

# ENT SAQ

By: 430 ENT team

Pharynx 2

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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:****1. What is your Dx?**

-Scarlet Fever (strawberry tongue)

**2. What is the causative organism?**

- Group A beta-hemolytic streptococcus

**3. What is the treatment?**

- Antibiotics (Penicillin)

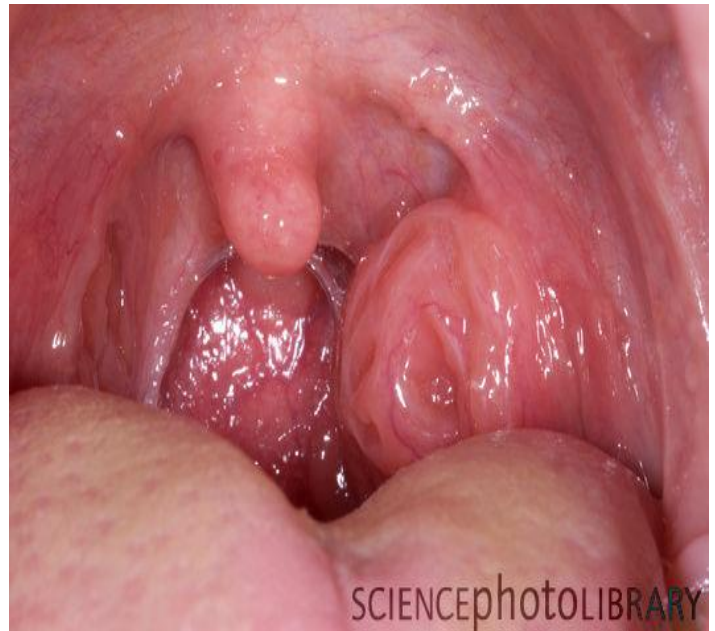
\*Extra >> SSx :- red pharynx, **strawberry tongue**, perioral skin erythema and desquamation, dysphagia, malaise, severe cervical lymphadenopathy, **fever, sore throat** - DX : dick test.

**Station 2:-**

Most likely diagnosis?

**-Unilateral tonsil enlargement(unilateral lymphosarcoma)**

Explanation: - Unilateral tonsil enlargement in an eleven year old girl. If the tonsil enlargement is in one side and there is a significant difference between the size of the tonsils then we will, particularly if there are any other systemic symptoms, remove the tonsil to ensure there is no abnormal tissue present in the tonsil. Lymphoma is rare in children but it is something that we need to keep in the back of our mind as a possible cause of unilateral or one sided tonsillar enlargement. It's one of the absolute indications for tonsillectomy (see indications of tonsillectomy in the coming stations).



\*If the patient was old >> asymmetrical tonsillar enlargement so we do tonsillectomy and take a biopsy to rule out malignancy (lymphoma).

\*Investigations:-

Biopsy is essential for histological typing.

**Station 3:-** This patient has fever, dysphagia, drooling, earache in one ear & trismus

**1-What is the diagnosis?**

**Quinsy (Peritonsillar abscess).**

**2-What is the nerve that refers**

**Glossopharyngeal nerve**

**(tympanic branch; Jacobson N.).**





**Station 4:** صورة طفل موضوع في فتحتي الأنف انابيب بلاستيك

This infant with history of cyclic cyanosis immediately after birth.

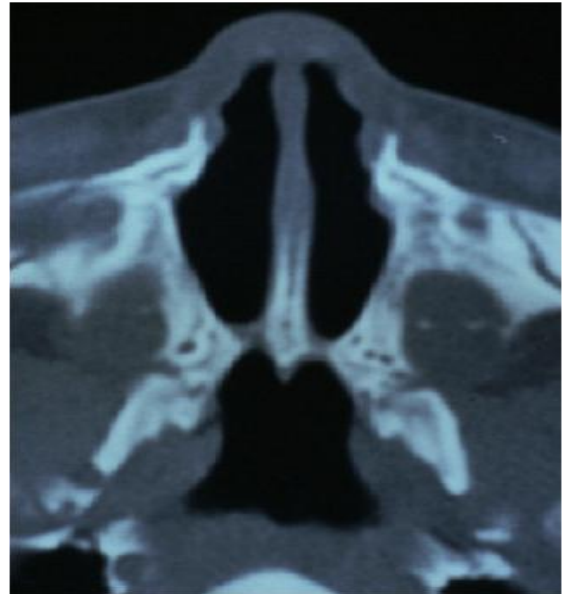
**A. What is your diagnosis?**

Bilateral choanal atresia.

**B. What is the treatment which done for this child?**

-Emergency treatment is by insertion of oral tube

-Surgical treatment is by either transnasal or transpalatal choanal atresia repair.



\*Extra: 70% of choanal atresia associated with **CHARGE** >> C :coloboma H :heart disease A :atresia R :retarded growth G: genital hypoplasia E : ear deformity.

**Station 5:-**

**A. Mention 2 differential diagnosis.**

1-Quinzy

2-Lymphosarcoma.

**B. Mention 2 absolute indication for tonsillectomy.**

1-Acute airway obstruction

2-Suspected malignancy especially if unilateral tonsillar enlargement (lymphoma or squamous cell carcinoma or unusual infection such as mycobacterium tuberculosis. Atypical mycobacteria, fungal organisms or actinomycosis



3-persistant or recurrent tonsillar hemorrhage.

