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Clinical Cases in Otolaryngology



Nirmal Kumar Soni
Lokesh Kumar Bhama

Foreword
Raja Babu Panwar

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CONTENTS

SECTION 1: Diseases of the Ear

1. Microtia 3
2. Preauricular Sinus 5
3. Preauricular Appendages (Accessory Auricular Tags) 7
4. Cauliflower Ear 8
5. Keloid Ear Lobule 10
6. Exostoses (Diaphyseal Aclasis) 12
7. Osteoma 14
8. Otomycosis (Otomycotic Disease) 15
9. Traumatic Perforations of the Tympanic Membrane 17
10. Secretory Otitis Media 20
11. Chronic Suppurative Otitis Media 26
12. Chronic Suppurative Otitis Media with Atticoantral Disease 38
13. Chronic Suppurative Otitis Media with Ear Polyp 56
14. Multiple Perforations of the Tympanic Membrane 58
15. Bell's Palsy 60
16. Glomus Tumors 70

SECTION 2: Head and Neck Diseases from ENT Perspective

17. Dermoid Cyst 77
18. Hemangioma 82
19. Lipoma 85
20. Capillary Hemangioma 88
21. Squamous Cell Carcinoma (Epithelioma) 90
22. Rodent Ulcer (Basal Cell Carcinoma) 92
23. Branchial Cyst 95

24. Branchial Fistula 97
25. Cystic Hygroma (Cavernous or Cystic Lymphangioma) 99
26. Cervical Lymphadenitis 102
27. Thyroglossal Cyst 110
28. Ranula 114
29. Occult Primary with Neck Node (Metastasis) 118
30. Submandibular Sialadenitis 121
31. Mixed Parotid Tumor (Pleomorphic Salivary Gland Tumor) 125
32. Malignant Tumor of Parotid Gland 130

SECTION 3: Diseases of Throat (Oral Cavity, Pharynx and Larynx)

33. Carcinoma Lip 135
34. Leukoplakia 138
35. Epulis 140
36. Carcinoma of the Tongue 142
37. Oral Cancer 146
38. Oral Submucous Fibrosis 149
39. Chronic Tonsillitis 151
40. Enlarged Adenoids 158
41. Vocal Cord Nodules (Singer's Nodule) 164
42. Vocal Cord Polyp 166
43. Contact Ulcer Larynx 167
44. Unilateral Vocal Cord Paralysis 169
45. Juvenile Multiple Papilloma Larynx 173
46. Cancer Larynx 176
47. Malignancy Pyriform Fossa 187
48. Postcricoid Carcinoma 190

SECTION 4: Diseases of the Nose and Sinuses

49. Rhinophyma 195
50. Rhinolith 197

51. Antrochoanal Polyp (Killian's Polyp) 199
52. Ethmoidal Polypi 203
53. Deviated Nasal Septum 209
54. Osteomyelitis of the Nasal Bone 216
55. Atrophic Rhinitis 218
56. Frontonasal Encephalocele 224
57. Rhinoscleroma 226
58. Rhinosporidiosis 229
59. Juvenile Nasopharyngeal Angiofibroma 232
60. Nasopharyngeal Carcinoma 239
61. Dentigerous Cyst and Ameloblastoma 245
62. Sinonasal Tumors 249

Index *259*

CASE

9 Traumatic Perforations of the Tympanic Membrane

CASE: A large oval shaped perforation in anterior inferior quadrant with red and ragged margin and zone of ecchymosis. There is history of slap on the ear.

Provisional Diagnosis: Traumatic Perforation of Tympanic Membrane

Q.1 What are common causes of traumatic perforation?

Ans. It occurs due to either:

1. Direct violence.
2. Indirect violence or injury.

Q.2 What are causes of direct injury leading to perforation of TM?

Ans. Direct violence like:

1. Attempt to clean the ear or to remove foreign body (FB), or to relieve the itching (self injury) by matchsticks, hair pins or any sharp objects.
2. Itrogenic: By forceful syringing, attempt to remove the FB, Eustachian catheterization, erroneously applying caustic or acidic solution in place of ear drops.
3. Physiological: Sneezing or forceful Valsalva procedure.

Q.3 What are the causes of perforation of TM due to indirect violence?

Ans. These are:

1. Strong slap.
2. Blast injury (exposure to violent explosion or bomb blast).
3. Fracture of base of skull (hematoma).
4. Trauma to mandible.
5. Barotrauma—rapid descent during air travel.

Q.4 What are common symptoms in traumatic perforation?

Ans. Various symptoms are:

1. Pain: It may be severe, sometimes patient may faint, occaisnally pain may be absent (in case of rupture of thin tympanic membrane).
2. Hearing loss: Present but may pass unnoticed because of normal second ear.
3. Tinnitus.

