Exciting News Today

2007

Issue 3

Highlights:

- Sinus surgery has become more advanced
- An overview on acute otitis media
- Management of the blocked nose due to allergic rhinitis
- Laryngopharyngeal reflux
- The maxillary sinus and accessory ostia
- An ophthalmology contribution

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The third issue has arrived

Thankyou to those who provided feedback from the last issue. I realise how valuable your time is appreciate your comments. I have decided to send the same length newsletter but will do so less frequently.

Once again, much has happened since the last edition, so let me bring you up to date.

I have had 3 papers accepted for publication in peer reviewed international ENT journals- "External carotid blood supply to the orbit", "Mini-trephines in the management of acute frontal sinusitis complicated by intracranial infection", and "". I have also been approached by an international audio-digest publishing company to have my presentation at the American Society of Paediatric Otolaryngology meeting included in an upcoming issue. This is subscribed to by many thousands of ENT specialists so I am crossing my fingers that I am successful.

On another front, I have been recommended as a candidate for heading up a Paediatric ENT unit in one of Australia's leading public hospitals. Rest assured though that we are happy here and will continue to offer a service appropriate to the demand.

In other news, I have been accepted as an associate member of the Australasian

Sleep Society based on my Paediatric experience.

We have a special guest article from Dr John-Paul on … Hopefully we will have regular contributions from other resident specialists in future issues.

As mentioned previously, I am happy to offer to be available for education sessions.

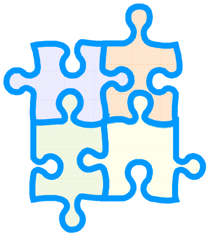
Dr David McIntosh

MBBS PhD FRACS.

Sinus surgery in the 21st Century

The days of scraping out sinuses and inserting metres of ribbon gauze are hopefully mostly behind us. With the advent of powerful CT scanning devices and improved endoscopic visualisation and micro-instrumentation, even big sinus operations can be done as day cases in appropriately selected individuals.
The management of polyps has also been revolutionised. The practice of pulling polyps out has been plagued by relapse and recurrence. With more precise and technically advanced methods, the chances of nasal polyps coming back is much reduced.
The other exciting area of technology is image guided surgery where surgeons can correlate the anatomy of the patient with the CT scan loaded into the specialized machine. Maybe one day we will have it here.

Immune deficiencies and otitis media



Don't forget about immune deficiencies in children with recurrent ear infections.

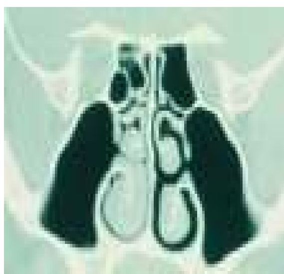
Recurrent acute otitis media (AOM) is a common illness in children. Occasionally with common things, however, an uncommon predisposing cause may contribute to the illness.
One of the more frequently encountered problems is IgG immune subclass deficiency.
The IgG group of antibodies are an important immune defence which are responsible for protection against repeat infections. These are divided into 4 subclasses and deficiencies of one of more of the subclasses is not too uncommon. Patients with Down Syndrome are particularly likely to have IgG subclass deficiencies.
Apart from recurrent AOM, children may suffer from recurrent acute sinusitis, upper respiratory tract infections, and repeated bouts of pneumonia.
Fortunately a simple blood test can be done to investigate this. In more complicated cases then special investigations may be required. This may include tests of T and B cell function, immunoglobulin levels, tests for blocking antibodies and many others.
Immune subclass deficiencies are also a differential diagnosis in the cause of prolonged discharge from the ears subsequent to ventilation tube insertion.
Apart from immunological causes of recurrent AOM and sinusitis, ciliary function abnormalities need to be considered. This is particularly so in patients with bronchiectasis.

ENT SPECIALISTS

- *PAEDIATRICS*
- *SINUS AND NASAL ALLERGY*
- *SLEEP APNOEA*
- *MIDDLE EAR DISEASE*
- *FACIAL PLASTICS*

Accessory ostia of the maxillary sinus

The nasal and sinus linings are designed to facilitate the flow of mucus from the front of the nose to the back of the nose. The sinuses have a similar configuration where the cilia are orientated to move mucus towards the natural drainage hole for each sinus.
In about 10-25% of the general population, there is an additional hole that opens into the maxillary sinus. This is located behind the natural drainage hole. The consequences of this is that in a proportion of people, they will suffer from a diverse range of nasal problems. This comes about because the mucus drains from the natural hole only to be pushed backwards into the accessory opening– the mucus re-enters the sinus. We call this “recirculation”.
Children they are predisposed to recurrent acute sinusitis and adults may present with post-nasal drip or chronic sinusitis symptoms.
The diagnosis is made using nasal endoscopes and confirmed with CT scanning.
A relatively straight forward endoscopic sinus procedure will correct this abnormality. This would usually be a day case operation with minimal morbidity.



Enlarged turbinates are a cause of nasal obstruction. (Can you spot the accessory ostia on each side?

