



# Managing common ENT problems

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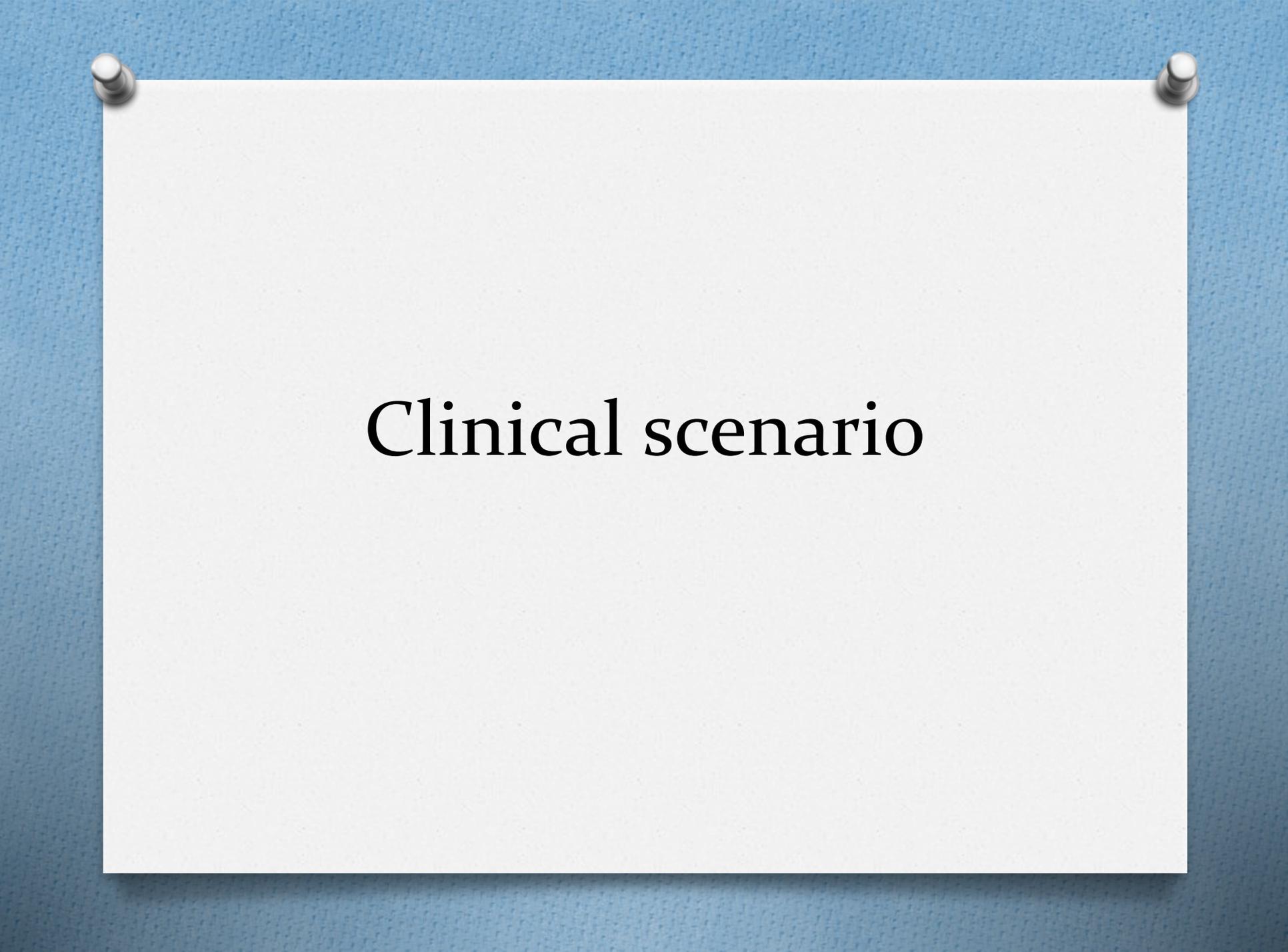
# Disclosures

