



RASHIDA IQBAL FINANCIAL AID **ORGANIZATION**

IMPORTANT DIAGNOSTIC POINTS :

ENT:

RIFAQ
RAWALPINDI MEDICAL UNIVERSITY

NOSE D/D



1)CELLULITIS

when nasal skin is invaded by staph/strep leading to red,swollen and tender nose

2)SADDLE NOSE-->depressed Nasal Dorsum

due to trauma,TB,Syphilis,Excessive SMR,Leprosy,Hematoma,Abcess

treated by augmentation rhinoplasty

3)HUMP NOSE--> Hump formed on the nose , treated by Reduction Rhinoplasty

4)CROOKED/DEVIATED NOSE

Midline of dorsum from frontonasal angle to tip is curved in a C or S shaped manner

treated by Rhinoplasty or Septorhinoplasty

5)DERMOID CYST

a)in front of nasal bones without any external opening (simple)

b)in front of septum , deep to nasal bones with an external opening (dermoid cyst with sinus)

c)under the nasal bone with intracranial connections to dura

6)ENCEPHALOCOELE/MENINGOENCEPHALOCOELE

Herniation of brain tissue along with meninges through congenital bony defect

Root of nose (nasofrontal)

Side of nose (nasoethmoid)

anteromedial aspect of orbit (naso-orbital)

7) GLIOMA

90% are extranasal --> nipped of encephalocoele (swellings) on the front, side of nose or on the medial canthus

10% are intranasal

8) RHINOPHYMA/POTATO TUMOR --> hypertrophy of sebaceous glands

benign + slow growing + long standing acne rosacea

pink lobulated mass with superficial vascular dilation

9) BASAL CELL CARCINOMA (RODENT ULCER) --> MC malignant tumor involving skin of nose in both males and females (40-60 y)

Mostly on tip and ala

very slow growth + cyst/papulo-pearly nodule /ulcer with rolled edges

10) SQUAMOUS CELL CA (EPITELIOMA) --> 2nd most common

Mostly on collumella

infiltrating nodule/ulcer with rolled out edges

11) FURUNCLE (BOIL) OF VESTIBULE --> trauma of picking nose/plucking Vibrissae

Small but tender and painful lesion that may spread to skin, tip or dorsum

furuncle may rupture spontaneously

12) VESTIBULITIS

trauma of handkerchief + diffuse dermatitis of vestibule + skin of vestibule of nose

red & swollen and tender + crusts and scales



13) STENOSIS AND ATRESIA OF NARES

14) JARJAWAY FRACTURE --> blow from the front

runs ant nasal spine --> horizontally & backward --> junction of septal cartilage and vomer

15) CHEVALLET FRACTURE OF SEPTUM --> blow from below

runs vertically from ant nasal spine --> junction of bony and cartilaginous dorsum

16) DNS

nasal obstruction (UNI/BI) + sinusitis (OSTIA HINDERED) + headache (MAINLY IN SPUR) + epistaxis (SPUR) + middle ear infection + external deformity + sleep apnea + Anosmia

17) SEPTAL HEMATOMA

Bilateral Nasal Obstruction + frontal headache and sense of pressure over nasal bridge ... rounded swelling of septum in both nasal fossae + soft and fluctuant on palpation

18) SEPTAL ABSCESS

Bilateral Nasal Obstruction + Pain and tenderness over bridge of Nose + red/swollen skin + bilateral swelling of nasal septum + fluctuation + submandibular nodes enlarged

19) PERFORATION OF NASAL SEPTUM

Small = whistling sound on inspiration & expiration

Large = crusts leading to nasal obstruction & epistaxis

20) ACUTE VIRAL RHINITIS

History + blood stained foul smelling unilateral discharge + opacity in radiograph

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28) RHINOLITH --> Stone formation in nasal cavity

blood stained foul smelling unilateral discharge + mucosal ulceration + frank epistaxis + Greenish-Black mass with irregular feel that may break when manipulated

29) NASAL SYNECHIAE --> Adhesion b/w nasal septum and turbinates by scar tissue secondary to any intranasal operation/procedure or infections

obstruction + sinusitis + headache + discharge

30) NASAL MYIASIS (MAGGOTS)

3-4 days = irritation, sneezing, lacrimation, headache, blood stained discharge, puffy eyelids, epistaxis, maggots crawl out of the nose

Later = destruction of nose, sinuses, face soft tissues, palate, eyeball --> fistula formation and death due to meningitis

31) CHOANAL ATRESIA --> due to persistence of bucconasal membrane

unilateral* or bilateral nasal obstruction leading to mouth breathing + mucoid discharge with no air bubbles

32) CSF RHINORRHEA --> Leakage of CSF into nose

secondary to nose blowing, coughing, stool straining, weight lifting, stress, trauma, neoplasms

watery discharge on bending head that is more in the morning + cannot be sniffed back + stiffens handkerchief + double target sign

33) ALLERGIC RHINITIS

Seasonal = paroxysmal sneezing (10-20 sneezes a time) + nasal obstruction + watery nasal

discharge + itching in nose & eyes + lacrimation

Burning sensation at back of nose -> nasal stuffiness, rhinorrhea & sneezing + low grade fever

21) ACUTE BACTERIAL RHINITIS

grayish white tenacious membrane may form in nose -> attempted removal causes bleeding

22) CHRONIC SIMPLE RHINITIS

nasal obstruction + thick sticky nasal discharge and post nasal drip + thick turbinates that pit on pressure + shrinkage with vasomotor drug + post nasal discharge

23) HYPERTROPHIC RHINITIS--> Thickening of mucosa, submucosa, seromucinous glands, periosteum and bone---- mostly on turbinates

nasal obstruction + sticky discharge + headache/heaviness of head

24) ATROPHIC RHINITIS (OZAENA) --> opaque on Xray

females + puberty + merciful anosmia + bilateral nasal obstruction + epistaxis + greenish/grayish black dry crusts + posterior wall of pharynx can be seen + atrophic laryngitis (hoarseness) + hearing impairment + small under developed sinuses

