Otolaryngology for Primary Care

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Outline

- Disclosures & Acknowledgements

- Tinnitus
- Otoscopy
- Sinusitis
- Hoarseness

Disclosures & Acknowledgements

- *None*

Learning Objectives

- Identify key elements of the evaluation
- Review nonsurgical treatment options
- Identify when to refer to ENT

TINNITUS

Tinnitus - Evaluation

History

- Duration
- Pulsatile or non-pulsatile
- Unilateral or bilateral
- Hearing loss

Tinnitus - Evaluation

Non-pulsatile tinnitus

- Ototoxic medication:
  - Heavy ASA/NSAID use
  - Loop diuretics
  - Aminoglycosides
  - Chemotherapy

Pulsatile tinnitus

- Idiopathic Intracranial Hypertension (BIH, pseudotumor cerebri)?
  - Headache
  - Vision changes
  - High BMI
- Pregnant?
- HTN?
- Hyperthyroid?
- Polycythemia or Anemia?

Tinnitus - Evaluation

Non-pulsatile tinnitus

- Ototoxic medication:
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Pulsatile tinnitus

- Idiopathic Intracranial Hypertension (BIH, pseudotumor cerebri)?
  - Headache
  - Vision changes
  - High BMI (BMI)
- Pregnant?
- HTN? (BP)
- Hyperthyroid? (TSH)
- Polycythemia or Anemia? (CBC)

Tinnitus - Evaluation

Examination

- Is there a source of hearing loss?
  - Canal obstruction?
  - TM abnormality?
  - Middle ear abnormality?

*Look in the ear for infection/cerumen

- If pulsatile tinnitus:
  - Intracranial vascular lesion?
  - Carotid stenosis?
  - Heart murmur?

Tinnitus - Evaluation

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- Is there a source of hearing loss?
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  - Heart murmur?

Auscultate:
mastoid
neck
chest

Tinnitus - Treatment

- Treat reversible causes of hearing loss

Non-pulsatile tinnitus

- Counseling
- Refer to Audiology and ENT if:
  - >6 mo duration and bothersome
  - Unilateral
  - Hearing loss

Pulsatile tinnitus

- TSH, CBC
- Suspicion for:
  - IIH: Eye exam for papilledema
  - Carotid stenosis: Carotid ultrasound
- Refer to Audiology and ENT if:
  - New hearing loss
  - Suspicion for vascular lesion
  - No other identified cause

