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A STUDY OF ENT EMERGENCIES IN A TERTIARY CARE INSTITUTE OVER A PERIOD OF ONE YEAR

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ABSTRACT: A retrospective analysis done at Government ENT Hospital Osmania Medical College Hyderabad, a tertiary care institute dedicated only for ear nose and throat surgeries is one of the few institutes with very large collection of otolaryngological cases including head and neck surgeries, of various ENT emergencies admitted in a one year 2013. The data so collected is analysed and statistically presented into different categories depending on etiological factors, management with their morbidity and mortality.

KEYWORDS: ENT Emergencies, Foreign Body Throat, Foreign Body Bronchus, Trauma throat.

INTRODUCTION:

MATERIALS AND METHODS:

- A retrospective study is conducted at a tertiary care institute over a period of one year i.e. from Jan. 2013 to Dec 2013.
- Data pertaining to age, sex, type of emergency, type and location of foreign body, outcome etc is collected and analysed.

EMERGENCIES INCLUDED IN THE STUDY:

TYPE OF EMERGENCY	No. of cases
FOREIGN BODY THROAT	190
FOREIGN BODY BRONCHUS	80
ABSCESSES	34
EMERGENCY TRACHEOSTOMY	44
EPISTAXIS	53
OTHER EMERGENCIES	36
OTHER EMERGENCIES	36

Table 1

FOREIGN BODY THROAT:

- A total of 190 cases presented to our casualty for which,
 - A complete history,
 - X-ray soft tissue-neck antero-posterior and lateral views for all the cases,
 - X-ray chest posterior-anterior and lateral oblique in selected cases were taken.
- Cases of batteries, open safety pins, sharp metallic objects etc. were treated on priority basis.
- All the cases were admitted and emergency esophagoscopy under General Anesthesia was done.

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Youngest pt	3 month old infant with a silver ring in her cervical esophagus.
Eldest pt.	85 yr old male with mutton bone at the level of cricopharyngeal sphincter.
MORTALITY	5 year old female child with 4 days history of battery ingestion , died of mediastinitis secondary to esophageal perforation
Table 2	

FOREIGN BODY BRONCHUS:

- A total of 80 cases of foreign body bronchus presented to our casualty for which emergency bronchoscopy was done.
- All cases except one recovered well.
- We encountered custard apple seeds as most common foreign body in bronchus during the months of November and December.

Youngest pt	3 month old infant with bath soap in the rt. Main bronchus
Eldest pt.	65 yr old male with broken tracheostomy tube in the rt. Main bronchus.
MORTALITY	3 year old female child with Datura fruit as foreign body in Rt. Main bronchus with 5 days history.
Table 3	

ABSCESSSES:

- A total of 34 cases presented to our emergency dept. with different types of abscesses, they were admitted and managed on priority basis.
- Fluctuant abscesses were incised and drained and pus was sent for culture and sensitivity.
- In all the cases - 3rd gen cephalosporins, metronidazole and fluid replacement formed the initial line of management.
- All cases were subjected to different types of imaging to identify collections in specific areas.
- A case of ludwigs angina needed emergency tracheostomy.

Youngest pt	2 month old infant with neck abscess.
Eldest pt.	70yr old female with ludwigs angina.
MORTALITY	Two cases of ludwigs angina aged 38yrs and 65yrs in our study expired due to septicemia
Table 4	

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EMERGENCY TRACHEOSTOMY:

- A total number of 79 cases of stridor of varying degrees presented in our emergency dept. Out of these 44 needed emergency tracheostomy.
- In cases of mild stridor conservative measures like iv dexamethasone, iv hydrocortisone, ivderiphyllin were tried.
- If not relieved, emergency tracheostomy was done.

Youngest pts	a) an 18 month old child with multiple papilloma larynx, b) an 18 month old child with B/L abductor palsy.
Eldest pt.	76 yr old male with ca. larynx.
MORTALITY	A 60yr old case of ca. larynx.
Table 5	

COMPLICATION ENCOUNTERED:

Carbon dioxide apnoea	<ul style="list-style-type: none"> • 6 cases - All pts. Were successfully revived.
Tracheo-esophageal fistula	<ul style="list-style-type: none"> • one case after 7 days
Difficulty in identifying trachea	<ul style="list-style-type: none"> • 2 cases of SUPERVASMOL poisoning • 2 cases of diphtheria • 1 case of ludwigs angina.
Table 6	

EPISTAXIS:

- Out of all the cases of epistaxis that presented to our casualty over a period of one year, 53 cases needed admission and ant. nasal packing.
- All the cases unless contraindicated are placed on styptics like ivethamsylate, iv antibiotics, iv fluids.
- Pack removal was done 48 hrs. later followed by a diagnostic nasal endoscopy and treated accordingly.

Posterior nasal packing under GA	needed in 2 cases of Malignant hypertension
Emergency blood transfusion	needed in 2 cases
Youngest pt.	4 yr old child with bleeding diathesis.
Eldest pt.	76yr old male with Malignant hypertension.
MORTALITY	One patient of BLEEDING DIATHESIS expired due to massive bout of epistaxis
Table 7	

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CONCLUSIONS:

- Emergencies in otolaryngological care centres require management on priority basis.
- Foreign bodies (FBs) in the aerodigestive tract are important causes of morbidity and mortality in the two extremes of life and pose diagnostic and therapeutic challenges.
- After immediate first-aid the patient has to be investigated by imaging, haematological profile etc., to ascertain exact etiology or location.
- Patients with stridor due to various causes and history of inhalation of foreign bodies with respiratory distress are to be treated aggressively without losing precious time.
- Batteries from clocks and toys being found with increasing frequency in food and air passages are potentially lethal due to their alkaline nature and tissue necrosis.
- Patients with abscesses have to be investigated for comorbidities like diabetes mellitus or immunosuppression and also for septicemic shock including renal parameters.
- In cases of co-existing diseases, multidisciplinary approach would prove beneficial.

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Graph 1

Graph 2

Graph 3

Graph 4

Graph 5

Graph 6

Graph 7

Graph 8

Graph 9

Graph 10

Graph 11

Graph 12

Graph 13

Graph 14

Graph 15

Graph 16

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Graph 17

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Graph 20

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Graph 21

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