25) RHINITIS SICCA --> ant 1/3rd of nose esp. septum

crust forming disease + hot dry environment + Squamous metaplasia of ciliated columnar epithelium

26) RHINITIS CASEOSA

unilateral nasal obstruction + offensive purulent discharge + granulomatous sinus mucosa + cheesy material

27) FOREIGN BODIES --> May be Organic or Inorganic

Perennial = frequent colds + persistently stuffed nose + anosmia + post-nasal drip + hearing impairment

34) VASOMOTOR RHINITIS

Bouts of sneezing start just after getting out of bed in the morning + rhinorrhea + obstruction (at night mostly) + postnasal drip

35) RHINITIS MEDICAMENTOSA --> due to topical decongestant nasal drops that cause this rebound phenomena

36) ETHMOIDAL POLYP

allergy/multifactorial + nasal stuffing + total nasal obstruction + watery

discharge + pale, glistening grape like i.e smooth multiple bilateral masses + insensitive to probe + do not bleed on touch

37) ANTROCHOANAL POLYP (KILLIAN'S POLYP) --> DUE TO infection

usually unilateral nasal obstruction + thick dull voice + mucoid nasal discharge + Anterior rhinoscopy (nothing/grayish mass with nasal discharge/ protruded pinkish mass) + posterior rhinoscopy (stalked globular mass filling choana or nasopharynx)

38) FRACTURES OF UPPER THIRD

FRONTAL SINUS

a) Ant. Wall --> depressed/comminuted

b) Post. Wall --> accompanied by dural tears, brain injuries, CSF Rhinorrhea

c) Nasofrontal duct --> Causes sinus obstruction and mucocoele

SUPRAORBITAL RIDGE

blackeye + proptosis + eyebrow flattening

FRONTAL BONE --> depressed/linear

39) FRACTURES OF MIDDLE THIRD

NASAL BONE AND SEPTUM

a) Depressed (Open Book fracture) --> frontal blow

b) Angulated --> deviation of nasal bridge

NASOORBITAL FRACTURES

Direct force over nasion

telecanthus + pug nose + ecchymosis + orbital hematoma + CSF leakage + Eye ball displacement

ZYGOMA (TRIPOD FRACTURE)

malar prominence flattened + step deformity of infraorbital margin

trismus + oblique palpebral fissure + restricted eye movements + diplopia

ZYGOMATIC ARCH

Breaks into 2 fragments

3 fracture lines

trismus + local pain on talking and chewing

ORBITAL FLOOR

ASSOCIATED WITH ZYGOMATIC AND Le-fort II FRACTURES

if large blunt object strikes globe



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black eye+ enopthalmos+ diplopia+ hypoaesthesia of cheek

*TEAR DROP OPACITY

MAXILLA

Le-Fort I (transverse)

Le-Fort II (pyramidal)

Le-Fort III (craniofacial dysfunction)

40) FRACTURES OF LOWER THIRD -> Mainly mandible

41) RHINOSCLEROMA (klebsiella rhinoscleromatis/ Frisch bacillus)

3 stages

Atrophic (foul smelling nasal discharge & crusts)

Granulomatous (woody feel of nose & lip + painless non-ulcerative nodules)

Cicatrical (stenosis of nares) miculicz cells + russel bodies

42) SYPHILIS

primary chancre --> simple rhinitis with crusting & fissuring -> gumma of nasal septum -> saddle nose deformity

43) TB--> Anterior part of nasal septum & Anterior end of inferior turbinate

44) LUPUS VULGARIS (low grade tuberculous infection) --> Apple-jelly nodules

45) RHINOSPORIDIOSIS--> acquired via contaminated water

chronic granulomatous disease + rhinosporidium seeberi + leafy polypoid mass pink-purple in color

and attached to nasal septum or lateral wall. Vascular + bleeds on touch + white dots representing sporangia of fungus....nasal discharge (blood tinged) + nasal stuffiness / frank epistaxis

46) MUCORMYCOSIS --> **diabetic + immunocompromised individuals**

black necrotic mass filling the nasal cavity & eroding septum & hard palate.

47) WEGENER'S GRANULOMATOSIS

nasal discharge (clear/blood tinged-> purulent) + septal perforation + saddle nose + migratory Arthralgia
+ involvement of lungs + involvement of kidneys

Regards

Ahmad Hassan

RMC (BATCH 39)

AHMAD HASSAN RMC - MEDCOM
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EAR D/D AND QUICK REVIEW

1) CONDUCTIVE HEARING LOSS

any disease process that interferes with conduction of sound from external ear to stapediovestibular joint
ext ear (obstruction, polyp) .. tympanic membrane (perforation) .. ossicles (fixation/disruption) ...
middle ear cavity (fluid) ... eustachian tube (blockage)

2) SENSORINEURAL HEARING LOSS

Sensory --> lesions of the cochlea

Neural --> lesions of VIII-nerve (peripheral) or central auditory connections (central)

3) MIXED HEARING LOSS --> otosclerosis and CSOM

elements of both sensory (impairment of bone conduction) and neural (air-bone gap indicates it)
hearing loss present

4) TUNING FORK TESTS

A) RINNE'S --> to assess air and bone conduction (normally AC > BC)

if AC > BC = normal/sensorineural hearing loss, if AC < BC (negative test i.e. conductive hearing loss)

B) WEBBER'S --> Place on vertex and ask for laterality

normally = not lateralized

lateralized towards affected ear in conductive and unaffected ear in sensorineural hearing loss

C) ABC --> Measure of Cochlear Function

reduced in SN deafness, Normal in unaffected/conductive deafness

D) SCHWABACH'S

reduced in SN and lengthened in Conductive

5) SPEECH DISCRIMINATION SCORE (SD SCORE)

90-100% (Normal) ... 76-88% (slight difficulty) ... 60-74% (moderate difficulty) ... 40-58% (poor) ... <40% (Very Poor)

6) DISORDERS OF VESTIBULAR SYSTEM

PERIPHERAL --> Involves vestibular end organs and first order neurons

Central --> Involve CNS after entrance of vestibular nerve in brainstem

7) MENIERE'S DISEASES (Endolymphatic hydrops)

