Evaluation and Management of the Patient with "Sinus"

Matthew W. Ryan

The patient with "sinus" is common. However, an accurate diagnosis for a patient's sinus complaints may be elusive. The diagnostic uncertainty with these patients is a result of nonspecific symptoms, subtle or absent physical examination findings, and limited diagnostic testing options. Rhinitis should be distinguished from sinusitis. In acute illness, viral upper respiratory tract infection should be distinguished from acute bacterial sinusitis. For patients with chronic sinus symptoms, objective evidence of paranasal sinus inflammation should be confirmed before labeling the patient with chronic sinusitis.

The Patient with Allergies

Christine B. Franzese and Neal W. Burkhalter

Allergic disease affects a sizeable percentage of the general population, has a significant impact on patient quality of life, and exerts a significant financial burden on society. Atopic symptoms from inhalant allergens are among the most frequent complaints in outpatient medical visits. Key history and physical examination findings help to distinguish allergic rhinitis from other forms of chronic rhinosinusitis. Diagnostic testing may not be necessary unless immunotherapy is contemplated.

Evaluating and Managing the Patient with Nosebleeds

R. Peter Manes

Epistaxis is a common clinical problem often seen by primary care physicians. This can be caused by multiple factors, each of which should be explored to treat the epistaxis and prevent recurrences. In this article, etiologies and methods of evaluation for the patient with epistaxis are discussed. Treatment strategies are outlined in a stepwise fashion, as are recommendations for situations requiring referral to an otolaryngologist.

The Patient with "Postnasal Drip"

Matthew W. Ryan

Postnasal drip (PND) is a common clinical complaint, yet its physiologic basis and appropriate treatment have been inadequately addressed in the medical literature. PND may be caused by a variety of conditions involving the nose and throat. Often, the symptom is not caused by actual secretions draining from the nose into the pharynx. In many instances,
no definitive cause can be identified. Empiric treatment for PND symptoms should be guided by associated symptoms that suggest either a sinonasal cause or gastroesophageal reflux. Rarely, PND may be a symptom of a serious process such as a mass lesion in the pharynx or a malignancy and thus referral to an otolaryngologist is appropriate if symptoms are persistent, unexplainable, or associated with warning signs of malignancy.

The Patient with Sore Throat 923
Teresa V. Chan
Sore throat is a common medical complaint seen by the emergency practitioner, internist, pediatrician, and otolaryngologist. The differential for sore throat is vast. However, with a directed history this can often be narrowed down to 2 to 3 possible diagnoses. By paying particular attention to the associated symptoms and duration of symptoms, common self-limited etiologies like viral pharyngitis and nonstreptococcal tonsillitis can be distinguished from those that require more investigation, such as supraglottitis and tonsillar cancer. A sore throat is most commonly caused by an infectious, inflammatory, or neoplastic etiologic factor.

Diagnostic Evaluation and Management of Hoarseness 945
Ted Mau
Hoarseness is a common symptom that can result from a wide spectrum of underlying causes ranging from the common cold to a malignancy. A framework for diagnostic evaluation is presented based on categorizing the myriad of causes by how they interfere with the voice production mechanism. Triaging of cases by necessity or urgency of laryngoscopy is assisted by forming a global index of suspicion based on targeted history taking. Laryngoscopy is required in most cases to obtain a diagnosis for the hoarseness. Treatments commonly prescribed for hoarseness are critically examined in this article. To listen to audio clips of patients with different types of hoarseness, please visit our website, www.medical.theclinics.com.

Otalgia 961
Ryan E. Neilan and Peter S. Roland
Otalgia, pain in the ear, can be a consequence of otologic disease (primary or otogenic otalgia), or can arise from pathologic processes and structures other than the ear (secondary or referred otalgia). In children, ear disease is far and away the most common cause of otalgia, but in adults, secondary or referred otalgia is more common. Otalgia can be the only presenting symptom of several serious conditions, and its etiology should be fully explored. Unfortunately, its workup is complex and no simple algorithm exists. This article outlines the common causes, presentation, and treatment options for primary and secondary otalgia.

