III -IV: open procedures:**

**A. Ant cricoid split**

**B. LTR OR CTR**



➤ **Station 10:**

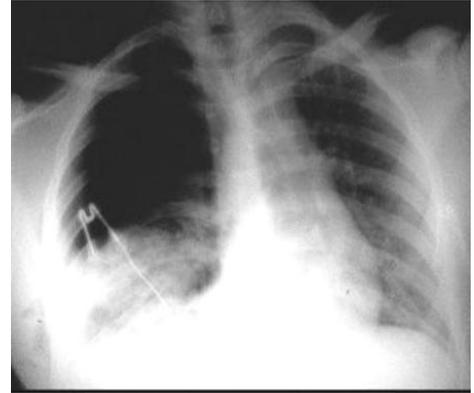
Patient who had tracheostomy tube insertion, after the operation he C/O some complication without any problem with the tracheostomy tube, this is his X-ray after the operation.

What is your diagnosis?

**Pneumothorax**

What is the risk of higher tracheostomy?

**Subglottic stenosis**

➤ **Station 11:**

1. What is this investigation?

**Skin prick test (intradermal allergy test)**

2. How would you treat Allergic rhinitis?

**Educations to avoid the cause of the allergy with anti-histamine, if no effect give Topical corticosteroid**

3. What is the fetal complication may result from this test?

**Anaphylactic shock.**



➤ **Station 12:**

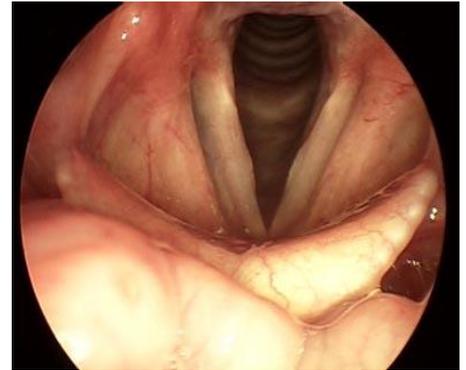
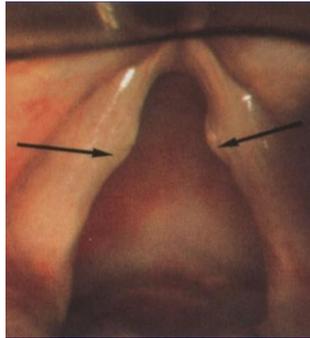
Mona is a Teacher comes to the clinic complaining of hoarseness of voice and she is abusing her voice.

1. What is your diagnosis?

**Bilateral Vocal fold nodules (singer's nodules)**

2. What is your initial treatment?

1. Vocal hygiene advice
2. Voice therapy



➤ **Station 13:**

1. Identify:

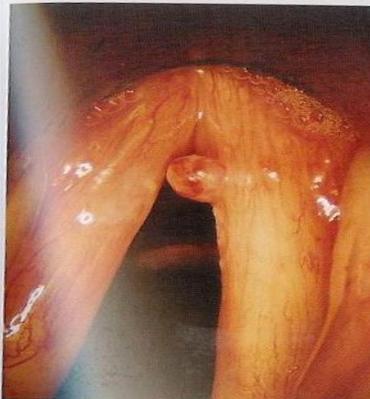
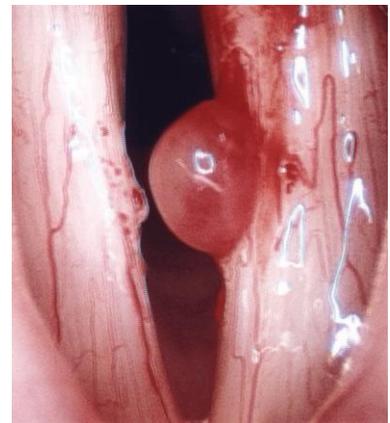
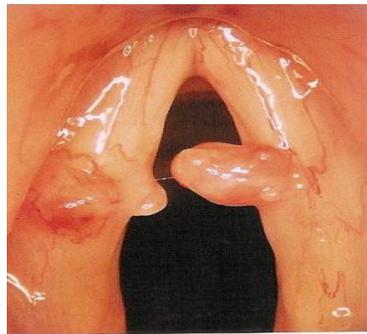
**Vocal fold polyp**

2. What are the causes?

- 1-Voice misuse or abuse
- 2-repetitive acute trauma

3. What is your treatment?

1. Vocal hygiene advice
2. Surgical excision



➤ **Station 14:**

Picture of patient who is C/O foreign body sensation under the tongue..



1. Give 2 differential diagnoses for what you see.

- 1. Tongue carcinoma
- 2. Tongue ulcer

➤ **Station 15:**

Identify:

Vocal fold cyst

What are the causes?

- 1. Voice misuse or abuse
- 2. Congenital dermoid cyst

What is your treatment?

