

Case № 1

Two weeks before admission to the hospital the patient developed pain in the right ear, temperature was 39°, headache. After 2 days a purulent discharge appeared from the ear. The patient's condition improved. Previously, there was no suppuration from the ear. 2 days ago the pain in the ear intensified, the amount of purulent discharge increased, and swelling appeared in the ear region.

During otoscopy: mucopurulent discharge in the right auditory canal, the tympanic membrane is hyperemic, a pulsating reflex is visible in the posterior inferior quadrant, overhanging of the posterior-upper wall of the bone section of the auditory canal.

Diagnose the case, prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 2

A 30-year-old man came to the ENT with complaints of constant itching in the external auditory canals, a sensation of a foreign body, and a slight hearing loss in both ears. Sick for 2 years, the disease periodically worsens.

During otoscopy: the skin of the ear canals is slightly hyperemic, infiltrated. In the membranous-cartilaginous sections there are multiple coarsened scales of the desquamated epidermis; on the skin of the bone sections multiple green threads are clearly visible. The eardrums are slightly hyperemic, infiltrated, covered with films that look like wet blotting paper.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

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Case № 3

A 19-year-old patient was admitted to the ENT department with complaints of severe pain in the right ear and behind the ear, fever, chills, headache, hearing loss in the right ear. Sick for 10 days.

Objectively: the child's condition is moderate. Temperature 38.3°C. The right auricle is bulging, the skin behind the ear is slightly hyperemic, infiltrated, edematous, fluctuation is palpated. The overhang of the upper-posterior wall of the bone section of the right auditory canal is determined. The tympanic membrane is hyperemic, infiltrated, identification points are not differentiated.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

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Case № 4

In a patient with acute otitis media on the 15th day after the onset of the disease, on the X-ray of the temporal bone in the Schüller laying in the area of the mastoid process, a significant enlightenment is determined, at the bottom of which the remains of rarefied partitions between the pneumatic cells are traced.

What disease is this x-ray picture typical for?

Head of the department, Doctor of Medicine

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Case № 5

Patient K., aged 27, came to an ENT doctor. Complaints: discharge from the right ear, pain in it, hearing loss.

From the anamnesis it was established that he fell ill 2 days ago after bathing in cold water. There was a sharp pain in the right ear, could not sleep at night. After applying a compress and introducing drops of camphor oil the pain somewhat decreased. Didn't go to the doctor.

That morning he saw that a purulent discharge appeared from the ear, the pain decreased, but the hearing remained reduced.

Objectively: the area of the mastoid process and the auricle are not changed, there is mucopurulent discharge in the external auditory canal. After the washing the ear a hyperemic, edematous, tympanic membrane without identification points is determined in the posterior-lower quadrant of which a perforation is visible, purulent discharge enters through the perforation.

Diagnose the case. Prescribe treatment.

Head of the department, Doctor of Medicine

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«23» May, 2023, record N5

Case № 6

Patient K., aged 24, complains of pain in the left ear, swelling and soreness in the left ear, hearing loss, headache, and general weakness.

From the anamnesis it is known that 4 days ago, after hypothermia, shooting pain in the left ear increased at night. In the following days the pain intensified, the temperature rose to 38 ° C, and her health deteriorated sharply.

Objectively: the skin of the mastoid process is hyperemic, pasty, soft tissues are infiltrated, there is sharp pain on palpation.

Otoscopy: narrowing of the bony part of the external auditory canal due to the omission of the posterior superior wall, the tympanic membrane is hyperemic, edematous, there are no identification points.

Diagnose the case. Prescribe treatment.

Head of the department, Doctor of Medicine

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Case № 7

Patient N., 29 years old, was delivered by ambulance to the ENT department in critical condition with complaints of excruciating headache, aggravated by noise, light, nausea, and repeated vomiting. 5 days ago the left ear was acutely ill, he notes hearing loss.

Objectively: the child's position is forced (bent legs and head thrown back), the face is pale, suffering. Sometimes there is excitement, increased irritability. There is stiff neck, positive symptoms of Kerning, Brudzinsky. Pathological reflexes of Gordon, Babinsky are revealed.

Otoscopy: severe hyperemia and swelling of the tympanic membrane on the left, identification points are not determined. On the right the tympanic membrane is not changed.

Blood test: HB - 16.2 g%, erythrocytes - 4500000, leukocytes - 16000, eosinophils - 0, basophils - 1. stab - 3, segmented - 67, lymphocytes - 23, monocytes - 6, ROE - 56 mm h.

A spinal puncture was performed: the fluid was turbid, the pressure was 400 mm of water column, cytos of 2000 cells due to polynuclear cells, protein - 2.5%, sugar - 400 mg, chlorides - 400 mg, staphylococcus aureus was sown.

Diagnose the case. Prescribe treatment.

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Case № 8

Patient F., 24 years old, was delivered to the ENT department as an emergency with complaints of headache on the right side, purulent discharge from the ear, hearing loss, severe chills, repeated up to 2-3 times during the last two days.

From the anamnesis it was found out that suppuration from the ear occurred at the age of 12.

Objectively: the patient's general condition is of moderate severity, consciousness is preserved, contact is easy.

Otосcopy shows a marginal perforation of the tympanic membrane in the posterior superior quadrant, granulations, whitish masses, and purulent discharge with an odor are determined in the tympanic cavity. The rest of the tympanic membrane is hyperemic. Pain is noted when pressing the mastoid process and along the vascular bundle under the anterior edge of the sternocleidomastoid muscle. The temperature fluctuates during the day from 35.5 ° C to 40.6 ° C, and the rise in temperature is accompanied by chills, and the fall in temperature is accompanied by cold drenching sweat. Metastatic thrombophlebitis was found in the right popliteal fossa.

Blood dialysis: HB-15.2 g / l, erythrocytes-5100000, leukocytes-15700, basophils-2, eosinophils-5, young-2, stab-3, segmented-56, lymphocytes-22, monocytes-10, ROE-47mm hour. Diagnose the case. Prescribe treatment.