**\*Extra :Relative indication :-**

1-Recurrent acute tonsilitis (documented 6-7 attacks per year, 4 attacks per year for 2 years, or if 3 attacks per year for 3 years.

2-Peritonsillar abscess, Parapharyngeal abscess & Retropharyngeal abscess.

## Station 6 :-

Female, on the ER with dysphagia for 3 days she came after failure of medical Rx...

**Q. What is your diagnosis ?**

Peritonsillar abscess (Quinsy).

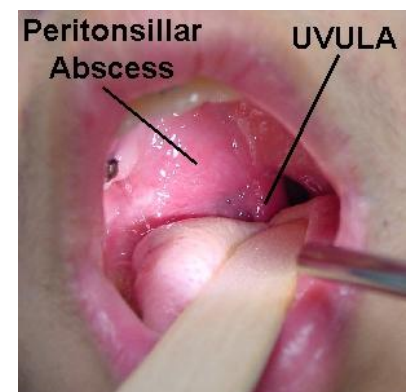
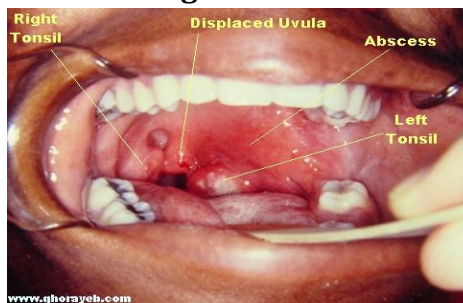
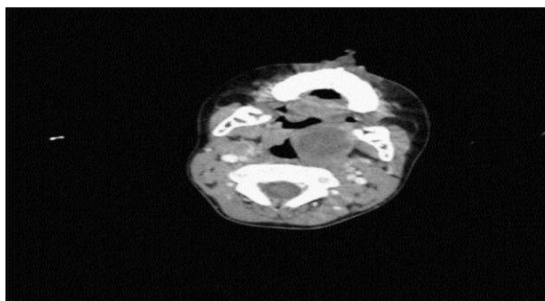
**Q. What are the possible Complications?**

Para and retropharyngeal abscess, aspiration pneumonia .

**Q. What is your management?**

1-Incision and drainage done in the ER, aspiration, and are given IV antibiotic.

2- if recurrent tonsillitis and peritonsillar abscess you treat the abscess, wait for 6 weeks then do the tonsillectomy ( Hot technique). To make it easier for you instead of this long answer you can write (quinsy tonsillectomy) both answers are right.



### Station 7 :-

#### A- Diagnosis?

**Adenoid Hypertrophy**

#### B- What type of speech disorder?

**Hyponasality**

#### C- Mention one cardiac complication.

**Cor Pulmonale**

Another scenario >> For the same pic if this X-ray was taken for a child with Down syndrome, who presented with snoring and mouth breathing if surgical treatment to be done, what radiologic evaluation has to be performed preoperatively?? Flexion and extension cervical X-ray.



### Station 8:-

#### A. Identify the view?

**X-ray lateral view.**

#### B. How to diagnose?

**Flexible fiberoptic**

#### C. What is your diagnosis?

**Adenoid hypertrophy.**

#### D. what is the treatment?

1. if small adenoid: conservative steroidal nasal spray
2. Surgical: adenoidectomy if complete obstruction



**Station 9:-** I Don't remember the history, but it was something like; sore throat for a short duration.....

**A: Differential diagnosis?**

1-Quinsy.

2-Lymphosarcoma

**B: what is the definitive diagnostic tool?**

Excisional Biopsy (Remember FNA not for mucosa).

**C: Name 2 Components of Waldeyer's Ring.**

1-Palatine tonsils

2-Lingual tonsils



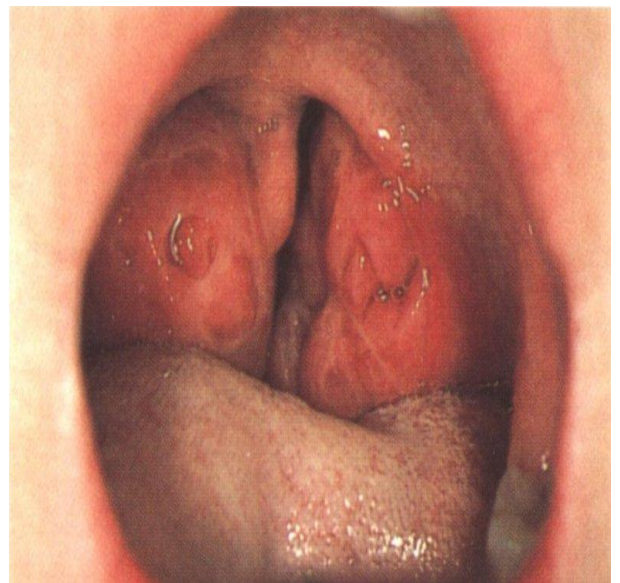
**Station 10:-** Child came with obstruction