- 1. vocal hygiene advice
- 2. surgical excision

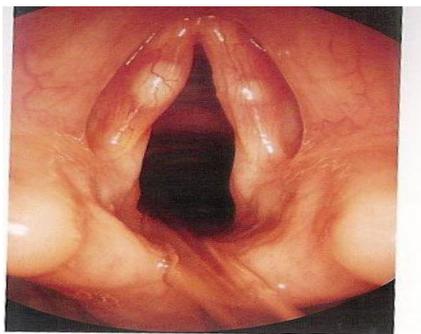


Figure 15.10



➤ **Station 16:**

1. Give 2 differential diagnoses for this picture.

Carcinoma of the tonsils or the oropharynx

Quinsy

2. Work up?

Excisional biopsy

➤ **Station 17:**

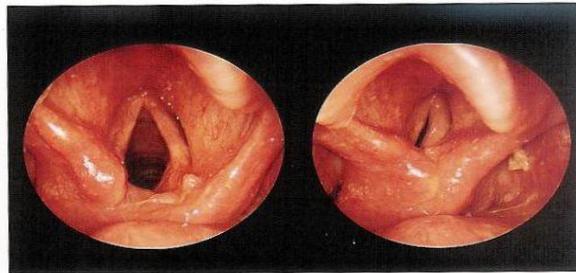
Patient comes to you complaining of breathy voice and stridor.

1. What is your diagnosis?

Vocal fold paralysis

2. What is the type of stridor in this case?

High pitch inspiratory stridor

➤ **Station 18:**

1. Identify:

Vocal process Contact Granuloma

2. What is the cause?

1. Prolong intubation

2. Reflux

3. What is your treatment?

1. Treat the cause (anti-reflux as proton pump inhibitor)



➤ **Station 19:**

**26 lady smoker come to your clinic complaining of voice changing.**

**1. Regarding this picture what is your diagnosis?**

**Reinke's Edema**

**2. What is the cause?**

**1. Smoking**

**2. Reflux (LPR)**

**3. Vice misuse and abuse**

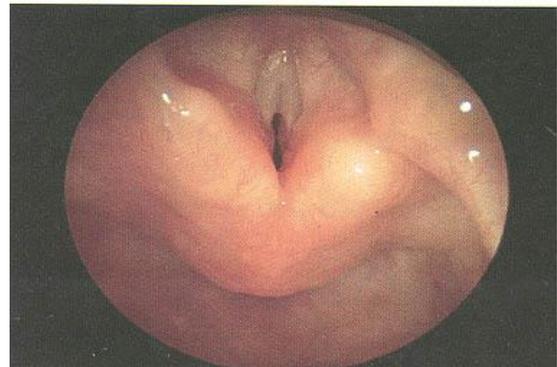
**(Middle age active smoking female)**

**3. What is your treatment?**

**1. Vocal hygiene advice (stop smoking)**

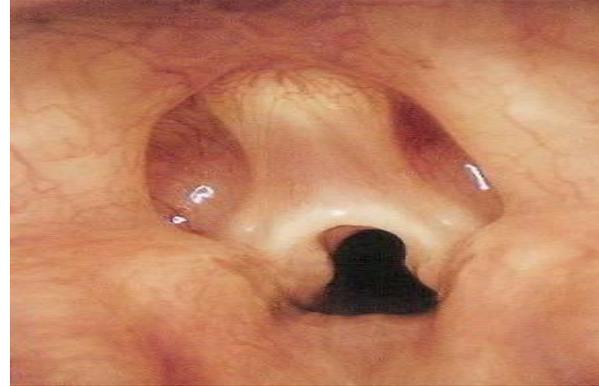
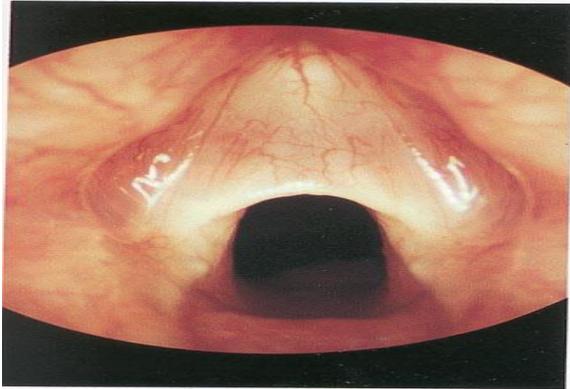
**2. Treat the reflux**

**3. Surgical excision**



➤ **Station 20:**

Newborn baby presented with week crying and stridor.



1. **What is your diagnosis?**

**Congenital Laryngeal web**

2. **What is your treatment?**

1. Observation in mild cases
2. Laser excision in moderate cases
3. Open procedure+ tracheostomy in case of sever obstructed cases

