

**RHINOLOGY CASE
FOR LEARNING UNIT VI
ORL 251**

Instructions: Accomplish the following tasks indicated in this case.

OPD SUBSPECIALTY CLINIC CONSULT: *RHINOLOGY*

S> RA/49/M from Mindoro

Chief Complaint: Nasal Obstruction

History of Present Illness:

2 years PTC, patient started to have recurrent bilateral nasal congestion, with associated watery rhinorrhea. There was no associated hyposmia/anosmia, fever, facial pain, headache, epistaxis.

These symptoms would be aggravated and would be accompanied by frequent sneezing and nasal pruritus when he cleans his house and when he would be petting their neighbor's dog, Patient would take over the counter cold medications but would only provide temporary relief. No consult was done.

In the interim, patient's symptoms gradually progressed, now noting bilateral nasal obstruction, occasional greenish rhinorrhea, occasional headache and hyposmia. Patient then sought consult with a local health clinic where he was prescribed with Cetirizine tablets and advised steam inhalation, which only provided temporary relief of symptoms.

3 months PTC, patient went back for follow-up at a local clinic, where he was advised to consult an ENT for further evaluation, hence consult.

Review of Systems:

- (-) dyspnea
- (-) dysphagia
- (-) odynophagia
- (-) hoarseness
- (-) ear pain/discharge
- (-) Fever
- (-) weight loss
- (-) cough
- (-) blurring of vision

Past Medical History:

(+) Hypertensive on Losartan 50mg OD
No DM, PTB, CA
No prior surgeries

No known allergies to food and drug

Family Medical History:

No family history of HTN, DM, PTB, Cancer, Bronchial asthma

Social History:

10 pack-year smoker

Occasional alcoholic beverage drinker

Denies illicit drug use

Farmer

O> On PE, the patient has the following findings:

Ear: the right and left tympanic membranes are intact with cone of light was seen.

Nose: A translucent “peeled-grape” like mass is seen on both nasal cavities. Masses on both sides extend below the inferior border of the inferior turbinate. Mucopurulent discharge is seen on both nasal cavities. No bleeding noted. On posterior rhinoscopy, there was significant post-nasal drip, the turbinates and eustachian tube openings were not visualized.

Oral cavity: Grade I palatine tonsils, bilateral. No masses noted.

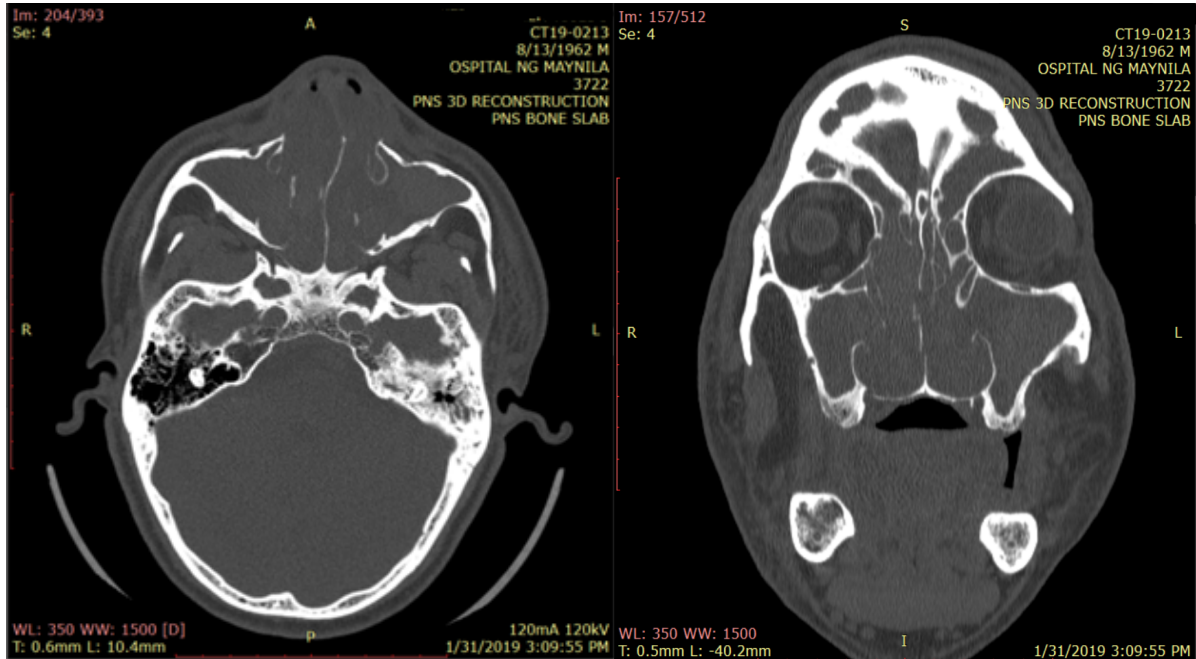
Laryngoscopy: Fully mobile vocal folds without any mass.

Neck: There is a subcentimeter palpable lymph node at level II, right.

TASK 1: Translate the above findings into the ENT Physical Examination drawings then take a picture or scan. (10%)

TASK 2: Based on the history and PE give at least 3 differential diagnoses and briefly explain. (10%)

DIAGNOSTICS: The following is the Paranasal sinus CT scan of the patient.



- The bilateral frontal, ethmoid, maxillary sinuses, along with the bilateral nasal cavities are opacified possibly filled with fluid/soft tissue densities,
- Septum is slightly deviated to the left
- No bony erosions seen
- Bilateral nasal cavities are filled with soft-tissue densities

A> TASK 3: Based on the history, PE and diagnostics give your complete assessment or diagnosis. (5%)

P> TASK 4: What are the plans for the patient? (15%)

- Pharmacologic
- Diet
- Maneuvers if any
- Lifestyle modification if any
- Other diagnostics
- Surgical option/s
- Follow-up or admission

SURGICAL PLAN:

Assuming the patient was diagnosed with Chronic rhinosinusitis with nasal polyposis, he was advised admission to undergo Endoscopic sinus surgery.

WARD 10 ADMISSION:

The patient was admitted at Ward 10. He underwent Endoscopic sinus surgery under general anesthesia at the operating room. The following were the OR findings: Nasal polyposis occupying both nasal cavities and maxillary sinuses, ethmoid sinuses.

Day 5 post-op upon the removal of the nasal pack, patient had onset of epistaxis on both sides.

TASK 5: What are all the possible complications of Endoscopic sinus surgery? Explain the signs and symptoms of the complications (things to watch out for). (15%)

TASK 6: What is most likely complication that the patient experienced? What is the treatment or management? (10%)

TASK 7: What is the discharge diagnosis of the patient? (5%)

TASK 8: Write the prescription for the patient. Scan or take a picture and attach. (15%)

The patient was advised to have the post-op follow-up etc....upon discharge.

TASK 9: In your own words, preferably in Filipino, write your script on how you would explain the discharge diagnosis, prescription, other plans and follow-up to the patient. (15%)