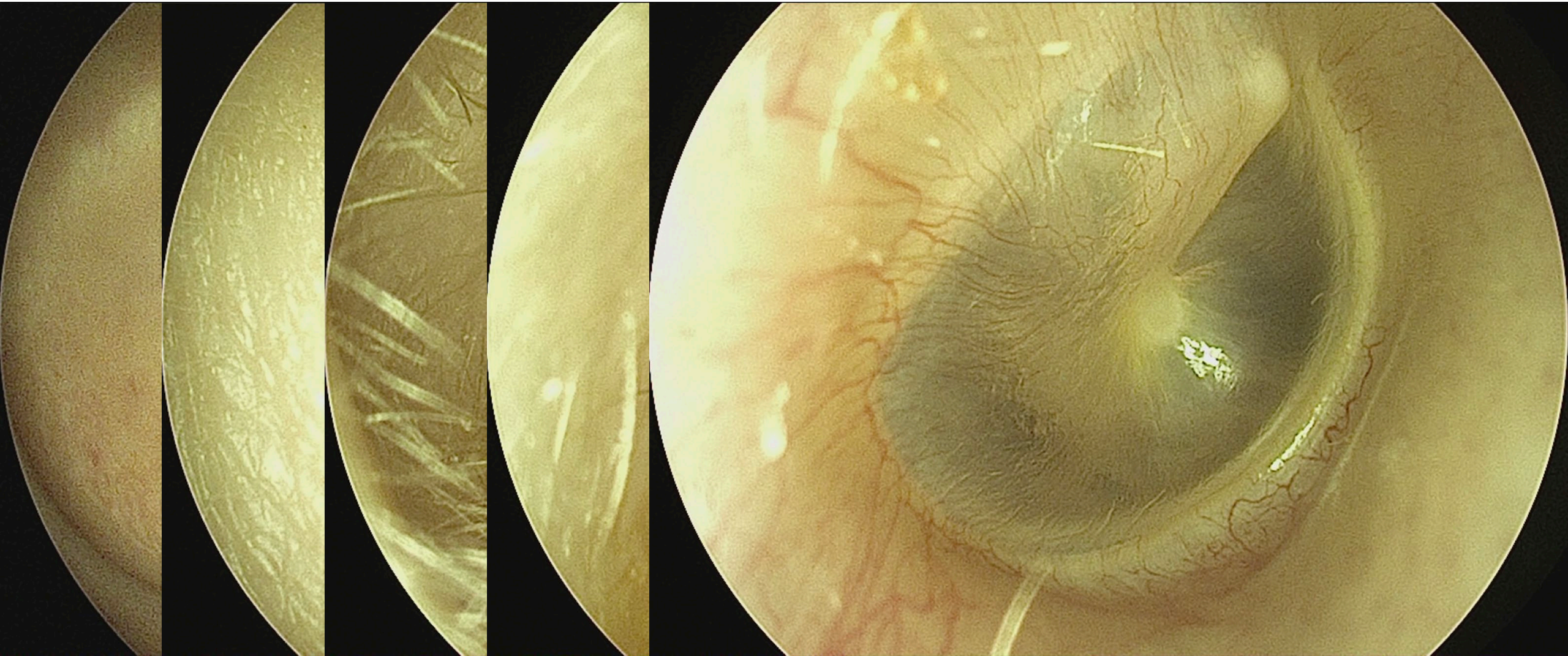
Tinnitus - Key Points

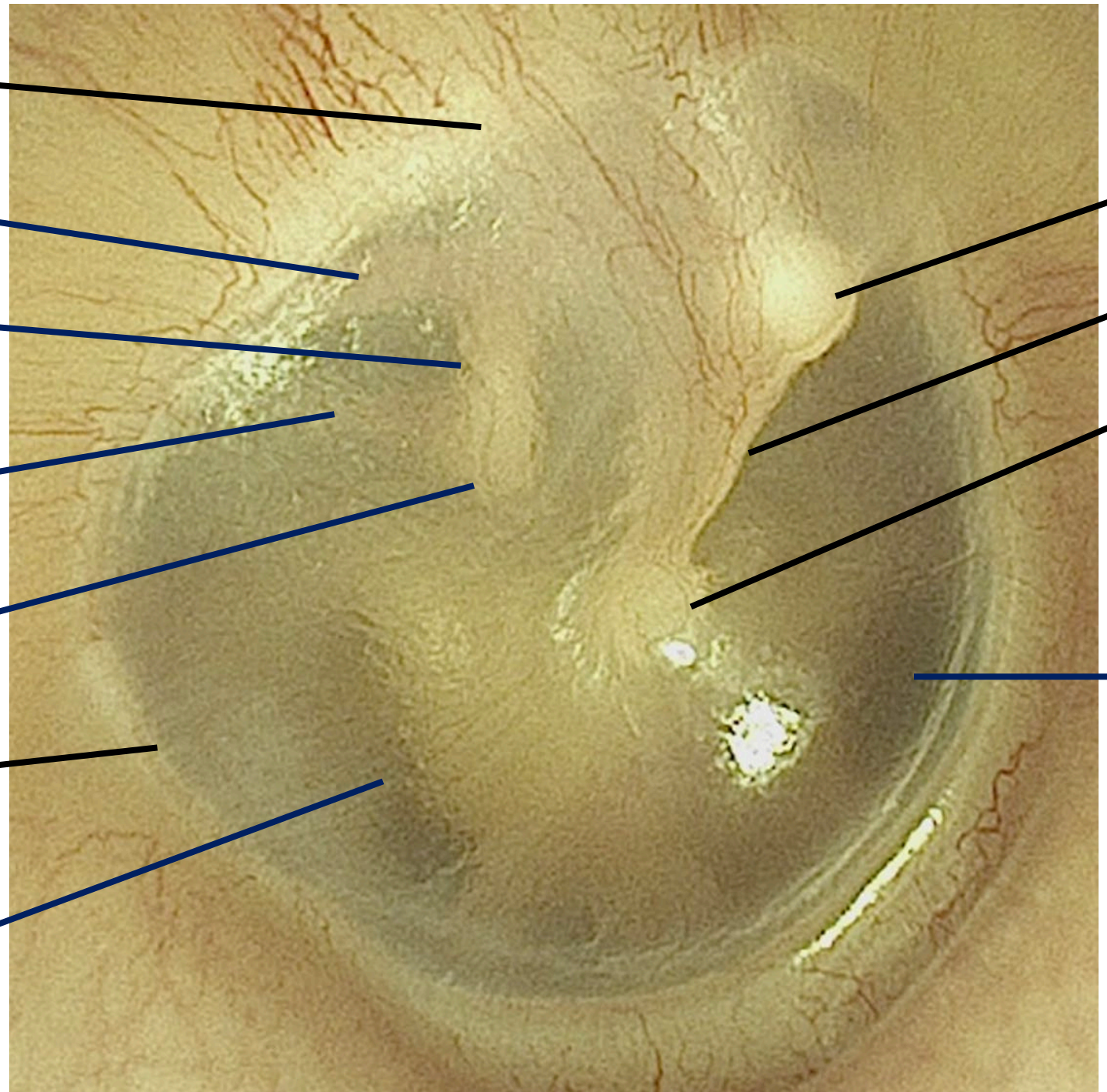
- Look in the ear for sources of hearing loss
- Nonpulsatile tinnitus: Refer if unilateral, hearing loss, or bothersome
- Pulsatile tinnitus: Consider systemic/extra cranial causes before referral
  - HTN?
  - Hyperthyroidism?
  - Polycythemia/anemia?
  - Carotid stenosis?
  - Hear murmur?

OTOSCOPY

TM OTOSCOPY

Otoscopy - Technique




Pars flaccida
Chorda tympani
Incus
Stapedius
Stapes
Pars tensa
Round window
Malleus:
Lateral Process
Manubrium
Umbo
Eustachian tube orifice

