Contents

Foreword: Reflections xv
Bimal H. Ashar

Preface: Otolaryngology for the Internist xvii
C. Matthew Stewart

Otolaryngology for the Internist: Hearing Loss 977
Carrie L. Nieman, Nicholas S. Reed, and Frank R. Lin

Hearing loss is the third most common chronic condition but can be secondary to a range of conditions encountered in primary care. This article reviews the presentation, evaluation, differential diagnosis, and associated treatments for both acute and chronic causes of hearing loss. As the most common cause of hearing loss, this article provides an overview of age-related hearing loss, its consequences, and pragmatic treatment approaches, including over-the-counter hearing technology.

Sinuses and Common Rhinologic Conditions 993
Nyall R. London Jr and Murugappan Ramanathan Jr

Some of the most common rhinologic disorders that may present to the primary care provider include disorders of hemostasis, such as epistaxis, or sinonasal inflammatory disorders, such as allergic rhinitis and acute or chronic rhinosinusitis. This article is written with the intent to review these common rhinologic conditions for primary care providers and to summarize symptoms, diagnostic testing, differential diagnosis, and management/treatment approaches.

Dizziness and the Otolaryngology Point of View 1001
Sharmeen Sorathia, Yuri Agrawal, and Michael C. Schubert

Dizziness can be due to pathology from multiple physiologic systems, the most common being vestibular. Dizziness may be categorized as vertigo, disequilibrium, lightheadedness, or oscillopsia. Vertigo is an illusion of motion often caused by asymmetrical vestibular input to the brainstem. To evaluate vertigo, it is essential to include the symptom’s quality, timing, frequency, trigger, influence from positional changes, and other associations from the history. Oculomotor, otologic, balance testing, positional testing, and nystagmus testing are equally important components of the examination. Two of the most common diagnoses are readily treated with canalith repositioning maneuvers and vestibular rehabilitation exercises.
Head and Neck Masses
Kenneth Yan, Nishant Agrawal, and Zhen Gooi

Head and neck cancers comprise 4% of the cancer burden in the United States each year. Many types of head and neck cancers present as an asymptomatic, nontender neck mass or nonspecific symptoms, such as hoarseness, sore throat, and pain. Head and neck cancers are frequently diagnosed incidentally by the primary care physician or dentist. This review summarizes the epidemiology, clinical manifestations, diagnosis, and treatment of several common head and neck cancers in order to provide an increased awareness for the internist to facilitate early detection of these diseases.

Update on Management of Hoarseness
Sandra Stinnett, Monika Chmielewska, and Lee M. Akst

Dysphonia is altered voice quality, pitch, loudness, or vocal effort that impairs communication or decreases voice-related quality of life. Hoarseness is vocal roughness and a possible manifestation of dysphonia. This article uses the broader term dysphonia because it reflects a wide range of voice complaints, with or without vocal roughness. Dysphonia is often caused by benign conditions but may also be the sentinel symptom of a serious or progressive condition requiring immediate diagnosis and management. The role of laryngeal visualization in assessment and diagnosis for these patients is critical.

The Aging Face
Anil R. Shah and Paige M. Kennedy

The aging face is a popular topic in modern medicine. To understand and treat unwanted signs of aging, it is imperative to understand the biological and physical causes and contributing factors to facial aging, preventative measures to avoid advanced facial aging, and current treatment options. Changes to the human face are progressive with time; however, there are many methods, both surgical and nonsurgical, to reduce the stigmata of aging and provide patients with the appearance they desire. The process of aging is discussed in this article, as well as the multiple treatment options, both surgical and nonsurgical.

Adult Head and Neck Health Care Needs for Individuals with Complex Chronic Conditions of Childhood
Sara Mixter and Rosalyn W. Stewart

Millions of adults in the United States are currently living with what is termed chronic childhood conditions—childhood-onset conditions, about which adult providers often receive minimal training—and another half million youths with special health care needs enter adulthood each year and will undergo transition from pediatric to adult care. Here, the authors review the important otolaryngologic manifestations of several of these chronic childhood conditions, including autism spectrum disorder, cerebral palsy, and Down syndrome, as well as the primary care providers’ role in caring for transitioning tracheostomy-dependent patients.
Chronic Ear Disease 1063
Susan D. Emmett, John Kokesh, and David Kaylie

Chronic ear disease is composed of a spectrum of otologic disorders intrinsically tied to Eustachian tube dysfunction. Presentation can range from asymptomatic findings on physical examination to critically ill patients with intracranial complications. Internists represent the first line in diagnosis of these conditions, making awareness of the common signs and symptoms essential. With surgical management often required, partnership between internal medicine and otolaryngology is fundamental in the management of patients with chronic ear disease.

Tinnitus 1081
Divya A. Chari and Charles J. Limb

Objective and subjective tinnitus can often be differentiated based on comprehensive history, physical examination, and audiogram. Examples of objective tinnitus include vascular abnormalities, palatal myoclonus, patulous eustachian tube, and stapedial/tensor tympani muscle spasm. Subjective tinnitus is usually associated with hearing loss. Rarely, tinnitus is the result of an underlying condition. In these cases, imaging and additional testing may be indicated. Classification of the type, quality, and intensity of tinnitus is helpful in the work-up and treatment of tinnitus. Treatment modalities include cognitive behavioral therapy, tinnitus retraining therapy, sound therapy, hearing aids, cochlear implants, pharmacotherapy, and brain stimulation.

Head and Neck Manifestations of Systemic Disease 1095
Annie E. Moroco and Johnathan D. McGinn

Systemic diseases commonly managed by the Internist may have presentations within the head and neck. Awareness of these manifestations, sometimes as the presenting signs or symptoms of systemic disease, may aid the Internist in diagnosis and management. The Otolaryngologist may be helpful in assisting in the evaluation of these patients and in some cases providing targeted symptomatic therapy. Some systemic processes can generate emergent airway events, and early engagement of the otolaryngologist is of value.

Urgent Infections of the Head and Neck 1109
Marika D. Russell and Matthew S. Russell

Infections of the head and neck are common and appropriately managed by primary care providers in most cases. However, some infections are associated with significant morbidity and require urgent recognition and management by specialty services. These include deep neck space infections originating in the oral cavity, pharynx, and salivary glands, as well as complicated otologic and sinonasal infection. This article provides a review of these conditions, including the pathophysiology, presenting features, and initial management strategy.
Speech Language Pathology Rehabilitation 1121

Kristine Pietsch, Tiffany Lyon, and Vaninder K. Dhillon

The speech language pathologist has a vital management role in patients with voice and swallow concerns, as well as stroke patients and patients with fluency problems. This article summarizes the variety of speech and swallow rehabilitation that adult patients may require or seek. The case examples allow the reader to base the clinical decision-making process within the context of a patient presentation and elucidate the role of speech and language pathology services for the primary care provider in order to refer patients with symptoms and concerns to the right provider early in their medical care.

Facial Nerve Paralysis 1135

James A. Owusu, C. Matthew Stewart, and Kofi Boahene

Patients afflicted with facial paralysis suffer significant physical and psychosocial effects that can lead to depression and social isolation. Timely diagnosis and initiation of appropriate therapy are keys to achieving good outcomes in the management of facial paralysis. Eye protection is of paramount importance to prevent vision loss in patients with impaired eye closure. Patients should be assessed for signs of depression and treated appropriately.