ENT - Topic 2 - Clinical Skills

ENT History and Presentation



History Taking and Clinical Presentation

Starting the Consultation

Opening the History

- Introduce yourself, confirm the patient's identity and obtain permission for the consultation.
- Ask the patient to describe the main problem in their own words.
- Record the **site, side, onset, duration, progression and effect on daily life** of each symptom.
- Ask which symptom appeared first and whether earlier treatment changed it.

Communication Support

- Arrange an interpreter or suitable communication support when it is needed.
- Face a patient with hearing loss and reduce background noise before speaking clearly.

Questions for Each Region

A. Ear Symptoms

- For ear symptoms, ask about hearing loss, discharge, pain, tinnitus, dizziness and previous ear surgery.
- Clarify whether hearing loss was sudden, fluctuating or gradually progressive.

B. Nasal Symptoms

- For nasal symptoms, ask about blockage, discharge, bleeding, sneezing, itching, facial pain and reduced smell.
- Persistent symptoms on **one side** need particular attention.

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C. Throat, Neck and Associated Symptoms

- For throat symptoms, ask about swallowing, painful swallowing, voice change, breathing difficulty and neck swelling.
- Distinguish difficulty starting a swallow from a feeling that food sticks after swallowing.
- Ask about fever, weight loss, night sweats, aspiration and neurological symptoms when relevant.

Background and Risk Factors

- Record previous illness, diabetes, immune suppression, allergies and all medicines.
  - Ask about anticoagulants, potentially ototoxic medicines and prolonged use of nasal decongestant sprays.
- Ask sensitively about tobacco, alcohol, areca nut, occupational noise and dust exposure.
- Record family hearing problems, childhood speech development and vaccination history where relevant.
- Ask how symptoms affect work, sleep, communication, eating and emotional well-being.

Documentation and Presentation

- Write the history in a clear sequence and record important negative findings.
- Present the patient's main problem, relevant examination findings and likely anatomical site of disease.
- Give a **working diagnosis**, reasonable alternatives and a plan for further assessment.
  - Separate findings that you observed from information reported by the patient.
- Document urgent concerns and the person to whom the patient was referred.

Turning Symptoms into a Clinical Problem

A. An Ear Presentation

- In a patient with discharge, establish whether pain preceded discharge and whether hearing improved or worsened when it began.
- Ask about recurrent childhood infection, water entry and previous procedures because these distinguish acute perforation, chronic disease and canal pathology.
- Record vertigo, facial weakness and headache explicitly because they can change the urgency of management.

B. A Nasal Presentation

- Compare persistent obstruction with alternating congestion and ask whether bleeding comes from one side.
- Clear watery discharge triggered by bending forward after injury raises a different concern from an ordinary cold.

