

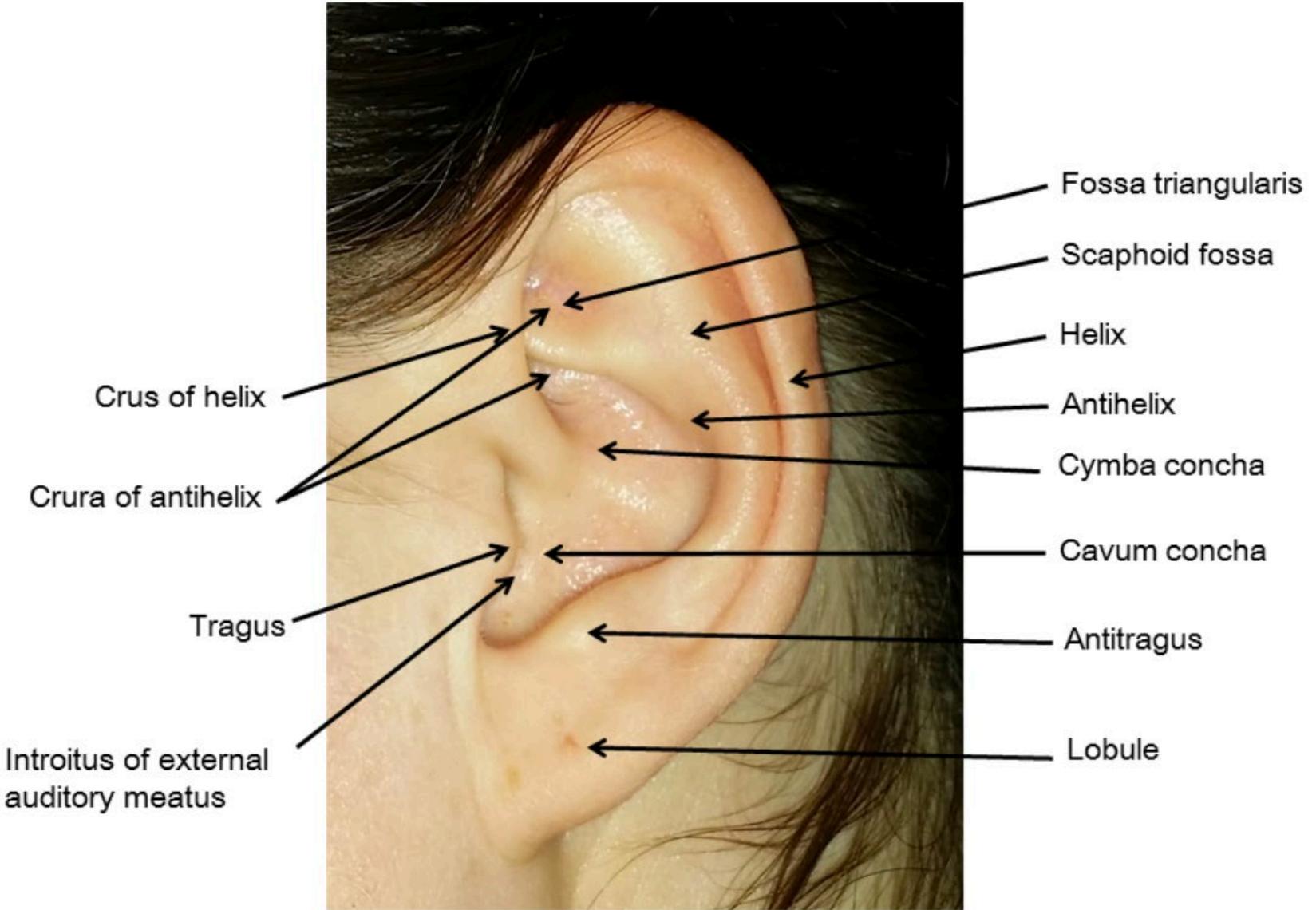
Otology for the DOHNS

Eric Farrell

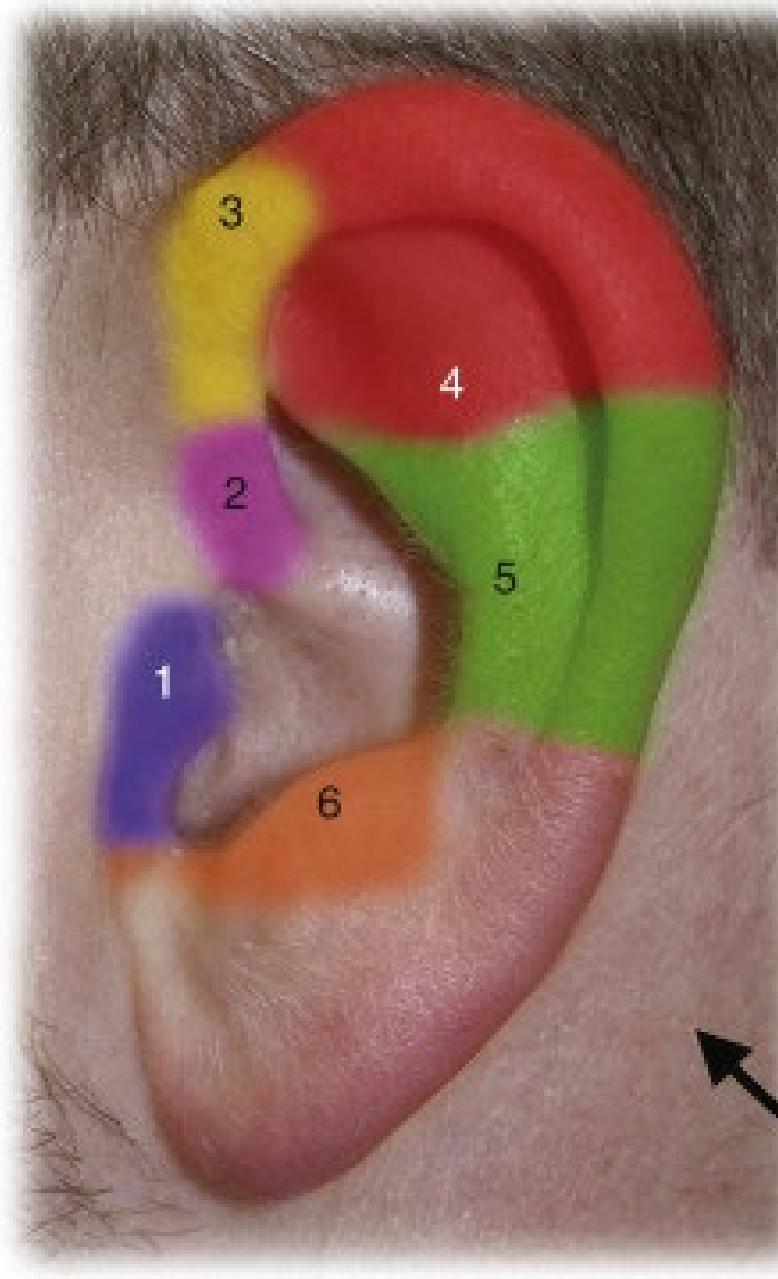
MRCS a & b

DOHNS a & b

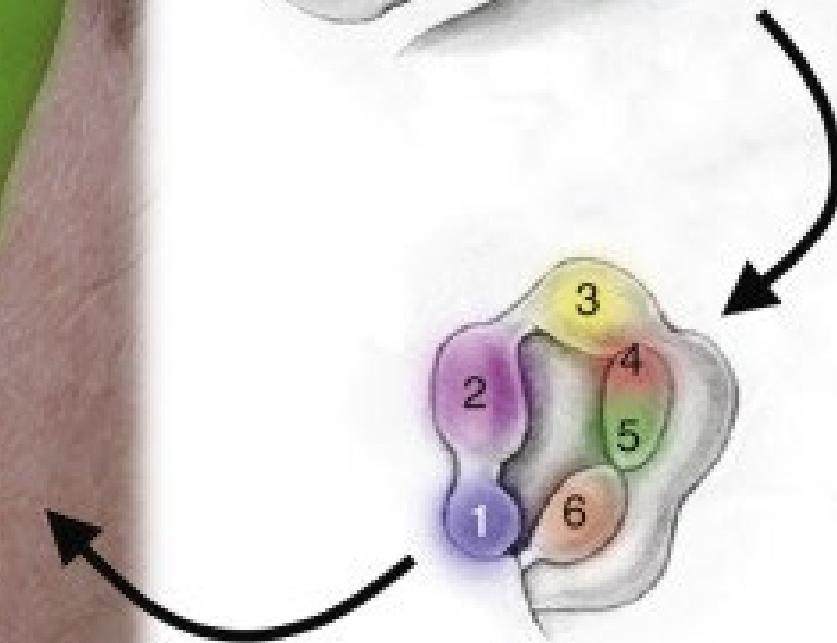
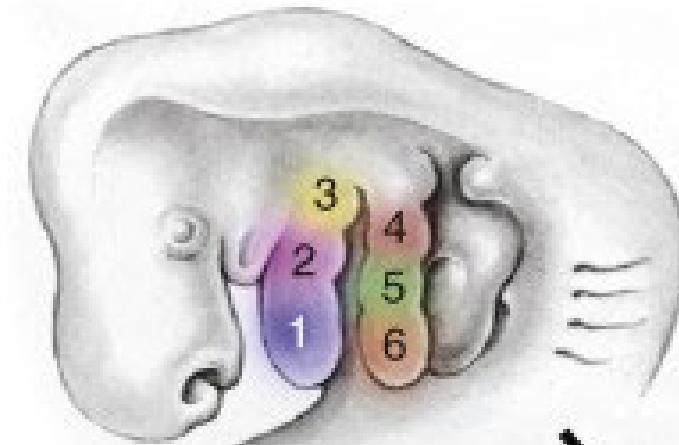
The Pinna