**A. What is the diagnosis**

Tonsillitis

**B. Treatment**

Tonsillectomy





**Station 11:-** Patient presented with history of snoring & mouth breathing for 12 months

**-What's your diagnosis?**

**Tonsillar Hypertrophy**

**-What's the treatment?**

**Tonsillectomy**



**\*Station 12 :**( The picture we got in the exam had a lot more inflammation and redness, it wasn't very clear)

**A/What is the diagnosis?**

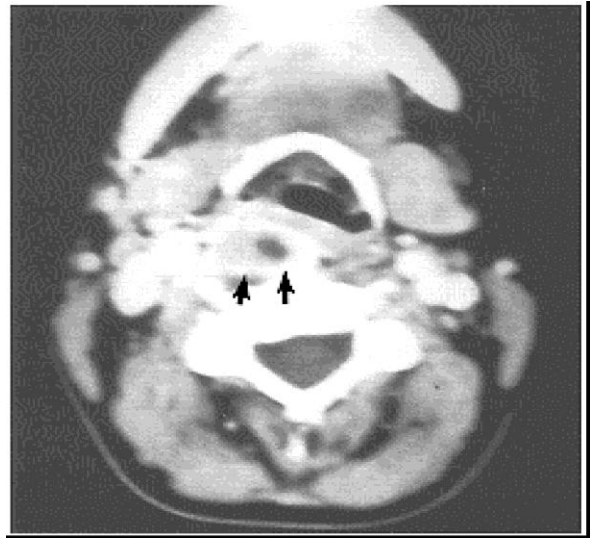
**Acute tonsillitis**

**B/ what is the causative organism?**

**Haemolytic Streptococcus**



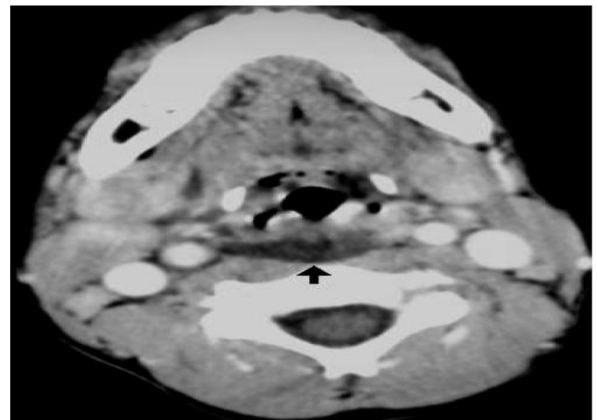


**Station 13:-****A. Diagnosis**

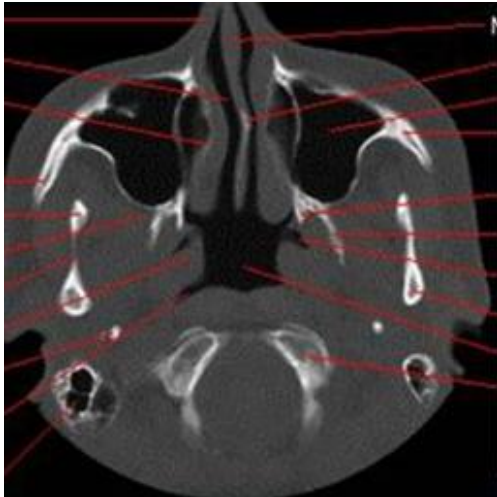
Retropharyngeal abscess

**B. What is the surgical treatment?**

- ✓ Incision and drainage, IV antibiotic,
- ✓ Airway management is very important



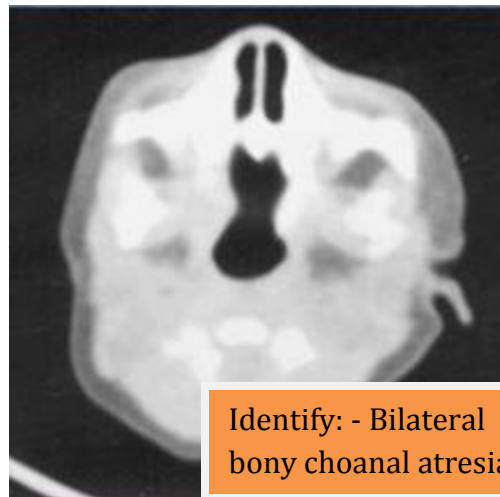
Identify: - Normal pic



Identify: - Unilateral Rt side bony choanal atresia

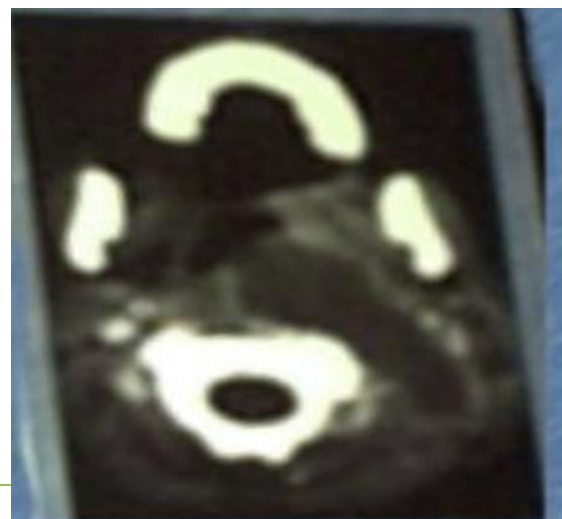


Identify: -  
parapharyngeal abscess



Identify: - Bilateral  
bony choanal atresia

Identify: - Combined  
retropharyngeal  
+parapharyngeal abscess



**Station 14:-**

**23. A- What is the name of this test marked by the arrow?**

**sialogram**

**B- Indicate two abnormalities that can be detected by this test:-**

**Calculi, sialectasia**



**Station 15:-** This is the picture for the throat of a child who underwent tonsillectomy 2 days ago, who complains of sore throat but afebrile.