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Case № 9

Patient F., 54 years old. Complaints of severe pain in the left ear, hearing loss, fever, headache. She fell ill the night before, there was a severe shooting pain in the ear, which somewhat decreased after taking analgen and applying a warm bandage.

Objectively: the area of the mastoid process and the auricle on the left are not changed, the external auditory canal is wide, clean, the tympanic membrane is sharply hyperemic, protruding in the posterior upper quadrant, identification points are not determined.

Diagnose the case. Prescribe treatment.

Head of the department, Doctor of Medicine

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Case № 10

Patient K., 26 years old, came to an ENT doctor with complaints of dizziness, nausea, vomiting, imbalance. Dizziness is expressed in the sensation of rotation of surrounding objects. With sharp turns of the head and tilts of the body these symptoms are somewhat intensified. From the anamnesis it was found out that the patient had been suffering from a disease of the left ear for about 10 years. Periodically observed purulent discharge from the ear with an unpleasant odor.

A spontaneous III degree horizontal small-sweeping nystagmus to the right is revealed.

Otoscopy: in the external auditory canal on the left there is a purulent discharge with a pungent odor, upon removal of which a marginal perforation of the tympanic membrane is visible with a passage to the attic. Granulations and whitish masses are also determined here. On the X-ray of the temporal bones according to Schüller and Mayer bone melting in the region of the antrum on the left is visible.

Diagnose the case and prescribe treatment.

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Case № 11

Patient M., 16 years old, complains of hearing loss in the left ear. From the anamnesis it is known that the left ear fell ill 5 years ago after an exposure to cold, a purulent discharge appeared which did not stop for a long time. He was in the hospital for about a month - he was given antibiotics. About a year later the disease recurred. For the past two years he began to notice that he hears worse in his left ear.

Objectively: the right tympanic membrane is not changed, identification points are well expressed. The left tympanic membrane is retracted, cicatricial - changed, thickened, whitish plaques on its inner surface.

Right ear	Audiometry	Left ear
-	Subjective noise	Low tone
6 meters	Whispered speech	2 meters
6 meters	Normal speech	4 meters
6 meters	Loud speech	6 meters
-	Sound lateralization	-
+	Bone ratio	-
19	Bone conduction norm C128	22
38		15
60	C 2048-60	30

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Case № 12

A 29-year-old patient suffering from left-sided chronic purulent mesoepithympanitis developed a severe headache, especially in the occipital region, nausea, vomiting, and gait disturbance.

Objectively: the general condition is severe. Temperature 38.4°C. Adiadochokinesis. Missing with a finger-nose test. Large-scale horizontal nystagmus to the left. On the left in the ear canal there is mucopurulent discharge. The tympanic membrane is hyperemic, the posterior - upper part of the tympanic membrane is destroyed. In the attic there are cholesteatoma masses. The area of the mastoid process is not changed, painless. On the X-ray of the temporal bones according to Schüller and Mayer there is destruction of the upper wall of the attic.

The fundus of the eye: the vessels are plethoric, tortuous. Lumbar puncture: cerebrospinal fluid flows out under pressure, clear. Cellular elements 15/3.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

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«23» May, 2023, record N5

Case №. 13

A 20-year-old patient was delivered to the ENT department in serious condition, temperature 39.2°C, constant headache. Suffering from bilateral chronic otitis since childhood. Exacerbation happens periodically. The patient in bed lies on his side, in the position of a "pointing dog" (head thrown back, legs bent at the knees and pressed to the stomach), eyes closed, groaning. Rigidity of the occipital muscles, Kernig's symptom is determined. Lumbar puncture: the fluid flows out in a jet, turbid, pronounced pleocytosis. Positive reaction of Nonne-Apelt and Pandey. The content of sugar and chloride in the blood is reduced.

What is the diagnosis? Your actions?

Head of the department, Doctor of Medicine

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Case № 14

Determine the type of hearing loss according to the following data

AD	TESTS	AS
0	Subjective noise	+
6 m	Whispered speech	At the auricle
> 6 m	Normal speech	2m
Muted	"Scream" with a ratchet	+
115s	C128 in (norm 120)	185s
50 s	C128 to (norm 60 s)	-
45s	s2048 in (norm 50	20s

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Case № 15

Determine the type of hearing loss according to the following data

AD	TESTS	AS
+	Subjective noise	0
1,5m	Whispered speech	6 m
4,5m	Normal speech	>6m
+	"Scream" with a ratchet	muted
50s	C128 in (norm 120)	120 s
70 s	C128 to (norm 60 s)	-
35s	s2048 in (norm 50	55 s

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Case № 16

Determine the type of hearing loss according to the following data

AD	TESTS	AS
0	Subjective noise	0
6 m	Whispered speech	0
>6m	Normal speech	1,5
muted	"Scream" with a ratchet	0
125 s	C128 in (norm 120)	15s
55 s	C128 to (norm 60 s)	-
50s	C2048 in (norm 50	5 s

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Case № 17

What localization of a pathology can be suggested according to the following data?

AD	TESTS	AS
0	Subjective noise	+
6 m	Whispered speech	0,5 m
> 6	Normal speech	2,5 m
muted	"Scream" with a ratchet	+
110s	C128 in (norm 120)	75 s
55 s	C128 to (norm 60 s)	-
50 s	s2048 in (norm 50	15s

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Case № 18

Determine the type of hearing loss according to the following data

AS	TESTS	AS
+	Subjective noise	+
2 m	Whispered speech	1 m
5m	Normal speech	3,5
+	"Scream" with a ratchet	-
85s	C128 in (norm 120)	80 s
40 s	C128 to (norm 60 s)	40 s
20s	s2048 in (norm 50	10s

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Case № 19

What localization of a pathology can be suggested according to the following data?