Episodic Vertigo + Fluctuating Hearing loss (progressive) + Aural Fullness + Tinnitus (hissing sound)

8) BENIGN PAROXYSMAL POSITIONAL VERTIGO (BPPV) --> due to disorder of posterior SCC (head trauma , infection)

Vertigo when head is placed in a certain critical position but no hearing loss + no neurological symptoms
diagnosed by typical history and hallpike manoeuvre
treated by EPLEY'S manoeuvre

9) VESTIBULAR NEURONITIS --> Virus that attacks vestibular ganglions

sudden vertigo with no cochlear symptoms

10) LABYRINTHITIS

transient vertigo often induced by pressure on tragus + diagnosed by fistula test spontaneous nystagmus

quick component towards diseased ear = diffuse serous labyrinthitis

quick component towards healthy ear = diffuse suppurative labyrinthitis

11) SYPHILLIS OF INNER EAR

sensorineural hearing loss + dizziness

MIMICS menier's disease but has positive HENEBERT'S SIGN (positive fistula test in presence of intact tympanic membrane)

12) VENTROBASILAR INSUFFICIENCY --> Common cause of central vertigo in patients over age of 50 years + atherosclerosis + transient ischemia

abrupt vertigo lasting several minutes + nausea and vomiting + drop attacks + visual disturbances + hemipareses

13) POSTERIOINFERIOR CEREBELLAR ARTERY (PICA) SYNDROME (WALLENBERG SYNDROME)

thrombosis of PICA --> cuts off blood supply to lateral medullary area

violent vertigo + diplopia, dysphagia, hoarseness and horner syn + sensory loss on ipsilateral side of face & contralateral side of body + ataxia + horizontal or rotatory nystagmus

14) BASILAR MIGRAINE --> unilateral throbbing occipital headache + adolescent girls + family + menstrual history

15) MULTIPLE SCLEROSIS

demyelinating disease + young adults + vertigo + dizziness + paresthesias + dysarthria + blurring or loss of vision + ataxia + Spontaneous nystagmus + acquired pendular nystagmus + dissociated nystagmus + vertical upbeat nystagmus

16) CERVICAL VERTIGO --> AFTER INJURIES OF NECK 7-10 DAYS AFTER ACCIDENT

tenderness neck + spasm of cervical muscles

17) OCULAR VERTIGO

acute extra ocular muscle paresis or high errors of refraction

18) PSYCHOGENIC VERTIGO

anxiety related symptoms + floating/swimming sensation + lightheadedness + no nystagmus + no hearing loss + exaggerated response to the caloric test

19) ANOTIA --> Absence of pinna and lobule (first arch syndrome)

20) MICROTIA (PEANUT EAR) --> hearing loss ... associated with disorders of middle and ext ear

21) MACROTIA --> large pinna

22) BAT EAR (PROTRUDING EAR) --> large concha with underdeveloped antihelix and scapha. .surgically treated before 6 years of age

23) CUP/LOP EAR --> upper portion of helix is cupped

24) CRYPTOTIA/POCKET EAR --> Upper third of auricle embedded under the scalp skin

25) COLOBOMA --> Cleft in pinna

26) DARWIN'S TUBERCLE --> Tubercle on upper part of helix

27) STAHL'S EAR --> Flat helix and duplicated anti helix ... surgery in first 6 weeks of life

28) PREAURICULAR PIT/SINUS --> due to incomplete fusion of tubercles a depression in front of helix or just above tragus ... may be infected leading to abscess that is treated by surgical excision of the track

29) HEMATOMA OF AURICLE (BOXER/RUGBY/CAULIFLOWER EAR) --> Blunt trauma leads to Collection of blood b/w auricular cartilage and perichondrium ... if infected perichondritis

treatment = aspiration of hematoma under aseptic conditions (if fails then incise and drain)

30) LACERATIONS OF EXTERNAL EAR

Perichondrium stitched with adsorbable and skin with non adsorbable sutures + broad spectrum antibiotics for 1 week

31) AVULSION --> complete /partial

32) FROSTBITE --> Erythema, edema, bullae, necrosis of tissue

treatment is (RAAPAD): Rewarm, Analgesics, Antibiotics, AgNO₃, Debridement

33) PERICHONDritis --> Infections secondary to lacerations, avulsions, incisions

red hot painful pinna that feels stiff -> abscess -> necrosis of cartilage

treatment: antibiotics + 4% aluminium acetate compresses + place catheter for antibiotic administration

34) RELAPSING PERICHONDritis --> Autoimmune

entire auricle except lobule becomes tender & inflamed. + stenosis of EAC

35) CHONDRODERMATITIS NODULARIS CHRONICA HELICIS

men + 50 yr + painful nodules near free border of helix + tender + inability to sleep on affected side

36) COLLAURAL FISTULA --> abnormality of first branchial cleft + one opening below & behind angle of mandible & second in external canal/ middle ear

Fistula traverses through parotid in close relation to the facial nerve

37) FURUNCLE (LOCALISED ACUTE OTITIS EXTERNA) --> Staph infection of the hair follicle

only in cartilaginous part + severe pain & tenderness out of proportion to size of furuncle + painful movements of pinna & jaw. + enlarged tender periauricular lymph nodes + in case of recurrent furuncles diabetes should be excluded & attention paid to nasal vestibules that may harbor staph

38) DIFFUSE OTITIS EXTERNA

diffuse inflammation of meatal skin + hot/humid climate + swimmers

Acute Phase = hot burning sensation in ear -> pain increasing with jaw movements -> ear discharge (serous -> thick, purulent), hearing loss, lymphadenopathy

Chronic Phase = irritation & strong desire to itch + scanty discharge -> crusts, meatal skin shows fissuring & meatal stenosis

39) OTOMYCOSIS

intense itching + discomfort/pain in ear + watery discharge with musty odor & ear blockage.