The Pinna



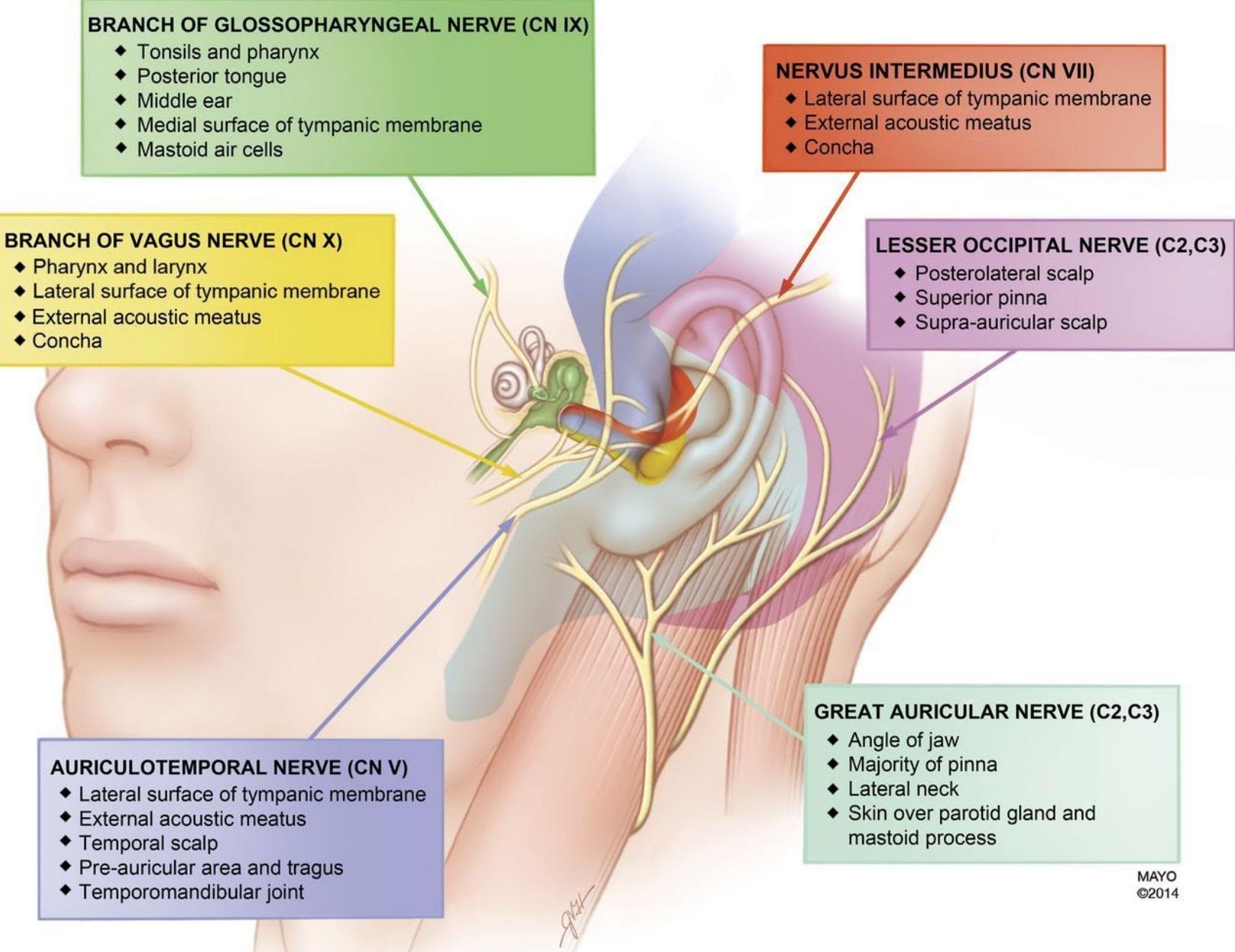
5 weeks