- o Public/private mix
- o TEAC and Auckland Surgical VTC
- o Primary interest in Sleep Apnoea and functional upper airway surgery including rhinoplasty

# Managing common ENT problems



- o Globus and reflux
- o Hoarseness
- o Pain
- o Stridor
- o Neck mass
- o Sleep and OSA



# Clinical scenario

“sticking sensation with difficulty swallowing, weight loss, croaky voice and swollen glands”



# Globus and reflux - presentation

- o Intermittent foreign body or lump sensation
- o No dysphagia, aspiration or weight loss
- o No reflux
- o Anxiety
- o Reflux Symptom Index (RSI)
- o No otalgia

# Globus and reflux - management

- o Flexible laryngoscopy - Reflux Finding Score
- o Neck examination
  
- o Reassurance
- o Lifestyle
  - o spice, alcohol, smoking, peppermint
- o PPI / Gaviscon Dual Action / Ranitidine / Domeperidone
  
- o Transnasal oesophagoscopy
- o pH studies
- o Imaging?

# Hoarseness and dysphonia - presentation

- o “Croaky” or “hoarse”
- o Duration, progression, associated ENT symptoms
- o Stridor, bleeding, aspiration, dysphagia, otalgia, weight loss
- o Vocal Handicap / QOL Index

# Hoarseness and dysphonia - assessment

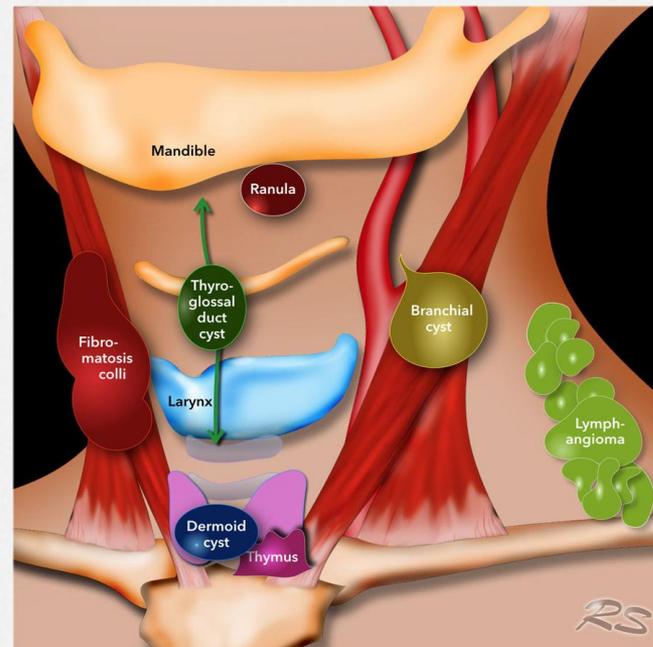
- o Stridor, drooling
- o Voice – GRBAS scale
- o Speech – resonance, dysarthria
- o Dynamic range, maximum phonation time
- o ENT and neck examination
- o Flexible laryngoscopy
- o Stroboscopy
- o Acoustic analysis

# Hoarseness and dysphonia - management

- o Vocal fold palsy
- o Presbyphonia
- o Voice misuse/overuse
- o Neurological causes
- o Trauma – mechanical, chemical, thermal, emotional
- o Voice rest, anti-reflux, underlying cause, voice therapy, surgery

# Neck mass

- o Lymph node mass
- o Thyroid mass
- o Salivary gland mass
- o Vascular mass



# Lymph node mass

- o Primary – lymphoma
- o Secondary – metastatic
  - o Cutaneous
  - o Mucosal
  - o Thyroid
- o Benign – reactive, infective

## Risk factors for malignant disease

- Older age ( $p = 0.002$ )
- Enlargement of supraclavicular nodes ( $p = 0.001$ )
- Generalized LAD ( $p = 0.003$ )
- Lymph nodes larger than 3cm ( $p = 0.003$ )
- Hepatosplenomegaly ( $p = 0.004$ )
- Enlarged Mediastinal Nodes ( $p < 0.001$ )
- High LDH levels ( $p < 0.001$ ) *Yaris et al 2006*