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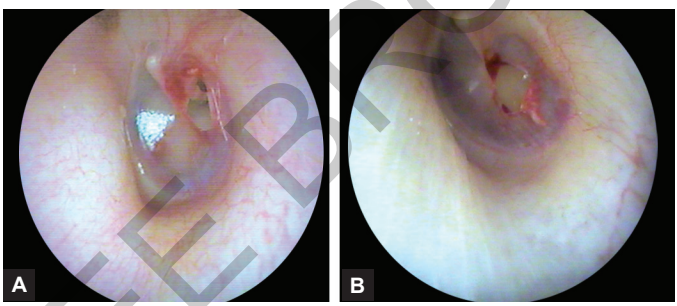
4. Giddiness: It may occur in blast injury.
5. Bleeding from ear: It occurs in case of direct trauma.

Q.5 What are signs of perforation of TM by direct trauma?

Ans. 1. Perforation: Usually in the lower part or in the posterosuperior part of TM (most superficial part)
2. Perforation: Linear tear.
3. Perforation has ecchymotic zone on the margin (extravasation of blood).
4. The size and shape resembles the object which caused it.

Q.6 What are findings in perforation caused by indirect violence?

Ans. 1. In slap or blast injury: The perforation has ragged edges or punched out margin (Figs 1A and B).
2. Margin is red with hyperemia.
3. Usually large slit or oval in shape.
4. Usually in anteroinferior quadrant.
5. Injury may be due to inner ear: Causing either concussion or hemorrage in the labyrinth (leading to giddiness, marked and permanent deafness).



Figs 1A and B: Otoscopic views of traumatic perforation of tympanic membrane

Q.7 What are pecularities of blast injury?

Ans. Bomb blast may cause: (a) A large perforation; (b) Two perforations, (c) Perforation of both ear; (d) No perforation but damage the inner ear leading to vertigo and sensorineural hearing loss.

Q.8 Can the tympanic membrane heal after perforation?

Ans. Perforation of TM usually heals. Healing occurs by migration of epithelium from umbo towards periphery, at the rate of 0.05 mm per day.

Q.9 How dose the tympanic membrane heal?

Ans. The outer epithelial (skin) and inner endothelial (mucosal) layer regenrate to seal the perforation, but middle fibrous (mesothelial) layer dose not regenerate. Newly fromed two layered membrane is called monometric membrane and it is usually transparent.

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Q.10 What investigations are required?

Ans. 1. Tuning fork tests: Conductive hearing loss.
2. Audiometry (pure tone): Mostly conductive hearing loss, mixed deafness when cochlea is damaged in blast injury.
3. BERA: Indicated in malignerer and functional and noncooperative medicolegal cases.

Q.11 What is the treatment of traumatic perforation of TM?

Ans. 1. Nothing in the ear, avoid water in the ear.
2. Sterilized cotton in meatus.
3. Nasal decongestant.
4. Prophylactic antibiotics.
5. Healing to perforation occurs in most cases in 6–8 weeks.
6. Unhealed perforation: It may require mayringoplasty.
7. Reposition of indrawn ragged margin of perforation under microscope and paper patching.

Q.12 What is paper patch of TM (paperplasty)?

Ans. 1. A patch of paper (cut circular piece of cigarette or rice paper) is applied on the TM which act as scaffold for reepithelialization process, in small or moderate size perforation, which does not heal spontaneously.
2. In chronic perforation or central perforation of CSOM, the margin of the perforation is made raw or abraded by chemical caity (silver nitrate)or by surgical removel of edge rim before applying paper patch.
3. Patient is followed up and reviewed monthly. If required, the procedure may be repeated.

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Clinical Cases in Otolaryngology

Salient Features

- Contains simple, lucid and easily understandable text, concise in form of question and answers
- Covering almost all important ENT cases with appropriate relevant clinical pictures
- Includes clinical cases with etiopathology, salient features, relevant investigative procedures, differential diagnosis and principle of treatment of surgical problems of various ENT cases have been thoroughly discussed which are beneficial to clinician, undergraduate and postgraduate students.



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His several research works have been quoted in various ENT and allied reputed books including Scott-Brown's Otorhinolaryngology. He is author of *Examination Review—Otolaryngology, Radiology in ENT, Doctor's Cogitation, Surgical Pathology in Otolaryngology*. He has contributed several chapters in relation to ENT in many medical books, such as *Medicus Examination Review*. He is member of various national and international societies and associations. He has been Ex-President of Rajasthan State Association of Otolaryngologists of India (AOI), and Editor, Rajasthan Journal of Otolaryngology. His academic interest in writing is well reflected in the present book.



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