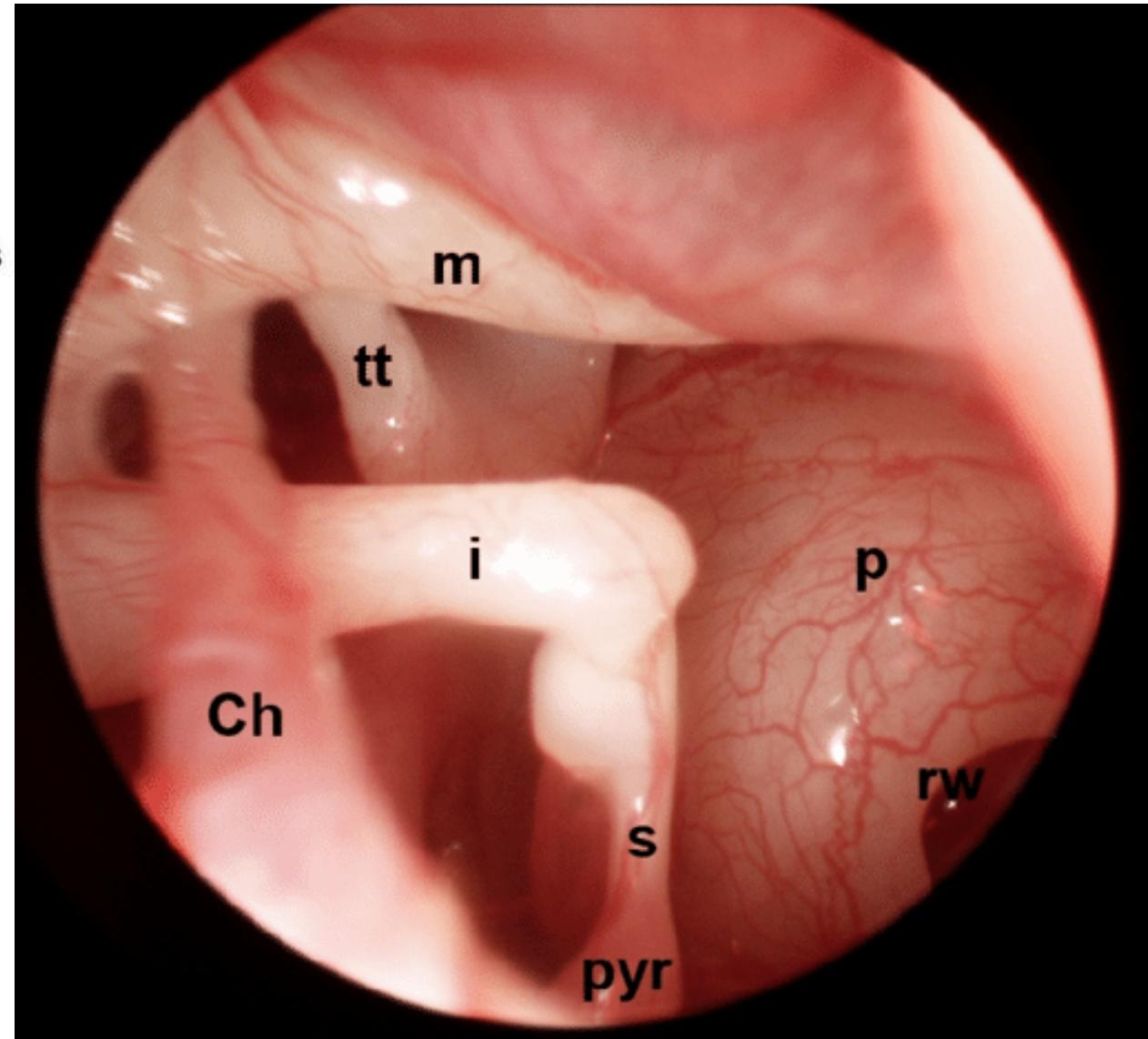
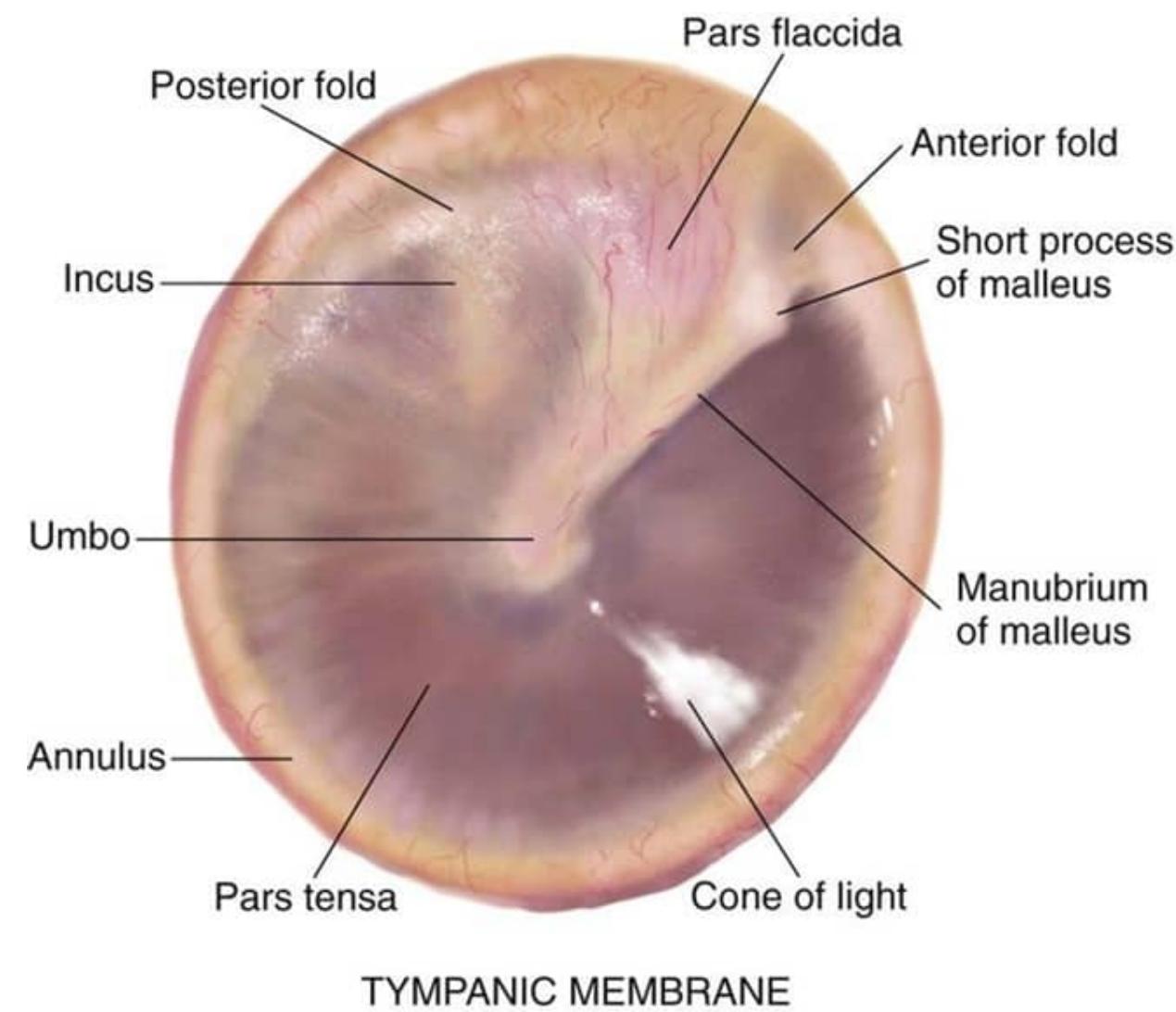


