Otolaryngology Emergencies

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Learning objectives

• Understand how to evaluate and treat the following conditions in an office setting:
  – Epistaxis
  – Peritonsillar abscess
  – Acute external otitis

• Know how to equip your office to handle routine otolaryngology patients
Epistaxis

- Common condition: 5-10% of population has some nasal bleeding each year. 10% seek medical attention
- Ridiculous treatments learned in grade school
- More common in elderly, and those on anticoagulants, but can occur at any age
Why epistaxis?

- Well supplied vasculature underlying mucosa
- Dryness: nose is humidifying organ
Anterior vs. Posterior

• Most anterior bleeding is from the septum, in younger age groups. Self limited and respond to pressure

• Most posterior nosebleeds are in older population, and are more serious
Diagnosis

• Laterality: unilateral can be either anterior or posterior, bilateral usually means posterior
• Response to compression: Anterior bleeding responds to septal compression
• Severity?
Nosebleed toolkit

- **Headlight**
- Suction
- Nasal speculum
- Cotton balls
- Oxymetazoline (Afrin) +/- lidocaine
- Bayonet forceps
- Silver nitrate sticks
The world of headlights

- Incandescent
  - Inexpensive
  - Better than nothing
- Zenon
  - Expensive
  - Awesome light!
  - Attached to cord
- LED
  - Expensive, getting cheaper
  - Completely mobile
  - Batteries
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History

• Laterality
• Is this a recurring problem?
• Trauma (including self induced)?
• Anticoagulants?
• Blood loss
• Occupation
Rhinotillexomania (Nose Picking)

- Rhino (nose), tillexis (habit picking) mania (rage, fury)
- Bacterial contamination, mucosal trauma
- “You can pick your friends, and you can pick your nose, but you can’t pick your friend’s nose unless you are in our business”
- Nasal vestibululitis
History

- Laterality
- Is this a recurring problem?
- Trauma (including self induced)?
- Anticoagulants?
- Blood loss
- Occupation
Treatment

• No active bleeding
  – Examine for hyper-vascularity
  – Suggest humidification (e.g. AYR Gel)
  – Cautery with silver nitrate if you find a good target

• Active bleeding
  – Compression
  – Oxymetaolazine
  – Bleeding stops: cautery if hx warrants
  – Bleeding does not stop: Pack, and refer if bleeding continues
Active epistaxis treatment

Compression

Bleeding stopped

Bleeding continues

Oxymetazoline

Bleeding continues

Refer to ENT

Bleeding stops

Remove in 48-72 hrs

Bleeding site visualized

Cautery

Bleeding site not visualized

Pack-e.g. Rhino Rocket
Rhino rocket
Technique

- **Silver nitrate:**
  - Shoot straight-only cauterize specific vessel
  - Hold pressure on target vessel
  - Use cotton when done to remove excess
  - Cauterize only 1 side of nose
  - Humidify when done, and expect some bleeding for a while

- **Packing**
  - Feed backing straight back into nose
  - If inflating, be gentle, and only as necessary
  - Leave packs in 48-72 hours. Antibiotics
Peritonsillar abscess
Peritonsillar Abscess

- Accumulation of pus around the tonsil:
  - 80% superior pole
  - 20% inferior pole
- Untreated abscess:
  - Spontaneous rupture/resolution
  - Airway obstruction
  - Cervical abscess with extension to mediastinum
Bacteriology of PTA

- Anaerobic bacteria are common
- Usually mixed flora, containing staph
- Figure on polymicrobial etiology in virtually all cases
Recognition of PTA

• History
  – Sore throat, worse despite antibiotics
  – Difficulty eating, drinking.
  – Difficulty opening mouth

• Physical findings:
  – Soft palate swelling
  – “Hot potato voice”
  – Asymmetrical tonsil size
  – Trismus
  – Neck swelling
Differential diagnosis

- Mononucleosis with tonsil involvement
- Parapharyngeal space infection
- Viral/bacterial tonsillitis
- Vincent’s angina-fusiform bacilli & spirochetes (borrelia vincentii)
- Tumor, etc.
Treatment

• Needle aspiration or incision and drainage
• Antibiotics
• Steroids?
• Saline mouthwash
• Hydration, pain control, supportive care
• Possible abscess tonsillectomy
External otitis
External otitis: Swimmer’s Ear

- Very common cause of visit to otolaryngology offices
- More frequent in summer months due to humidity, swimming
- Many patients return from vacation with external otitis
Symptoms

• Painful external ear. Occasionally VERY painful.
• Swelling of external canal-many times cannot see the TM
Treatment of external otitis

- Absolutely no water in EAR
- Otic drops:
  - Cortisporin solution, not suspension
  - Ciprofloxacin otic drops
  - Tobramycin otic drops or Tobradex™
  - Insertion of otic wick if canal is closed
- This is painful! Use narcotics.
Treatment errors

• Failure to protect the ear from water
• Inadequate pain control
• Use of cortisporin™ otic suspension, rather than the more acidic solution
• Not recognizing when a wick is necessary
Otowick position
Indications for referral

- Can’t see TM, canal is closed, and I don’t have a wick
- Failure to respond to treatment with drops in the first 24 hours
Thank you