Hearing Loss 973
Brandon Isaacson
Hearing loss is one of the most common sensory impairments and affects almost 10% of the adult population. The percentage of adults with hearing
loss markedly increases with advancing age. The differential diagnosis for patients presenting with hearing loss is extensive, but can often be narrowed with a directed hearing history and physical examination. The severity of the hearing loss may warrant additional diagnostic studies, including audiometry, and possible imaging in selected cases. Hearing aids, assistive listening devices, middle ear surgery, and cochlear implantation are potential therapeutic options available to patients depending on the type and severity of the hearing loss.

The Dizzy Patient

Joe Walter Kutz Jr

The dizzy patient often presents a challenge to the physician. The history is the most important component of the evaluation of the dizzy patient and often allows the cause of the dizziness to be categorized as peripheral or central. Peripheral causes include benign paroxysmal positional vertigo, Meniere’s disease, and vestibular neuritis. Central causes include migraine-associated dizziness, postconcussion syndromes, cerebrovascular disease, and multiple sclerosis. Treatment depends on the cause of the dizziness and may include dietary modifications, diuretics, vestibular suppressants, vestibular rehabilitation, or surgical intervention.

The Patient with a Thyroid Nodule

Matthew C. Miller

Nodular thyroid disease is common in the United States and throughout the world. Although most thyroid nodules are benign in nature, certain clinical, radiographic, and cytologic features are associated with an increased risk of malignancy. A clear understanding of these risk factors assists in the decision-making process when evaluating a patient with a thyroid nodule. It is this process that ultimately determines whether or not a patient is referred for surgery. This article provides a framework for clinicians to risk-stratify and appropriately manage patients with thyroid nodules.

Evaluating the Adult Patient with a Neck Mass

Tara L. Rosenberg, Jimmy J. Brown, and Gina D. Jefferson

The objective of this article is to provide the internist with general considerations when confronted with an adult patient presenting with a neck mass. A thorough gathering of historical information and a complete physical examination are crucial in developing a differential diagnosis for these patients. Specifically, the location of the mass, its time of onset, and duration are important because of the high likelihood of neoplastic processes in patients older than 40 years. The young adult patient has an increased incidence of inflammatory, congenital, and traumatic processes as causes of their neck mass, but again, neoplasms are not out of the realm of possibility. Judicious use of imaging studies, namely computed tomography scanning with contrast, is a valuable adjunct to the physical examination. Other than infectious etiology, referral to an otolaryngologist is frequently warranted to obtain a definitive diagnosis for the development of an appropriate treatment plan, which is predominantly surgical.
Early detection of upper aerodigestive tract cancer improves prognosis. The primary care physician plays an important role in early detection of these cancers. Most upper aerodigestive tract cancers are squamous cell carcinomas that are linked to tobacco, alcohol, or human papillomavirus exposure. These cancers produce nonspecific symptoms; thus, any persistent oral cavity lesion or neck mass or other unexplainable ear, nose, and throat symptoms should prompt an evaluation for malignancy. Although overall survival has not improved, nonsurgical treatment approaches have led to higher rates of organ preservation and rehabilitation after treatment has improved the quality of life of survivors.

Obstructive sleep apnea (OSA) may be associated with myriad clinical consequences such as increased risk of systemic hypertension, coronary vascular disease, congestive heart failure, cerebrovascular disease, glucose intolerance, impotence, obesity, pulmonary hypertension, gastroesophageal reflux, and impaired concentration. Nonetheless, OSA remains undiagnosed in 82% of men and 93% of women with the condition. Early identification and treatment of OSA provides significant relief for individuals, prevents complications of OSA, and reduces overall health care costs. Better understanding of the pathogenesis, risk factors, diagnosis, and treatment of OSA has the potential to improve early recognition of OSA and prevention of adverse effects on the individual and society.