9 weeks

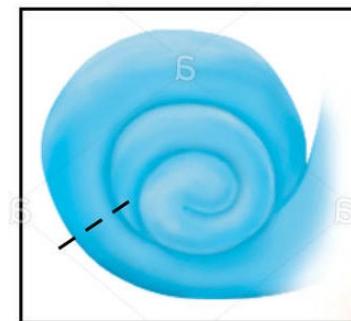
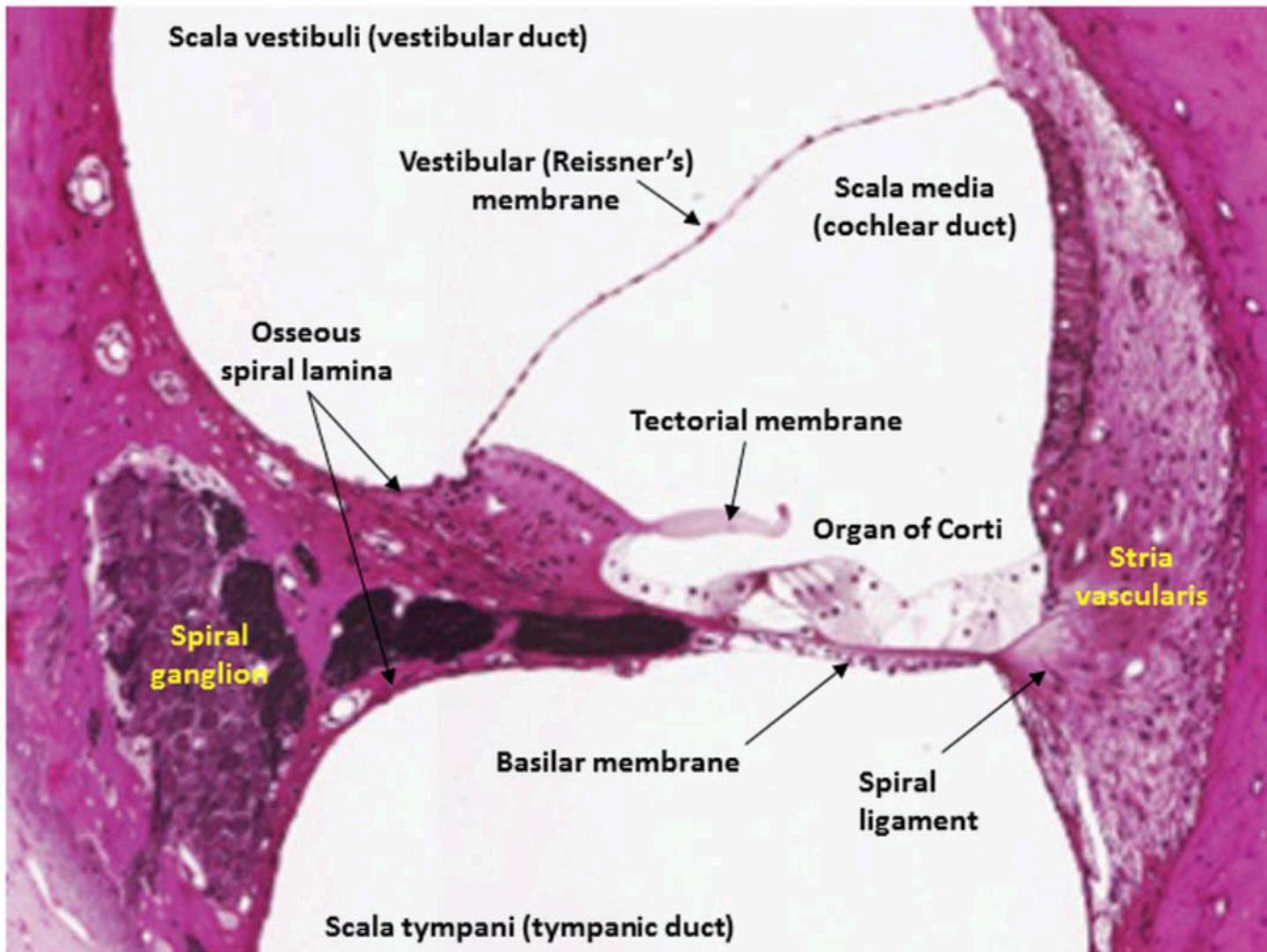
The Pinna