➤ **Station 21:**

1. **What is your diagnosis?**

**Recurrent respiratory papillomatosis**

2. **What is the most common cause?**

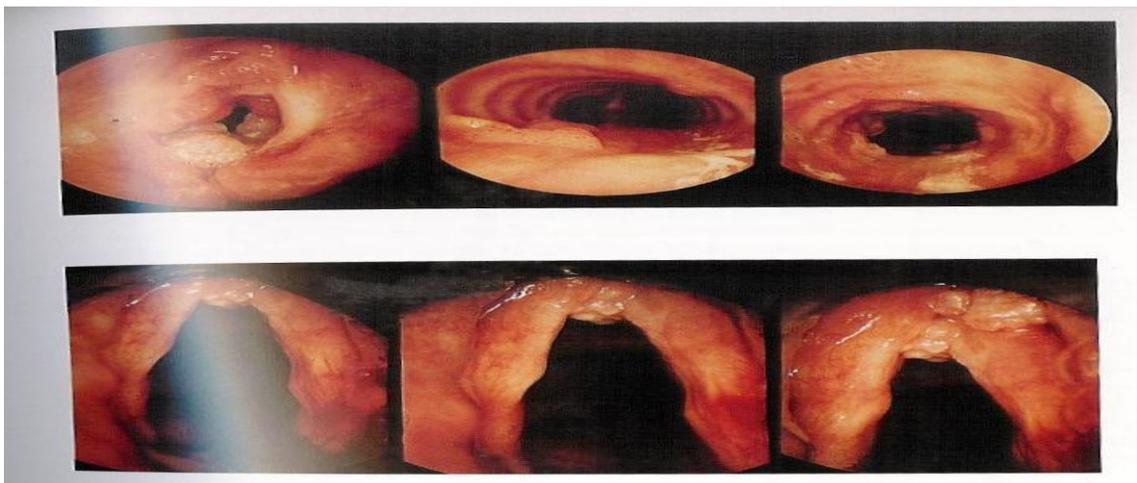
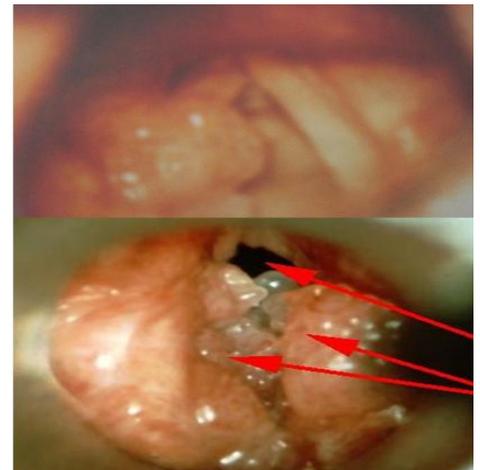
**HPV type 6-11**

3. **What is the risk factor?**

- younger first time mother (condyloma acuminata)
- Lesions: wart like (cluster of grapes )

4. **What is the treatment?**

- laser excision ,microdebrider
- Adjunctive therapy: Cidofovir ,acyclovir



➤ **Station 22:**

50 years old man, smoker come to the clinic complaining of discomfort, voice change and wt loss.

1. What is your diagnosis?

**squamous cell carcinomas of the vocal cord**

2. What is the risk factor?

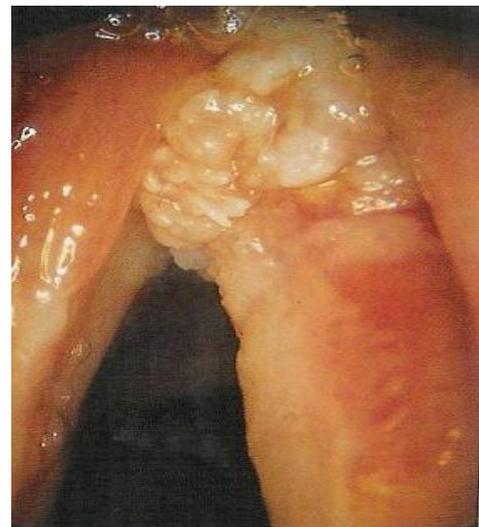
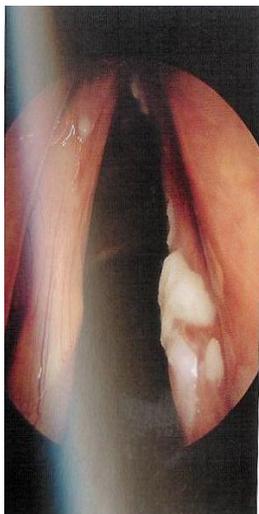
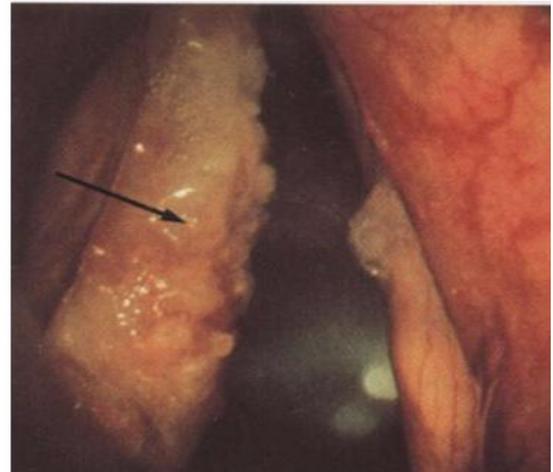
**Smoking, alcohol, radiation exposure**

3. What is the next step?

**Do biopsy**

4. what is the treatment ?

**Radiotherapy**



**Done!**