

Long Case of Nose and PNS

Patient Name:

Age and Gender

Address

Profession

**Chief Complaints:**

1. Nasal Obstruction
2. Rhinorrhea (Anterior nasal discharge)
3. Nose bleed
4. Posterior nasal discharge
5. Headache/facial pain
6. Sneezing
7. Bad smell from nose/breath
8. Smell related problems
9. Eye/vision related problems
10. External nasal deformity
11. Facial asymmetry
12. Snoring/sleep related problems

**History of present illness:**

1. Nasal Obstruction
  - a. Duration
    - i. Since childhood
    - ii. Following nasal trauma
    - iii. Since \_\_\_\_\_
  - b. Mode of onset
    - i. Gradual
    - ii. Sudden (following trauma?)
  - c. Character
    - i. Persistent

- ii. Progressive/ same as at onset
- iii. Off and on
- iv. Partial or complete
- d. Laterality
  - i. Both sided (Is there any dominant side?)
  - ii. Right/Left sided
  - iii. Switches sides
  - iv. Began on one side then progressed to the other.
- e. Any relationship with local/per-oral/ systemic use of drugs
- f. Any other relationship

2. Anterior nasal discharge:

- a. Duration
- b. Mode of onset
- c. Amount
- d. Consistency
  - i. Watery
  - ii. Muroid
  - iii. Admixed with blood
  - iv. Fresh bleed
- e. Color If any?
- f. Any relationship with seasonal variation
- g. Is exposure to any substance, smell the cause?
  - i. If yes name the agent
- h. Is there any history of irritation of nose?

3. Nose bleed:

- a. Duration
- b. Mode of onset
- c. Frequency
- d. Fresh blood or admixed with nasal discharge
- e. Amount (streaks/drops/profuse/massive)

- f. Does the patient have the habit of nose picking?
  - g. Is the patient on anticoagulants?
  - h. Is the patient on radio/chemotherapy?
  - i. Is the patient hypertensive or on antihypertensive drugs?
  - j. Any history of nasal trauma, surgical or otherwise.
4. Post nasal drip
- a. Duration
  - b. Mode of onset
  - c. Amount
  - d. Frequency (How many times in a day)
  - e. Consistency
  - f. Color
  - g. Admixed with blood or whitish granules
  - h. Does it smell bad?
5. Headache/facial pain
- a. Duration
  - b. Mode of onset
  - c. Site of pain
    - i. Forehead
    - ii. Over the cheeks/teeth
    - iii. In between nose and eye
    - iv. Top of the head
    - v. In and/or around the eye
    - vi. Over the temple
  - d. Character
    - i. Dull/sharp/throbbing/pulsatile
    - ii. Persistent or varies (any diurnal variation such as more in the morning)
  - e. Intensity
    - i. Grade of pain on VAS
    - ii. Constant or varies
6. Sneezing:
- a. Duration

- b. Mode of onset
  - c. Seasonal/perineal
  - d. How many episodes in a day?
  - e. How many sneezes in an episode?
  - f. What are the provoking factors?
  - g. Any other accompanying symptom.
7. Bad smell from nose/breath
- a. Is the patient himself aware of bad smell emanating from his nose or his relatives have told him?
  - b. Has the patient undergone any nasal surgery/radio or chemotherapy?
  - c. Is the patient currently undergoing radio or chemotherapy?
  - d. Is the patient on any long-term treatment?
  - e. Does it interfere with his social or personal life?
  - f. Is there any complaint of excessive nasal crustation?
  - g. Does the removal of these crusts result in nose bleed?
8. Olfaction related symptoms:
- a. Duration
  - b. Mode of onset (Sudden or Gradual)
  - c. Grade (Total or Partial)
  - d. Progression (same as at time of onset or there is a change in grade)
9. Eye/Vision related problems
- a. Duration
  - b. Mode of onset
  - c. Are the symptoms one-sided or involve both eyes?
  - d. Is there loss of vision (Partial or total)?
  - e. Does the patient have double vision?
  - f. Does the patient complain of bulging or sunken eye ball?
  - g. Are movements of the eye ball absent or restricted?
  - h. Any complaint of pain in/around/behind the eye ball
10. External nasal deformity:
- a. Duration
  - b. Mode of onset (Trauma/iatrogenic)

- c. Involves bony or cartilaginous nasal bridge?

11. Facial Asymmetry:

- a. Duration
- b. Mode of onset
  - i. Any history of facial trauma or surgery
  - ii. Sudden or in
- c. Progression Sudden or gradual

12. Snoring / Sleep related problems

- a. What is patient's Epworth Sleepiness Score?

