

# ENT Update



Tom A Hamilton, D.O.  
Otolaryngology  
Program Director  
Oklahoma State University

# The “Backpain” of ENT

- Ear
  - Vertigo
  - “Otalgia”
- Nose
  - Allergy
  - “Drainage”
- Throat
  - Thyroid Nodules
  - “Cough”



"Here, don't touch the stick."

## Fast Facts

5 million office visits per year for dizziness

40% of patients over 65 will fall each year

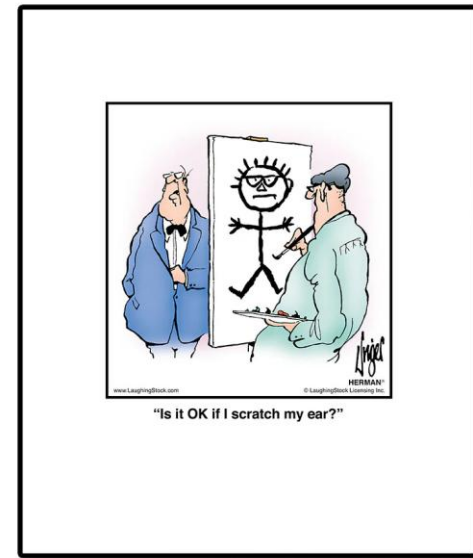
80% of patients over 65 have experienced dizziness

Most common complaint for patients over 75

Falls are the leading cause of injury for older patients and leading cause of accidental death over age 85

# How It Works

## Balance System



"Is it OK if I scratch my ear?"

Visual

Proprioceptive

Vestibular

# Symptoms

## Peripheral

Severe

Fatigues

Nausea

Hearing loss

Sweating

Worse with eye closure

Nystagmus horizontal or rotary

Ocular fixation reduces nystagmus

## Central

Mild

Does not fatigue

More weakness and falling

Symptoms better with eye closure

Nystagmus vertical

Ocular fixation has no effect or makes nystagmus worse

# What Can I Help With(ENT)?

## Peripheral vs Central

### BPPV

- Most common
- Seconds to a minute
- Positional
- Fatigable

### What Next?

- Dix/Hallpike - Epley
- Physical Therapy(PT)
- Vestibular testing

### Central

- Rule out the danger
- Audiogram
- MRI with gadolinium
- PT
- Vestibular testing



"You say you've got a ringing  
in your ears..."

# Otalgia

What can cause ear pain: Usually 3 things

## Otitis Externa

Pain with motion of the external ear

**Hearing is usually normal or slightly decreased**

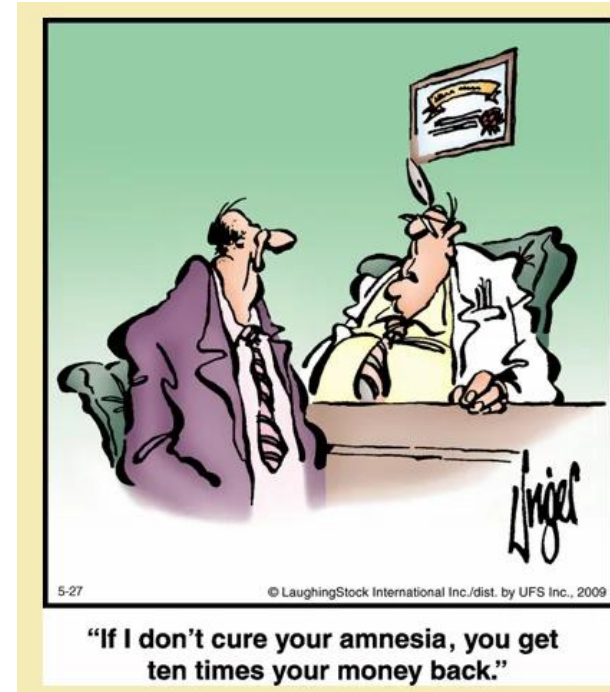
Visible edema or drainage from canal

## Otitis Media

Canal normal, infection or fluid behind drum

**Significant decrease in hearing**

Or....



# TMJ Disorder



Up to 30 percent of population has symptoms at some time.

Anything that causes dental occlusion changes: dentures, braces, losing teeth(kids)

Stress, gum chewing, ice chewing, beef jerky, clenching/grinding teeth.....

No change or minimal change in hearing.

Reproduce pain with palpation over the joint.

