Manual of Otolaryngology

A Symptom-Oriented Text

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Acknowledgment

This book is dedicated to those who have taught us. Especially we would like to acknowledge the contributions of Dr. John R. Lindsay, Dr. William G. Hemenway, and Dr. Paul H. Ward, leaders in academic otolaryngology.

"One can not teach anything to another person.
One can only provide an environment in which another can learn."
Introduction

Otorhinolaryngology (ORL), the science of diseases of the ear, nose, and throat, includes conditions requiring both surgical and medical management. ORL problems account for approximately 25% of the visits to the primary care physician; however, the amount of time devoted to ORL in the medical school curriculum averages less than two weeks of clinical experience; it may be only an elective. Internal medicine residencies rarely include additional training in ORL and, when they do, it is usually in the form of an elective. Even family practice and pediatric residencies often lack the additional necessary training in this area. The goal of this text is, therefore, to provide supplementary instructions on common otolaryngologic complaints, organized in problem-oriented format.

The development of the problem-oriented approach to medical problems by Lawrence Weed in the late 1950's and its gradual introduction into the medical record system of many medical centers offers an opportunity to alter the traditional organ system-oriented thinking and practice. Certain of the specialties, ORL being one, have been slow to accept and utilize this new method; it seems, however, superbly applicable to this field. The problem-oriented approach does not alter the final goal, to make a correct diagnosis. It only gives a more orderly approach to accomplishing this goal and gives a more lucid picture of the pattern, from presenting symptom to final diagnosis and therapy, a process which in the traditional system of history taking and examination sometimes becomes hopelessly complicated.

It is with this simplification in mind that we have chosen to present the diseases of the head and neck region in a problem-oriented format. The authors hope that this book will serve the needs of the medical student, internist, pediatrician, family physician, and emergency room physician. It is not intended to replace the many fine traditional textbooks which are necessary reference books, but to serve as an adjunct to them.

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Chapter 1: History Taking in Otorhinolaryngology

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In order to conform with the problem-oriented system, the subjective complaints of the patient must be evaluated to determine if they form a system complex (e.g., hearing loss, tinnitus, and vertigo in Meniere's disease) or if in fact they are separate symptoms (e.g., hearing loss, gradual or longstanding, and an ulcerative lesion of the tongue), in which case they will be treated under separate subjective complaint headings. We find it advantageous always to take the history and do the physical examination in the same order (e.g., ears, nose, throat) so as not to leave out any part.

Subjective Complaints

Ears

Hearing - Normal or Abnormal

- Symmetrical.
- If loss, gradual or sudden onset.
- Better ear?
- Ear used with telephone.
- Hear but not understand.
- Worse in crowds or noise?
- Loss, constant or fluctuating.
- Previous use of hearing aid.

Associated symptoms: tinnitus (ringing or buzzing), dizziness, drainage from ear, fullness in ear.

- Past medical history.
- Head: trauma, unconsciousness.
- Previous surgery
- Ear infections.

- Noise exposure: occupational, military gunfire, tractors, airplanes, explosions, heavy equipment.

- Drugs: aminoglycosides (injections, wound irrigations), diuretics.

- Family history: hearing loss, ear surgery, hearing aids, dizziness, renal disease, congenital anomalies (von Recklinghausen's disease, low-set ears, Waardenburg syndrome, etc).
**Tinnitus**

Bilateral or unilateral.
High-pitched ringing or buzzing.
Continuous, intermittent, pulsatile.
Longstanding or recent onset.
Altered by head position.
Altered by pressure on neck.
Associated symptoms: hearing loss, fullness or pressure in ears, dizziness.
Drugs: aspirin, quinine.

**Discharge**

Unilateral, bilateral.
Continuous, intermittent.
Odorless, foul.
Colored (yellow, green), clear, watery, bloody.
Painful, painless.

Associated symptoms: hearing loss, fever, dizziness, headache, upper respiratory infection (URI), facial weakness.

Past medical history: diabetes, head trauma, loss of consciousness, ear surgery, ear trauma.

**Pain**

Duration.
Continuous, intermittent.
Location (deep, superficial, circumaural).
Nature (sharp, dull, etc).

Associated symptoms: drainage, hearing loss, tinnitus, dizziness, odynophagia, dysphagia, and sore throat.

**Pinna Deformity**

Acquired: traumatic, recent, old.

No trauma - other cartilaginous structures affected.

Congenital: bilateral, unilateral.

Other members of family affected.

Hearing loss?

Renal disease: patient, other family members.
Nose

Epistaxis

Unilateral, bilateral.  
Spontaneous, post-traumatic (nose picking, fracture, etc).  
Duration.  
Intensity (increasing with attacks).