# Cutaneous head-neck cancers

- o SCC, BCC, melanoma
  - o “benign” vs aggressive
  - o Bad eggs!
    - o Immunosuppression
    - o Radiation / chronic inflammation
    - o Recurrent lesion
    - o Not discrete
    - o Rapidly growing
    - o Neurologic symptoms
  - o *Poorly differentiated*
  - o *>2mm deep, Clark level IV, LVI/PNI*
- Parotid / neck

# Mucosal head-neck cancers

- Oropharynx
- Nasopharynx
- Larynx
- Oral cavity

# Oropharyngeal SCC

- HPV → p16
- Young, non-smoker, non-drinker, educated
- Better prognosis
- De-escalation of therapy in the pipeline
- Transoral surgery
- *Central necrosis in lymph node, not a cyst!*

# Nasopharyngeal carcinoma

- Chinese and Maori patients
- Small primary with early nodal metastases
- Modes of presentation:
  - Neck node
  - Middle ear effusion
  - Diplopia → VI nerve palsy
- Chemoradiation

# Laryngeal cancer

- o Dysphonia in smoker and drinker
- o Stridor
- o Endoscopic surgery with Laser
- o Open resection
- o Chemo / radiotherapy

# Oral cavity cancer

- o Smoking, drinking, chewing tobacco
- o Pre-malignant lesions
  - o Leucoplakia
  - o Erythroplakia
  - o Lichen planus

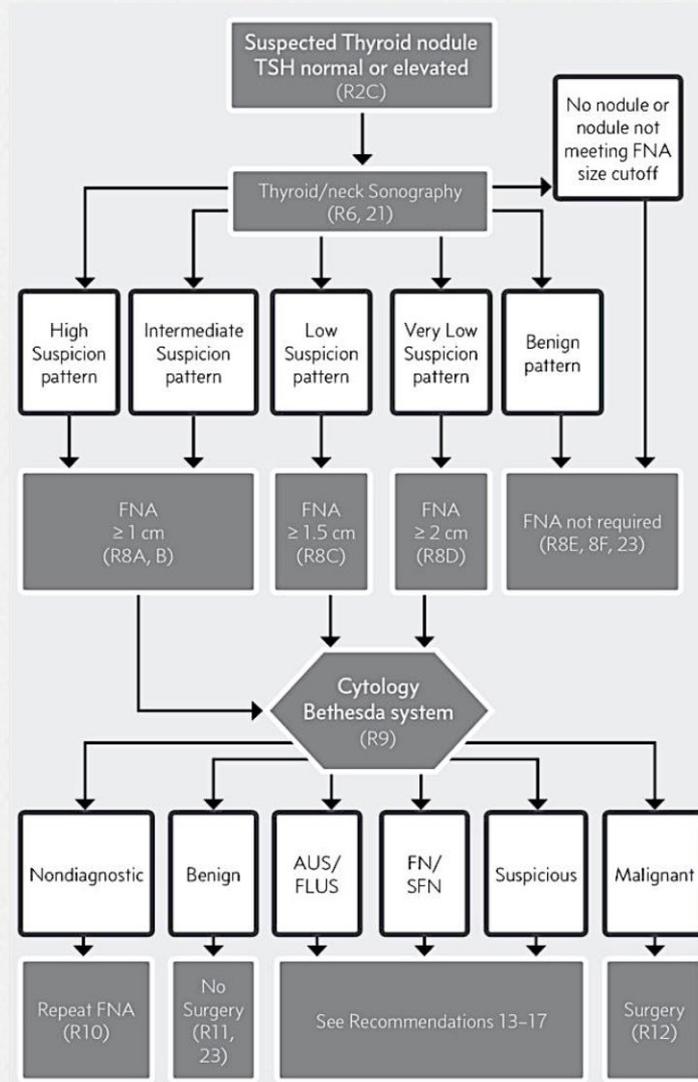
# Thyroid mass

- o Diffuse enlargement
- o Multinodular goitre
- o Solitary nodule

# Thyroid mass

- o 20-70% have nodules
- o 1-5% have palpable nodules
- o 5-15% of nodules have cancer
- o Large number of people probably die with undiagnosed thyroid cancer
- o VOMIT syndrome!!