AD	TESTS	AS
+	Subjective noise	0
2 m	Whispered speech	6 m
6 m	Normal speech	>6 m.
+	"Scream" with a ratchet	muted
55 s	C128 in (norm 120)	125s
65 s	C128 to (norm 60 s)	-
40 s	s2048 in (norm 50	50 s

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Case № 20,

How can vestibular dysfunction be explained by the following vestibular passport data:

AD	Tests	AS
0	Subjective sensations	+
0	Spontaneous nystagmus	+
+	Caloric nystagmus	+
25s	Postrotational nystagmus	50s
0	Pressor nystagmus	0

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Case № 21

How can vestibular dysfunction be explained by the following vestibular passport data:

AD	Tests	AS
+	Subjective sensations	0
+	Spontaneous nystagmus	0
+	Caloric nystagmus	+
30 s	Postrotational nystagmus	15s
0	Pressor nystagmus	0

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Case № 22

How can vestibular dysfunction be explained by the following vestibular passport data:

AD	Tests	AS
+	Subjective sensations	0
+	Spontaneous nystagmus	0
+	Caloric nystagmus	0
30c	Postrotational nystagmus	10s
0	Pressor nystagmus	0

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Case № 23

In what ear disease are the following data of vestibular deportation observed? How are they explained?

AD	Tests	AS
0	Subjective sensations	0
0	Spontaneous nystagmus	0
+	Caloric nystagmus	+
25s	Postrotational nystagmus	30s
0	Pressor nystagmus	0

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«23» May, 2023, record N5

Case № 24

Determine the localization of the pathological process according to the auditory passport and the following vestibular disorders:

AD	TESTS	AS
0	Subjective noise	+
5,5 m	Whispered speech	0,5 m
> 6 m	Normal speech	3 m
Muted	"Scream" with a ratchet	+
115s	C128 in (norm 120)	70s
55 s	C128 to (norm 60 s)	-
50s	s2048 in (norm 50	15 s

When performing finger-finger and finger-nose tests the patient misses to the right. In the Romberg position and when walking with closed eyes he deviates to the right.

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«23» May, 2023, record N5

Case № 025

A 25-year-old patient was diagnosed with left-sided adhesive nonperforative otitis media with severe hearing loss. A violation of barofunction on the side of the diseased ear was revealed. What is the plan for clarifying clinical examination and treatment tactics?

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Case № 26

The patient complained of a sudden decrease in hearing, a feeling of transfusion in the ear, autophony, noise in the ear. The general condition is satisfactory, the temperature is 36.7°, the blood test is within the normal range. Conductive hearing loss. What is the diagnosis? What is the otoscopic picture? Medical tactics?

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Case № 27

Patient I., 27 years old, was delivered to the ENT clinic by medical aviation with complaints of excruciating diffuse headache, suppuration from the left ear, and hearing loss.

From the anamnesis it was possible to establish that suppuration from the left ear has been bothering the patient for the last 6 years. As for the ear disease, he was treated in a hospital, they suggested surgery, but the patient categorically refused. Three weeks before the present illness the patient bathed in the river, in the evening the temperature rose to 38 ° C, pain in the ear, feeling generally unwell, weakness, nausea, and vomiting twice occurred. He did not go to the doctor, he took antibiotics by himself for 3 days. There was an improvement, the patient did not stop working. A sudden worsening of the state of health occurred three days ago.

Objectively: the patient's general condition is severe, he makes contact with difficulty, he is not fully oriented in time and space. The patient falls into an unconscious state, delirious. The skin is pale. Pulse 52 beats per minute, satisfactory filling, rhythmic, A / D-110/60 mm Hg. Art. Tapping on the left parietal bone is painful. Weakly positive Kernig's symptom, amnesic aphasia is clearly defined (the patient is right-handed).

Otосcopy: in the external auditory canal, profuse, creamy, purulent discharge with an odor. Total perforation of the tympanic membrane. The attic contains a large number of cholesteatoma masses.

Make a diagnosis and prescribe treatment.

Head of the department, Doctor of Medicine

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Case № 28

Patient M., 19 years old, complains of hearing loss in the left ear. From the anamnesis it is known that the left ear hurt 5 years ago after exposure to cold. A purulent discharge appeared, which did not stop for a long time. She was in the hospital for about a month and was given antibiotics. About a year later the disease recurred. For the last two years, she began to notice that she hears worse in her left ear.

Objectively: the right tympanic membrane is not changed, identification points are well expressed. The left tympanic membrane is retracted, cicatricially changed, thickened, there are whitish plaques on its (inner) surface.

AD	Audiometry	AS
Low	Subjective noise	low
6m	Whispered speech	2m
6m	Normal speech	4m
6 m	Loud speech	6 m
-	Sound lateralization	-
+	The ratio of bone and air conduction	+
19	Bone conduction norm C128-20	22
38	Air conductivity C 128-40	15
60	From 2048-60	30

Diagnose the case, prescribe treatment

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Case № 29

Patient A., aged 20, complains of a significant hearing loss in the left ear, occasional dizziness, accompanied by nausea and unpleasant subjective sensations.

From the anamnesis it is known that three years ago the patient had an attack of dizziness during work, which was accompanied by nausea and vomiting. An ambulance was called and the patient with suspected food poisoning, was taken to the infectious diseases clinic. The next day the patient felt well and was soon discharged. After 3 months the attack recurred and was accompanied by noise in the left ear, severe dizziness. The attack lasted about 2 hours. For the last 6 months attacks have been repeated every month, and the patient, feeling the approach of an attack, tries to sit down on something or lie down.

Objectively: the external auditory canals are of normal width, the tympanic membranes are not changed, the identification points are well expressed.

AD	Audiometry	AS
High tone	Subjective noise	High tone
3M	Whispered speech	1M
6M	Normal speech	2M
-	Loud speech	6M
+	Sound lateralization	2
+	The ratio of bone and air conduction	-
10	Bone conduction norm C128-20	5
25	Air conductivity C 128-40	74
40	From 2048-60	15

Diagnose the case, prescribe treatment

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Case № 30

Patient I., 16 years old, was delivered by ambulance to the ENT department in serious condition with complaints of excruciating headache, aggravated by noise, light, also worried about nausea, repeated vomiting. Five days ago the left ear was acutely ill, there was a decrease in hearing.