**Personal history:**

- A. Use of smoke or non-smoke tobacco
  - a. If yes details in terms of duration, number of cigarettes consumed in a day.
- B. Use of alcohol
  - a. If yes then details
- C. Professional details:
  - a. Works in leather industry
  - b. Works in wood industry
  - c. Works in chemicals industry
  - d. Other profession \_\_\_\_\_
- D. Family History \_\_\_\_\_
  
- E. Prior treatment history:
  - a. Previous surgery
  - b. Previous history of radiation
  - c. History of drug intake
    - i. Local or topical Anti-allergic medicines
    - ii. Local or topical steroids
    - iii. Chemotherapy
    - iv. Antibiotics/antifungal medicines

**General Physical Examination:**

Conduct GPE in the standard format with particular attention to following:

1. Orientation
2. Nutritional status
3. Pallor
4. Pulse
5. Blood pressure
6. Respiration
7. Visual acuity
8. Describe any swelling and mass especially in head & neck region
9. Tracheal position
10. Auscultation of chest
11. Abdomen

## ENT Examination and examination of head & neck:

### 1. Inspection of face including nose

- a. Is there any facial asymmetry or it becomes apparent on movement of the face?
  - i. If yes which side is asymmetric
  - ii. If there is a swelling describe its size, extent, margins, and status of overlying skin
  - iii. What is the status of eye/eyes?
    1. Is it sunken or protruding?
    2. Is there excessive/constant lacrimation from the eye?
    3. Is the eyeball pushed outwards, downwards, upwards, or obliquely?
    4. Are the movements of eyeball normal, restricted, or absent?
    5. Is conjunctiva congested, swollen, or haemorrhagic?
    6. Is there partial or total loss of vision?

#### iv. Inspect the infratemporal region:

1. If there is a swelling describe its size, extent, margins, and status of overlying skin

#### v. Inspection of the nose\*

##### 1. Front:

Symmetry: height, width, bony deformity, septal deviation

Scars: columella, lateral rhinotomy, Lynch-Howarth, bicoronal

Skin: erythema, rash, swelling, ulcer

##### 2. Sides: profile: dorsal hump, saddling, tip ptosis

##### 3. Below: narrowing of external nasal valve triangularity

- Palpation of face and nose:

Palpate:

Skin: quality

Nasal bones: steps, fractures

Nasal tip support and recoil

- Patency:

Misting test/nostril occlusion

Cottle's manoeuvre

### Internal examination of the nose

- Elevate tip.
- Inspect position of the caudal septum: dislocation/deviation.
- Inspect the external nasal valve.
- Anterior rhinoscopy with Thudicum's speculum: nasal vestibule, septal deviation, septal perforation, mucosa (rhinitic), turbinates (congested), polyps, papillomas, granulomas, tumours, ulcers, crusting, Little's area (prominent vessels), telangiectasia.

### What features should be noted on general inspection?

- Patients with bilateral nasal congestion have a typical hyponasal voice – make a note of this at the start of the consultation.
- Listen to the patient's breathing – a whistling sound may indicate a septal perforation or crust inside the nose.
- Note if the patient is mouth breathing.
- A long face with an open mouth in children is referred to 'adenoid facies' and may indicate adenoidal hypertrophy.
- A 'frog face' is caused by gross nasal polyposis resulting in a broadened nasal bridge.
- Look at the lips for telangiectasia, which may indicate hereditary haemorrhagic telangiectasia in a patient with epistaxis.

\* Mathew, R., Hannan, S., & Patel, P. (2015). Examination of the nose. In P. Gogalniceanu, J. Pegrum, & W. Lynn (Eds.), *Physical Examination for Surgeons: An Aid to the MRCS OSCE* (pp. 281-287). Cambridge: Cambridge University Press.  
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### **Rigid Endoscopy: Procedure and documentation points**

Source: Nasal Endoscopy, Author: Amy L Hughes, MD. <https://emedicine.medscape.com/article/1890999-overview>

#### First pass

With the patient's head flexed, the scope is passed along the floor of the nasal cavity and into the nasopharynx. The inferior meatus is examined where the nasolacrimal duct drains, along with the inferior turbinate. As the scope is advanced posteriorly into the nasopharynx, attention is paid to the potential presence of mucus or purulence draining into the nasopharynx. The entire nasopharynx is examined, including the eustachian tube orifices and the fossa of Rosenmüller.



### Second pass

For the second pass, the endoscope is passed between the middle and inferior turbinates to examine the inferior portion of the middle meatus and the fontanelles, as well as to look for evidence of accessory maxillary ostia. Next, the scope is passed medially and posteriorly to the middle turbinate to examine the sphenoid recess located medial to the middle and superior turbinates. The slitlike or oval ostia of the sphenoid sinus may be visualized with the superior turbinate during this pass.

The scope is then, upon withdrawal, rotated laterally under the middle turbinate to examine the infundibulum, uncinata, and ethmoid bulla. Gentle medial pressure may have to be applied to the middle turbinate to allow the scope to be inserted into the middle meatus.

### Third pass

The third pass often requires a 30° endoscope or repositioning of the head. It should allow the practitioner to evaluate the olfactory cleft to look for any lesions or polyps in this region. Often, the curvature of the septum is such that the evaluation can be done adequately on only 1 side of the nose.

Summary of findings:

**Provisional Diagnosis:**

Investigations:

Treatment plan:

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