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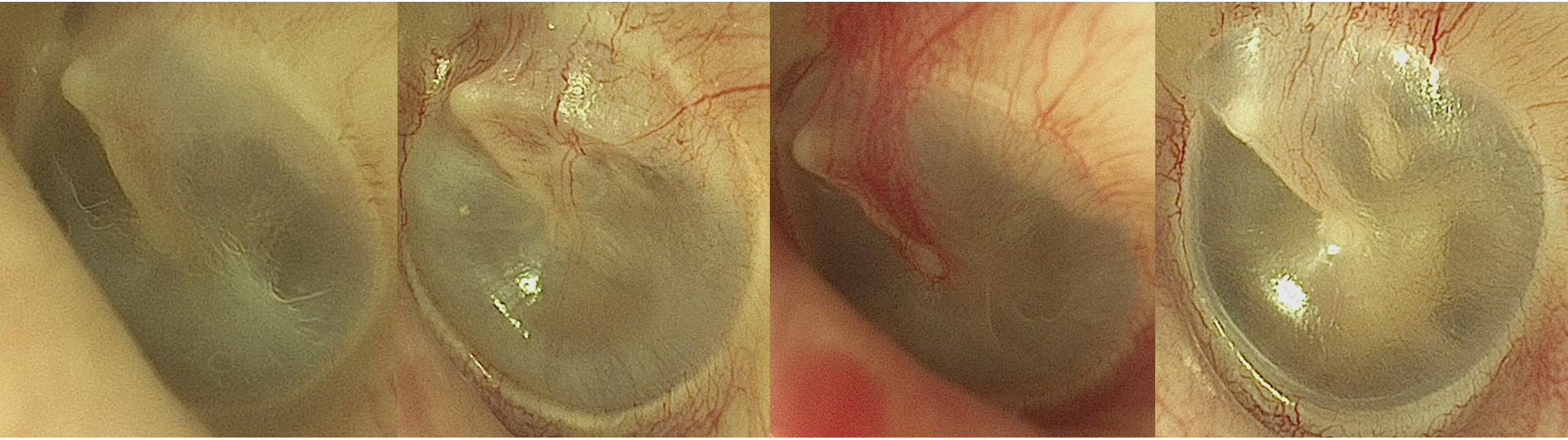
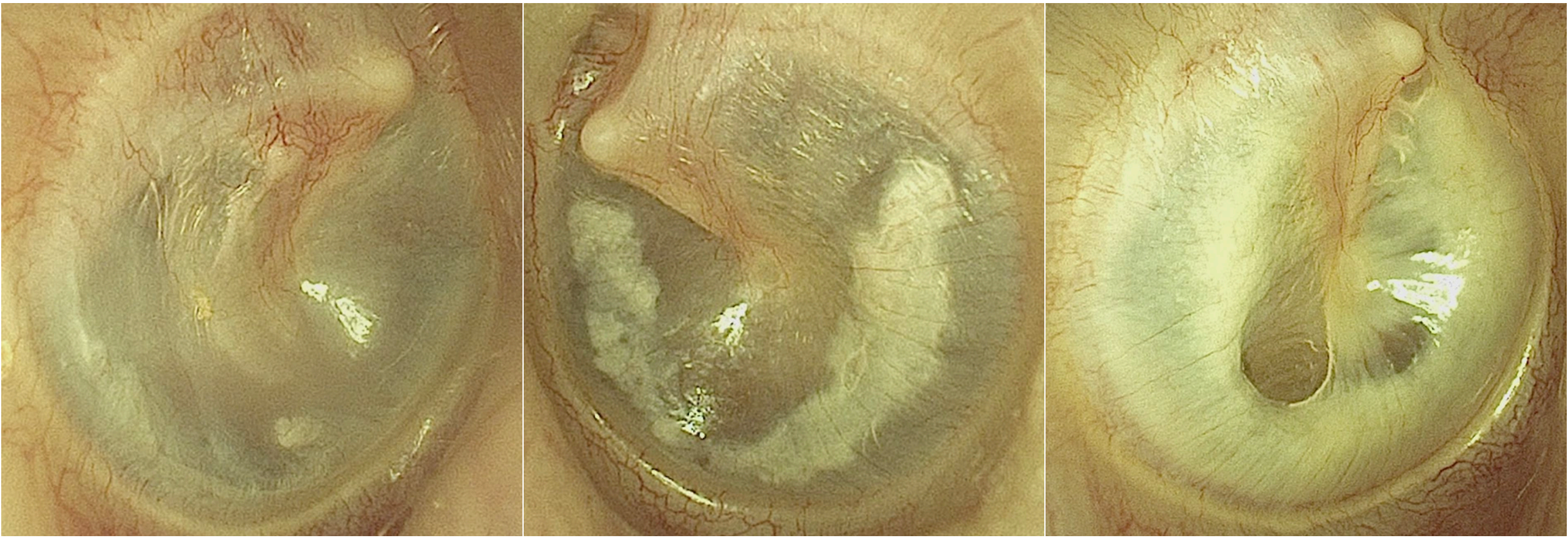
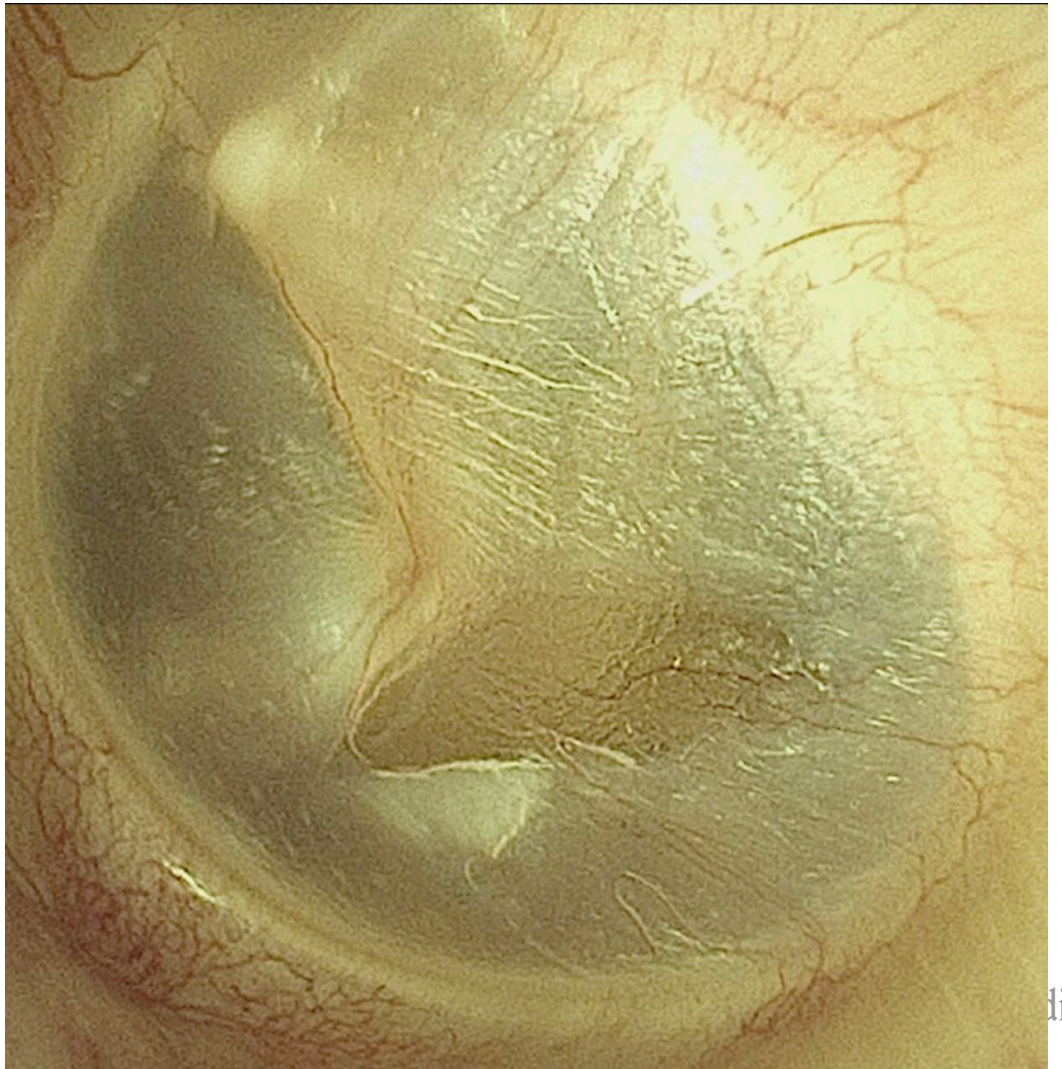
Otoscopy - Normal Variation