4CN and 2 more



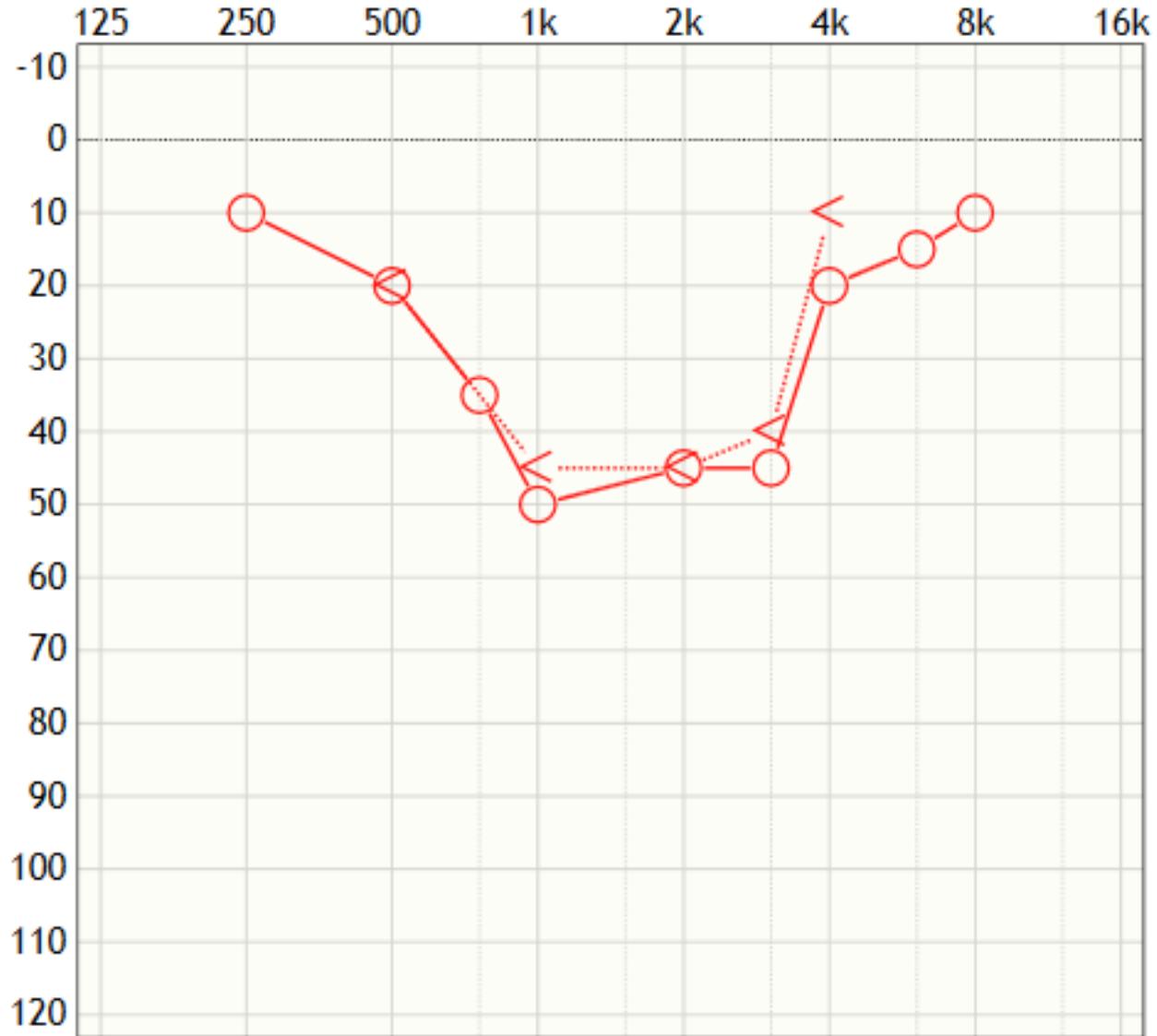


Histological Cochlear Cross Section



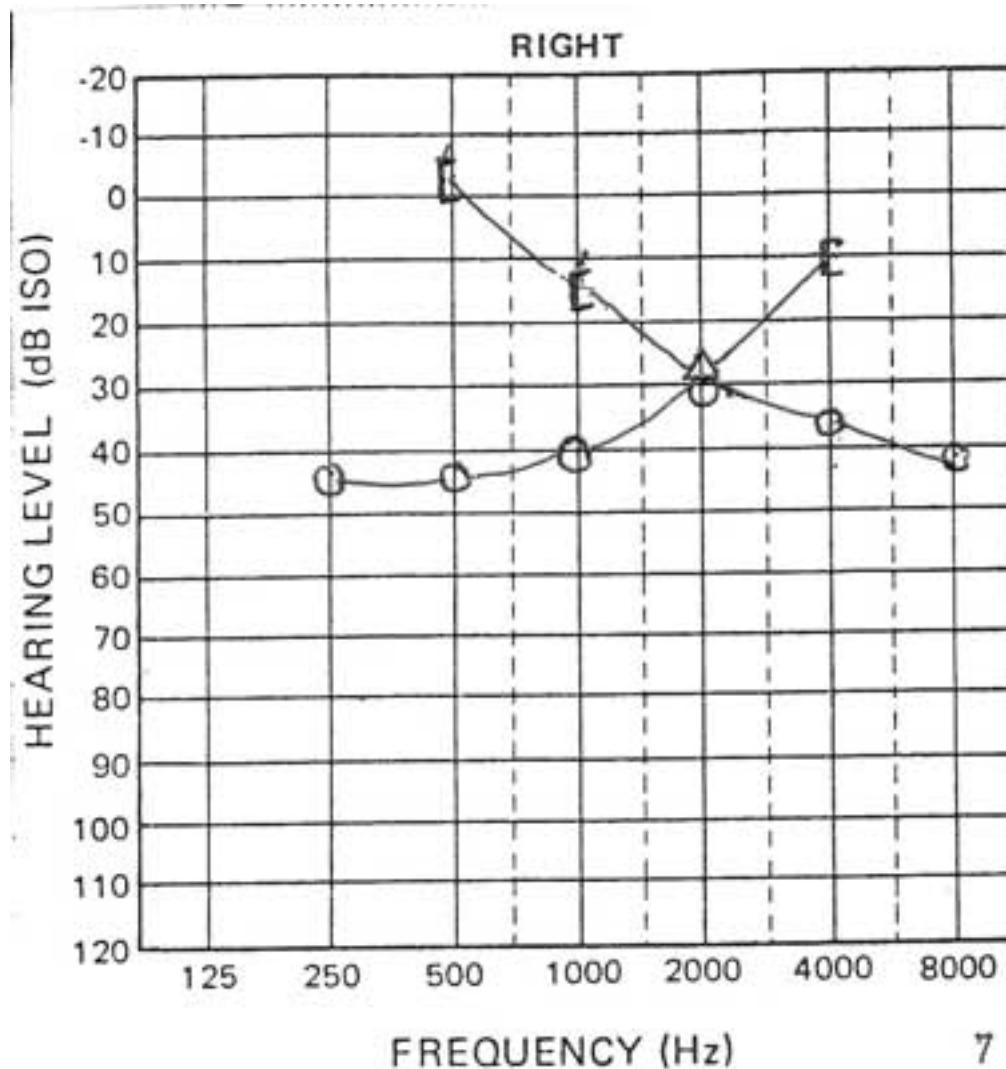
Audiograms

- 6 year old child
- Subjective HL
- 37M
- Scuba diver
- Recent trip to Dalkey Island
- 16M
- Recurrent epistaxis
- Nasal obstruction



Audiograms

- 29 year old artillery corporal
- In ear phone user
- Amateur drummer
- 35F
- Family Hx of hearing loss
- Worse during recent pregnancy
- 65M
- Recently started cisplatin therapy
- Long term clay pigeon enthusiast