Aspergillus = black headed filamentous growth

fumigatus = pale blue/green

Candida = white/ creamy deposit + fungus likened to a wet filter paper

40) OTITIS EXTERNA HEMORRHAGICA

hemorrhagic bullae on tympanic membrane & deep meatus + influenza epidemics + pain in ear + blood stained discharge

41) HERPES ZOSTER OTICUS --> Vesicles on tympanic membrane, meatal skin, concha and postauricular groove ...VII and VIII nerve may be involved

42) MALIGNANT (NECROTIZING) OTITIS EXTERNA --> pseudomonas + diabetic/ immunocompromised

excruciating pain + granulations in ear canal + facial paralysis + multiple cranial nerve palsies...

severe otalgia in an elderly diabetic patient with granulation tissue in external ear at cartilaginous-bony junction should alert physician of malignant otitis externa

43) IMPACTED WAX OR CERUMEN = onset of symptoms when water enters ear canal + impaired hearing +

sense of blocked ear and aural fullness + tinnitus + giddiness + reflex cough + wax granuloma (long standing case)

44) RETRACTED TYMPANIC MEMBRANE --> Eustachian tube blockage

Dull lusterless + cone of light absent/interrupted + lateral process of malleus prominent,
handle of malleus shortened + ant & post malleolar folds sickle shaped

45) MYRINGITIS BULLOSA --> Hemorrhagic blebs on tympanic membrane and deep meatus caused by Mycoplasma Pneumoniae

46) MYRINGITIS GRANULOSA --> Non specific granulations on outer surface of tympanic membrane associated with impacted wax, foreign bodies or external ear infection

47) TYMPANOSCLEROSIS = chalky white plaque

48) TUBAL BLOCKAGE

AIR IS ABSORBED FROM MIDDLE EAR CAVITY THUS CREATING NEGATIVE PRESSURE, this leads to retraction of the tympanic membrane --> locking of the tube

otalgia + hearing loss + popping sensation + tinnitus + disturbances of equilibrium and even vertigo

49) PATULOUS EUSTACHIAN TUBE --> Abnormally patent eustachian tube

autophony + hears his own breath sounds + movements of tympanic membrane are seen with inspiration and expiration

50) ASOM --> it has 5 stages

a) Tubal occlusion = deafness + earache + retracted tympanic membrane (NO FEVER)

b) Presuppurative = increased deafness + earache + disturbed sleep + fever (child) + tinnitus

(adults) + cart-wheel appearance of tympanic membrane

c) Suppuration = very severe deafness + earache, children with fever and convulsions + red bulging tympanic membrane with loss of landmarks, yellow spot at area of immanent rupture

d) Resolution = decreased deafness + earache, blood tinged discharge that later becomes mucopurulent + no hyperemia of tympanic membrane

e) Complication = acute mastoiditis, subperiosteal abscess, labyrinthitis etc

51) ACUTE NECROTIZING OTITIS MEDIA

profuse otorrhea + other symptoms of ASOM, cholesteatoma on tympanic membrane

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otoscopy= red reflex with intact tympanic membrane + rising sun appearance + pulsation (brown) sign

b) When tumor presents as a polyp = hearing loss + tinnitus + profuse bleeding from ear + dizziness + vertigo + facial paralysis + otorrhea + red vascular polyp which bleeds readily
cranial nerve palsies= 9-12 CN affected

60) ACUOSTIC NEUROMA

(Vestibular schwannoma, Neurilemmoma, Eighth Nerve Tumor)

Benign encapsulated slow growing tumor of eighth cranial nerve

Cochleovestibular--> Progressive unilateral sensorineural hearing loss + tinnitus + difficulty in understanding speech + imbalance + unsteadiness

Vth --> earliest nerve (2.5 cm tumor size) , paraesthesias of face and reduced corneal sensitivity

VIIth --> Hitzelberger sign + loss of taste and decreased lacrimation

IX X --> dysphagia and hoarseness

Brainstem --> ataxia weakness and numbness

Cerebellum involvement

raised intra cranial tension leading to nausea vomiting diplopia papilledema and blurring of vision

Regards

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LARYNX D/D

1) LARYNGOTRACHEAL TRAUMA

Bruises over Skin + tenderness over pharyngeal area + Flattening of thyroid prominence + Fracture displacements + Bony crepitus + respiratory distress + hoarseness + painful swallowing and hemoptysis + subcutaneous emphysema and separation of cricoid from larynx/trachea

2) ACUTE LARYNGITIS

Hoarseness of voice + throat discomfort/pain particularly after talking + dry irritating cough that worsens at night

Early = erythema and edema of epiglottis, arytenoids, aryepiglottic folds and ventricular bands but vocal cords appear normal (white in colour though)

Later = edema and inflammation increase and vocal cords become red and swollen

Vocal abuse = Submucosal hemorrhages seen in vocal cords

3) ACUTE EPIGLOTTITIS

High grade fever + stridor + dysphagia + drooling of secretions + Thumb sign on lateral view + TOXIC look

4) LARYNGOTRACHEAL BRONCHITIS

Low grade fever + stridor (inspiratory) + croupy (barking) cough + Hoarseness + NON TOXIC look + Steeple sign on AP view of neck

5) LARYNGEAL DIPHTHERIA

Sore throat, malaise and low grade fever + Greyish white membrane on tonsil, pharynx and soft palate that when removed causes bleeding + bull neck appearance (cervical lymphadenopathy) + hoarseness + croupy (barking) cough

6) EDEMA OF LARYNX

Supra and subglottic regions (since laryngeal mucosa is loose) + airway obstruction + inspiratory stridor

7) CHRONIC LARYNGITIS

Constant hawking (patient clears throat again & again) + tired voice and person becomes aphonic by the end of the day + throat discomfort and cough + hyperemia of laryngeal structures + dull red rounded vocal cords + flecks of viscid mucous seen on vocal cords & interarytenoid region

8) REINKE'S EDEMA / POLYPOID DEGENERATION OF VOCAL CORDS

Vocal abuse and smoking

Low pitched and hoarse voice as patient uses false vocal cords for voice production + hyperaemic ventricular bands that hide the true cords + true vocal cords appear as fusiform swellings that are transparent