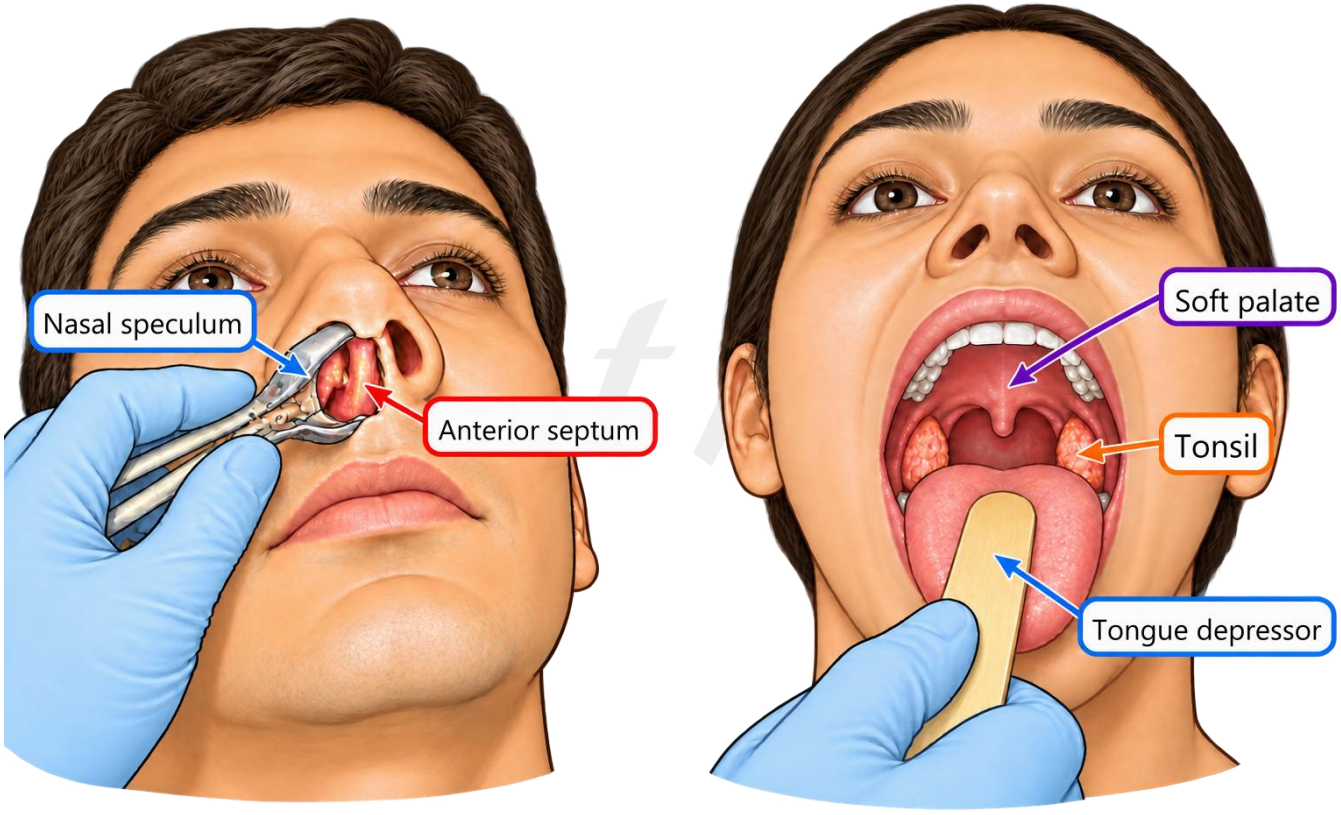
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- Loss of smell, dental pain and eye symptoms help identify the extent and possible origin of sinonasal disease.

C. A Throat or Neck Presentation

- Establish whether voice change began after intubation or neck surgery and whether swallowing or breathing is also affected.
- For a neck mass, ask about duration, fluctuation, preceding infection and symptoms from the mouth, pharynx, larynx and thyroid.
- Persistent adult neck swelling without a clear resolving infection requires a definite diagnostic plan.

Headlamp, Nose, Throat and Neck Examination



Good lighting and gentle positioning allow a systematic nose and throat examination

Systematic Examination of the Upper Airway and Neck

Preparation and Illumination

- Clean your hands, explain the examination and position the patient comfortably.
- Use appropriate protective equipment and clean or sterilised instruments according to their intended use.
- Adjust the headlamp so that the light follows your line of sight without obstructing the view.
  - Check illumination before introducing an instrument into the nose, mouth or ear.

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Nose and Paranasal Sinuses

Inspection and Speculum Technique

- Inspect the external nose for deformity, swelling, scars and collapse during inspiration.
- Lift the nasal tip gently and introduce the closed nasal speculum only into the vestibule.
- Open the blades carefully to inspect the septum, inferior turbinate, mucosa and visible discharge.
- Avoid pressure against the sensitive septum and avoid trapping nasal hairs when withdrawing the instrument.

Interpretation and Associated Examination

- Describe the side and site of a swelling rather than calling every nasal mass a polyp.
- Assess nasal airflow and inspect the eyes and face when sinus disease is suspected.
- Sinus tenderness alone cannot establish bacterial sinusitis.

Mouth and Oropharynx

Inspection and Technique

- Inspect the lips, teeth, gums, buccal mucosa, floor of the mouth, tongue and palate.
- Use the tongue depressor gently over the anterior part of the tongue to view the tonsils and posterior pharyngeal wall.
- Avoid pushing deeply onto the tongue base because this provokes gagging.
- Ask the patient to say “ah” while observing palatal movement and the position of the uvula.

Abnormal Findings and Airway Precautions

- Describe ulcers, exudate, asymmetry, bleeding and restrictions of tongue movement.
- Do not force a throat examination in a distressed child with suspected epiglottitis.