**A- What do you think this finding represents**  
**-Tonsillar fossa slough**

**B- What is the best treatment?**



-pain medication, possible antibiotics

**Station 16:-** this chest X- ray was taken during expiration, for a child who has a recent history of acute choking, coughing difficulty in breathing?

**1-What are the most likely diagnosis and site of involvement?**

Foreign body aspiration left main stem bronchus

**2-How do you confirm your diagnosis**

Bronchoscopy



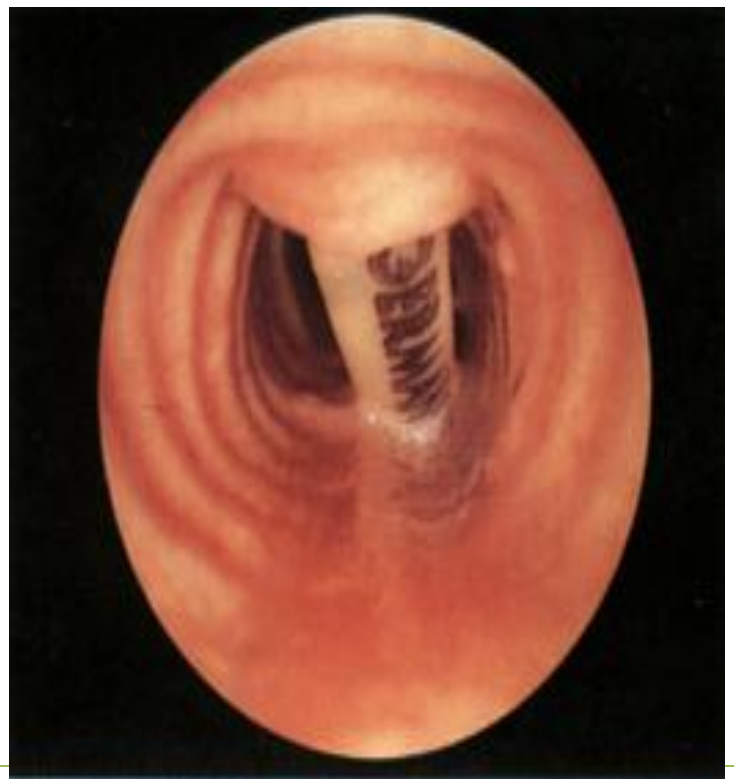
**Station 17:-**

**1-What is the name of this tube?**

- Tracheotomy

**2-Give four possible complications for it.**

Bleeding, obstruction, extrusion, infection





**Station 18:-**

This is the larynx of 4 year old child who presented with acute fever, drooling of saliva, stridor, and difficulty in breathing

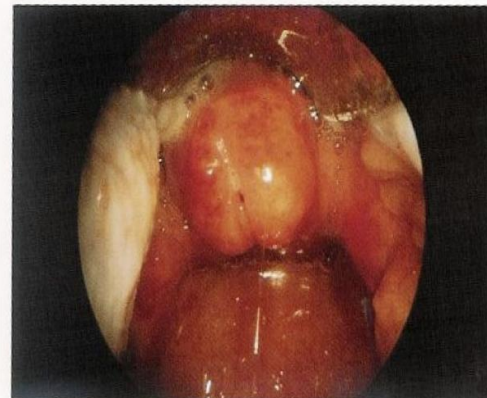
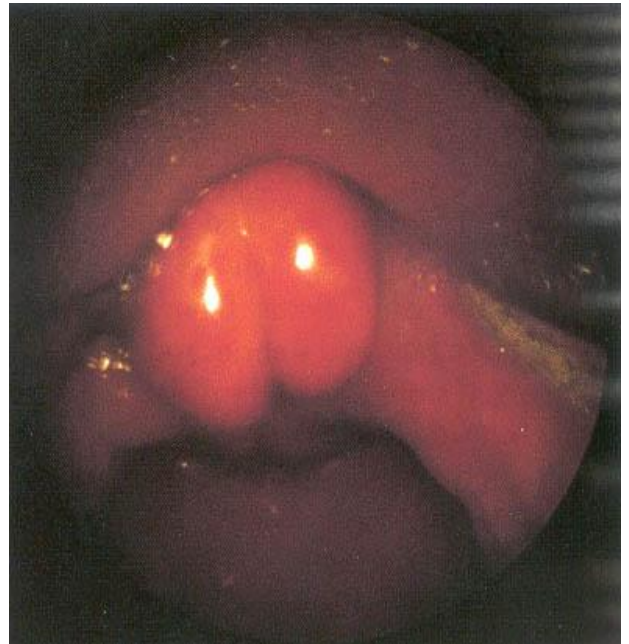
**1-what is the diagnosis?**

Acute epiglottitis

**2-what is the most important initial step?**

Secure the airway (intubation, tracheotomy)