9) PACHYDERMA LARYNGIS

hoarseness + husky voice + throat irritation + heaping up of red/ grey granulation tissue in inter arytenoids & post part of vocal cords + contact ulcer + bilateral & symmetrical + no malignant change + forceful talking + GERD

10) ATROPHIC LARYNGITIS

Laryngeal mucosa atrophy (may show excoriation and bleeding) + crust formation that are foul smelling + mostly in women
Dry irritating cough + dyspnea due to obstructive crusts

11) TB LARYNX → effects posterior parts

weakness of voice + hoarseness + pain radiating to ears + SWALLOWING IS PAINFUL LEADING TO DYSPHAGIA + hyperemia of vocal cord + impairment of adduction + mouse nibbled appearance of vocal cords (ulceration) + TURBAN epiglottis (pseudodema of epiglottis)

12) LUPUS OF LARYNX → effects anterior parts

Lupus of nose and pharynx associated + complete destruction of epiglottis + NO PULMONARY TB

13) SYPHILLIS OF LARYNX → Gummas of tertiary stage

14) LEPROSY OF LARYNX

Associated with leprosy of skin and nose + diffuse nodular infiltration of epiglottis, aryepiglottic folds & arytenoids + laryngeal inlet deformity and stenosis

15) SCLEROMA OF LARYNX

Klebsiella rhinoscleromatis + smooth red swelling in subglottic region + hoarseness + dyspnea + wheezing

16) LARYNGEAL MYCOSIS

17) LARYNGOMALACIA → congenital that disappears by 2 years

Excessive flaccidity of supraglottic larynx that is sucked in during inspiration producing stridor that increases on crying and decreases if child is kept in a prone position + V shaped aryepiglottic folds

18) CONGENITAL VOCAL CORD PARALYSIS

19) CONGENITAL SUBGLOTTIC STENOSIS

Abnormal thickening / fibrosis of cricoid cartilage or vocal cords + normal cry + subglottic diameter less than 4mm in full term neonate (normal = 4.5-5.5mm) or 3 mm in premature neonate (normal = 3.5 mm) + asymptomatic + URTI causes dyspnea & stridor

20) LARYNGEAL WEB

INCOMPLETE RECANALIZATION OF LARYNX

web seen between vocal cords and has a concave posterior margin + airway obstruction and aphonia

21) SUBGLOTTIC HEMANGIOMA

Stridor + normal cry + associated cutaneous hemangiomas + crying increases airway obstruction thus showing reddish blue mass below the vocal cords

22) LARYNGOESOPHAGEAL CLEFT

3 Cs at time of feeding ... coughing choking & cyanosis
Repeated aspiration and pneumonitis

23) LARYNGOCELE

dilation of saccule + MAY BE INTERNAL EXTERNAL OR COMBINED + swelling which increases in size on coughing or Valsalva ..Swelling herniates through thyrohyoid membrane
common in trumpet players, glass blowers, weight lifters

24) LARYNGEAL CYST

bluish, fluid filled, smooth swelling in supra glottis larynx

25) UNILATERAL RECURRENT LARYNGEAL NERVE PARALYSIS → May be undetected in 1/3rd patients

median/paramedian position of vocal cord + bronchogenic Ca imp cause of left recurrent paralysis + change in voice that gradually improves due to compensation as the healthy cord crosses the midline to meet the paralyzed one

26) BILATERAL RECURRENT LARYNGEAL NERVE PARALYSIS

median/paramedian position of vocal cord + dyspnea + stridor + good voice
neuritis or thyroidectomy are imp causes

27) UNILATERAL SUPERIOR LARYNGEAL NERVE PARALYSIS

weak voice + pitch cannot be raised + occasional aspiration + askew position of glottis + shortening of cord with loss of tension, paralyzed cord appears wavy due to lack of tension + flapping of the paralyzed cord

28) BILATERAL SUPERIOR LARYNGEAL NERVE PARALYSIS

cough + choking fits because of inhalation of food and pharyngeal secretions

M.B.B.S

29) UNILATERAL COMBINED PARALYSIS (RECURRENT & SUPERIOR LARYNGEAL NERVE)

thyroid surgery is most common cause + cadaveric position of vocal cord i-e- 3.5 mm from midline + hoarseness + aspiration of liquids + cough is ineffective due to air waste

28) BILATERAL COMBINED PARALYSIS (RECURRENT & SUPERIOR LARYNGEAL NERVE)

aphonia + aspiration + inability to cough + bronchopneumonia

29) VOCAL/SINGER'S/SCREAMER'S NODULES

Hoarseness+ vocal fatigue + pain in the neck + soft, reddish, edematous swelling later become greyish or white in color typically formed at junction of anterior 1/3rd with post 2/3rd of vocal cords\

30) VOCAL POLYP

Due to vocal abuse or misuse , allergy or smoking
Soft smooth and pedunculated
Flops up and down the glottis during phonation and respiration
If large → dyspnea, choking, stridor, diplophonia

31) CONTACT ULCER/GRANULOMA

Hoarseness+ ulcers on vocal processes and mucosal congestion
Maybe due to GERD

32) INTUBATION GRANULOMA → due to rough intubation

33) LEUKOPLAKIA/KERATOSIS → WHITE Warty growth on upper part of cords but doesn't effect the mobility of cord

34) AMYLOID TUMOR

Amyloid deposits on vocal cords , False vocal cords, Sub Glottic Area & Trachea

35) JUVENILE PAPILLOMATOSIS (RESPIRATORY PAPILLOMATOSIS) → recurs

Hoarseness with stridor and respiratory difficulty
most common benign neoplasm of larynx in children+ HPV type 6 & 11

36) ADULT ONSET PAPILLOMA → doesn't recur

Less aggressive , arises from anterior half of vocal cord or anterior commissure

37)CA LARYNX

Tobacco,alcohol,cigarette smoke, previous radiation to neck , genetic factors , occupational exposure (asbestos , mustard, petroleum)

A) SUPRAGLOTTIC CARCINOMA

throat pain, dysphagia, referred pain in ear, mass of lymph nodes in neck , hoarseness (late symptom) ,weight loss, respiratory obstruction & halitosis.