Lifestyle changes or if no improvement then dental evaluation.

VERY COMMON

# Nose

## Allergy

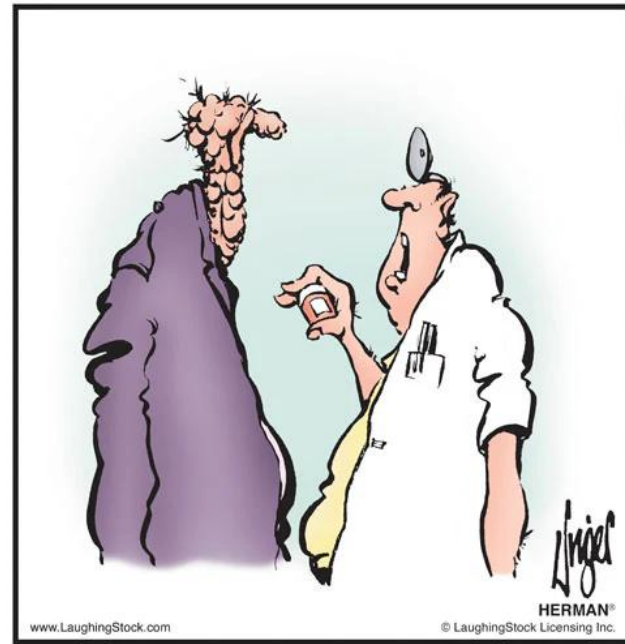
Tulsa is usually in the top 5 cities in America for allergy

Sequence of treatment is based on length of symptoms.

Antihistamines for drainage, **not** congestion

Nasal steroids for drainage **and** congestion

May need a reset of meds.



**“How am I supposed to know you’re allergic to these if you don’t tell me!”**

# Symptom Duration

Less than 4 weeks

OTC meds:

Antihistamines

Decongestants

Oral steroids

**Gold standard**

Greater than 4 weeks

Start with nasal steroid  
4 weeks of daily use

If No improvement:  
Add montelukast

If no improvement:  
Short course of steroids

**Consider Allergist referral**

# “Drainage” aka Vasomotor Rhinitis

Separate from allergic rhinitis, must rule out allergy first.

Typically older patients:

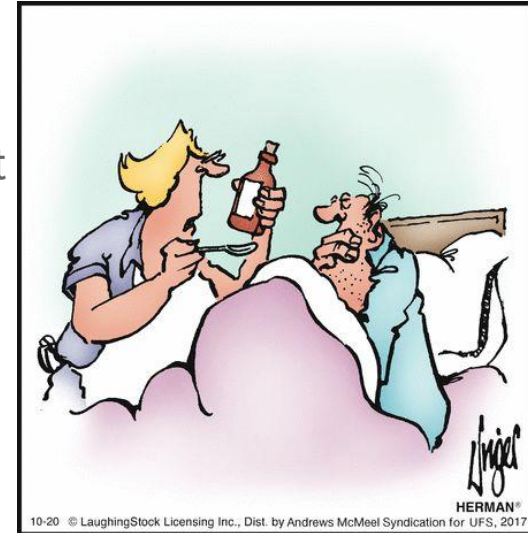
Gustatory rhinitis: nose runs when they eat

Oral antihistamines are not helpful: Must use topical treatment

Intranasal antihistamines

Ipratropium Bromide nasal spray

Surgery



“My mistake. I’m supposed to rub it on your chest.”

# Thyroid Nodules

50% of women and 30% of men will develop a nodule

Ultrasound is primary workup for nodules.

No longer recommended to get radioactive iodine uptake scan

Treatment directed by symptoms and TI-RADS grading



"If it doesn't itch, don't worry about it."