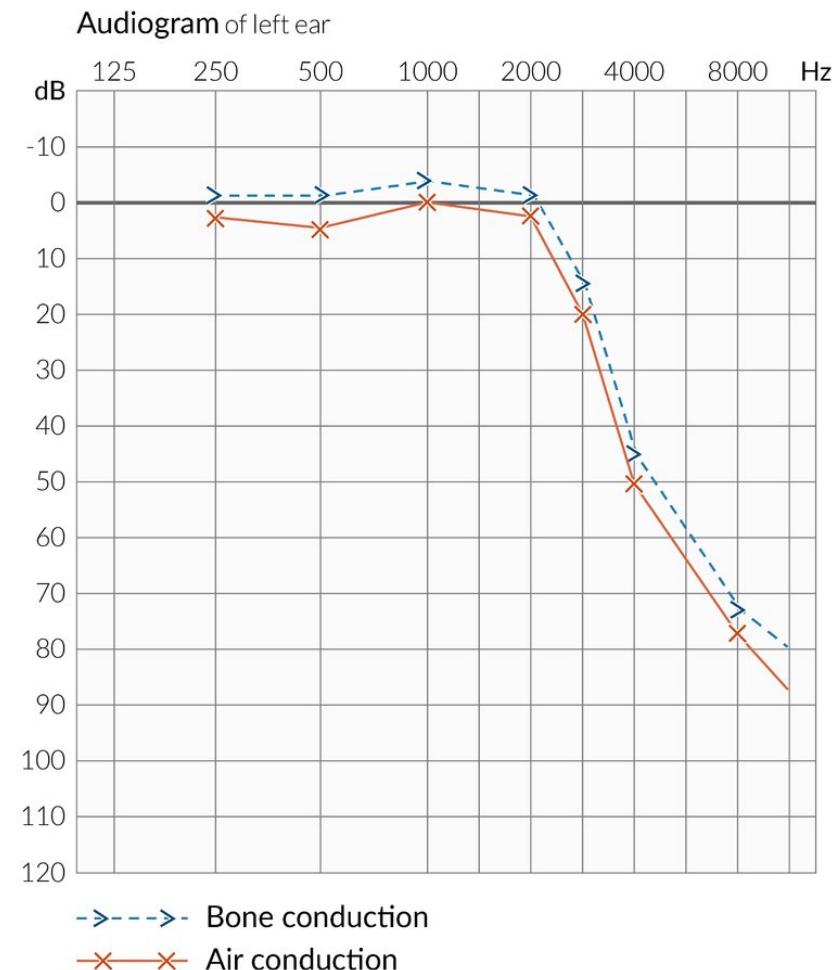
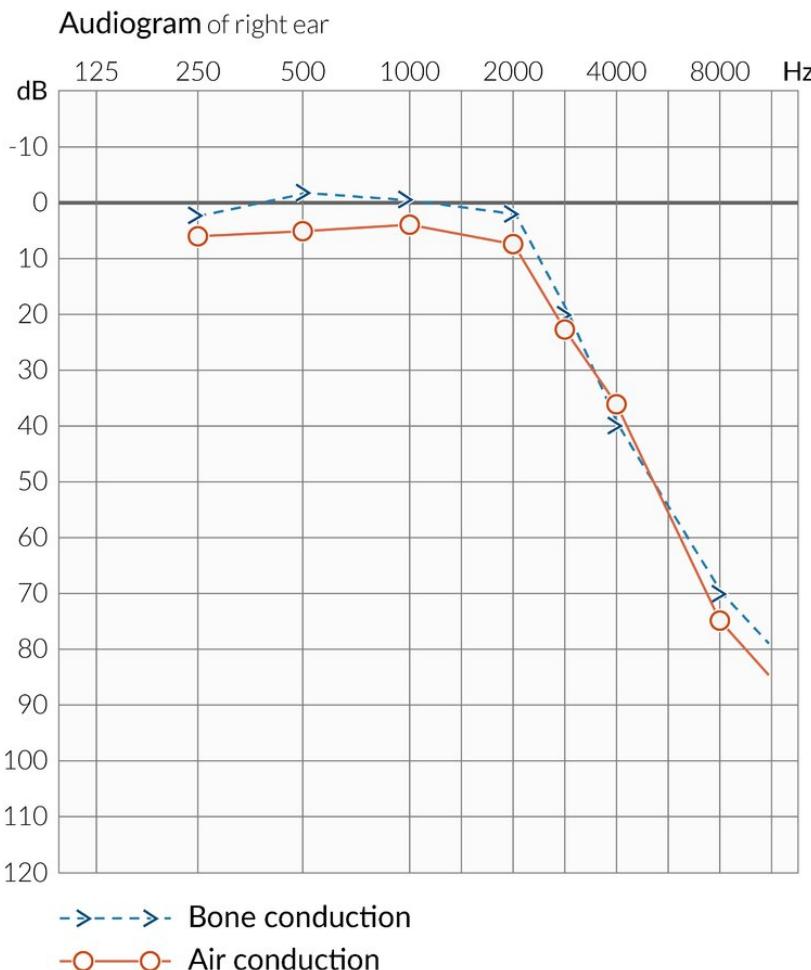


Audiograms

- 86M
- Gradual hearing loss
- Hard to hear in a crowd

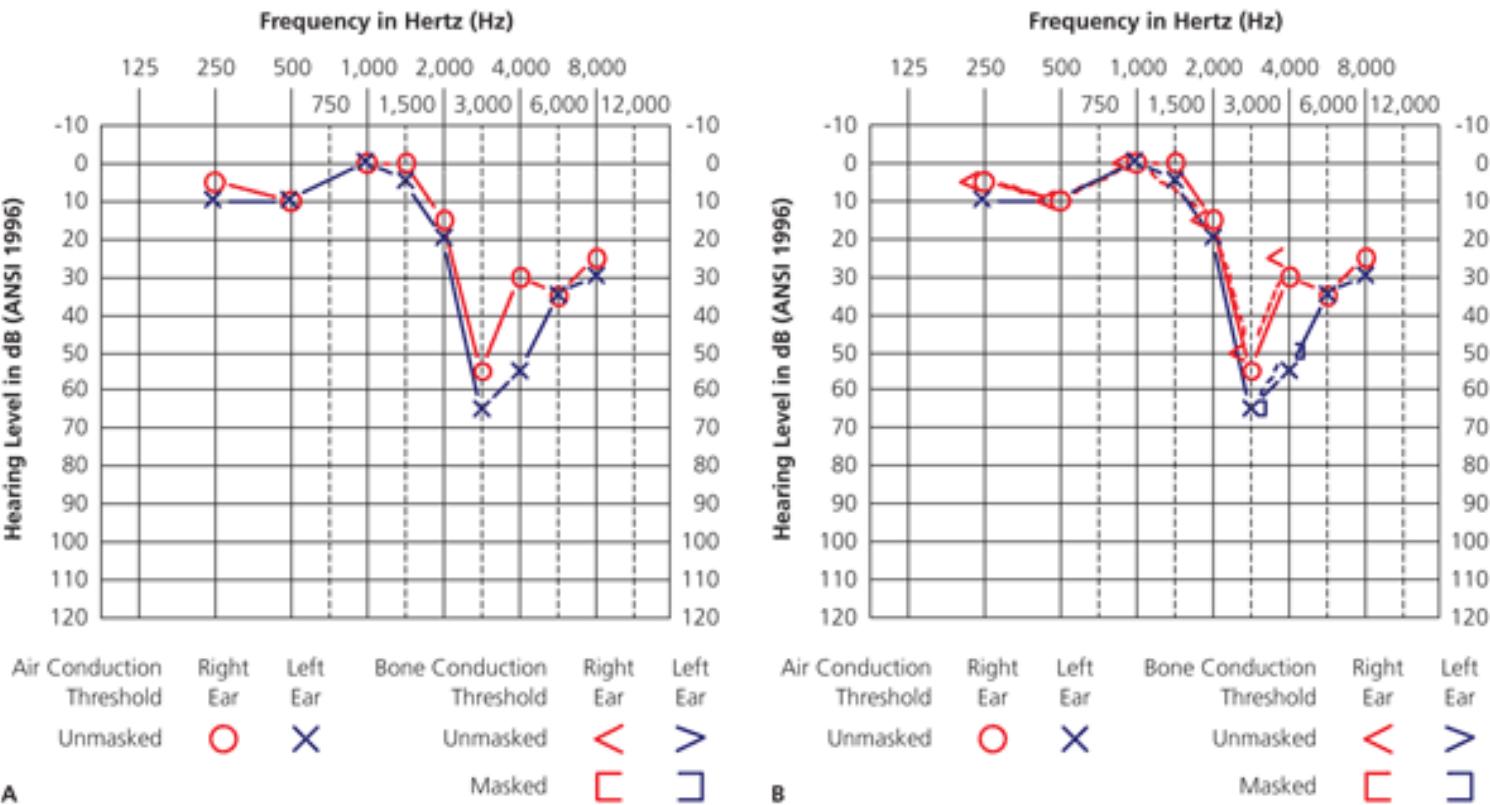
- 28F
- Doesn't like her job
- Prolonged sick leave
- Inconsistent results
- Wishes to sue Bose