Objectively: the patient's position is forced (bent legs and head thrown back), the face is pale, suffering. Sometimes there is excitement, increased irritability. There is stiff neck, positive symptoms of Kernig, Brudzinsky. Pathological reflexes of Gordon, Babinsky,

Otoscopy: severe hyperemia and swelling of the tympanic membrane on the left, identification points are not determined; on the right eardrum is not changed.

Blood test: Hb - 16.2 g%, erythrocytes - 4500000, leukocytes - 16000, eosinophils - 0, basophils - 1. stab -3, segmented - 67, lymphocytes -23, monocytes - 6, ROE -56 mm per hour. The patient underwent a lumbar puncture: the liquid was turbid, the pressure was 400 mm of water column, cytosis of 2000 cells due to polynuclear cells, protein - 2.5%, sugar - 40 mg, chlorides - - 400 mg, staphylococcus aureus is sown.

Diagnose the case, prescribe treatment

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Case № 31

Patient E., 17 years old, was delivered to the ENT department by ambulance. From the anamnesis it was found out that the disease began 2 weeks ago, when there were shooting pains in the left ear, purulent discharge from it.

He was treated in the clinic, after which there was an improvement. Three days ago the patient's condition deteriorated sharply. The temperature again rose to 38°C, the amount of purulent discharge from the ear increased significantly, pain appeared with irradiation to the behind-the-ear region and to the back of the head.

An objective examination revealed: significant swelling in the area of the mastoid process on the left, the auricle protruded. On palpation of the surface of the mastoid process fluctuation, sharp pain is determined. In the left external auditory canal there is an abundant creamy purulent discharge after the removal of which the overhanging of the posterior-upper wall, the bony part of the auditory canal, is determined. Visible areas of the tympanic membrane are edematous, hyperemic, a pulsating reflex is visible.

Diagnose the case, prescribe treatment

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Case № 32

Patient P., aged 27, complains of hearing loss in the right ear, an unpleasant sensation that increases with a change in head position, and subjective noise in the right ear. From the anamnesis it is known that 10 years ago the patient went fishing and was exposed to cold. A runny nose started, but the patient continued to work. Due to operational needs, the patient was urgently sent on a business trip to the Far East. The plane, on which the patient was flying, landed twice and in both cases the patient experienced a sharp congestion in the ears. On return these phenomena recurred, but over the past 4-5 days the patient notes a sharp deterioration in hearing in the right ear.

Objectively: there is no discharge in the external auditory canal on the right. The tympanic membrane is retracted, there is no light cone and injected vessels are visible along the handle of the malleus. Through the tympanic membrane a horizontal level of fluid is visible, which remains when the position of the head changes.

Diagnose the case. Prescribe treatment.

Head of the department, Doctor of Medicine

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Case № 33

Patient K., 19 years old, turned to an ENT doctor with complaints of dizziness, nausea, vomiting, imbalance. Dizziness is expressed in the sensation of rotation of surrounding objects. With sharp turns of the head and tilts of the body these symptoms are somewhat intensified. From the anamnesis it was found out that the patient had been suffering from a disease of the left ear for about 10 years. Periodically observed purulent discharge from the ear with an unpleasant odor.

Examination reveals spontaneous III degree horizontal finely sweeping nystagmus to the right. Otoscopy: in the external auditory canal on the left there is a purulent discharge with a pungent odor, upon removal of which a marginal perforation of the tympanic membrane is visible with a passage to the attic. Granulation and whitish masses are also determined here. The radiograph of the temporal bones according to Schüller and Mayer shows the straightening of the bone in the region of the antrum on the left.

Diagnose the case. Prescribe treatment.

Head of the department, Doctor of Medicine

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Case № 34

Patient Yu was admitted to the ENT clinic. 18 years old, complaining of headache, runny nose, swelling of the right half of the face.

From the anamnesis it was found out that he had been suffering from a runny nose for three months. For the last two weeks a feverish state (temperature up to 39.5°C and chills), malaise and swelling of the eyelids on the right side have been noted.

Objectively: the eyelids, especially the upper one on the right, are sharply infiltrated, the skin is hyperemic. The eyeball is rejected from top to bottom and outwards. There is exophthalmos. An accumulation of pus was found in the middle nasal passage on the right. The mucous membrane is edematous.

On the radiograph the entire right orbit, right frontal, and maxillary sinuses and anterior cells of the ethmoid labyrinth are darkened. Puncture of the right maxillary sinus resulted in pus.

What is the presumptive diagnosis? Assign a plan for examination and treatment of the patient.

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Case № 35

Patient N., 19 was admitted to the ENT clinic with complaints of headache, chills, vomiting, difficulty in nasal breathing, purulent discharge from the left half of the nose. Temperature up to 37.6°C. From the anamnesis it was found out that he has been suffering from a persistent runny nose for a month, the beginning of which he associates with hypothermia.

Objectively: the patient is lethargic, refuses to eat, makes contact poorly. There is a weakening of the muscular-articular, tactile, pain, temperature sensitivity of the right half of the body, hemiplegia on the right, motor aphasia.

Fundus of the eye: congestive nipples of the optic disc, more on the left. The mucous membrane of the left half of the nose is hyperemic, edematous, there is an abundant amount of pus in the middle nasal passage, the middle and lower shells are in contact with the nasal septum. On the survey radiograph of the paranasal sinuses, there is a decrease in pneumatization of the left frontal sinus, the cells of the ethmoid labyrinth on the left are not differentiated.

Blood test: erythrocytes - 4,300,000, hemoglobin - p.8g%, leukocytes - 12,800, stab - 1%. Segmented - 69%, monocytes - 5%. Eosinophils - 6%, lymphocytes - 19%, roe - 52 mm/hour.

Make a diagnosis. Design a treatment plan for the patient.

Head of the department, Doctor of Medicine

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«23» May, 2023, record N5

Case № 36

The patient complains of nasal congestion, watery discharge from the nasal passages, sneezing, lacrimation. An increase in body temperature, purulent discharge from the nasal passages is not noted. Considers himself ill for 2 weeks. In the last 4-5 years, similar phenomena have been observed annually, usually in May-June.

Objectively: the turbinates are edematous, moderately hyperemic, there is a watery discharge in the nasal passages. The conjunctiva is hyperemic, there is pronounced lacrimation.

