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Hearing Loss and Tinnitus 799
Scott B. Shapiro, Kimberley S. Noij, James G. Naples, and Ravi N. Samy

A focused history, otoscopic and tuning fork examination and formal hearing testing are the diagnostic pillars for the workup of hearing loss and tinnitus. The causes of hearing loss and tinnitus are varied and range from relatively common age-related hearing loss to rare tumors of the brain and skull base. In this chapter, the authors explain the diagnostic workup of hearing loss and tinnitus, review the pathophysiology of the most common causes, and describe the treatments available.

Evaluation and Management of Otalgia 813
Tiffany Peng Hwa and Jason A. Brant

Otalgia can be broadly categorized into primary otologic causes and secondary nonotologic causes. Isolated otalgia in the absence of hearing loss, otorrhea, or abnormal otoscopic findings is typically secondary to referred pain from nonotologic causes, as the sensory nerve supply to the ear arises from 4 cranial nerves and the cervical plexus. The most common causes of primary otalgia are acute otitis media and otitis externa, whereas the most common causes of secondary otalgia are temporomandibular joint disorders and dental pathology. Persistent unilateral ear pain and other alarm symptoms warrant further evaluation for possible neoplasm.

Evaluation and Management of a Neck Mass 827
Kevin Chorath and Karthik Rajasekaran

Neck masses are common physical examination findings seen in the outpatient setting but identifying an underlying cause can be challenging. A careful medical history should be obtained, and a thorough physical examination should be performed, which will guide the need for follow-up examination with imaging, biopsies, and specialist referrals. The goal of this article is to provide a working framework to evaluate and manage some of the most common causes of adult neck masses.
An Update on Nontumorous Disorders of the Salivary Glands and Their Management for Internists 839
Kelly E. Daniels and Barry M. Schaitkin

Salivary disease may present as pain or swelling in unilateral or bilateral salivary glands. Symptoms may be periprandial or recurrent and inflammatory. If a patient fails conservative treatment, they should be referred to an otolaryngologist. If there is no clear cause based on history and physical examination, sialendoscopy can be performed to directly visualize tissues, provide a diagnosis, drive treatment plans, and sometimes concurrently provide therapeutic intervention. Based on the pathology visualized on sialendoscopy, treatment options include endoscopic intervention, Botox, and gland-preserving surgical techniques, which promote healing of glandular tissue, ultimately preserving function.

Manifestations of Human Papillomavirus in the Head and Neck 849
Cortney Dable and Elizabeth Nicolli

Human papillomavirus (HPV)-positive oropharyngeal cancers (OPC) are increasing due to infection with the virus. Most of the patients diagnosed with HPV-positive OPC are white men with numerous lifetime sexual partners who have smoked marijuana excessively. In working up the patient, it is important to obtain an extensive history and physical examination and obtain proper imaging. Once a full workup is done, it is crucial to engage a multidisciplinary team in treatment and continue following-up with the patient through post-treatment surveillance. Administering the HPV vaccine at a young age may help reduce the increasing rate of HPV-positive OPC in the future.

Acute and Chronic Sinusitis 859
Benjamin S. Bleier and Marianella Paz-Lansberg

Based on a review of the most current medical literature, this article outlines the basic concepts and classifications of rhinosinusitis, and delineates best practices for clinical diagnoses and the most up-to-date management strategies. Learning to recognize and differentiate these conditions helps facilitate appropriate and timely diagnoses as well as helping practitioners provide their patients with better counseling and care.

Otorhinolaryngology Manifestations of Systemic Illness 871
Esther Lee III, Christopher Badger, and Punam G. Thakkar

Ear-nose-throat (ENT) manifestations are among the most frequently observed clinical features of systemic illnesses. The patients often present with overt findings of head and neck lesions such as salivary gland swelling or lymphadenopathy. In contrast, patients may present with covert findings of auditory, nasal, and laryngeal symptoms that are less obvious and are often overlooked. Therefore, clinicians should have a high index of suspicion to identify the underlying disease. Early recognition and prompt treatment or referral to specialists may prevent morbidity and mortality. This article discusses various systemic illnesses with ENT manifestations that are commonly encountered.
Obstructive Sleep Apnea: A Surgeon’s Perspective

Kara D. Brodie and Andrew N. Goldberg

Obstructive sleep apnea (OSA) is a complex medical disorder with significant impact on mortality, quality of life, and long-term cardiovascular outcomes. The apnea-hypopnea index does not correlate well with either quality-of-life measures or health outcomes, so other outcome measures must be evaluated in treatment of OSA. OSA can be successfully treated through behavioral, nonsurgical, and surgical methods with improvements in quality of life, morbidity, and mortality. Surgical intervention should be considered in patients who are noncompliant with or fail positive airway pressure use. As is true with PAP therapy, surgery for OSA improves mortality and symptoms of OSA even when the polysomnogram does not fully normalize.

Vertigo: Streamlining the Evaluation through Symptom Localization

Kimberley S. Noij, Scott B. Shapiro, Ravi N. Samy, and James G. Naples

Vertigo is defined as the illusion of internal or external motion. The evaluation of a patient with vertigo in the primary care setting should not necessarily focus on providing a specific diagnosis. Rather, the physician should aim to localize the lesion. This practice streamlines the workup of patients. This article provides detailed information regarding appropriate organ system–based clinical history and the clinical workup of vertigo. Additional signs and symptoms that can facilitate appropriate referral and treatment are highlighted. Although disorder-specific treatments exist the mainstay of therapy for vertigo-induced pathology is physical therapy.

Hoarseness

Hayley Born and Anaïs Rameau

Hoarseness is a common problem, typically of transient nature. When hoarseness does not resolve, or when it is associated with concerning symptoms, it is important to consider a wide differential and refer to an otolaryngologist. This article discusses the physiology of the voice and possible causes of dysphonia, and explores when it warrants further work-up by ENT. A discussion of diagnostic techniques and the myriad of tools to treat hoarseness follows. Additionally, the role of reflux in dysphonia is examined with a critical eye to aid in accurate assessment of the patient’s complaint.

Dysphagia and Swallowing Disorders

E. Berryhill McCarty and Tiffany N. Chao

Dysphagia, defined as impairment of the swallowing process, is a common symptom and can be a significant source of morbidity and mortality in the general population. This article summarizes the causes of the condition, its prevalence, and the consequences and costs of untreated dysphagia. The aim of this article is to provide a framework for the general internist in assessing, diagnosing, and managing dysphagia in an adult patient. Basic diagnostic screening procedures and techniques for management are emphasized. A basic treatment pathway based on cause is provided for reference.