**-Please remember what doctor Manal said in this case don't examine the child in ER (May Lead to death)!!**

**3-What is the sign u will find in the x-ray? Thumb sign**

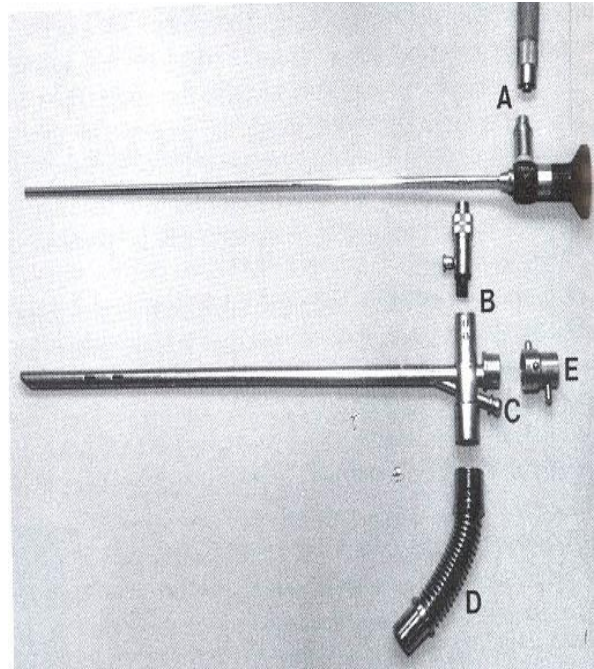
**Station 19:-**

**A-What is the name of the instrument marked by the arrow?**

**- Bronchoscope**

**B – Give two indications for the use of this Instrument**

- Diagnostic, laryngeobronchial lavage,
- Therapeutic e.g. (foreign body extraction).



**Station 20:-** This is the CT scan of a newborn who developed respiratory distress and cyanosis immediately after birth, his distress improves during crying.