Clinical risk factors  
TIRADS



Molecular tests

# Salivary gland mass

- Parotid
  - 80% benign
- Submandibular
  - 50% benign
- Sublingual
  - 20% benign
- Minor salivary glands

# Salivary gland mass

- o Pleomorphic adenoma, Warthins, cysts
- o Mucoepidermoid carcinoma, adenoid cystic carcinoma, adenocarcinoma
  
- o Cystic → solid
- o Low grade → high grade
  
- o Surgery, radiation, chemotherapy

# Vascular mass

## Updated ISSVA classification of vascular anomalies.

### Vascular tumors

- Infantile hemangiomas
- Congenital hemangiomas (RICH and NICH)
- Tufted angioma (with or without Kasabach-Merritt syndrome)
- Kaposiform hemangioendothelioma (with or without Kasabach-Merritt syndrome)
- Spindle cell hemangioendothelioma
- Other, rare hemangioendotheliomas (epithelioid, composite, retiform, polymorphous, Dabska tumor, lymphangioendotheliomatosis, etc.)
- Dermatologic acquired vascular tumors (pyogenic granuloma, targetoid hemangioma, glomeruloid hemangioma, microvenular hemangioma, etc.)

### Vascular malformations

#### 1..Slow-flow vascular malformations:

- Capillary malformation (CM)
  - Port-wine stain
  - Telangiectasia
  - Angiokeratoma
- Venous malformation (VM)
  - Common sporadic VM
  - Bean syndrome
  - Familial cutaneous and mucosal venous malformation (VMCM)
  - Glomuvenous malformation (GVM)(glomangioma)
  - Maffucci syndrome
- Lymphatic malformation (LM)

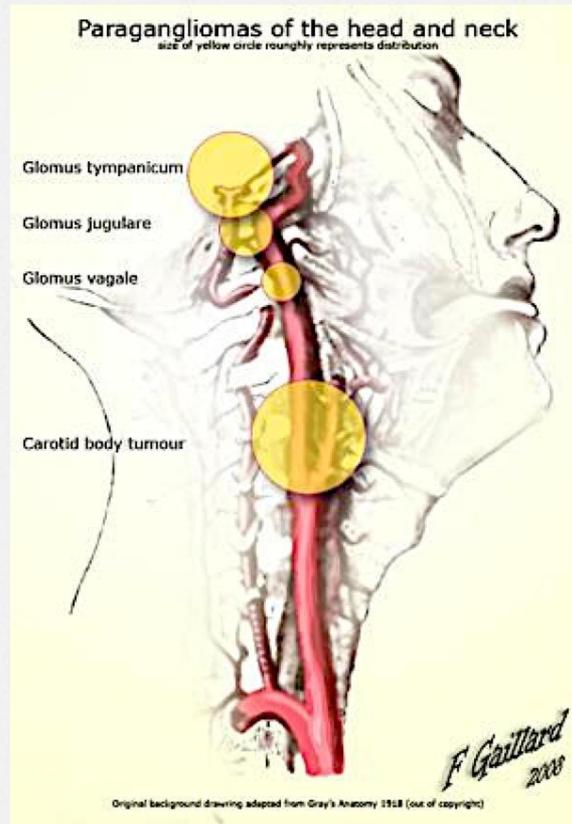
#### 2. Fast-flow vascular malformations:

- Arterial malformation (AM)
- Arteriovenous fistula (AVF)
- Arteriovenous malformation (AVM)

#### 3.Complex-combined vascular malformations:

- CVM, CLM, LVM, CLVM,
- AVM-LM, CM-AVM

# Vascular mass



“sticking sensation with difficulty swallowing, weight loss, croaky voice and swollen glands”



# Questions?

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