Otoscopy - Myringosclerosis



Otoscopy - Monomers



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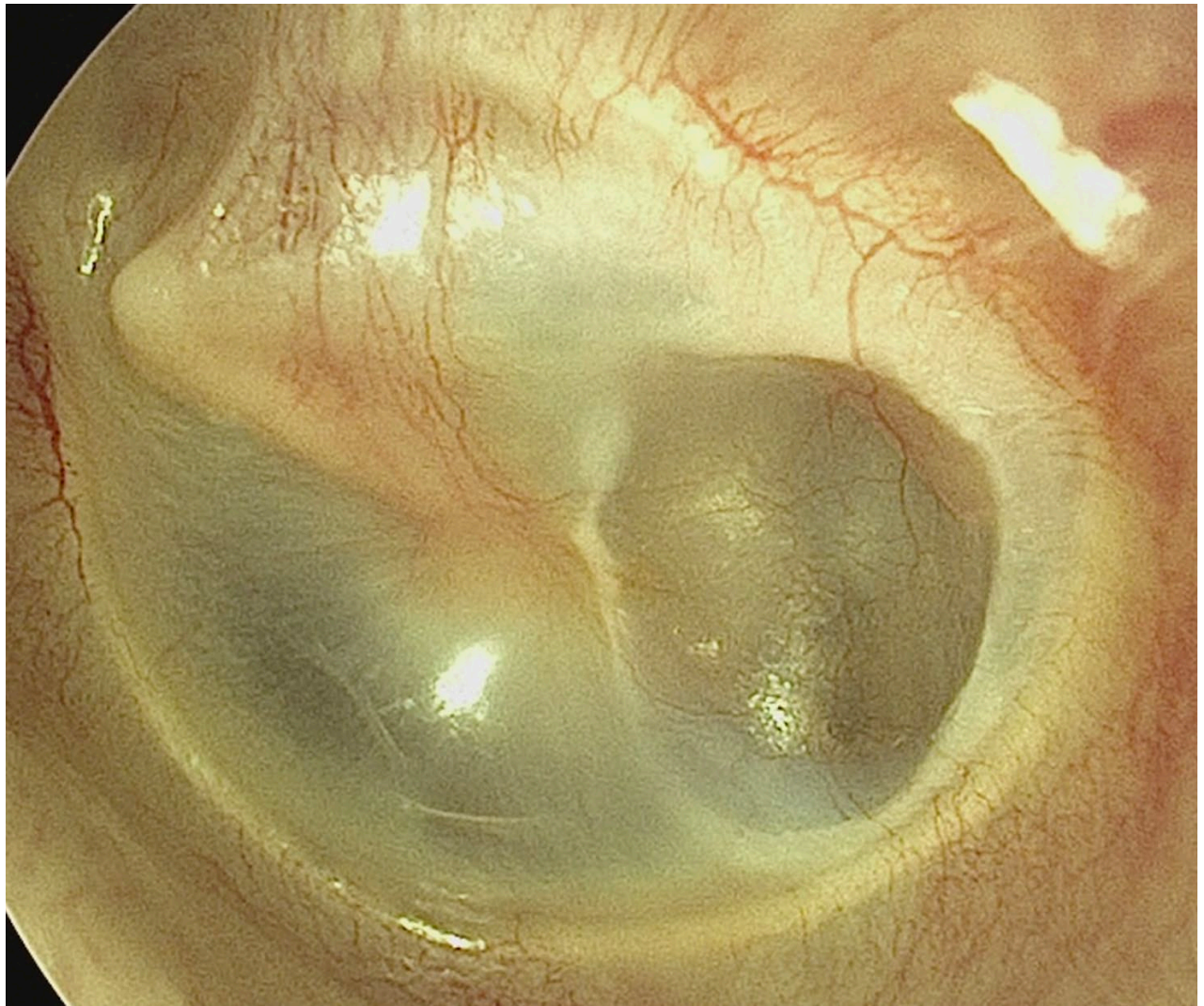