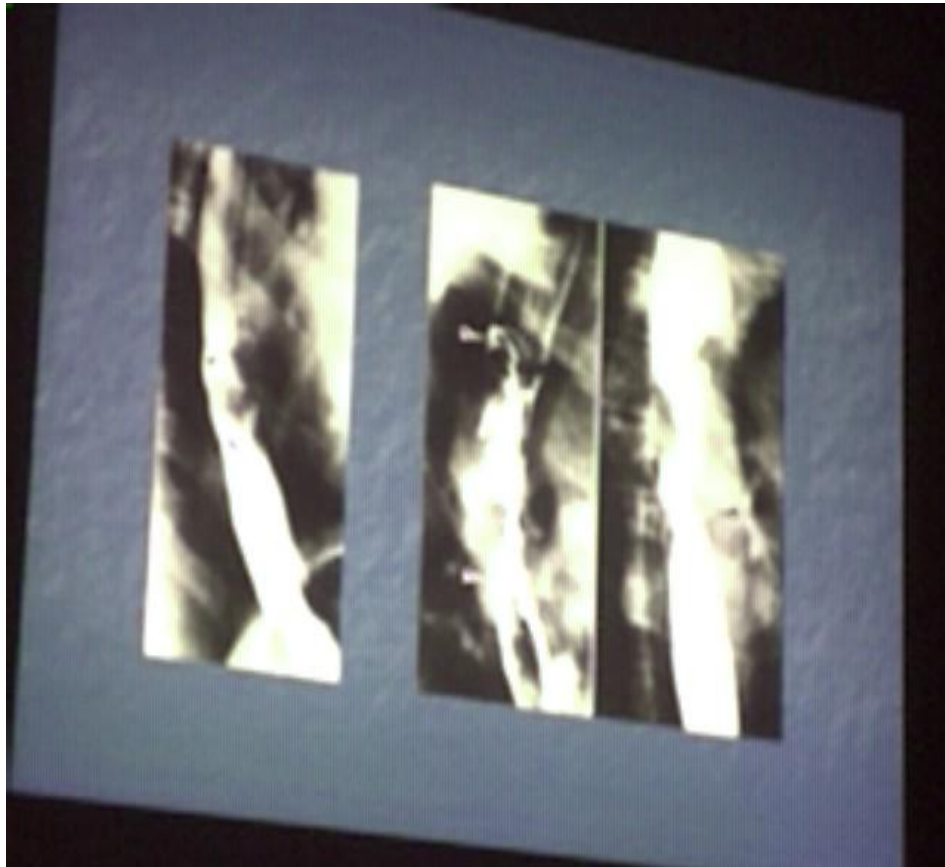
**A-What is the diagnosis?**

**- Bilateral choanal atresia**

**B- What immediate measure should be taken to improve his breathing?**

- oropharyngeal airway, McGivern nipple





**Station 21:-** 62 years old male who is heavy smoker c/o dysphagia and weight loss

**1-What's the most probably diagnosis?**

**Carcinoma of the esophagus**

**2-Mention one of the predisposing factor for this condition.**

**Smoking**

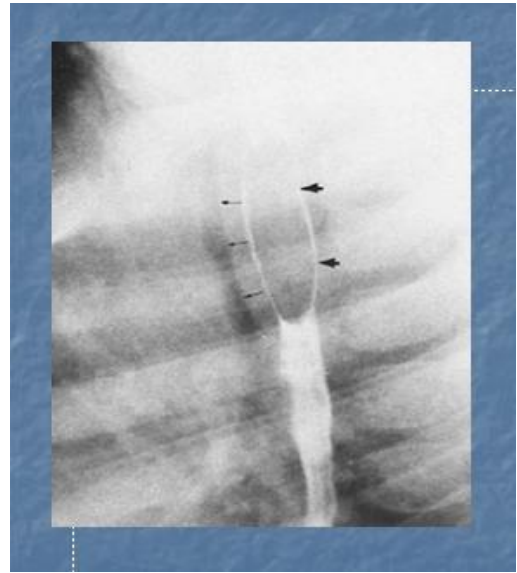
**Station 22:-**

**1. What is your diagnosis?**

**Foreign body in the esophagus.**

**2. How can you manage this patient?**

**Remove it under esophagoscope.**



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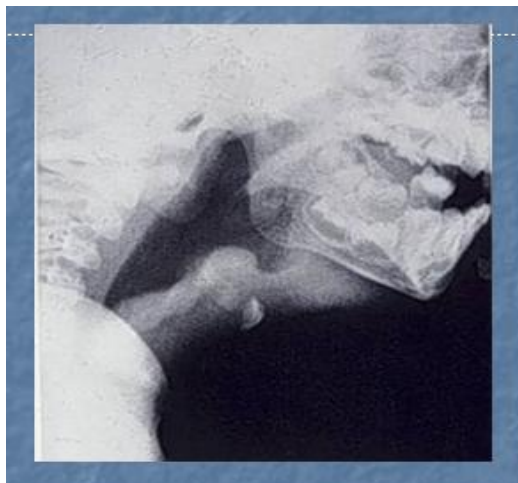
**Station 23:-** This is an x-ray for Child with history of fever.

**1. What is your diagnosis?**

**Acute epiglottitis.**

**2. What is the commonest causative organism?**

**Haemophilis influenza**





**Station 24:-**

**A. What is your diagnosis?**

**Tongue tie.**

**B. What is the treatment?**

**Division of frenulum.**

**Note:** This patient will have a speech disorder (lingual sounds such as 'r').



**Station 25:-**

**Child complaining of sore throat, malaise, Fever, dysphagia of rapid onset, trismus, Drooling and pain referred to the ear.**

**1-What's the diagnosis?**

**Lt Side peritonsillar abscess (quinsy)**

**2-Which nerve is involved and causes the referred earache?**

**Glossopharyngeal nerve**



**Station 26:-**

**1-Whats the diagnosis?**

**Zenker`s (pharyngeal) pouch**

**2-Whats the name of this investigation?**

**Barium swallow X ray**

**3- What`s the length of a normal esophagus in an adult ?**

**10 inches, 24 cm**

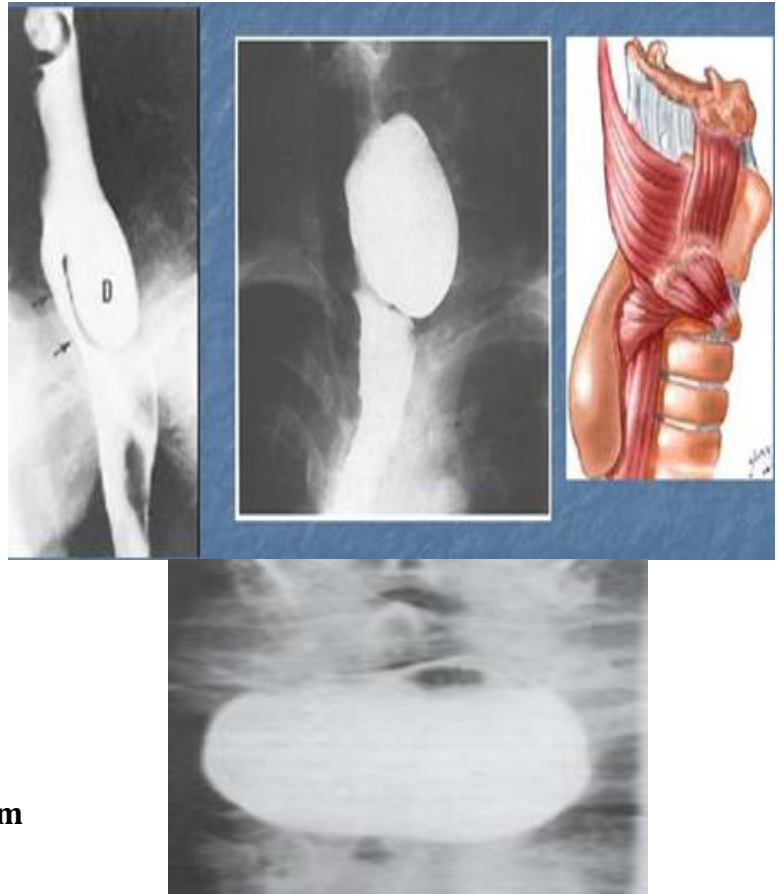
**4-Mention a serious complication.**

**Spread of infection to the mediastinum**

**5-What`s the treatment?**

**- Diverticulectomy (Excision by open surgery or endoscope (endoscopic stapling technique).**

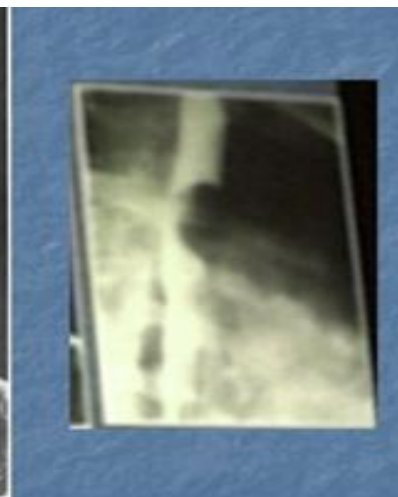
**- Cricopharyngeal myotomy.**



**Identify:-**



**Achalasia**



**Leiomyoma**

## Station 27:-

### -Diagnosis: - ACUTE TONSILLITIS:

#### -Causes:

- Bacterial group AB-hemolytic streptococcus, Moraxella, H. influenza, Bacteroides

