

# Exciting News Today

2007

Issue 2



**Highlights:**

- Adenoidectomy— how and why
- Quitting smoking good for nasal bacteria
- Snoring has an adverse impact in the bedroom
- Detecting cancer by looking at saliva
- Nose jobs are not just cosmetic— they can help with breathing
- Chronic Cough and Sinusitis

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## Welcome to the second issue

It is an absolute pleasure to be able to provide you with the second edition of our newsletter.

Much has happened since the last edition.

I have had the opportunity to present on many ENT topics at conferences in Australia and the USA.

At the Sunshine Coast the topic of Indigenous Youth Health Issues as they relate to ENT was presented to GPs. This, I am glad, was warmly received as it is a topic close to my heart. Hopefully a service will be established soon to provide care and advice to local Aboriginal community members.

In Adelaide, 3 topics were presented at the Australian

Society of Otolaryngology, Head and Neck Surgery Scientific meeting. These were the role of MRI in difficult cases of peri-orbital infection secondary to acute sinusitis, the surgical management of the sinuses in acute infections complicated by intra-cranial infection, and lastly, the difficulties faced in managing post-operative tonsillectomy bleeding when there is a significant blood supply from the external carotid artery to the orbit.

Not letting the grass grow under my feet for too long, I was soon on the plane to San Diego to present at the American Society of Paediatric Otolaryngology meeting. The topic was the clinical differences between



pre- and post-septal orbital infections.

Please let me know if there is interest in these topics as I would be happy to hold an education night.

After all this traveling, I hope it did not cause too many inconveniences.

It's nice to be home.

Dr David McIntosh  
MBBS PhD FRACS.

## Tonsillectomy for the Sore Throat

Recurrent bouts of acute tonsillitis, para-tonsillar abscess (quinsy) and chronic tonsillitis are the main infectious diagnoses for which tonsillectomy may be indicated. As mentioned in the last newsletter, sleep apnoea and sleep disordered breathing are now the

leading indications for adenotonsillectomy. As a guideline, tonsillectomy may be considered if the patient has 4 or more episodes of acute tonsillitis in one year or 6 episodes in 2 years. Apart from frequency, severity must also be taken into account.

For chronic tonsillitis the crucial time period is considered to be 3 months of symptoms, which include sore throat and cervical lymphadenopathy. An episode of quinsy may be recurrent in at least 10% of patients.

# Adenoidectomy



The adenoids and internal carotid artery lie close to each other.

The adenoids are part of the mucosal associated lymphoid tissue which plays a role in surface immunity. The adenoids sit at the back of the nose in the nasopharynx. They are often involved in ENT problems such as nasal obstruction, sleep apnoea and snoring, rhinosinusitis and middle ear disease. Enlargement of the adenoids may result in nasal obstruction with symptoms such as hyponasal speech, rhinorrhoea, snoring and dentists have observed abnormalities of the

hard palate (high arch) and dental position, with hypertrophic adenoids affecting facial growth (the so called "adenoid facies"). The incidence of risks from adenoidectomy is low with post-operative bleeding the most common. The internal carotid arteries lie near by and in a particular syndrome called Velocardiofacial Syndrome, (VCFS) the arteries lie in an aberrant medial position. This places them at significant risk of injury from blind techniques.

Therefore, the traditional method of "scraping" the adenoids out is being replaced by suction diathermy or coblation under visualisation using either a mirror or telescope. This reduces the chances of internal carotid artery injury and the risk of damaging the Eustacian tube. Adenoid regrowth is uncommon (but more likely when adenoidectomy is performed in someone under 2 years old). It is easily revised with the newer and safer method.

## ENT SPECIALISTS

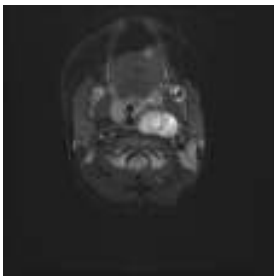
- PAEDIATRICS
- SINUS AND NASAL ALLERGY
- SLEEP APNOEA
- MIDDLE EAR DISEASE
- FACIAL PLASTICS

## Nasal Bacteria and Smoking

Researchers report another benefit from quitting smoking: beneficial bacteria in the nose and throat soon return to normal levels. Harmless microbes that reside in the nasal passages and throat help prevent disease-causing bacteria from getting a foothold. Levels of these so-called "interfering bacteria" are reduced in smokers. The findings illustrate that the

high number of pathogens and the low number of interfering organisms found in the nasopharynx of smokers reverse to normal levels after cessation of smoking. Swabs from the nose and throat were cultured from 20 smokers before they quit smoking and again 12 months after they stopped. They initially identified 11 disease-causing microbes from

nine subjects, but this was reduced to two pathogens in two subjects about a year after the participants stopped smoking. These findings provide evidence that smokers who quit lower their risk of respiratory infections, the investigators conclude.



Early detection of head and neck cancer improves the chance of cure.

