Preface

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Guest Editor

Acute and chronic conditions of the ear, nose, throat, and related head and neck structures are common reasons for outpatient medical visits. These conditions, and the symptoms they cause, can be trivial and mundane or may be debilitating with profound impacts on quality of life. They may be self-limiting and only require supportive care. On the other hand, as pointed out in the articles in this issue of the Medical Clinics of North America, seemingly benign symptoms may be the first clues to a serious and life-threatening condition. General internists stand at the front-line of the effort to make an early diagnosis that has an impact on treatment outcome. The diagnosis and management of these head and neck conditions can be a challenge for general internists (or otolaryngology specialists for that matter), and significant judgment is required to discern the significance of a patient’s complaints, begin treatment despite diagnostic uncertainty, and use diagnostic testing in a cost-effective manner.

For ambulatory otolaryngology problems, the history and physical examination are often all that is required to render an accurate diagnosis and begin treatment. Laboratory tests are not usually necessary. One of my attractions to otolaryngology as a career field derived from the primacy of physical examination as a diagnostic tool. Unfortunately, general internists do not often possess the equipment that enables a detailed physical examination of the head and neck. In the absence of an operating microscope and flexible and rigid endoscopes, generalists must be even more skilled in analyzing a patient’s history and in using other diagnostic tools, such as imaging.

Residency training for internists may not significantly address the head and neck problems that are common in ambulatory medical practice. Thus, a goal of this issue is to share the otolaryngologist’s perspective on the evaluation and management of patients with common head and neck problems. Each article is oriented toward a specific chief complaint, with diagnostic and treatment strategies that are primarily practical in nature. A variety of texts are available that provide interested readers with a more encyclopedic description of the multiple pathologies that affect the head and neck. Finally, we have endeavored to identify red flags that suggest a referral when specialty care is needed, and we have included an article that provides an
update on the diagnosis and treatment of upper aerodigestive tract malignancy. It is hoped that the contents of this issue provide practicing general internists with some novel insights and strategies that can be used in the management of outpatients who present with head and neck symptoms.

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