

# Heighpubs Otolaryngology and Rhinology

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**Case Report**      **Published Date:-2017-11-06 00:00:00**

[The transnasal bilobed flap for medial canthal reconstruction](#)

Reconstruction of the eyelids, especially medial canthal area, is one of the greatest challenges faced by the oculoplastic, head and neck surgeons. A patient with a medial canthal defect, following oncological resection involving the medial canthus, upper and lower eyelids, and nose is presented. The defect was reconstructed using a transnasal bilobed flap. The transnasal bilobed flap is a simple and effective for medial canthal reconstruction and provides in one-time reconstruction and preserves the local anatomy.

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**Case Report**      **Published Date:-2017-09-26 00:00:00**

[CT signs of pressure induced expansion of paranasal sinus structures](#)

Several articles have been written about hyper inflated sinus structures. Never before, however, a complete overview of all possible pressure induced variations of sinus anatomy have been published. The aim of this study was to make an inventory of the most common CT signs of hyper inflated paranasal sinus structures. During a period of 2 years all CT-scans of the paranasal sinuses made in an ENT-department were studied and the most typical shapes of hyper inflated sinus structures were recorded.

The authors documented 9 different anomalies of the anterior paranasal sinus complex (frontal sinus, frontal and supra-orbital recess and anterior ethmoid), 8 of the ethmoid and 1 of the sphenoidal sinus. These hyper inflated paranasal sinus structures can only be generated by high positive intranasal pressures. The nose blowing manoeuvre is the only manoeuvre that generates extremely high pressures and as such it might be the driving force in the generation of these hyper inflated paranasal structures and consequently play a role in the pathophysiology of chronic sinusitis.

Pneumatisation of the sinuses starts at birth and is a lifelong process. Sometimes, however, pneumatisation can be extreme and will result in facial deformities. Pneumosinus dilatans, is such a condition, characterized by an abnormal dilatation of a paranasal sinus cavity, containing air only. Most reports describe pneumosinus dilatans of the frontal sinus, but also other sinuses can show this phenomenon: maxillary sinus and in one case a unilateral pneumosinus dilatans of nearly all sinuses (maxillary, ethmoid, and sphenoid sinus) was described.

Recently Kalavagunta et al., described a less dramatic expansion of the maxillary sinus and named it "Extensive Maxillary Sinus Pneumatisation" (EMSP). They were surprised to see that EMSP has received little attention in the literature. Neuner et al., described 9 different atypical pneumatisation abnormalities of the paranasal sinus anatomy.

Most of deformities of the sinus pneumatisation are growth deformities of the thick bones that make up the frame of the sinuses. Only a few articles, deal with specific deformities of thinner bone structures such as "wavy orbital floor" and "frontal cells". Never before, however, an article was published that studied all possible deformities due to increased pressures and tried to make a classification. So the aim of this study was to make an inventory of the most obvious pressures related deformities that can be seen on CT-scans of patients with rhinosinusitis.

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**Thesis**      **Published Date:-2017-09-20 00:00:00**

[Impedance audiometry: Stapedial reflex eliciting conditions](#)

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The work is an attempt to create a complete system of conditions which influence genesis, existence, and response characteristics of stapedial reflex in impedance audiometry. The author divides the conditions into the internal-reflex arc integrity, temporal acoustic summation, mixed-external auditory meatus and middle ear, and internal-side of stimulation and energy content of the stimulus. The system of conditions that influence stapedial reflex is based on a criterion, that stapedial reflex depends on energy, which is perceived by the inner ear as subjective loudness. The system of conditions stated in this work is based mainly on the author's own experiments and measurements, which are herein also documented. At the same time, these results are in accordance with data in literature as quoted. This system is not closed-it potentially may be completed using the basic criterion and further knowledge.

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**Case Report**                      **Published Date:-2017-09-20 00:00:00**

[Kikuchi's disease in a young Scandinavian woman](#)

A 21 year-old woman presented with cervical lymphadenopathy and night sweats. Initially, lymphoma was suspected and one of the enlarged lymph nodes was excised in order to make a diagnosis. Histopathological examination revealed Kikuchi's disease, which is usually a benign syndrome with spontaneous resolution. The disease is very rare, particularly in Caucasian populations. A higher incidence is seen in patients of Asian descent.