- 15M
- Down hill skier



Audiograms

- 55M
- Heavy metal singer
- No ear protection
- 29F
- Cochlear aplasia
- 28M
- Treacher collins syndrome
- Atresia of EAC
- Normal Inner ear

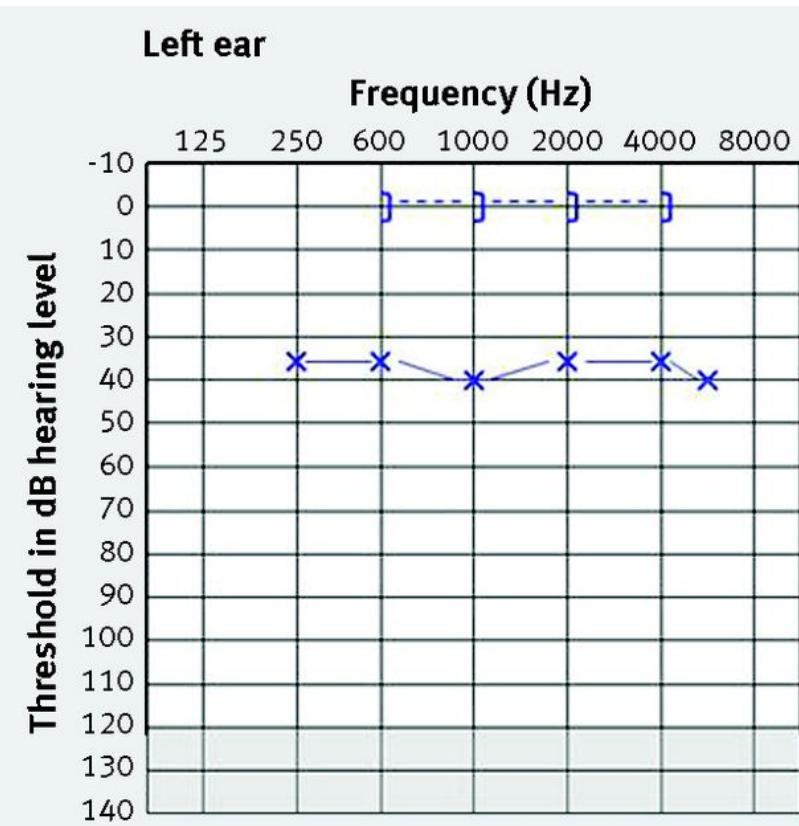
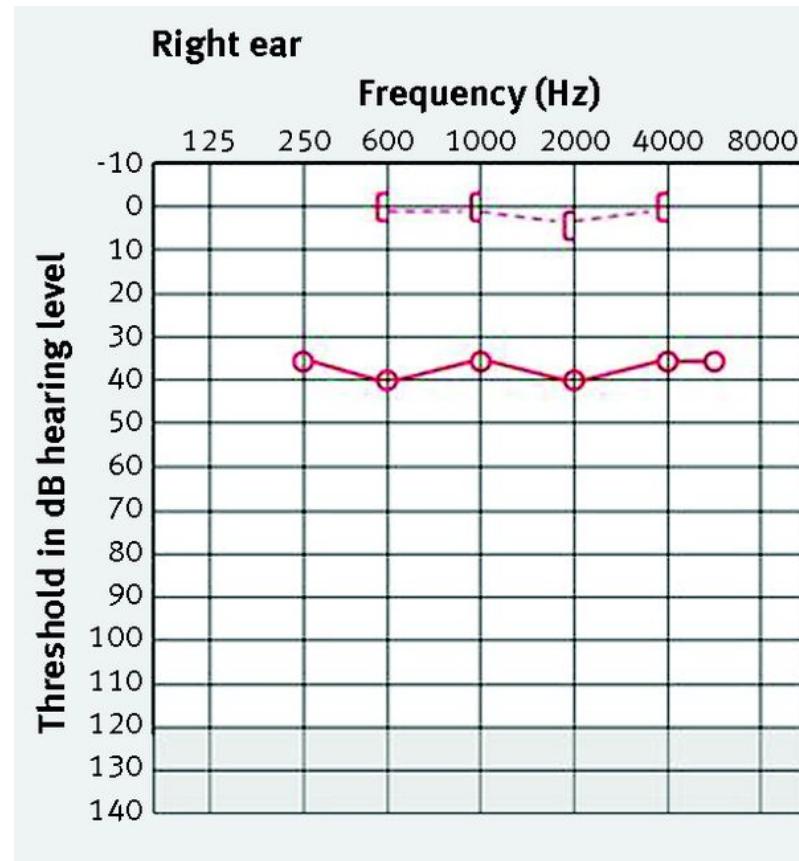


Audiograms

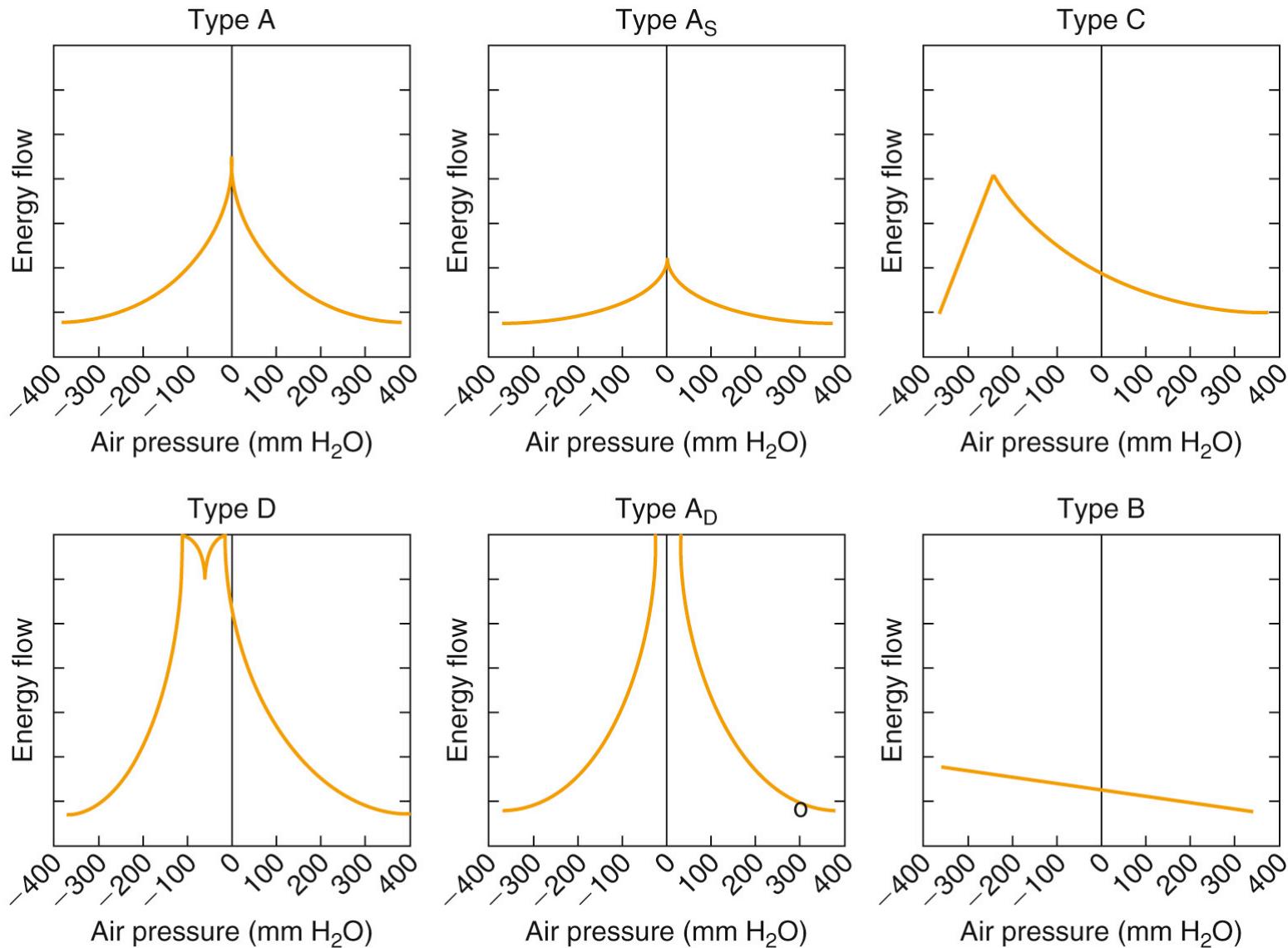
- 79F
- Gradual hearing loss
- Prev cisplatin