Impaired sleep and allergic rhinitis

Patients with allergic rhinitis (AR) have more difficulty sleeping and more sleep disorders than those without allergies.
In a French study of 591 patients with AR and 502 control patients, researchers found that insomnia, waking up during the night, snoring and feeling fatigued when awakening were more common in those with AR than controls. Patients with AR were more likely to report daytime fatigue, impaired memory, and a significantly increased consumption of alcohol and sedatives .
Enlarged turbinates are also a significant cause of poor tolerance of nasal CPAP. The obstruction caused by these means that the pressure of the machine needs to be increased. The use of a humidifier, nasal steroid sprays, NOZOIL, or surgical reduction are options worthy of consideration for such patients.

Complications of acute otitis media

Acute otitis media (AOM) is a condition characterised by the onset of the symptoms and signs of inflammation of the middle ear within the past 2 weeks.
Fortunately complications of this condition are rare. Unfortunately the consequences of the complications may be severe.
A simple way of characterising the types of complication is based on anatomical grounds.
Intracranial complications include meningitis (middle ear infections are one of the leading causes of bacterial meningitis), cerebritis, subdural empyema, and brain abscess.
Intra-temporal (in the temporal bone) complications includes labyrinthitis, sensorineural hearing loss, mastoiditis, and facial nerve palsy.
Middle ear complications include ossicular chain erosion, ossicular chain fixation, and tympanic membrane perforation.
Vascular complications include venous thrombosis of the sigmoid sinus or internal jugular vein (IJV). In severe cases, mycotic emboli from the IJV to the pulmonary system may occur.
The most common complication of AOM is the development of a persistent middle ear effusion (OME). The nature of this fluid changes in consistency over time. When it becomes thick and gelatinous, we refer to it as "glue ear".

Middle ear infection is a significant cause of bacterial meningitis.

Reflux: GORD vs laryngopharyngeal

The presentation of reflux disease is quite variable. Most patients with gastro-oesophageal reflux (GORD) are picked up due to symptoms of heartburn or indigestion. These symptoms are uncommon in patients with laryngopharyngeal reflux (LPR).
A common presentation of LPR includes the sensation of a lump in the throat.
Historically the was referred to as "globus hystericus". This was based upon the absence of findings to the untrained eye–the patient was presumed to be stressed or mentally unstable.
There are in fact quite distinct changes evident in the larynx when visualised with a laryngeal endoscope and a sound physiological reason for the sensation of the lump.
Such symptoms are worthy of assessment as the condition is treatable with medication in most cases.
Occasionally fundoplication may be advised in severe cases or in medication failures. It is also important that a tumour is ruled out as the cause of the symptoms.

David McIntosh

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Giving back to Charity

One of the benefits that comes with living in Australia is the opportunity to provide support to valuable charitable organisations. We do this through our clinic by means of sponsorship and donations to organisations we feel offer great support to those in need.
I know we all have our own chosen causes, but for us we have elected to support the Royal Flying Doctor Service, Canteen, and small local organisations that do a great job.

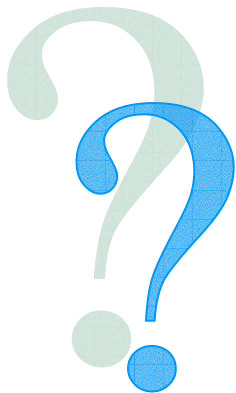
ENT SPECIALISTS

Maroochydore
Noosa
Caloundra
Gladstone
Mackay
Mount Isa

Dr David McIntosh is an Australian trained and qualified ENT Surgeon. He currently registered with the following professional bodies:

- *Queensland Medial Board (Specialist– ENT)*
- *AMA (Queensland)*
- *Aboriginal Indigenous Doctors' Association*
- *Fellow Royal Australasian College of Surgeons*
- *Australasian Sleep Association*

Do you want to spend time with us?
Some people have asked if they can attend operating lists. The answer is that GPs are all more than welcome to do so. If this is of interest, please feel free to contact us on **07 54510333**



Got a question?

Email us and we will print the most common queries in the next issue.

GP QUESTIONS

Can you fix Meniere's disease?

This is a great question which needs a bit of backtracking to answer. First up, the diagnosis of Meniere's is one of exclusion of other causes. So it is important to look for tumours, MS, and other neurological conditions. It is also necessary to test for inflammatory diseases, certain infections, and investigate for other causes of balance problems. It is very important to involve an audiologist in this process. If we are sure about the diagnosis then management involves diet and lifestyle modification, medication, and sometimes surgery. It is not so much about fixing the disease but providing relief from the symptoms it causes.

How long before a hoarse voice is a problem?

There are many causes of a husky voice, but the main cause of concern is cancer. So any voice that has been croaky for more than 3-4 weeks warrants specialist review as early diagnosis leads to better treatment outcomes.

Do grommets need to be removed?

As grommets are designed to come out by themselves, there is an advantage to letting nature take its course. Having said that there are 2 schools of thought on the matter with respect to leaving them be to planning to take them out. Certainly if they are causing problems, such as infection, then removal is warranted. Otherwise the risks of intervening in a natural process need to be weighed against the perceived benefits.