#### -Signs and symptoms: fever, sore throat, odynophagia, trismus, halitosis, and dysphagia

#### -Phases: erythema (tonsils enlarge), exudative, follicular tonsillitis

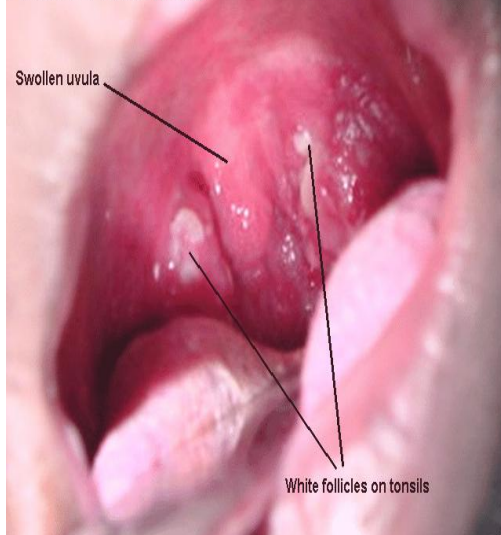
Serious and needs to be treated. Give fluids

#### -Complication:

- peritonsillar abscess, parapharyngeal abscess, retropharyngeal abscess, rheumatic fever (palpitations), glomerulonephritis (comes with flank pain)

**-Treatment of Acute Tonsillitis:** oral antibiotics, bed rest, hydration, analgesia If patient does not respond well to oral antibiotic we admit and give IV antibiotic and fluids.

Acute Tonsillitis





THIS IS NOT TONSILITIS!! In this picture taken a week after tonsillectomy, the tonsils have been removed and the whitish discoloration in the tonsillectomy bed is the eschar that forms postoperatively. This is normal after a tonsillectomy and should not be confused with infection.

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**Station 28:-** This pic can be one of two:-

**1-Infectious mononucleosis**

**-Pathogen :** Epstein barr virus

**-SSX :** fever, lymphadenopathy, malaise, exudative tonsillitis, hepatosplenomegaly

**-DX :** monospot test, Paul Bunnell test (heterophil antibodies in serum)

**%80 mononuclear and %10 atypical lymphocytes on smear**

**-Complication :** cranial nerve involvement, meningitis, autoimmune hemolytic anemia, splenic rupture

**-Tx:** hydration, analgesia, oral hygiene >> Child should be kept at home for supervision; antibiotic is not needed as this is viral.





**2-DIPHTHERIA:** it is a differential diagnosis of Infectious Mononucleosis.

**-Organism:** Corynebacterium diphtheria

**-Signs and Symptoms:** sore throat, fever, green plaques friable membrane, white membrane on the tonsils

**-Diagnosis:** culture

**-Complications:** nephritis, airway obstruction, death

**-Treatment:** Antibiotic, antitoxin >>No cases of diphtheria due to vaccinations.

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**Station 29:-**

**-Diagnosis:-**Bifid uvula

**-Signs and symptoms:** snoring and mouth breathing

**-Contraindication:-** adenoidectomy >>

However if necessary do partial

Adenoidectomy: remove the part

Against the nose but keep the oral

part because it supports the defect in

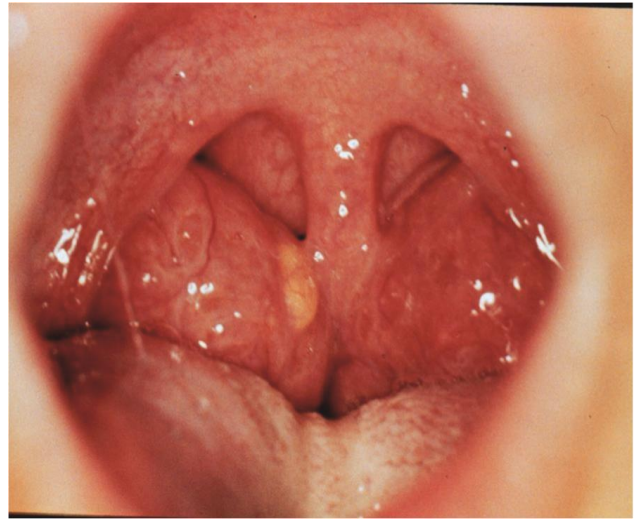
the soft palate.



**Station30:-**

**Diagnosis:** - Kissing tonsils (grade 4 tonsils)

**Treatment:** - tonsillectomy

**Station 31:-**

**Diagnosis :- MONOLIASIS**

caused by *candida albicans* fungus. in bronchial asthma patients(using inhaled steroids), or immunocompromised patients. Such as patients on renal dialysis.

**Treatment:** nystatin gel can gurgle with it then swallow it.



**Station 32:-**

**Diagnosis:-** LUDWIG's angina (**Top emergency**)

**Signs and Symptoms:** wooden floor of the mouth due to cellulitis, neck swelling and indurations, can't open their mouth, drooling, respiratory distress, swollen tongue, dysphagia and trismus.