Diagnosis? Methods of treatment and prevention.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 37

A 23-year-old patient came to the ENT clinic with complaints of lack of nasal breathing, pain in the nose for four days, high temperature up to 38.9 °C in the evenings. A week ago, according to the patient, a nose injury occurred. There was no bleeding. A day later it became worse to breathe through the nose. Didn't see the doctors.

On examination there is swelling of the skin of the nose, sharp pain on palpation of the external nose. Nasal breathing is absent.

With anterior rhinoscopy the mucous membrane is sharply hyperemic, the lumen of the nasal passages is not determined, fluctuation when probing the area of the nasal septum.

Make a diagnosis and prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 38

The patient complains of nasal congestion, sneezing, lacrimation, watery discharge from both halves of the nose. The temperature is normal. Sick for 2 weeks. A similar phenomenon happened last year in the same month (August).

Objectively: the turbinates are edematous, pale gray in color, there is watery discharge in the nasal passages. The conjunctive of the eyes is hyperemic, there is pronounced lacrimation.

Diagnosis? Methods of treatment and prevention?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 39

Examination of a patient with a nasal furuncle revealed exophthalmos, chemosis, paresis of the abducens nerve, and pronounced congestion of the optic nerve papilla on the left. There are chills in anamnesis and high fever.

Make a diagnosis, prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 40

After an acute rhinitis the patient developed: swelling, redness, soreness of the skin of the nose, more on the left. The pain radiates to the teeth, the temple of the RT is the region of the left orbit. The temperature rose to 38°C, there was a feeling of chilling.

Objectively: a limited swelling of a bright red color with a pustule in the center on the wing of the nose on the left.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 41

In a 16-year-old patient, a day after he squeezed out a purulent core of a boil on the skin of the nose on the left, the general condition worsened. There appeared: severe chills, profuse sweating, hectic temperature (with drops up to 4 ° C during headache). Locally - furuncle of the left wing of the nose, swelling and infiltration of the soft tissues of the cheek and lip on the left.

What complication can be suspected? What should be the doctor's tactics?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 42

The patient complains of a feeling of stuffiness in the nasal cavity, watery discharge from the nose, sneezing, watery eyes, sore throat, temperature of 37.3 ° C. These symptoms appeared 3 days ago after hypothermia.

At rhinoscopy: the mucous membrane of the nasal cavity is hyperemic, infiltrated, abundant mucous discharge in the nasal passages. Nasal breathing is difficult, the sense of smell is reduced. Pain in the nasal sinuses is not defined. Pharyngoscopy shows hyperemia of the mucous membrane of the posterior pharyngeal wall.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 13

A 19-year-old patient was admitted to the ENT clinic with complaints of severe headache, purulent runny nose, difficulty in nasal breathing. The disease began 5 days ago with pain in the area of the superciliary arches and the right maxillary sinus, temperature up to 38°C.

When pressed, pain is noted in the projection of the frontal and maxillary sinuses on both sides.

During rhinoscopy the mucous membrane of the nasal cavity is sharply hyperemic. infiltrated, creamy pus in the middle nasal passages on both sides.

On the radiograph of the paranasal sinuses a homogeneous darkening of the frontal and maxillary sinuses is determined.

What is the diagnosis? How to treat the sick?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 44

The patient complains of sudden attacks of nasal congestion with copious mucous-watery discharge, sneezing, coughing, headache. Attacks occur after exposure to cold. Sick for about three years.

Rhinoscopy: the mucosa of the inferior turbinates is swollen, bluish, in places bluish-white spots are visible. After lubrication with a 1% solution of adrenaline, the turbinates are sharply reduced in volume.

What is the diagnosis? What are the principles of treatment?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 45

A 34-year-old patient developed purulent right-sided sinusitis after influenza. Treatment does not work. Temperature 39.4°C, weakness, malaise, headache intensified.

Objectively: the patient is weak, sweating of the skin. Exophthalmos and tissue infiltration of the upper eyelid on the right is determined. The mobility of the right eyeball is limited.

At rhinoscopy: the mucous membrane of the nasal cavity is hyperemic, infiltrated, purulent discharge in the middle nasal passage on the right. Soreness on palpation of the superciliary region on the same side.

What complication of sinusitis can you think of? What additional examination is needed? What is the doctor's strategy?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case№ 46

A 16-year-old patient was delivered to the ENT clinic because of nosebleeds. Such bleeding, more or less profuse, often occurs in the premenstrual period. On examination the skin and visible mucous membranes are pale, the pulse is rhythmic -88 beats per minute.

At rhinoscopy: bloody clots in the nasal passages, on the left in the anteroinferior section of the septum, the vessels are sharply dilated. Other ENT organs without pathology.

What is the diagnosis? What is the best way to deal with the patient in this case?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case№ 47

A 15-year-old patient complained of lack of nasal breathing and hearing loss in the right ear, frequent nosebleeds from the right half of the nose. Sick for more than two years.

Anterior rhinoscopy: the mucous membrane of the nasal cavity is swollen, on the right in the posterior sections a bright red formation is determined, which is not associated with the wall of the nasal cavity. Nasal breathing is absent.

Posterior rhinoscopy: the nasopharyngeal cavity is occupied by a smooth formation that almost completely covers the choana. On palpation: the consistency is dense. On the radiograph of the paranasal sinuses the veil of the right half of the nose and the displacement of the lateral wall outwards are determined. On the side picture the shadow of the soft tissue formation has gone beyond the nasopharyngeal cavity, the main sinus and is being introduced into the nasal cavity.

What is the diagnosis? Are additional research methods needed? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 48

The patient complains of constant pain in the forehead. The pain appeared 4 months ago.

Objectively: the patient's condition is satisfactory, there are no deviations from the norm in the internal organs.

