

Throat

1-Throat examination in addition to :

2- Lymph Nodes

3- Indirect Laryngoscopy

4- Direct Laryngoscopy

- Hello, I am _____ a 5th year medical student. Doctor _____ here is in charge of me. Can I examine your throat ? Do you need a chaperon ?

- Close the door

- Hand Hygiene

- Wear headlight

- Stand Infront of the patient

1- Throat examination by inspection :

Lips : ulcers, dryness , discoloration, cleft lip, angular stomatitis, deviated mouth, drooling saliva.

Gingiva and Buccal Mucosa : with two tongue depressors look for discoloration, ulcers , Stensen duct opposite to the upper second molar.

Teeth : Dental carries, implants

Floor of the mouth : Frenulum and Wharton ducts.

Dorsal surface of the tongue : look if the surface is smooth or rough , fissures.

Anterior Pillar and Tonsils : Exudate, Redness , Ulcers , Swelling and grade (0,1,2,3,4), Crypts (7-13) .

Posterior Pharyngeal Wall : Mass, Ulcer, Postnasal Drip , Cobblestone (Yellow patches are considered as a sign of chronic rhinosinusitis)

Soft palate and Uvula: central, deviated, elongated, Bifid, Ulcered Uvula, Cleft Palate

Hard Palate : Ulcers , Cleft Palate

2- Lymph nodes examination :

Stand behind the patient with semi flexed patient's neck.

Palpate each group of lymph nodes in a rolling movement with your fingers while mentioning the number and name of the group.

Submental : 1A

Submandibular: 1B

Anterior Upper Cervical - 2

Anterior Middle Cervical – 3

Anterior Lower Cervical – 4

Posterior upper,middle,lower cervical – 5

Pre-Auricular

Post-Auricular

Suboccipital

Supraclavicular

Suprasternal

3- Indirect Laryngoscopy :

- Explain the procedure to the patient
- Warm the mirror to prevent vaporization
- Pull out the tongue
- insert the mirror facing downward.

4- Direct Laryngoscopy :

If the patient is uncooperative use Rigid or Flexible Fiberoptic endoscope through nasal cavity.

*Then I will continue my ENT examination of the ear, nose, cranial nerves and full body examination.

Nose

- Hello, I am _____ a 5th year medical student. Doctor _____ here is in charge of me. Can I examine your nose ? Do you need a chaperon ?

- Close the door

- Hand Hygiene

- Wear headlight

- Stand Infront of the patient

1- Nose Examination in addition to :

2- Nasal Patency Test

3- Lymph nodes

4- Posterior Rhinoscopy

1- Nose examination and nasal patency test:

A- Inspection : Nasal discharge, bleeding, ulcer, pigmentation , scar, columellar scar (for rhinoplasty), Nasal salute, shiners , and nasolabial folds.

then look lateral for : dorsal hump ,Saddle nose or obvious external deformity
look from behind for deviation

B- Palpation :

Ask if there is any pain ?

Palpate the nose, maxillary and frontal sinuses for tenderness and crepitus of nasal bones.

C - Percussion : Tap gently with your fingers on paranasal sinuses.

D- Nasal Patency Test : we shall do it before anterior rhinoscopy.

Bring a metal tongue depressor , place it underneath the nose and ask the patient to breath out from his nostrils and check for symmetrical/asymmetrical vaporization.

E- Anterior Rhinoscopy :

Medially we look for abnormalities of the septum:

- Intact/Perforated : If perforated mention. size (Small, Medium, Large) , site
- Deviation
- Pigmentation
- Mass

Lateral wall : Turbinate, Mass

Floor : Discharge, Epistaxis

In front : Mass

Turbinate's vs Polyps :

Polyps are shiny whitish and by suction polyps are painless, don't bleed , mobile

turbينات are pale in chronic allergic rhinosinusitis due to IgE infiltration.

2- Lymph Nodes

3- Posterior Rhinoscopy : Direct or Indirect.

Indirect :

- Explain the procedure to the patient
- Warm the mirror
- Tongue depression
- insert the mirror into the oropharynx facing upwards.

Direct :

Rigid or flexible fiberoptic nasal endoscopy.

*Then I will continue my ENT examination of the ear, throat, cranial nerves and full body examination.

Ear

- Hello, I am _____ a 5th year medical student. Doctor _____ here is in charge of me. Can I examine your nose ? Do you need a chaperon ?

- Close the door

- Hand Hygiene

- Wear headlight

- Stand Infront of the patient

- Start with the normal ear

1- Ear examination in addition to:

2- Fistula Test

3- Facial Nerve

4- Hearing Assessment

1- Ear Examination with fistula test :

a- Inspection :

- Microtia, Anotia , Macrotia, External auditory canal atresia, Normal Helix, Anti-Helix, Tragus, Anti-Tragus, Concha, Lobule, Otorrhea , Otorrhagia (blood) , skin ulcer, mass, hematoma, scars (End-Aural, Posterior Auricular , Tragal , Hairline scar) , Pits , Accessory Auricles , Bat ear.

Note : Accessory Auricles are associated with PCKD.

b- Palpation : Ask for pain before. Palpate helix, tragus, mastoid

c- Percussion : Percuss on mastoid

d- Fistula Test : Close the external auditory meatus with the tragus and wait for 10 seconds , look for nystagmus or ask for dizziness.

e- Otoscopic Examination :

- Canal : Discharge (Profuse, Scanty) and smell it , Wax (Impacted , Partially obstructing), redness, masses, foreign bodies, narrowing.

- Tympanic membrane:

*Intact / Perforated.

If Perforated : Size, Site, Wet/Dry , Central/Marginal , Structures behind it , Edge (Smooth , Sharp)

Perforation is sharp and bloody in case of trauma.

*Semipermeable , Pearly gray , Position (Retracted , normal , Bulging) Cone of light, Handle of malleus , UMBO, Mobility (Valsalva Maneuver , Pneumo-Speculum)

2- Facial Nerve:

You should expose the ear too to distinguish Ramsay Hunt Syndrome from Bell's Palsy.

- Check forehead wrinkles by asking the patient to raise his eyebrows
- Ask the patient to frown (corrugator supercillii)
- Ask the patient to close their eyes and keep them closed against resistance .
- Ask the patient to puff out their cheeks and keep them puffed against resistance.
- Ask the patient to show their teeth
- Ask the patient to whistle
- Taste of anterior 2/3

3- Hearing Assessment:

A- Free Field Test

B- Rinne's Test : (Rt Rinne Positive/Negative , Lt Rinne Positive/Negative, Bilateral Rinne Positive/Negative)

Hold the tuning fork from the stem . Hit the tuning fork against your knee patella or olecranon and place it parallel to the Ex. Auditory Meatus then perpendicularly on mastoid process. Ask the patient where he hears it better

C- Weber's Test : Centralized / Lateralized

Hold the tuning fork from the stem . Hit the tuning fork against your knee patella or olecranon and place it on the forehead.

D- Tympanometry

E – Pure Tone Audiometry

F- Auditory Brainstem Response (ABR) : For Pediatrics/Children + Malingering Patients.

*Then I will continue my ENT examination of the nose, throat, cranial nerves and full body examination.