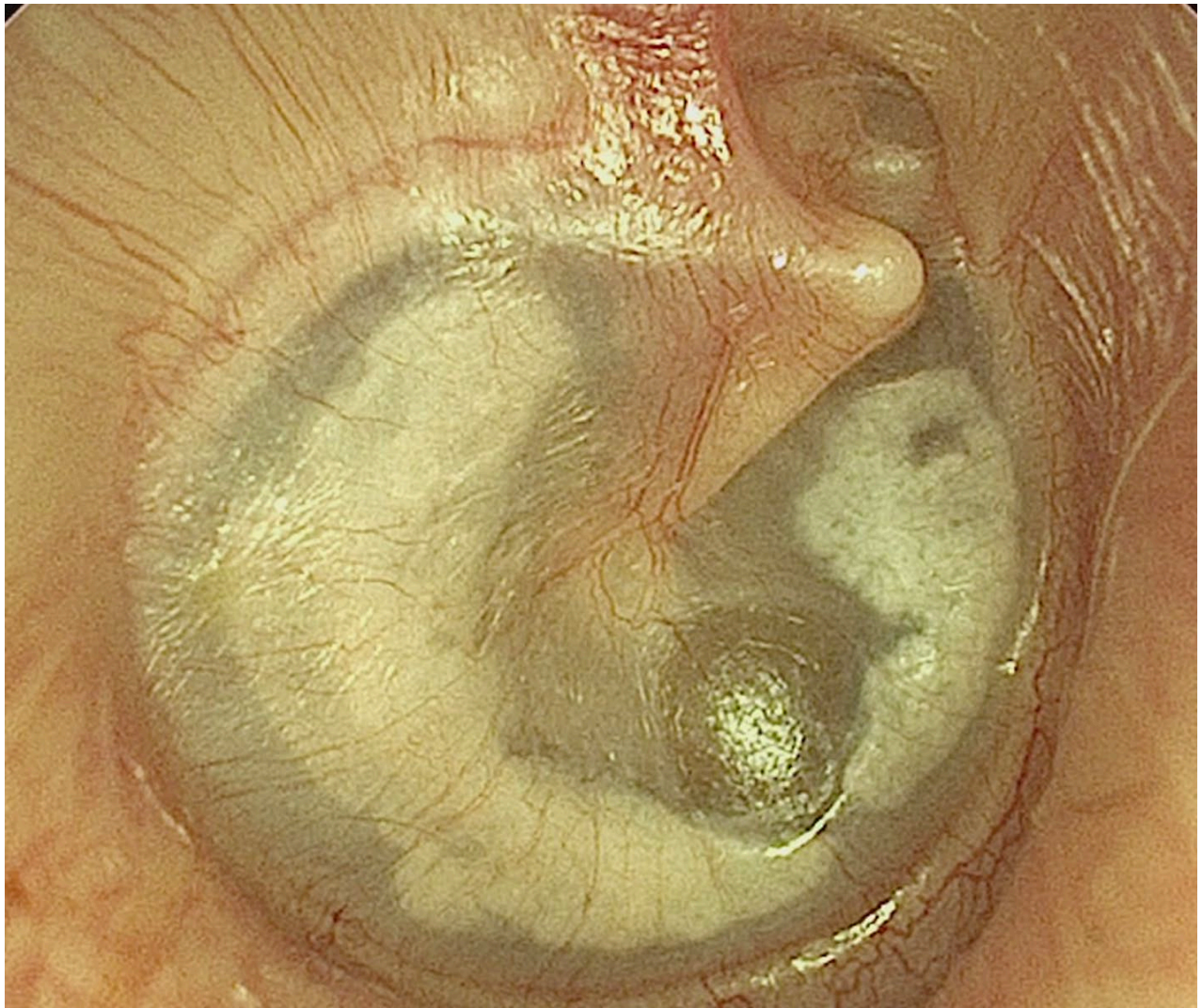
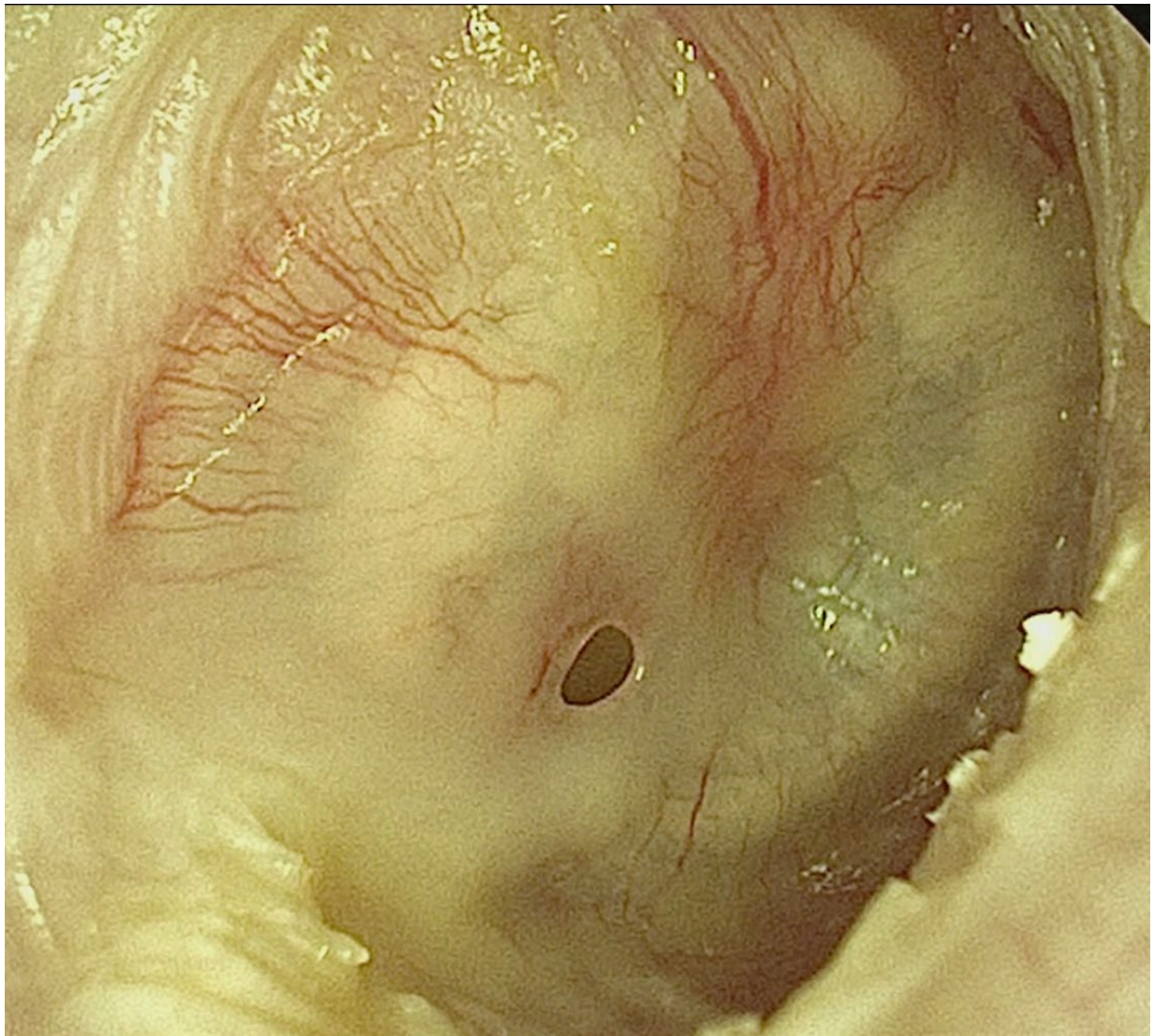
Otoscopy - Retraction Pockets