The patient had persistent swelling of cervical lymph nodes over several months and further lymph nodes were removed as malignant transformation was suspected. However examinations showed only Kikuchi's disease. There was given no specific treatment. Follow-up appointments were performed biannually and the patient is currently awaiting removal of yet another swollen lymph node on suspicion of relapse of her Kikuchi's disease.

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**Case Report**                      **Published Date:-2017-08-31 00:00:00**

[Tinnitus: Diagnosis and treatment options](#)

Tinnitus-derived from the Latin "tinnire" meaning "to ring" is a perceived ringing, buzzing, or hissing in the ear(s) or around the head-which has multiple etiologies and is sometimes idiopathic. As of 2009 in the United States, approximately 50 million Americans were affected for six months or greater, while a United Kingdom study in 2000 reported a 10% prevalence in the adult population [1]. Tinnitus may vary widely with regard to pitch, loudness, description of sound, special localization, and temporal pattern [2]. Most often, tinnitus is associated with other aural symptoms, such as hearing loss and hyperacusis [3]. Tinnitus may result in sleep disturbances, work impairments, and distress. The severity varies within this cohort of chronic sufferers, with some unable to fulfill daily activities. Though tinnitus is more likely to affect adults and the incidence increases with age, children can experience tinnitus as well [4]. Males are more likely to suffer as are individuals who smoke [5].

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**Case Report**                      **Published Date:-2017-08-22 00:00:00**

[Otogenic lateral sinus Thrombosis: a rare complication of chronic Otitis media](#)

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Since the advent of antibiotics, lateral sinus thrombosis is an infrequent complication of otitis media. Lateral sinus thrombosis may occur by thrombophlebitis or penetration by offending pathogens through the dura of middle and posterior cranial fossae. We present a case of right-sided sigmoid and transverse venous sinus thrombosis as a rare complication of chronic suppurative otitis media in an adult. We discuss the patient's imaging, management and relevant literature to offer clinical recommendations.

A 39-year-old woman presented with headache, neck pain, vomiting, fever and photophobia with a tender right mastoid on examination. Computerised Tomography, Magnetic Resonance Imaging and Magnetic Resonance Venogram of the head revealed complete opacification of the right mastoid air cells and middle ear, with absent flow void in the right transverse and sigmoid sinus, consistent with thrombosis. After discussion with neurosurgery, she was commenced on anticoagulants. The patient was readmitted with right otalgia and otorrhea refractory to medical treatment, and ultimately underwent right mastoid exploration.

Conclusion: Lateral sinus thrombosis may occur with other intracranial or extracranial complications of otitis media. Clinicians should approach any complication of otitis media with vigilance as antibiotics may mask some signs and symptoms of mastoiditis, which can progress to otogenic brain abscess.

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**Case Report**                      **Published Date:-2017-08-17 00:00:00**

[Investigation on the occurrence of Hairy Polyp and Choristoma in Oral Cavity: A case study](#)

Hairy polyp and choristoma are rare benign developmental malformations. Hairy polyp mainly occurs in the nasopharynx whereas choristoma occurs in the dorsum of the tongue. Aetiology and pathogenesis of both hairy polyp and choristoma still remain unknown. Diagnosis is made by histological examination and complete excision is the treatment of choice. We report a case of hairy polyp and choristoma on the palate and the dorsum of the tongue respectively in a seventeen days old baby.

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**Editorial**                              **Published Date:-2017-07-27 00:00:00**

[Yaws essentials: What health professionals should know about yaws](#)

Yaws is recognized by the World Health Organization (WHO) as 1 of the 20 Neglected Tropical Diseases (NTDs), a group of communicable diseases that have subsisted in tropical and subtropical environments, and that affect people living in poor and marginalized societies [1]. Yaws also form part of a group of chronic bacterial infections, commonly known as the endemic trepanomatoses. These diseases are caused by a spiral bacteria of the genus *Treponema*, which also includes bejel and pinta, being yaws the most common [2]. Like syphilis, yaws have been described in three stages; primary stage characterized by granulomatous skin lesions, secondary stage by generalized spread, and tertiary stage by chronic destructive disease of skin, cartilages and bones [3].