B) GLOTTIC CARCINOMA

hoarseness of voice (early sign) ,stridor & laryngeal obstruction

C) SUBGLOTTIC CARCINOMA

stridor or laryngeal obstruction (earliest)
hoarseness (late feature)

38)DYSPHONIA PLICA VENTRICULARIS (VENTRICULAR DYSPHONIA)

voice produced by false cord(VENTRICLES)
rough, low-pitched and unpleasant voice

39)FUNCTIONAL APHONIA (HYSTERICAL APHONIA)

Emotionally labile females of 15-30 years
Due to sudden emotional or psychological trauma
sudden aphonia so communicates by whispering
vocal cords are seen in abducted position & fail to adduct on phonation but can be adducted on cough indicating normal function

40)PHONOASTHENIA

weakness of voice due to fatigue of phonatory muscles (thyroarytenoid & interarytenoid)
Weakness of thyroarytenoid= elliptical space between cords
Weakness of interarytenoid= triangular gap near posterior commissures
Weakness of thyroarytenoid & interarytenoid= key hole appearance of glottis

41)PUBERPHONIA (MUTATIONAL FALSETTO VOICE)

In emotionally immature boys, boys that feel insecure , that are overly attached/fixed to their mothers and they shun to assume male responsibilities psychologically
presence of childhood high pitched voice in adult males due to inability of cords to lengthen
gutzmann's pressure test→ press thyroid backward and downward .. produces low tone voice

42)HYPONASALITY (RHINOLALIA CLAUSA)

lack of nasal resonance (coryza,nasal polyp, adenoids etc)

43)HYPERNASALITY (RHINOLALIA APERTA)

more nasal resonance (cleft of soft palate, post adenoidectomy, oronasal fistula)

43)STUTTERING

disorder of fluency of speech + hesitation to start + repetitions + prolongation/blocks + facial grimacing + eye blink + abnormal head movement

44)DYSPHONIA

DUE TO SPASM OF LARYNGEAL MUSCLES

Adductor (thyroarytenoids) → strained voice

Abductor (post cricoarytenoid) → breathy voice

Mixed (both)

45) VEGETAL BRONCHITIS

edema & congestion of trachea-bronchial mucosa due to vegetable or foreign bodies like peanuts, beans, seeds that set up a diffuse reaction

46)FOREIGN BODY ASPIRATION

A)LARYNX → Complete obstruction leading to death or partial obstruction leading to respiratory difficulty, stridor, hoarseness and cough

B)TRACHEA → Choking, stridor, wheeze, cough, PALPATORY THUD*, AUDIBLE SLAP*

C)BRONCHI → TRIAD(cough, wheeze and diminished air entry in lungs) , respiratory distress , lung collapse, pneumonitis, bronchiectasis, emphysema, pneumonitis

Regards
Ahmad hassan
Batch 39
RMC

(Protected with trial version of Visual Watermark. Full version doesn't put this mark.)



EYE:

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*Convergent squint
(Congenital myopia, hypermetropia)

*Divergent squint
(Late age myopia)

*Aphakia is associated with hypermetropia

*Presbyopia
(Closed angle glaucoma)

*trachoma
(Arts line, herbert pits, pannus)

*horner tranta dots
(Spring cataract)

*bitot spots
(Vitamin A deficiency)

*myopic shift
(Senile nuclear cataract)

*sunflower/snow flake cataract
(Diabetes)

*pseudo rossette cataract
(Traumatic cataract)

*oil drop cataract
(Galactosemia)

*iridodonesis
(Subluxation of lens, aphakia, hypermature cortical cataract)

*boat shaped macular area
(Vitreous hemorrhage)

*high myopic/ cloud seen/fuch ring, weiss ring
(Vitreous detachment)

*keratoconus
(Munson sign, oil droplet reflex, scissor reflex, vogt line)

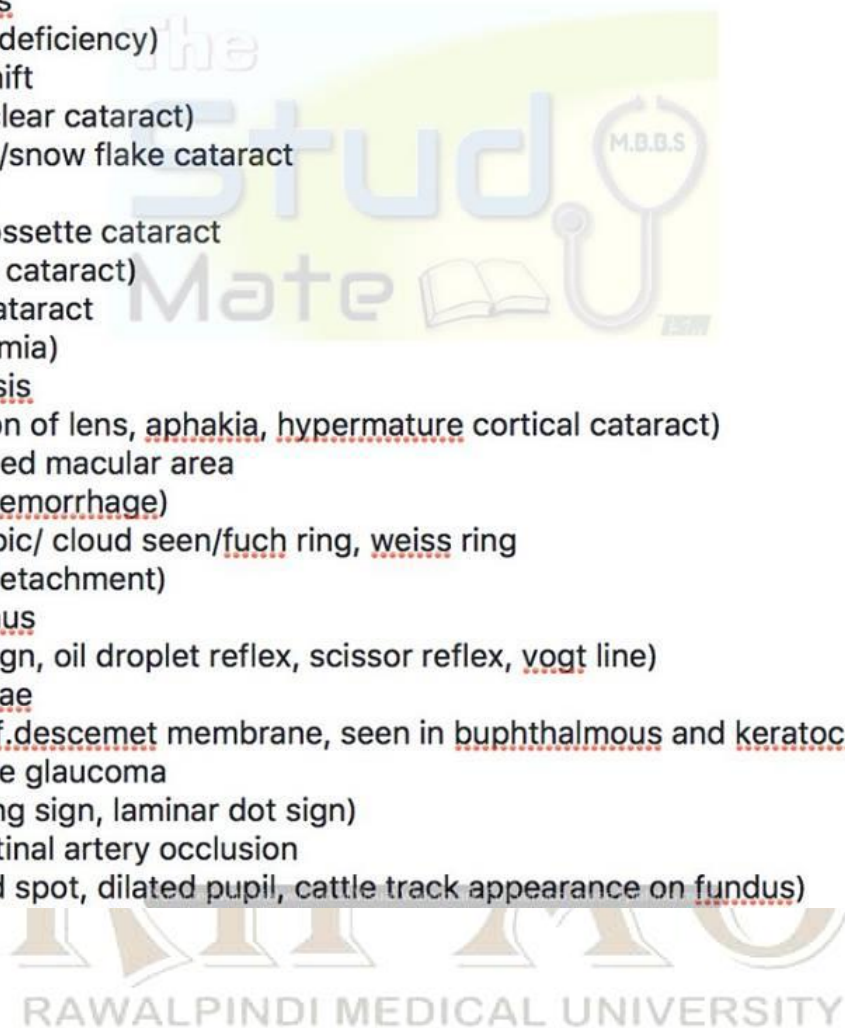
*haab's strae
(Rupture of descemet membrane, seen in buphthalmous and keratoconus)