Otoscopy - Perforation



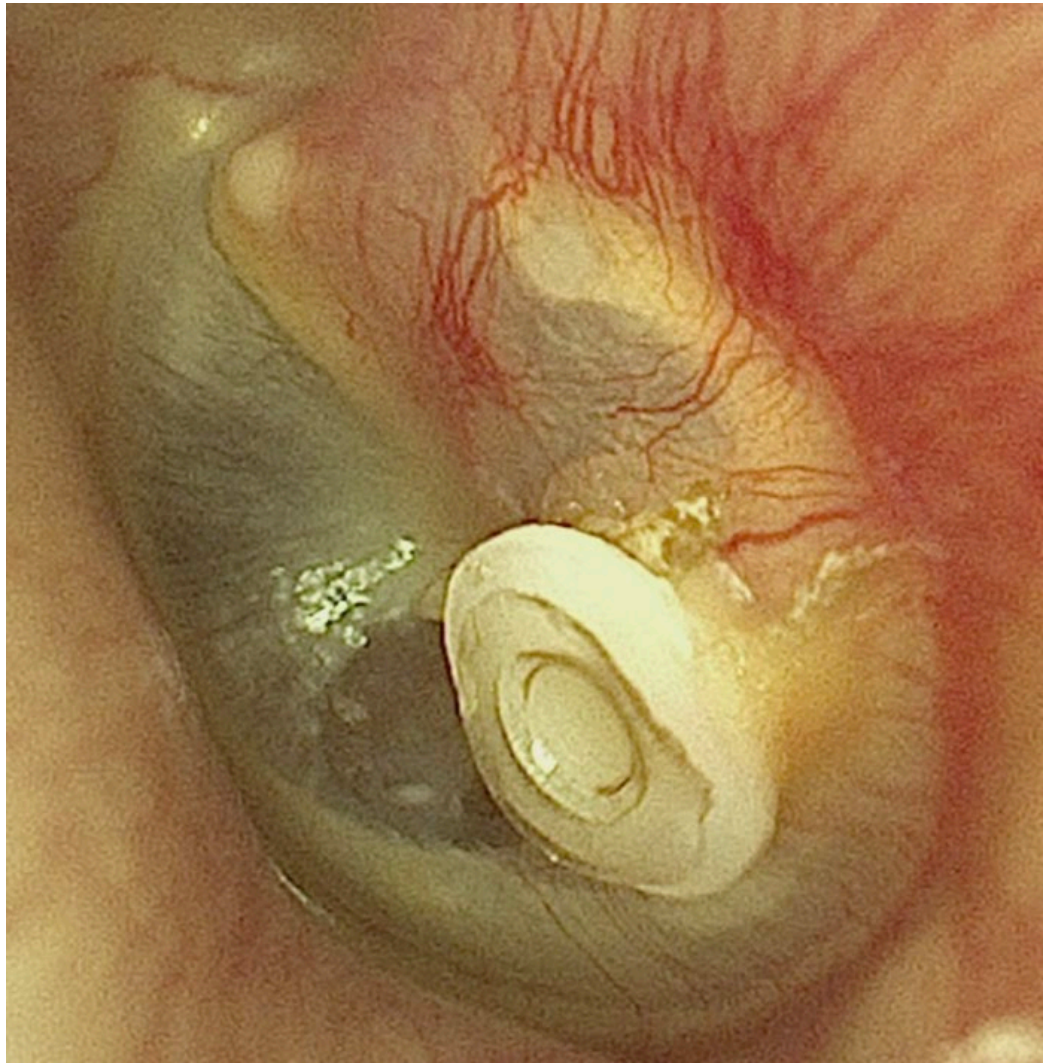
Acute Perforation

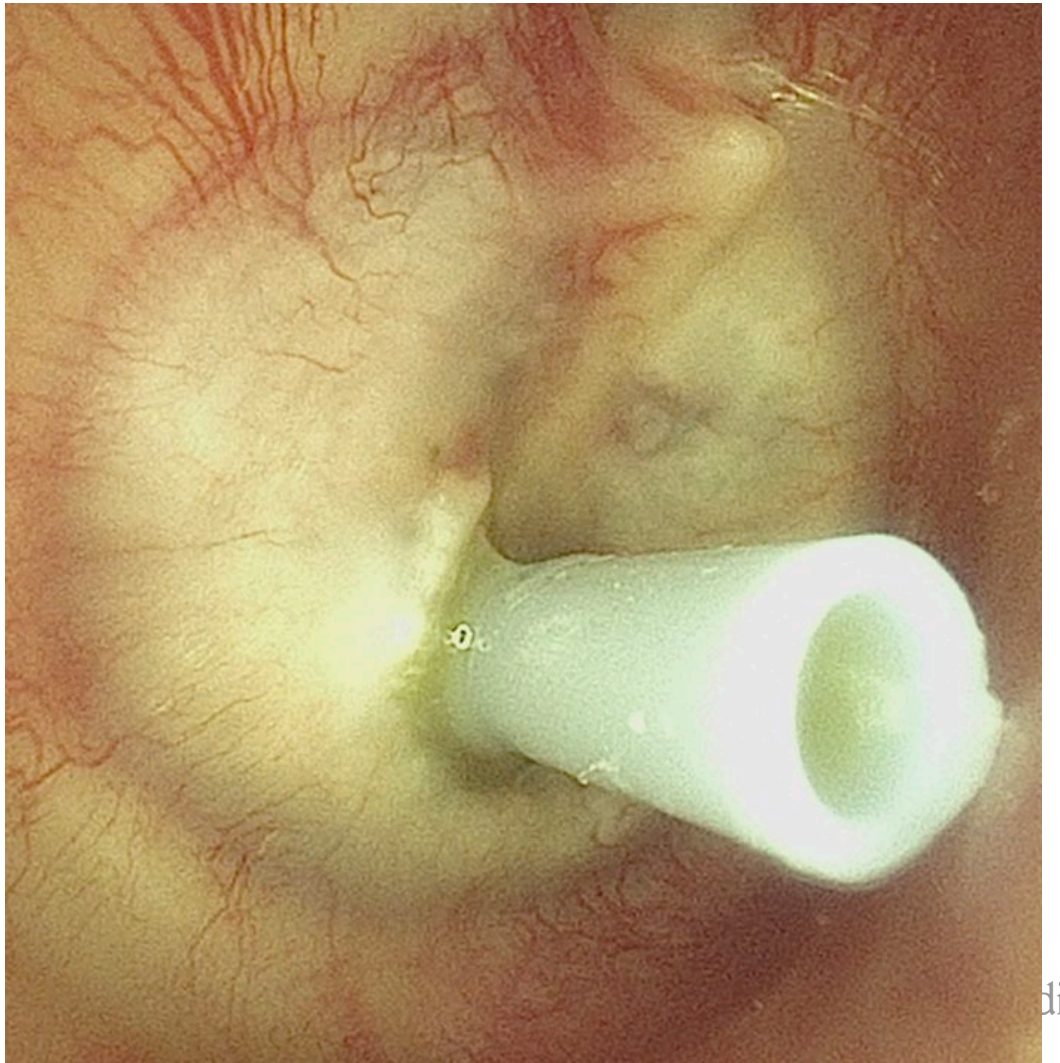
- Ofloxacin x 1-2 wks (remove debris)
- Dry ear precautions
- Majority heal spontaneously

Chronic Perforation

- Discuss precautions
- Surgical indications:
  - Bothersome hearing loss
  - Recurrent ear infections