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**Case Report**                              **Published Date:-2017-06-16 00:00:00**

[Recurrent Mucoepidermoid Carcinoma of Parotid with Facial Tics - Report of an unusual case](#)

We report an interesting case of a 21 year old male who presented with recurrent mucoepidermoid carcinoma of parotid with facial nerve involvement as facial tics. Intraoperatively, the tumour was noted to be firm, irregular and adherent to the underlying structures. The patient underwent extended total parotidectomy, division of buccal branch of facial nerve, selective neck dissection with cervical local rotational flap repair and post-operative radiotherapy. This presentation of Mucoepidermoid carcinoma with involvement of facial nerve as facial tics is one of the rare unique reported cases.

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**Review Article**                              **Published Date:-2017-04-26 00:00:00**

[Facial Necrotizing Fasciitis in Adults. A Systematic Review](#)

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**Introduction:** Necrotizing Fasciitis (NF) is a rapidly progressing, severe suppurative infection of the superficial fascia and the surrounding tissues that may lead to necrosis, septic shock and death if left untreated. Facial NF is rarely seen and symptoms may be non-specific at the onset and depend on the origin site and the stage of the disease, making it difficult for diagnosis.

**Materials and Methods:** A systematic review was done following the PRISMA guidance. PubMed database was searched for case reports published between January 2007 and March 2017. Full text articles were obtained and assessed for relevance. Data extraction was performed as an iterative process.

**Results:** A total of 24 articles, describing 29 adult patients with facial NF were included. Facial NF was more common in males. Skin trauma was the most frequent mechanism of lesion and diabetes mellitus was the most common associated systemic disorder. Periorbital area was the most affected area. In order of appearance, swelling and pain were the most common initial clinical manifestations. Group A Streptococcus was the most frequent microorganism isolated. Advanced airway management was needed in more than 50% of the cases and surgical management was done in 90% of the cases.

**Conclusions:** Practitioners should be aware of its existence, epidemiology, etiology, risk factors and initial clinical manifestations to develop a high index of suspicion, to order studies that may discard or confirm the diagnosis, and to offer prompt treatment to preserve patient's life and reduce the disfigurement and disability that it may cause.

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**Case Report**                      **Published Date:-2017-03-23 00:00:00**

[Lincoln 'S Highway - A Forgotten Abscess](#)

**Introduction:** Carotid space is a deep neck space within the carotid sheath. Moshier called carotid sheath as the Lincoln Highway of the neck. Abscess in this space is rare to be seen by young Ear, Nose and Throat (ENT) surgeons in this era of early diagnosis and good antibiotics. We are reporting a case of isolated carotid space abscess in a 20 year old male to familiarize young surgeons with this abscess.

**Case report:** A 20 year old young boy came to our Outpatient Department (OPD) with complaints of fever, painful neck swelling, progressive difficulty in swallowing from the last 7 days. Contrast Enhanced Computed Tomography (CECT) was done which revealed abscess located adjacent to carotid artery in the carotid sheath. Incision and drainage was done and carotid sheath was opened and pus drained. Patient was discharged after few days on oral antibiotics.

**Conclusion:** Carotid space abscesses are rarely seen in developed countries. Tender and fluctuating swelling over the carotid artery area points towards it. CECT is the investigation of choice. Needle aspiration should be avoided especially by less trained persons. Small abscesses may respond to intravenous antibiotics but when frank and large abscess is formed, incision and drainage is the treatment of choice.

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**Case Report**                      **Published Date:-2017-03-23 00:00:00**

[Facial Paralysis During Varicella Zoster Infection in a child](#)

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Introduction: Primary infection with varicella-zoster virus (VZV) results in chickenpox, characterized by viremia with a diffuse rash and seeding of multiple sensory ganglia, where the virus establishes lifelong latency. Herpes zoster is caused by reactivation of latent VZV in cranial-nerve or dorsal-root ganglia, with spread of the virus along the sensory nerve to the dermatome. Both entities have a benign clinical course in immunocompetent and young individuals. Although Herpes zoster virüs may result in Ramsey Hunt sendrom, it may rarely cause peripheral facial paralysis in the course of varicella.