*open angle glaucoma
(Bayonetting sign, laminar dot sign)

*central retinal artery occlusion
(Cherry red spot, dilated pupil, cattle track appearance on fundus)

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Don't remember who compiled it (had it saved with me)



*central retinal artery occlusion

(Cherry red spot, dilated pupil, cattle track appearance on fundus)

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*central retinal vein occlusion

(Tomato splash appearance, blood and thunder fundus flame shape hemorrhages)

*marcus gun sign

(Vein nipping when it is crossed by artery as in hypertensive retinopathy)

*marcus gun pupil

(Relative apparent pupillary defect >> retrobulbar neuritis)

*Marcus gun jaw winking phenomenon

(Ptosis with movements of jaw)

*enlargement of blind spot

(Papilledema)

*bulls eye (buphthalmous)

*bulls eye lesion (chloroquine amblyopia)

*stippling of lamina.cribrosa

(Primary & secondary optic atrophy)

*drusen of bruchment membrane

(Age related macular degeneration)

*drusen of optic nerve head

*macular edema

(Berlin edema on retina , mechanical injury to eye)

*enophthalmous & diplopia

(Blow.out fracture)

*pterygium

(Stocker line ,probe test negative)

*kayser fleischer ring

(Copper deposits in chalcosis)

*fleisher ring

(Iron deposits in keratoconus)

*hudson stahl line

(Old opacity iron deposits)

*ferry line

(Filtering bleb iron deposit)

*krukenberg spindle

(Pigmentary glaucoma, pigment dispersion syndrome)

*bells phenomenon

(Upward and outting.rolling of eye during sleep)

*hard stony eye (absolute glaucoma)

*100 day glaucoma (seen in central retinal vein occlusion)

*iris shadow test absent.in mature cataract

*descemetocoele

(Herniated descemet membrane)

*Leucocoria

(Cingenital cataract, retinoblastoma, coat disease, retro lental fibroplasia, corneal scarring, pseudogliomas)

*night blindness

(Vit A deficiency, retinitis pigmentosa, cirrhosis)

*day blindness/hemereleopia

(Cupuliform cataract,)

*water drinking test

(Open angle glaucoma)

*schirmer test/tear film break up time>>> xerosis)

*lagophthalmous

(Facial nerve palsy ,paralysis of orbicularis oculi)

*ptosis

(3rd nerve palsy, weber syndrome, horner syndrome, mal development of levator muscle myshthenia gravis)

OPHTHOMOLOGY CASE KEY WORDS**TABLE OF SPECIFICATION**

RETINA :- (7 MCQS + 2SEQS)
 OPTIC NERVE :- (2 MCQS + 1SEQ)
 SQUINT :- (3MCQS + 1SEQS)
 EYE LIDS :- (2MCQS + 1SEQ)
 ORBIT :- (2MCQS + 1 SEQ)
 CORNEA :- (4 MCQS + 1SEQ)
 CONJUCTIVA :- (2MCQS + 1 EQ)
 LENS :- (4 MCQS + 1SEQ)

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ANATOMY, PHYSIOLOGY, UVEAL TRACT, GLAUCOMA = 3+3+3+4 = 13 MCQS

LACRIMAL APPRATUS AND ERRORS OF REFRACTION = 3+3=6 MCQS

(TOS ,, is no more applicable after 2007 but due to clinical importance
 of these topics , HODS still concentrate on this pattern)

1-RETINA :- (7 MCQS + 2 SEQs)**University Questions**

- A- Central Retina Artery Occlusion
- B- Central Retinal Vein Occlusion
- C- Diabetic Retinopathy
- D- Retinitis Pigmentosa
- E- Retinoblastoma
- F- Retinal Detachment

A- Central Retina Artery Occlusion :-

Sudden, complete and permanant loss of vision ,
 Cherry Red spots , Cattle-Truck Appearance ,
 RETINA- Opaque & Milky white

B- Central Retinal Vein Occlusion :-

Sudden onset of impaired vision , Neo-vascularization ,
 Tomato Splash Appearance , Blood & Thunder Fundus

C- Diabetic Retinopathy :-

Back ground RP :- Micro-Aneurysm , Dot-Blot Haemorrhage ,
 Hard Exudate , Ischemic Maculopathy

Pre-Proliferative RP :- Cotton wool and Soft Exudate

Proliferative RP :- Neo-vascularization , Retinal detachment
 & Vitreous haemorrhage

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D- Retinitis Pigmentosa :-

Night Blindness , Small Tubular Vision ,
Fundus - Jet Black Pigmentation , Dark adaptations
Optic Disc - Pale - Wax Like Yellow Appearance ,

E- Retinoblastoma :-

Infants , Leucocoria , Amaurotic Cat Eye , Convergent squint ,
Severe Pain Due to Rises IOP. Enlargement of Globe ,
Increased LDH + PGI (phospho-glucose isomerase) ,
Calcification 75% on Plain X-RAY orbit

F- Retinal Detachment :-

Retinal Hole or Tear , Neoplasm , Transient Flashes of Light ,
Distortion of Objects , Cloud or Shadow in Front of Eye ,
Dimness , Detached Retina will be Greyish White

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2- OPTIC NERVE :- (2 MCQS + 1 SEQ)