Associated problems: anticoagulants (including acetylsalicylic acid, ASA) easy bruising, other bleeding, hypertension, renal disease, nasal obstruction.

Obstruction and Rhinorrhea

Unilateral, bilateral (constant or alternating with position change).

Constant, intermittent (seasonal).

Pain.

Rhinorrhea: clear, bloody, green or yellow pus.

Spontaneous, post-traumatic.

Associated problems: drug use (nose drops, antihypertensives, cocaine, tranquilizers, hormones).

Facial pain, hyperesthesia (especially infraorbital).

Asthma, ASA sensitivity, allergies, itching and burning of eyes, itching of palate.

Nasal Deformity

Congenital (familial characteristics).
Recent or old trauma.
Associated problems: nasal obstruction.

Mouth

Oral Ulcerations

Location: constant, variable, in crops.
Duration.
Painful, nonpainful (acid foods).
Enlargement.

Associated problems: fever, malaise, other mucosal ulcerations (vaginal, urethral, anal), lip ulcerations. Immunosuppressive drugs, sexual habits, venereal disease.
Intraoral Mass Lesions

Location.
Duration.
Enlargement.
Painful, nonpainful (acid foods).
Trismus.
Odynophagia, dysphagia.

Malocclusion

Congenital.
Acquired.
Post-traumatic.

Associated problems: trismus, pain, hypesthesia, ear pain.

Xerostomia

Associated problems: xerophthalmia, joint pain, skin rash, medications (tranquilizers, etc).

Alterations in Taste

Dysgeusia (gasoline, garbage, etc).
Hypogeusia,
Ageusia.
Recent, longstanding.

Associated problems: dysosmia, hyposmia, anosmia, nasal obstruction, medications, head injury, ear surgery, headache, visual disturbances, facial pain.

Hypopharynx - Larynx

Odynophagia

Duration.
Location - referral to ear?
Exacerbated by acid foods, solids, liquids.

Associated problems: hoarseness, dysphagia, stridor.

Dysphagia

Duration.
Localized to?
Occurs with: liquids, solids, tablets.
Associated with: hoarseness, stridor, odynophagia.
**Airway Obstruction (Lower) - Stridor**

Duration.
Location.
Exercise tolerance.
Nature: inspiratory stridor, expiratory stridor, both.
Exacerbated by: sleep, exercise.
Relieved by: opening mouth, protruding tongue, head positions.

Associated with: recent viral infection (URI?).

Pain, hoarseness, trauma to neck, neck or chest surgery, medications.

**Hoarseness**

Duration (congenital, acquired).
Stable, worsening.
Pattern (time of day worst).
Voice use (public speaking, singing, etc).
Environment (high background noise, chemical exposure).
Stridor.
Pain.

Associated problems: smoking, alcohol, recent URI, cough, neck or chest surgery, thyroid status, trauma to neck, anesthetic intubation.

**Salivary Glands (Parotid and Submaxillary Glands)**

**Discrete Swelling**

Duration.
Pain.
Facial nerve function.
Constant or intermittent.

Associated with: pigmented skin lesions, bleeding lesions of skin and scalp, infection of external ear canal, recent URI.

**Diffuse Swelling**

Duration.
Uniglandular, multiglandular.
Painful, nonpainful.
Exacerbation with eating.
Previous history of mumps or vaccinations.

Associated problems: xerostomia, xerophthalmia, alcohol intake, starvation, iodides, bromides, antihypertensives, tranquilizers, joint pain, skin rashes, fever.
**Lump in the Neck**

Location.
Duration.
Size: stable, growing, alternating.
Single, multiple.
Tender, nontender.
Discrete, multiple, confluent.
Pulsatile.
Erythematous.

Associated problems: fever, chills, weight loss, positive tuberculin, nasal obstruction, serosanguineous discharge, hoarseness, odynophagia, dysphagia, intraoral lesions, pigmented skin lesions, ear pain.

**Vertigo**

Describe exact symptoms.
Motion: whirling, horizontal or vertical perception of movement.
Time of day of attack, relation to eating.
Duration.
Frequency.
Severity: increased or decreased with repetitive assumption of onset position.
Episodes, attacks.
Position of head during attack: ear down?
Neck rotation.
Position of body during attack: standing, lying, rolling over - what direction?
What makes attack better? Worse?
Attack worse with eyes open or closed?
Asymptomatic between attacks?
Onset with straining, increased intracranial or intrathoracic pressure.

Associated problems: neurologic disorders (loss of consciousness, diplopia, dysarthria, headache), head injury, whiplash, childhood motion sickness, tinnitus, hearing loss (sudden or longstanding), fluctuating hearing loss, loss of discrimination (understanding), diabetes mellitus, thyroid dysfunction, hypertension, hyperlipidemia, drug use, ototoxic drugs, nausea, vomiting epilepsy.