Case report: A 4-year-old girl patient was admitted to the ear, nose, and throat clinic with a complaint of a rash over the body with vesicles and pustules a few days. She had left peripheral facial palsy about 2 days ago. In a general clinical examination, a few macular lesions, probably residues of vesicles, and fluid-filled blisters and pustules were observed on the back, chest, abdomen, upper, and lower limbs. She had remarkable left peripheral facial palsy. Her facial palsy was assessed as a grade II using the House-Brackmann Score. Otoscopic examination was normal and otalgia and auricular vesicle was absent. 1 mg/kg/day prednisone and 30 mg/kg/day acyclovir therapy were given to the patient due to the peripheral facial nerve palsy involvement of the VZV infection. Complete remission was achieved at 1 month after treatment.

Conclusion: Varicella-zoster virus (VZV) is one of eight herpes viruses known to cause human infection and is distributed worldwide. While the results of bell palsy are good, facial paralysis results during viral infections are severe. Cranial nerve involvement secondary to viral infection should be followed closely. The current standard of care for treatment is acyclovir and prednisone. Thus early treatment can be started in the face of developing complications and possible mortality and morbidity can be prevented.

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**Case Report**                      **Published Date:-2017-01-23 00:00:00**

[Cytology and DNA Analysis of Ameloblastoma - A Case Report](#)

Ameloblastoma is a benign odontogenic tumour that may have aggressive biological behavior with local recurrence and metastasis after the surgical resection. We report a case of cytology of recurrent ameloblastoma. The first tumour was diagnosed in the left mandible in 57-yers-old woman thirteen years ago. The patient was operated on, the tumour was enucleated, pathohistological diagnosis of ameloblastoma was put and DNA analysis by flow cytometry of the tumour was performed. DNA analysis showed that the tumour was diploid but proliferative. Two years after the operation, a new tumour appeared on the scar. Fine needle aspiration cytology with ultrasound guidance of the tumour was performed; cytological diagnosis of recurrent ameloblastoma was put and confirmed by pathohistology. Until now the patient is well without any new recurrent ameloblastoma.

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**Case Report**                      **Published Date:-2017-01-09 00:00:00**

[Impact of Diabetes on the Nutritional Status of CKD Patients](#)

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Background: Prevalence of malnutrition in Chronic Kidney Disease (CKD) patients is due to their lower appetite level. Diabetic patients experience polyphagia. Hence it is necessary to understand the impact of diabetes on the nutritional status of CKD patient.

Aim: To compare the nutritious status between the CKD patients with and without diabetes.

Objectives: To find out the impact of diabetes on the nutritional status of CKD patients.

Method and Materials: A prospective random sampling method was adopted to select the subjects. Eighty CKD patients were divided equally into two groups. Tool which has been used to collect the data was SOAP format.

Results: While comparing BMI between group 1(CKD without diabetes) and group 2(CKD with diabetes) it was noticed that the percentage of normal nourished subjects in group 2 were greater than that of group1. About 63% and 25% of subjects with CKD in group1 had normal BMI and grade 1 undernourished respectively. In group 2, about 75% and 10% of patients had normal BMI and grade 1 over nourished respectively. About 80% of subjects in group 2 were on insulin treatment. About 88% of subjects in group1 were anorexic and about 55% and 25% of subjects in group 2 had polyphagia and normal appetite respectively. The difference in the energy and protein intake between the two groups was statistically significant at  $p < 0.01$  level.

Conclusions: It can be concluded from the above study that a better nutritional status was found in the CKD patients with Diabetes Mellitus (DM) than the CKD patients without DM which may be due to their normal appetite/ polyphagia, hence allowing a better food intake among group2 subjects. Weight gain in CKD with DM patients may be due to increase in fat mass which is subsequent to lipogenic effect of insulin.

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