**Complications:** airway distress, sepsis

**Treatment:** tracheotomy, external drainage, IV antibiotic



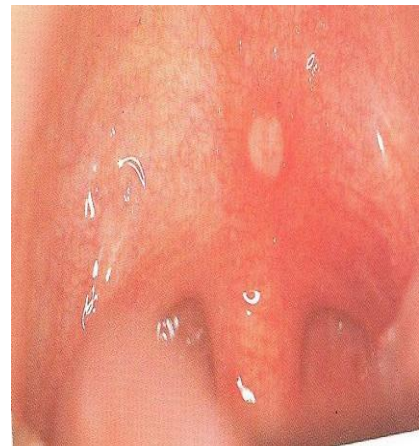
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**Station 33:-**

**Diagnosis:** Aphthous ulcer caused by stress, dehydration...

Probably has family history

**Tx:** goes spontaneously.





**Station 34:-****1-Whats the diagnosis?**

Parapharyngeal abscess

**2-Whats the surgical treatment?**

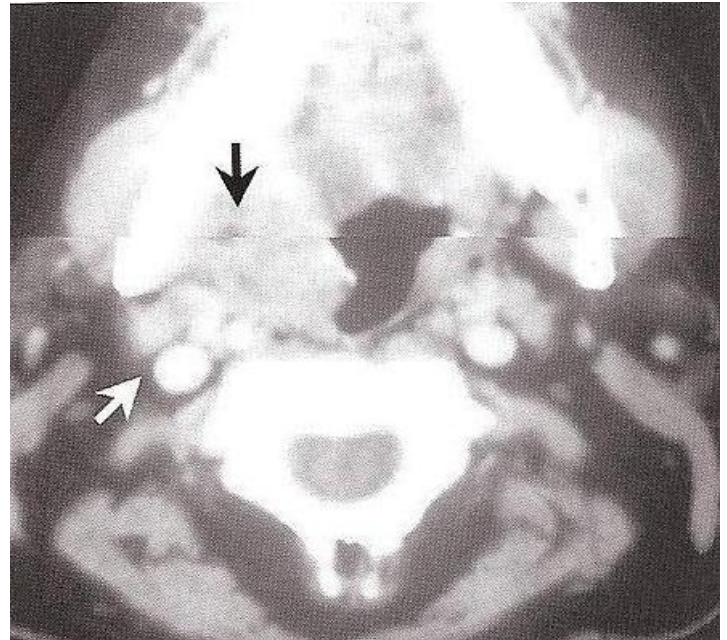
external drainage, iv ABX ,

airway management

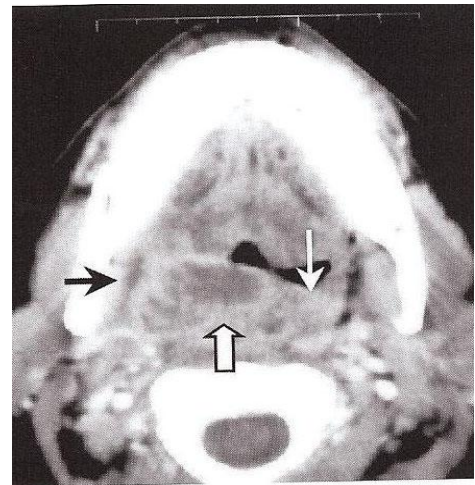
**3-Mention three complications.**

aspiration,cranial nerve palsy,

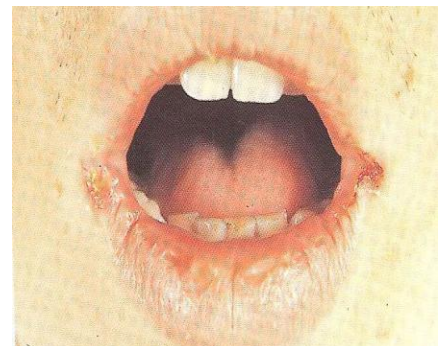
airway compromise and carotid blowout.



**\*Identify:** - retropharyngeal abscess and the doctor mentioned that there's parapharyngeal abscess too. (See the scenario above on the retropharyngeal abscess)



**Identify:-**Angular stomatitis due to anemia.





## Station 35:

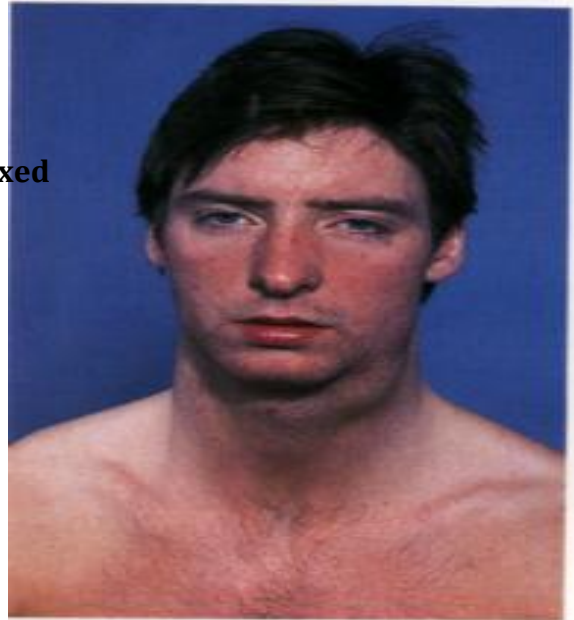
This patient presented with left side neck mass,  
Left hearing loss, nasal obstruction and blood mixed  
Nasal discharge.

**A- What is the most likely diagnosis?**

Nasopharyngeal carcinoma

**B- How to confirm your suspicion?**

-Biopsy of nasopharynx



## Station 36:-

This was taken in a 60 years old patient  
complaining of nasal obstruction, Epistaxis  
and enlargement of the nose.

**1-What's your diagnosis?**

Nasopharyngeal carcinoma

**2-What's the treatment?**

Radiotherapy



**Station 37:-**

**1-Whats your diagnosis ?**

**Hypertrophic tonsils**

**2-What is the treatment?**

**Tonsillectomy**



**Done!**