# Symptoms That Push Toward Surgery

Difficulty swallowing

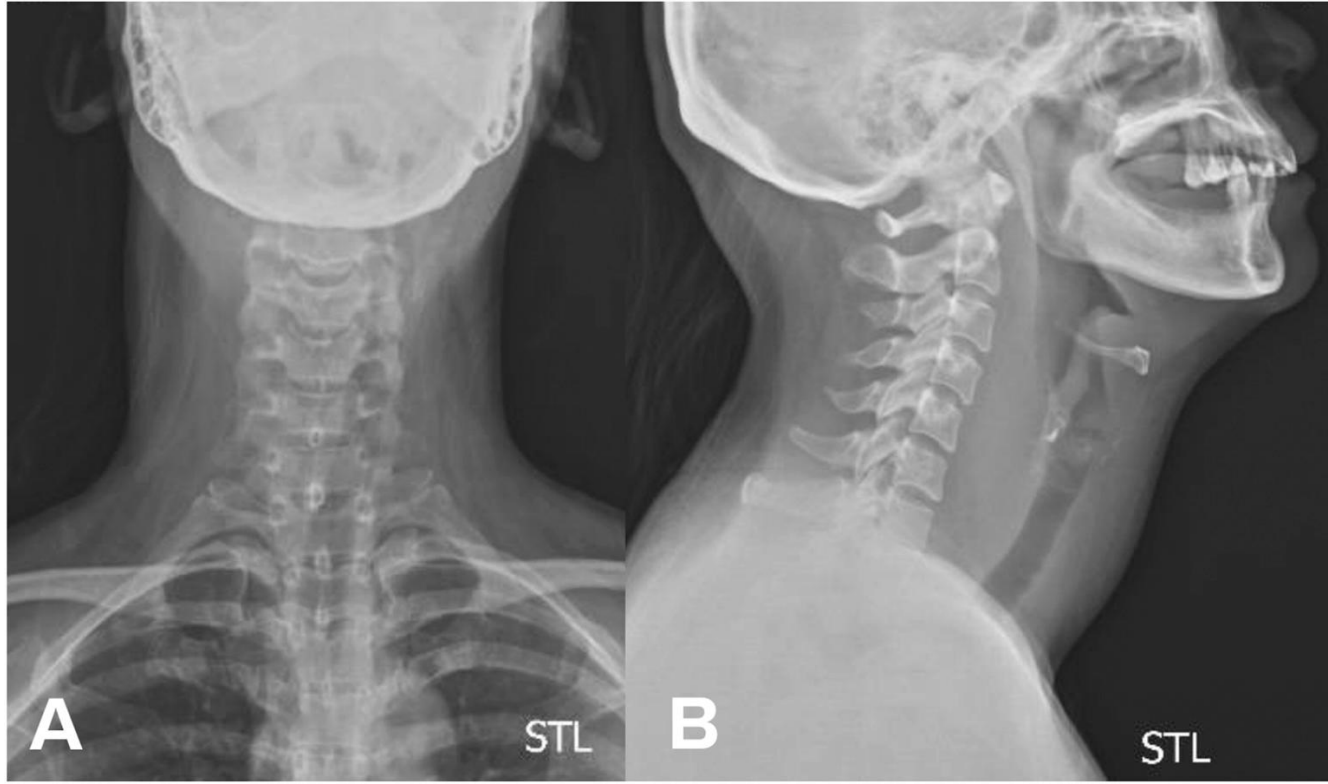
Difficulty breathing

Size greater than 4 cm

Substernal extension

Voice change

Globus sensation



# **TI-RADS: American College of Radiology (ACR)**

Risk of malignancy and indication for **F**ine **N**eedle **A**spiration (**FNA**)

**TI-RADS 1** : 0-2% (Benign) No FNA, No Follow Up

**TI-RADS 2** : 0-9% (Not Suspicious) No FNA, No Follow Up

**TI-RADS 3** : 1.6-16.6% (Mildly Suspicious) FNA if  $\geq 2.5\text{CM}$ , Repeat US in 1-2 years

**TI-RADS 4** : 11-**27**% (Moderately Suspicious) FNA if  $\geq 1.5\text{CM}$ , Repeat US in 1 year

**TI-RADS 5** : 52-**93**% (Highly Suspicious) FNA if  $\geq 1\text{cm}$ , Repeat US in 6 months

**Basically, order an ultrasound, if TI-RADS grading suggests, order FNA.**

# IF FNA Is Not Diagnostic...

Role of core needle biopsy

Role of genetic testing



3-12

© LaughingStock Licensing Inc., Dist. by Andrews McMeel Syndication, 2025

**“If you *don’t* mind, I prefer being referred to as ‘rear animal impersonator.’”**

# Chronic Cough

Post nasal drainage

Gastroesophageal reflux/Laryngopharyngeal reflux

Sinopulmonary syndrome

Chronic laryngitis

Occupational



**"Your boss wants to hear you cough."**



"If you remember, I did mention possible side-effects."

**Questions?**



"Here, don't touch the stick."