Otoscopy - Ear Tubes





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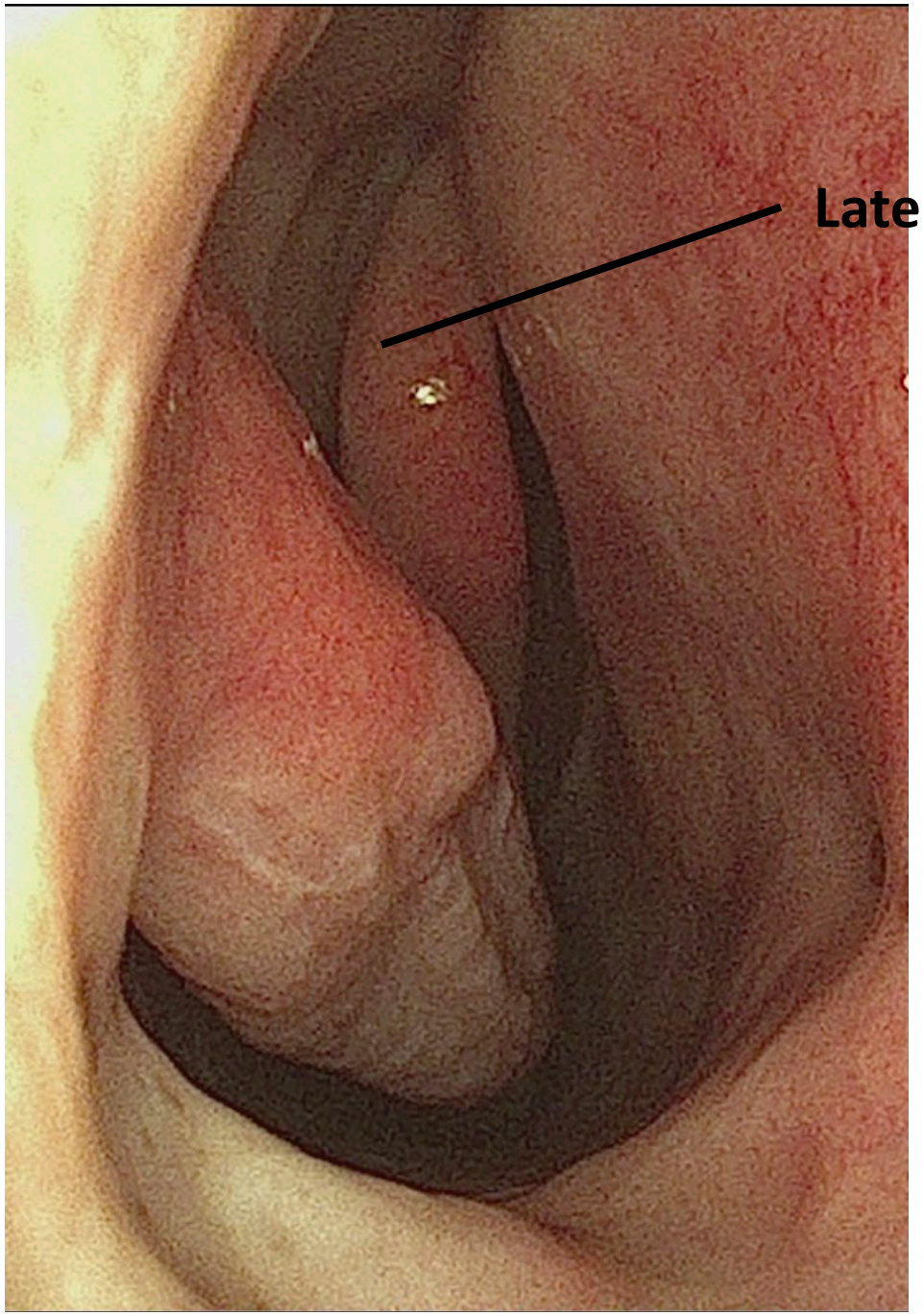
SINUSITIS

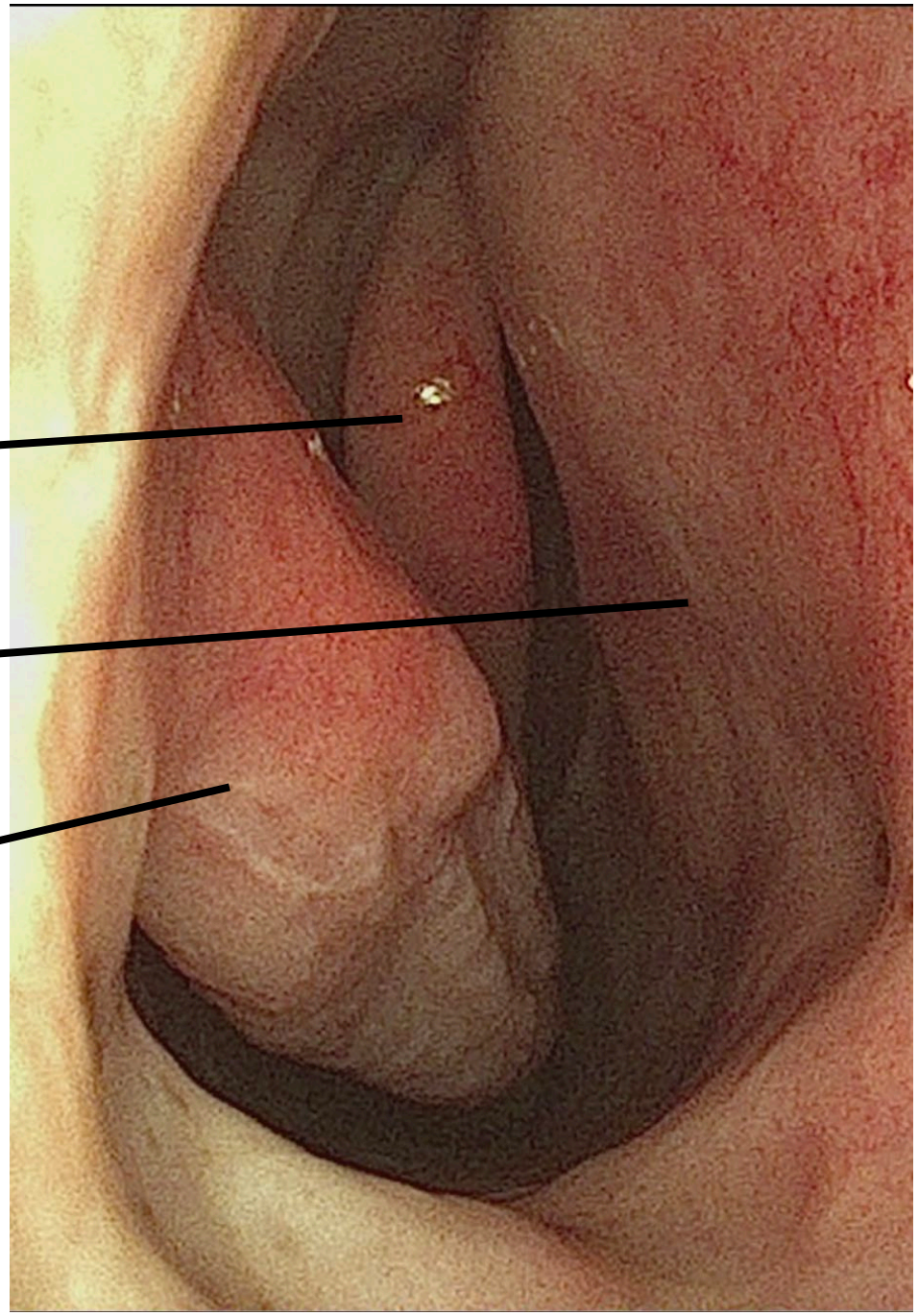
Sinusitis - Evaluation

History

- Duration
- Progression
- Key symptoms:
  - *Purulent nasal drainage
  - Nasal Obstruction
  - Facial pain/pressure