## Saliva Test for Cancer

Oral cancer is the 6th most common cancer in men and the 14th most common cancer in women. The majority of oral cancers are diagnosed too late, which results in a high mortality rate. Only half of those diagnosed with a late stage disease will survive more than five years. However, if it is detected at an

early stage, there is an 80 to 90% chance for survival. Saliva tests have revealed that there are highly informative biomarkers present when there is oral cancer. The RNA found in saliva are very useful for oral cancer detection, with an overall accuracy rate of about 85%. The next important phase is to

turn progress these findings into useful clinical tests. With this being the first standardised saliva-based test for clinical oral cancer detection, it is hoped that it will have enormous clinical value in reducing the mortality and morbidity of oral cancers.

# Rhinoplasty for Nasal Obstruction

Nasal surgery improves airway function in patients with severe nasal obstruction. Obstruction of the nasal passages is a common condition treated by ENT Specialists.

Common causes include septal deviation, where the wall separating the left and right nasal passages is crooked or off-centre; valve insufficiency, caused by improper position or collapse of the lower lateral cartilages of the nasal vault; and inferior turbinate hypertrophy, when air flow is

blocked by large or swollen turbinates, when the covering mucous membranes that help warm and filter incoming air become engorged. Surgical procedures to treat these types of conditions are collectively known as functional rhinoplasty.

The specific techniques considered to treat nasal obstruction can be tailored to address the areas of concern, including septal deviation, internal or external valve collapse and turbinate hypertrophy.

In some cases the sensation of nasal obstruction is impaired when the patient has sinusitis. As part of the work-up of nasal obstruction, a CT scan may be helpful in making this diagnosis and planning treatment, including surgery. In some cases sinus surgery and functional rhinoplasty can be done concurrently but it may be safer to stage the procedures to allow adequate recovery time and reduce morbidity and prolonged anaesthetic times.



Rhinoplasty– it is not all about being the next super-model.

## Snoring is not Sexy

A recent survey revealed that people who snore have less active sex lives than those who don't. 81% of the partners of snorers said they don't get a good night's sleep and are constantly tired. 70% of the couples had resorted to sleeping in separate bedrooms. It is estimated that 50% of all men over the age of 50 snore. That means one out of every

two couples are struggling to get a good night's sleep. But it gets worse, with 60% of men over the age of 60 snoring. The other issues for not getting a decent sleep include poor overall health, lower productivity on the job and more danger on the roads. Snoring can also signal a more serious sleep-breathing problem, sleep apnoea.

A study carried out by the Israel Institute of Technology, showed that men aged 20 to 29 with severe sleep apnoea have 10 times the risk of dying from heart related ailments than those of the same age who did not have sleep apnoea. This means snoring should be treated as a serious symptom.

*David McIntosh*  
MBBS  
PhD  
FRACS

## Sinusitis and Coughing

Sinusitis is one of top three reasons for chronic cough—more than one-third of patients with a chronic cough have changes on their CT scan consistent with sinusitis. This indicates that sinusitis is more common than previously thought. Another leading case was found to be laryngopharyngeal reflux.

Unfortunately, it is not unusual for chronic coughers to become desperate to find a diagnosis and treatment for their cough and resort to alternative practitioners. The implications for finding a cause of the cough is particularly relevant to those with urinary incontinence and those who can't have hernia

surgery because of their constant coughs (with the coughing often being the cause of the hernia in the first place). Patients with a chronic cough benefit from a complete ear, nose and throat evaluation including rhinoscopy and/or a CT scan of the sinuses.



Got a frog in your throat (or should that be cane toad?)

## 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:*

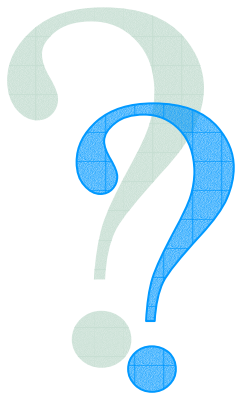
- *Queensland Medical Board*
- *AMA (Queensland)*
- *Aboriginal Indigenous Doctors' Association*
- *Fellow Royal Australasian College of Surgeons*



### Do you want to us to visit you?

We know how valuable your time is. That's why David is more than willing to come out and talk to individual GPs and GP groups. Please feel free to contact us on 07 54510333.

Let us know if there is a particular topic or area of interest and we will do our best to meet your needs.



## GP QUESTIONS

This section of the newsletter will be dedicated to answering the questions of the local GPs (don't worry— no names mentioned!). So please feel free to email your queries to us.

### **Do you still put that ribbon packing up peoples nose after nose and sinus surgery?**

The good news is that this is no longer necessary with modern advanced techniques of nasal and sinus surgery. With improved visualisation, bleeding is easier to control so that these are no

longer required.

### **What is "normal" after the tonsils are removed?**

The first obvious thing is pain. This usually gets worse before it gets better, often peaking at about day 5-7 after surgery. It is not just the throat that is sore, but the ears can be caught up with pain (referred pain). The breath is terrible, the body's temperature go up, and the jaw becomes hard to move. It all gets better and needs regular pain relief and a positive attitude to help get through the tough days.

### **What do you do for kids with blood noses?**

Most of the time this is related to blood vessels at the front of the nose that are fragile and therefore vulnerable to minor trauma or hot weather to result in bleeding. Often they just need simple cautery in the office setting, with the use of a local anaesthetic spray to help things along. Things like Vaseline in the nose need to be used with extreme caution due to the risks of lung damage from the petrochemicals in this.

Got a question?

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