University questions

- A- Pappilo-edema
- B- Optic Neuritis
- C- Optic Atrophy

A- Pappilo-edema :-

Choked Disc , Nerve Fibre Swollen , Raised IOP ,
Venus Stasis , Headache , Cough , Sneezing , Macular Star ,
Projectile Vomiting , Blurred Disc Margin , Fundus - Cotton-Wool ,
Soft Exudate and Flame Shaped & Punctate Haemorrhage

B- Optic Neuritis :- (Pappilitis)

ETIOLOGY (HELP SUMIR)

Herpes Zoster . Encephelitis . Lobers Disease . Poliomyelitis
Septic Foci . Uveitis . Meningitis . Infection . Retinitis

KEY WORDS

Often Unilateral , Sudden Onset & Rapid Loss Of Vision ,
Profound Visual loss , Hyperemic Disc with Blurred Margin ,
Peri-Vascular Sheathing & Pigmentation

C- Optic Atrophy :-

Pallor Of Optic Disc , Loss Of Visual Acuity ,
Defects IN Visual Field , Stipling Of Lamina Cribrosa .

3- SQUINT :- (3MCQS + 1 SEQ)

A-NERVE SUPPLY OF EXTRA-OCULAR MUSCLES OF EYE (LR-6 , SO-4 , AO-3)

Lateral Rectus -6 (Abducent Nerve)

Superior Oblique -4 (Trochlear Nerve)

All Others -3 (Oculomotor Nerve)

B-CLASSIFICATION OF SQUINT (Page-382 Complete)

C-DIFFERENCE B/W PARALYTIC AND NON- COMITTANT SQUINT
(Page-398)

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4-EYE LIDS :- (1SEQ + 2MCQS)

Definations and Figures Are Very Important

Squamous Blepharitis vs Ulcerative Blepharitis (Page-406 Table)

Sty, Chalazion and Internal Hordeolum (Page-409 Table)

Entropion and Trichiasis Have Same Signs :-

Photophobia, Ciliary Congestion,

Superficial Corneal Opacities

Ectropion :-

Constant Watering Of The Eye , Corneal Ulcerations

5- ORBIT :- (2MCQS + 1 SEQ)

A- ORBITAL CELLULITIS :-

Excruciating Pain Severe On Movements , Fever

Diplopia, Swollen+congested Lids & Conjunctiva

B- EXOPHTHALMOS/PROPTOSIS :-

Classification (Page-442) and Signs at (Page-445)

6- GLAUCOMA :- (4 MCQS) . some time a SEQ.

A-Formation and Distribution Of Aqueous Humour

B-Classification Of Glaucoma

C- Acute Primary Angle Closure Glaucoma vs

D-Primary Open Angle Glaucoma (Table at Page-290)

7- CONJUCTIVA :- (2MCQS + 1 SEQ)**University Questions :-**

- A- Acute Muco-purulent Conjunctivitis
- B- Purulent Conjunctivitis
- C- Ophthalmia Neonatorum
- D- Follicular Conjunctivitis
- E- Trachoma
- F- Spring Catarrha
- G- Pterygium

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A- Acute Muco-Purulent Conjunctivitis :-

Pink, Red Eye, F.B. Sensation
Lids stuck in the Morning when Pt. woke up

B- Purulent Conjunctivitis :-

Swollen Lids & Conjunctiva – First affects the Right Side.
Pus Discharge, Infection OF Genitalia And Urethritis Can present

C- Ophthalmia Neonatorum :-

In New Born babies, Any Discharge in First week, Bright Red,
Swollen and Congeested Conjunctiva which will pour Yellow Pus.
late- conjunctiva will become Puckered and Valvety, Sticking Lids.

D- Follicular Conjunctivitis :-

FB. Sensation, Slight Discomfort and Mild Irritation,
Multiple Follicles in the Lower Fornix NO-SCARRING

E- Trachoma :-

FB.Sensation, Frequent Blinking, Star-Shaped Scarring,
Multiple Follicles in the Lower fornices,
Palpebral & Bulbar Conjunctiva, Plica

F- Spring Catarrha :-

Bilateral and Recurrent, burning and FB sensation,
Photophobia, Lacrimation, White Ropy Discharge,
Cobble-Stone Appearance of Pappillae,
Multiple Nodules All Over The Bulbar Conjunctiva.
Chalky-White Superficial Spots.

G- Pterygium :-

Mostly Bilateral, Triangular Sheath,
Vision Impairment, Numerous Small Opacities (STOCKERS LINE)

8- LENS :- (1SEQ + 4 MCQS)

Classifications of Cataract.V.IMP
Complications of Cataract surgery . V.IMP
Common Causes Of Gradual Loss Of Vision .(Page-221)
Signs of Cataract (Page-220)

A-SENILE CORTICAL CATRAC

Incipient Cataract :

Weged Shaped – Spoke like Opacities ,
Photophobia , Colour Halos+

Intumesnt Cataract:

Shallow Anterior Chamber , Colour Halos +
Phaco-Morphic Glaucoma type, Swollen Lens

IMMATURE CATARACT = (Incipient Cataract + Intumesnt Cataract)

Mature Cataract :-

Entire Cortex Opaque , Swelling Subside

Hyper-Mature Cataract :-

Fluid Milky Cortex , Brownish Nucleus Sinks Down By Gravity ,
Phaco-Lytic Glaucoma , Subluxation Of Lens

Cupliform Cataract :-

Marked Impairment of Vision , ncreased glare ,
Loss of Ability to See Objects in Bright SunLight

B-SENILE NUCLEAR CATARACT :-

Brown Pigmentation , Increased Ca. Myopic Shift
Concentration , Blackened Pupillary Light Reflex

C-DIABETIC CATARACT:-

Sorbitol Accomulation , Fluid Vacuoles ,
Numerous Snow Flaks Over Cortex,

D-GALACTOSAEMIA:-

Oil Drop Cataract Inability to Metabolize Galactose

E-TRAUMATIC CATARACT:-

Rosete-shaped Appearance over Post Cortex
Gradual Loss Of Vision. Black Spots Before Eyes.
Uni-Ocular Diplopia/Polyopia
Colour Value Changes , Central Opacities

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Remember us in your prayers ☺

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Regards

RIFA O Team