Sinusitis - Evaluation



Sinusitis - Assessment

- Acute sinusitis
  - < 4 wks
  - Sinusitis vs other:
    - *Purulent drainage
    - Nasal obstruction
    - Facial pain/pressure
  - Bacterial vs viral:
    - No improvement within 10d
      OR Double worsening
- Recurrent acute sinusitis
  - 4+ bacterial sinusitis/yr
- Chronic sinusitis
  - >12 wks
  - Symptoms (2+):
    - Purulent drainage
    - Nasal obstruction
    - Facial pain/pressure
    - Loss of smell
  - Objective Evidence
    (Inflammation on endoscopy or CT)

Sinusitis - Treatment

- Acute bacterial sinusitis (ABRS)
  - Nasal saline rinses
  - Amoxicillin +/- clavulanate
  - If no improvement by 7 days
    - Consider CT
    - Change antibiotic

- Recurrent acute sinusitis: Refer
- Subacute sinusitis: Refer

- Chronic sinusitis (CRS)
  - *Symptom management
    - Nasal saline rinses
    - Nasal steroid sprays
    - Augmentin + Prednisone PRN
  - Refer to ENT if:
    - Unilateral
    - Poor symptom control

Sinusitis - Key Points

- Be wary of conditions masquerading as sinusitis
- Recurrent acute (bacterial) sinusitis can improve with surgery
- Chronic sinusitis -> long term symptom management
  - Refer if poorly controlled symptoms
  - Refer if unilateral

HOARSENESS

Hoarseness - Evaluation

History

- Duration
- Progression
- Inciting Events:

  (*Surgery/General anesthesia?)
- Job
- Tobacco use

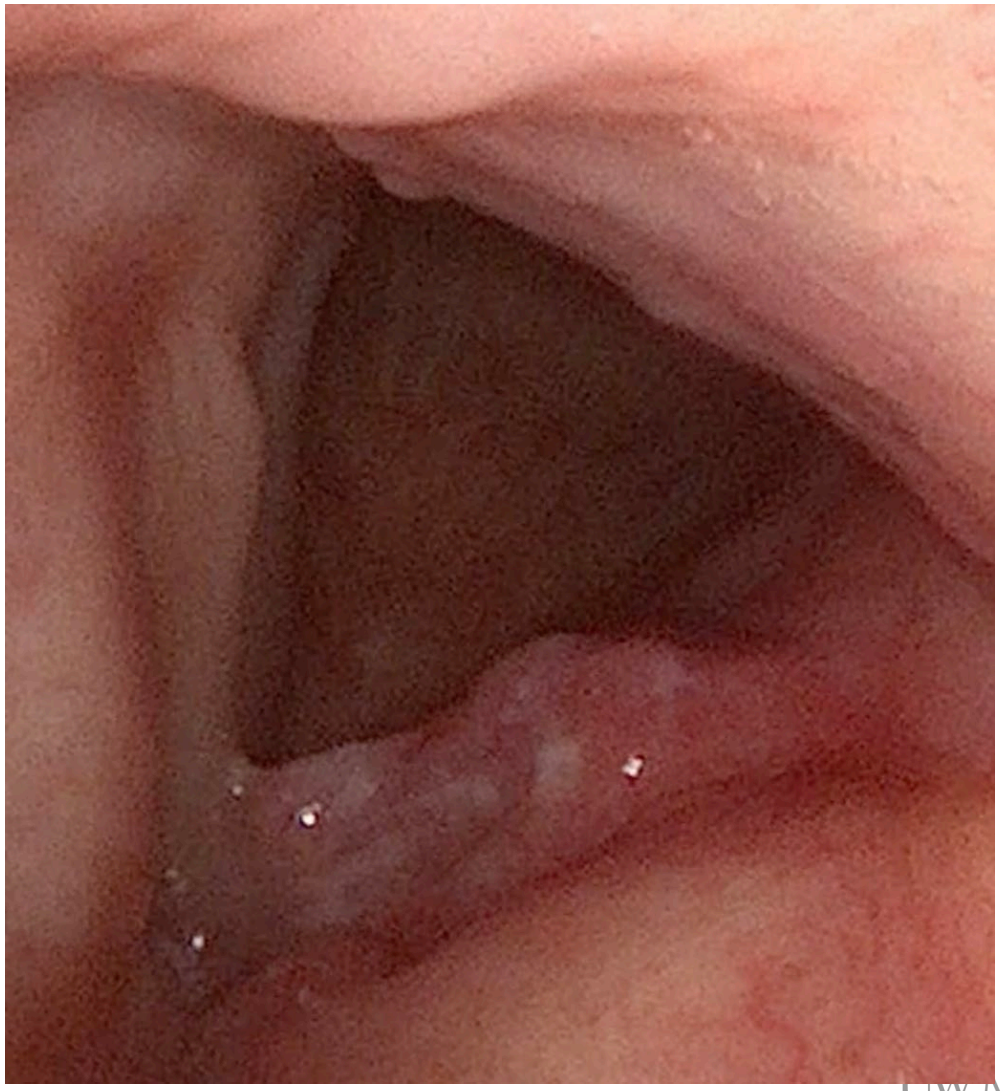
Hoarseness - Treatment

- Refer to ENT if:
  - Duration >4wks
  - Professional voice use
  - Possible serious etiology:
    - (Vocal fold paralysis)
      - Head/neck/chest surgery
      - Intubation
    - (Cancer)
      - Tobacco use

- Avoid empiric treatment
  - Can treat conditions supported by evaluation (reflux, allergies, etc.)
  - Treatment should not delay referral

Hoarseness - Key Points

- Low threshold for referral
- Laryngoscopy is critical for diagnosis



QUESTIONS?

References

- https://www.entnet.org/quality-practice/quality-products/clinical-practice-guidelines/

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