Hear No Evil
Smell No Evil
Taste No Evil

EMERGENCY OTOLARYNGOLOGY CONDITIONS
SEEN IN THE PRIMARY CARE CLINIC

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“IF you can keep your head when all others about you are losing theirs...yours is the Earth and everything that’s in it.”

Rudyard Kipling, 1910
What is NOT an Emergency

- Foreign Bodies (except airway)
- Sudden non-sensorineural hearing loss
- Acute Otitis Media without complications
- Vertigo *without* focal neurologic deficit
- Acute Sinusitis without complications
- Epistaxis that is not bleeding
URGENT/EMERGENT CONDITION

- EAR
  - Necrotizing Otitis Externa
  - Complications of Otitis Media
  - Sudden Sensorineural Hearing Loss
  - Vertigo with focal neurological deficits

- NOSE
  - Epistaxis

- THROAT
  - Angioedema
  - Airway Obstruction
Necrotizing Otitis Externa (aka “Malignant OT”)

REGULAR OTITIS EXTERNA

- Pain (auricle)
- Canal edema, erythema
- Fibrinous Exudate
  - Not mucous
- Intact Tympanic Membrane

NECROTIZING OTITIS EXTERNA

- Granulation tissue
- DEEP SEVERE PAIN
- Cranial Neuropathy
  - VII > X > XI > XII
Necrotizing Otitis Externa (aka “Malignant OE”)
Necrotizing Otitis Externa (aka “Malignant OT”)

**TREATMENT**
- Address underlying immunocompromise
- Aural Toilet
- Hospital Admission
- Broad Coverage for *pseudomonas* and *staph*
- Surgery (rarely)
Complications of Otitis Media

- Otitis Media PLUS
  - Cranial Nerve/Facial Palsy
  - Mental Status Changes
  - Post-auricular swelling/fluctuance
  - Severe Vertigo
Complications of Otitis Media

- **TREATMENT**
  - Systemic Antibiotics
  - Myringotomy/Tube
    - +/- Mastoidectomy
    - +/- Adjunctive Surgeries
Sudden Sensorineural Hearing Loss

- Usually Unilateral
- Occurs < 3 days
- May be associated with dizziness/vertigo, tinnitus, aural fullness

EXAM IS NORMAL EXCEPT FOR TUNING FORKS

- Use 256 or 512Hz (Do not <256Hz)
- Weber: AWAY from Hearing Loss
- Rinne: Air Conduction > Bone Conduction (or NR)
Sudden Sensorineural Hearing Loss

- GOLDEN WINDOW
  - High Dose Steroids (ORAL)
    - Prednisone 1mg/kg x 10 days
  - +/- Intratympanic Steroids
  - Initiate therapy within 3 days
Vertigo/Dizziness with focal Neurologic Deficits

- **Dizziness**
  - Non-Vertigo
  - Vertigo (Spinning, Shifting)
    - Central
      - Migraine
      - Vascular
      - Other
    - Peripheral
      - BPPV (seconds)
      - Meniere’s Disease (hours)
      - Vestibular Neuronitis (days-weeks)

- URGENT Neurology Consult
- POSSIBLE FOCAL NEUROLOGIC DEFICIT
- NO FOCAL NEUROLOGIC DEFICIT
- NON-URGENT Otolaryngology Consult
Vertigo/Dizziness without focal Neurologic Deficits

- Symptomatic Treatment
  - Diazepam 5mg q6h
    - Vestibular Suppressant
    - Beware of Tolerance
  - Meclizine 25mg q6h
    - Limited
  - Hospital Admission/Hydration
    - Vestibular Neuronitis
    - Bacterial Labyrinthitis (very rare)
Epistaxis

- Anterior (out nose) vs. Posterior (+ mouth)
- Pressure
  - 5-20 minutes
- Irrigate/clean nasal cavity of clots
- Nasal Decongestant (i.e. oxymetazoline, phenylephrine)
- Packing
- Still can’t control
  - Start IV
  - Transfer to E.R.
Acute Angioedema

- **Causes**
  - ACE-inhibitors (long term)
  - NSAIDs
  - Food/Drug Reactions

- **Presentation**
  - Itchy lips, throat, tongue
  - Voice changes, stridor is a late
Acute Angioedema

- **Treatment**
  - Anti H1 and H2
  - Steroids
  - Epi

- Secure Airway (above don’t work for hereditary)
Airway Obstruction
Airway Obstruction

- Characterized by STRIDOR
- Foreign Body
- Allergy/Edema
- Infection
- Cancer
- Trauma
Thank you!

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