Neck Examination

Systematic Neck Assessment

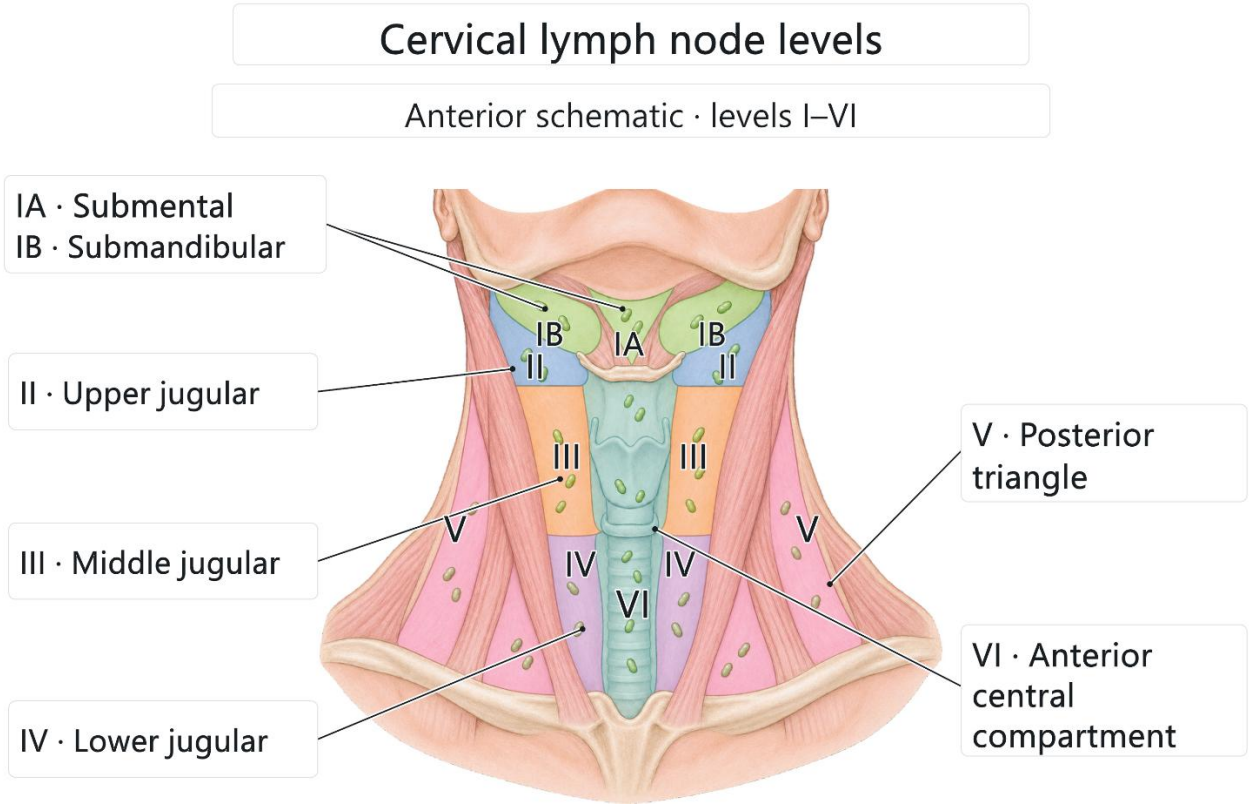
- Inspect the neck and palpate lymph-node regions systematically on both sides.
- Record the site, size, tenderness, consistency, mobility and skin changes of a neck swelling.
- Assess the thyroid, tracheal position and salivary glands when indicated.

Laryngeal Crepitus and Its Limitations

- The larynx normally produces a subtle **crepitus** when gently moved from side to side over the prevertebral tissues.
- Reduced crepitus is a nonspecific finding and does not diagnose a tumour by itself.
- Do not manipulate a painful or potentially injured larynx to elicit this sign.

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Clinical Levels of Cervical Lymph Nodes



The cervical lymph-node levels help localise and describe a neck mass

Additional Examination Manoeuvres

Oral and Cranial-Nerve Assessment

- Ask the patient to protrude and move the tongue and look for weakness, wasting or restricted movement.
- Palpate the floor of the mouth and submandibular gland bimanually when indicated and tolerated.
- Assess facial movement, eye movements, palatal elevation and tongue movement when the history suggests a cranial-nerve lesion.
- A gag response is variable and should not be used alone to decide whether swallowing is safe.

Neck-Mass Assessment

- Ask the patient to swallow while observing a suspected thyroid swelling.
- An enlarged node should be described by its nodal level rather than simply as a gland in the neck.
- Firm fixation, skin ulceration, a persistent mass or an associated mucosal lesion increases concern for malignancy.
- Do not assume that a cystic adult neck mass is a benign congenital cyst before appropriate assessment.

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