When examining the ENT organs, no pathology was found. On the radiograph of the paranasal sinuses, there is a rounded shadow of bone density with smooth edges in the region of the left frontal sinus. In the lateral image the shadow reaches the level of the cerebral wall of the frontal sinus.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 49

The patient complains of periodic nasal congestion, watery discharge from the nasal passages, sneezing. These symptoms are aggravated during the cleaning of the apartment. In the nasal secretion and in the peripheral blood there is an increased content of eosinophils.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 50

Patient A., 24 years old, came to the clinic with complaints of sore throat, general weakness, malaise, bad breath, fever up to 39°C. He had been ill for two days and associated the disease with exposure to cold.

Objectively: severe hyperemia and swelling of the mucous membrane of the pharynx, palatine tonsils are juicy, edematous, the orifices of the lacunae are covered with a fibrinoid-necrotic film that does not extend beyond the arches. In addition, hyperemia and edema of the mucous membrane of the lingual, pharyngeal tonsils and lymphogranules of the posterior pharyngeal wall are determined.

What is your diagnosis? Prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 51

Patient K., 19 years old, was taken to the emergency room by ambulance. Complaints of sharp soreness in the throat, shooting pains in the right ear, profuse salivation, bad breath, general weakness, malaise and fever up to 40 °C.

From the anamnesis it was found out that about 10 days ago he had a sore throat, weakness, malaise. The district doctor diagnosed a catarrhal sore throat. The prescribed treatment was taken irregularly. Pain disappeared 5 days after the onset of the disease. However, after 3 days the temperature suddenly increased, sore throat and fever increased rapidly. For two days he refused eating, because of severe pain he did not sleep at night. A history of angina up to 6 - 8 times a year from the age of 7.

Objectively: mouth opening is sharply difficult. Pharyngoscopy: pronounced asymmetry of the pharynx due to infiltration of the soft palate on the right, when touched with a padded jacket, fluctuation is determined. The palatine tonsil on the right is sharply edematous and reaches the uvula, the latter is displaced to the left. On the left the palatine tonsil is not enlarged. Regional lymphadenitis.

Diagnose the case. Prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 52

Patient P., aged 44, came to the clinic with complaints of a sensation of a foreign body in the throat, periodically there is soreness in the throat. The disease is associated with the removal of the palatine tonsils, which was performed three years ago. Initially, there was dryness, perspiration, and after a year and a half, pain in the throat began to occur periodically, the temperature did not rise.

Objectively: there are hypertrophied lymphogranules on the mucous membrane of the posterior wall of the oropharynx, the lateral ridges are thickened, the palatine tonsils are absent.

Diagnose the case and prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 53

A 25-year-old patient went to an ENT doctor complaining of sore throat, malaise, bad breath, fever up to 39. Sick for 3 days. The disease is associated with hypothermia.

At pharyngoscopy: severe hyperemia and swelling of the palatine tonsils, the mouths of the lacunae are covered with white fibrinous plaque, which does not extend beyond the tonsils and is easily removed.

Diagnose the case. Prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 54

An 18-year-old patient was taken to the ENT department by an ambulance. Complaints of sore throat, aggravated by swallowing and trying to open the mouth, profuse salivation, bad breath, general weakness, fever up to 40°C.

Objectively: opening of the mouth is difficult, the head is tilted to the right, asymmetry of the pharynx due to infiltration of the soft palate on the right, the right palatine tonsil is edematous and reaches the uvula displaced to the left. On the left, the palatine tonsil is not enlarged, the maxillary lymph nodes are enlarged, painful on palpation, more on the right.

Make a diagnosis. Prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 55

A 22-year-old patient came to the clinic with complaints of sore throat, general weakness, pain in the joints, near the heart, fever up to 38°C. Sick for 4 days. The disease is associated with hypothermia.

Objectively: the palatine tonsils are hyperemic, edematous, with a large number of yellowish dots the size of millet grain (a picture of the starry sky), the maxillary lymph nodes are significantly enlarged and painful on palpation.

Make a diagnosis. Prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 56

A 25-year-old patient consulted an otorhinolaryngologist with complaints of tonsillitis, recurring 1-2 times a year. From the anamnesis it was found out that the patient suffers from rheumatism.

Three years ago, a heart disease was diagnosed - mitral valve insufficiency.

At pharyngoscopy: hyperemia and ridge-like thickening of the edges of the palatine arches, loose tonsils, caseous plugs in the lacunae, the maxillary lymph nodes are not palpable.

Make a diagnosis, prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 57

Patient E, 19 years old, came to the clinic with complaints of frequently recurring tonsillitis up to 3-4 times a year, which occur at any time of the year after exposing the pharynx to cold. At the age of 7 he suffered from angina, after which there was a rheumatic attack. Six months later, the rheumatic attack recurred and a heart defect developed. Due to rheumatism he was repeatedly in hospitals. The patient is given seasonal bicillin-drug prevention therapy.

Conservative treatment for chronic tonsillitis was not carried out.

Objectively: the palatine tonsils are atrophic, dense, cicatricially soldered to the arches. The mouths of the lacunae are narrow, the lacunae are convoluted, with a small amount of purulent plugs. Festering follicles are visible through the mucous membrane. Regional lymphadenitis. Blood and urine tests are normal.

Make a diagnosis and prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 58

A 22-year-old patient complains of discomfort in the throat: perspiration, burning, which appeared after she had eaten a large amount of ice cream the day before.

On pharyngoscopy a bright hyperemia of the mucous membrane of the posterior pharyngeal wall and its moderate infiltration are determined. Other ENT organs without pathological changes.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 59

A 17-year-old girl complains of severe sore throat aggravated by swallowing, fever up to 38 C, malaise, headache, lack of appetite.

On pharyngoscopy white plaques on the hyperemic mucous membrane are easily removed.

Submandibular lymph nodes are enlarged, painful on palpation.

What is the diagnosis? How to treat the sick?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 60

A 16-year-old patient was admitted to the ENT clinic with complaints of severe sore throat on the right side, profuse salivation, difficulty swallowing, it was difficult to breathe at night. A few days ago he had a sore throat.