- 4M
- Smoking household
- Lower SEC

- 28F
- Hearing loss
- Vertigo + Tinnitus

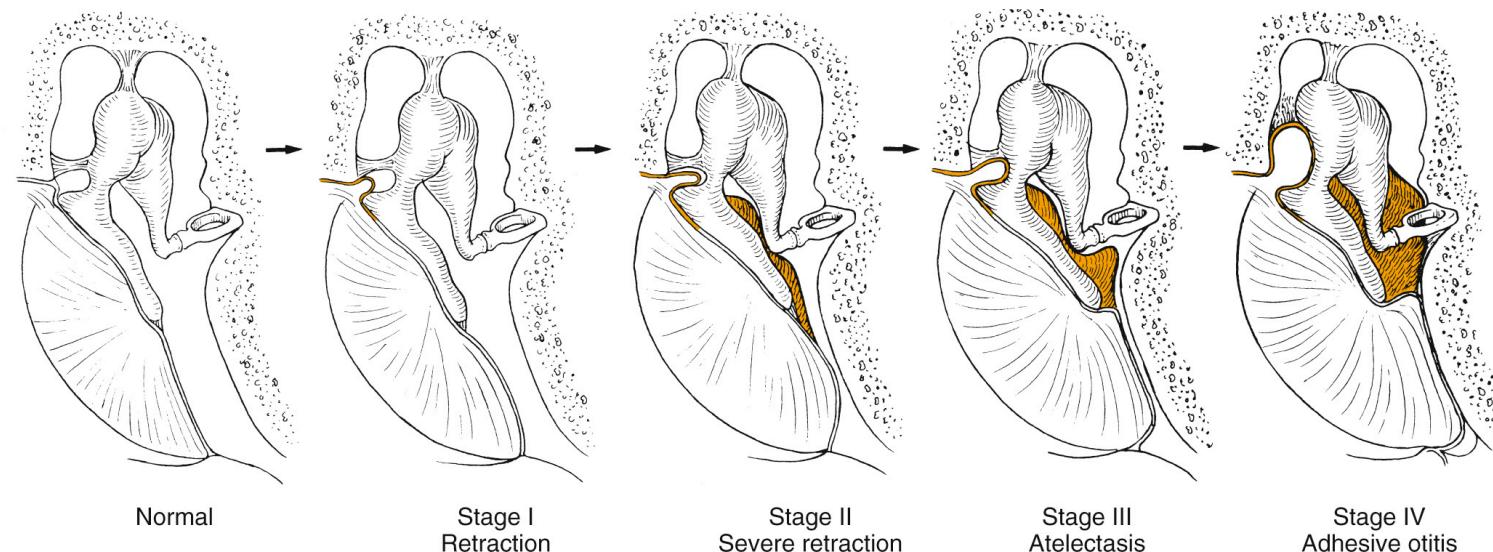


Tympanograms



Retraction pockets

Grade	Tos	Sade
I	Retraction toward malleus neck	Retraction over annulus
II	Retraction on to malleus neck	Long process of incus
III	Beyond malleus, full extent of retraction pocket seen	Promontory but not adherent
IV	Erosion of attic	Adherent to promontory



Tinnitus

- Aspirin- High doses, reversible
- Quinine- Malaria, night cramps
- Aminoglycosides- tinnitus +/- vestibular dysfunction
- Loop diuretics



Vertigo

Condition	Duration	Hearing Loss	Tinnitus	Aural Fullness	Other Features
Benign paroxysmal positional vertigo (BPPV)	Seconds	–	–	–	
Menière's disease	Minutes to hours	Uni/bilateral, fluctuating	+	Pressure/warmth	
	Precedes attack				
Vestibular neuronitis	Hours to days	–	–	–	
Labyrinthitis	Days	Unilateral	Whistling	–	Recent AOM
Acoustic neuroma	Chronic	Progressive	+	–	Ataxia CN VII palsy

Other Basics

- History taking and the relevant red flags
- Pinna haematoma management
- Op note for grommet insertion
- Bacteria causing OME
- Rules for masking in audiology
- Bacteria causing OE and treatment options
- Types of Hearing aids and indications/contraindications
 - BTE, CROS, Bone conduction, Cochlear implant



Night before the exam...

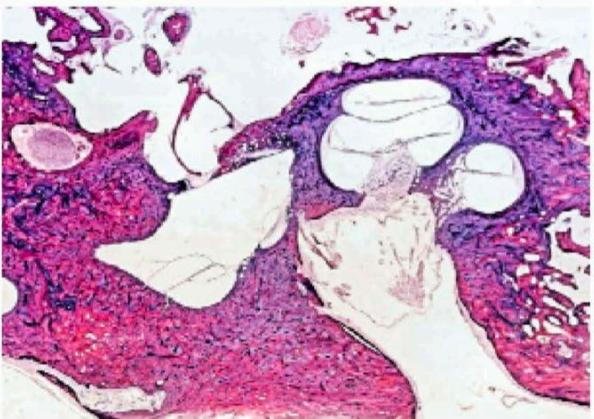
- Paediatric syndromes and associations
- Picture stations, labelling
- Red flags in ENT
- Emergency management
 - Epistaxis
 - Foreign body airway
 - Post tonsil bleed
 - Pinna haematoma



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**DO-HNS and MRCS (ENT) OSCE
GUIDE**



Ricardo Persaud,
Wai Sum Cho, Antonia Tse
Konstantinos Argiris & Henry Pau

Foreword by Professor Antony Narula FRCS

MASTERPASS

**MCQs and EMQs
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