Objectively: the temperature is 39 C. The head is tilted to the right, the mouth is half open, saliva flows out. With pharyngoscopy: the mouth opens 1/3 due to trismus of masticatory muscles. A sharp hyperemia and infiltration of the right half of the soft palate is observed with a displacement of the uvula to the healthy side. Soft tissue infiltration extends to the left lateral wall of the pharynx and descends down to the pyriform sinus. Submandibular lymph nodes are enlarged, painful on palpation. The entire right half of the neck is occupied by a diffuse infiltrate of woody density. What complication of angina can be assumed? What is the medical strategy?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 61

With underlying long-term antibiotic therapy a weakened patient with pneumonia had a fever, sore throat, hyperemia of the mucous membrane of the pharynx, raids on the tonsils and arches, and the side walls of the pharynx. What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 62

A 16-year-old patient was delivered to the ENT department with complaints of general malaise, headache, sore throat. Sick for the second day. A week ago, the patient was in contact with a child who was hospitalized in the infectious diseases department.

The patient's condition is moderate, weakened. Sits up in bed with difficulty. The skin is pale, moist, the temperature is 38C. The mucous membrane of the pharynx is hyperemic with a bluish tint, the tonsils and arches are covered with a dirty gray coating, which is difficult to remove, the underlying tissue bleeds. Smell from the mouth. In the submandibular region, swelling of the soft tissues and surrounding regional lymph nodes, which are not enlarged, is determined.

What is the expected diagnosis? What should be done to clarify the diagnosis? What is the doctor's strategy?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 63

A 24-year-old girl complains of sore throat, malaise, fever. I fell ill three days ago after a few days of mild malaise.

Objectively: the state of moderate severity, the skin is moist, the temperature is 40 C. Hyperemia of the pharyngeal mucosa. Tonsils covered with white coating. An increase in the supramandibular upper cervical, axillary and inguinal lymph nodes is determined.

In blood tests: leukocytes $12 \times 10^9/l$, eosinophils - 0%, basophils 1%, stab neutrophils - 0%, segmented neutrophils - 23%, lymphocytes - 50%, monocytes - 26%.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 64

A 19-year-old patient complains of sore throat when swallowing, headache, high fever up to 39°C, has been ill for a week. The disease was preceded by malaise for 4-5 days.

The general condition is satisfactory. Increased submandibular, maxillary, axillary and inguinal lymph nodes. The liver protrudes from under the costal arch by two fingers.

Pharyngoscopy: hyperemia of the mucous membrane of the pharynx, purulent follicles on the surface of the tonsils. Swallowing is painless.

Blood test: erythrocytes $3.5 \times 10^{12/l}$, leukocytes $20 \times 10^9/l$, lymphocytes 50%, monocytes - 40%.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 65

The patient complains of a slight sore throat on the left, bad breath.

Objectively: the general condition is not disturbed, the body temperature is 36.6° C. No changes were found in the internal organs.

At pharyngoscopy: at the upper pole of the left palatine tonsil - a grayish plaque, after the removal of which a rather deep ulcer with an uneven bottom was found. There is no pathology from other ENT organs.

What is the expected diagnosis? What examination is needed to clarify the diagnosis?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 66

A 25-year-old patient complains of frequent tonsillitis accompanied by high fever, pain in the area of the heart, joints, prolonged subfebrile condition. Has been suffering from angina since childhood. History of paratonsillitis.

On pharyngoscopy: tonsils of I degree. Infringed in the arches, liquid pus in the gaps. The tonsils are soldered to the surrounding tissues, the anterior palatine arches are stagnantly hyperemic.

Submandibular lymph nodes are enlarged, painless.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 67

A 23-year-old patient had a tooth removed at 12 noon under local novocaine anesthesia. 20 minutes after the introduction of novocaine appeared profuse salivation and difficulty in swallowing and breathing.

Delivered to the ENT department. What is the expected diagnosis?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 68

A 30-year-old patient complains of sore throat when swallowing, weakness. Sick for two days. On examination the temperature is 37.6 C, the tonsil arches are pink, the tonsils do not protrude from the arches, hyperemia of the posterior pharyngeal wall, submandibular lymph nodes are loose, painless.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 69

The patient went to the ENT clinic with complaints of intense headache, difficulty in swallowing, pain in the joints. He fell ill acutely three days ago, after hypothermia.

General condition of moderate severity, skin and visible mucous membranes are dry, pale, pulse 82 beats per minute, tense, rhythmic, temperature 38.6°C.

Pharyngoscopy: the mouth opens freely, the mucous membrane is hyperemic, moderately edematous at the arches, ulcers are determined in the oral cavity, putrid breath, palatine tonsils are covered with a dirty gray necrotic coating, there are de-epithelializations. Gums are bleeding. Clinical blood test shows an increased ESR, a decrease in platelets, reticulocytes and granulocytes.

What is the diagnosis? How to treat the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 70

The patient examined the oral cavity in the mirror and found “plugs” on the palatine tonsils.

The otorhinolaryngologist revealed cone-shaped formations of yellow-gray color, rising above the surface of the mucous membrane of the palatine and lingual tonsils. Similar single formations are also determined on the lateral ridges of the pharynx.

What is the diagnosis? Is it possible to surgically treat this disease?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 71

The patient complains of foreign body sensation in the throat, tingling, pain when swallowing saliva. Sick for about a year. Didn't go to the doctor.

On pharyngoscopy multiple semicircular elevations from 1 to 3 mm in diameter are visible on the back of the pharynx, dark red in color. On the mucous membrane of the posterior wall of the pharynx, a viscous transparent secret is determined.

What is the diagnosis? What are the treatments? Is cryotherapy possible for this disease?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 72

A 23-year-old patient had a tonsillectomy five years ago. Currently, he complains of sharp pains when swallowing and sticking his tongue in, shortness of breath with little physical exertion, salivation.

Trismus is determined, submandibular lymphadenitis on both sides, soreness when touching the root of the tongue with a spatula, hyperemia of the entire mucous membrane. On the root of the tongue there are single dot formations of a gray-yellow color. General condition of the patient is of moderate severity, temperature 38.2°C.

What is the diagnosis? What complications are possible for this disease?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 73

Patient K., 26 years old, turned to the doctor with complaints of tickling sensation, feeling of rawness, congestion in the throat, dry cough, hoarseness of voice. He considers himself sick for 2 days. On laryngoscopy there is hyperemia of the vocal folds, their swelling. The glottis during respiration is free, wide; during phonation an oval-shaped slit is formed between the vocal folds.

Diagnose the case and prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 74

Patient B., 18 years old, turned to an ENT doctor with complaints of perspiration, sensation of a foreign body, cough, muffled voice, pain when swallowing with irradiation to the ears. Sick for 6 months.

On laryngoscopy: in the region of the laryngeal surface of the epiglottis an infiltrating form of tumor growth was found. The lymph nodes of the neck are not palpable.

What is your expected diagnosis? Assign treatment and examination plan.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 75

At five o'clock in the evening the nurse on duty urgently called the doctor on duty into the corridor of the clinic. He saw a patient lying down who had been admitted the day before with acute stenosis of the larynx in the stage of compensation. Attention was drawn to the sharp cyanosis of the skin, complete cessation of breathing and convulsive twitching of the limbs.

What type of urgent throat section is most appropriate in this situation?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 76

A 6-year-old child complains of pain in the right ear. There were no indications of ear disease in the anamnesis. In otoscopy: the skin of the right auricle and the visible part of the external auditory canal is not changed. The external auditory meatus is obturated by a smooth, dense, rounded formation; there is no discharge.

Make a diagnosis, prescribe treatment.

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 77

A 7-year-old girl, playing with beads, put one of them into the ear canal. The nurse, who was asked for help, tried to remove the foreign body with tweezers, but the attempt was unsuccessful, the bead went deep into the ear canal. The girl was taken to the ENT department.

In otoscopy: there is a slight infiltration of the tissues of the left auditory canal, there are isolated abrasions on his skin. In the depth of the auditory canal behind the isthmus a foreign body is determined. The bead is not visible. An attempt to remove a foreign body by washing failed.

What is the further tactics of the doctor?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 78

An ambulance delivered a 2-year-old child to the ENT clinic with paroxysmal whooping cough symptoms. The cough is intermittent, aggravated by the anxiety of the child.

From the anamnesis of the mother, it was found out that the night before he ate watermelon, ran while eating, choked, a short attack of suffocation occurred, after which a paroxysmal cough began to repeat, during which sometimes suffocation also appeared. Objectively: the general condition is satisfactory. Temperature 36.6° C. Noisy breathing. Pronounced inspiratory dyspnea. The child is restless, excited, strives to maintain a forced position in which he suffers less from coughing fits. In the area of the trachea the symptom of "clapping" is heard synchronously with inhalation and exhalation. No other changes were found.

Diagnose the case. What help should be given the patient?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 79

An air medical service delivered to the ENT clinic a child aged 2 years and 8 months. The day before entering the clinic he cracked sunflower seeds, choked, and had an asthma attack. Upon admission the general condition was severe. Shortness of breath, pallor of the skin, cyanosis of the lips, breathing with the participation of auxiliary muscles, retraction of the supraclavicular and jugular fossae are expressed. Coughing, groaning breath, body temperature 38.6°C. On the left the percussion tone is shortened, breathing is not audible throughout. On the right, with percussion, a box sound, scattered dry rales are heard. The borders of the heart are shifted to the left, heart sounds are muffled. X-ray examination established: the left lung field is narrowed, intensely darkened. The shadow of the mediastinum on inspiration shifts to the left, the left dome of the diaphragm is pulled up, motionless. The pulsation of the heart is greatly accelerated.

Make a diagnosis. What help should be given to the child?

Head of the department, Doctor of Medicine

E.T. Gappoeva

Approved by Central Coordinating Educational and Methodical Council

«23» May, 2023, record N5

Case № 80

During a boxing competition, an athlete, a 17-year-old boy, received a nose injury. The next day there was difficulty in nasal breathing through both halves of the nose.

Anterior rhinoscopy revealed swelling in the area of the nasal septum on both sides, the nasal passages were not defined.

What is the diagnosis? What complications can be caused by improper management of such a patient?

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Case № 81

Patient K., 12 years old, was admitted to the ENT clinic with complaints of cough. From the anamnesis it was found out that 14 hours ago he cracked pine nuts, choked, turned blue. On admission the patient's general condition was satisfactory. Temperature 36.6 ° C. pale is skin, slight cyanosis of the lips, nose, fingers. The right half of the chest lags behind in the act of breathing. On the right, the percussion sound is shortened. On auscultation weakened breathing is heard in the lungs on the right. An x-ray examination at the height of inspiration shows a shift in the shadow of the heart to the right, and exhalation to the left. Make a diagnosis. What kind of help should be given to the patient?

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Case № 82

A 2-year-old child with severe shortness of breath was delivered to the duty ENT hospital.

From the anamnesis of the mother it was found out that a day ago the boy ate a watermelon, laughed, then turned blue and coughed. The asthma attack disappeared, but since then the child is hyposthenic, there is a significant increase in breathing, coughing.

On examination attention is drawn to the pallor of the skin - visible mucous membranes, pronounced increased respiration, lagging angle of the scapula on the left during exhalation. Percussion sound above the lungs on the left with a tympanic shade. Auscultatory there is difficulty exhaling, there are dry rales.

On x-ray examination the lung on the left is more transparent than on the right. The intercostal spaces of the left half of the chest are wider than on the right. The mediastinal organs move to the right during inhalation. Diaphragm rise on the left is sharply limited.

Make a diagnosis. Prescribe treatment.

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Case № 83

A 13-year-old girl was admitted to the ENT clinic with complaints of shortness of breath, periodic cough. From the anamnesis it was found out that a week ago when she was eating beans on the street, she received an unexpected push in the back, a convulsive cough immediately appeared, a sharp short-term difficulty in breathing.

Then her breathing resumed, the cough lessened, but during the cough she felt something rolling up her throat. And when she inhaled it went down. After 4 days this feeling passed, there was a malaise, periodically coughing bothered.

When examining pathology from the ENT organs, no pathology was found. Radiologically there is atelectasis of the lower lobe of the right lung .

What is the diagnosis? What is the medical strategy?

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