



ENT Family Day: Pediatric Otolaryngology

April 5th, 2019

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Faculty/Presenter Disclosure

- **Faculty:** Darren J. Leitao, Jodi L.P. Jones
- **Relationships with commercial interests:**
 - **None.**

EVERY speaker must include and verbally address this slide at the start of their presentation.

Breakdown:

Part 1: “Bloody Hell- how to deal with nosebleeds”

Part 2: “Tonsils- Leave them in, or take them out?”

Part 3: “Middle ear effusions and hearing loss”

ADVENTURER EXPLORER TRAILBLAZER REBEL PIONEER CREATOR DEFENDER ADVENTURER EXPLORER TRAILBLAZER
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Bloody Hell

Recurrent Anterior Epistaxis in Pediatric ENT

Dave Rishi Pahwa, Jodi Jones, & Darren Leitao

Department of Otolaryngology
Resident Research Day
May 12, 2017

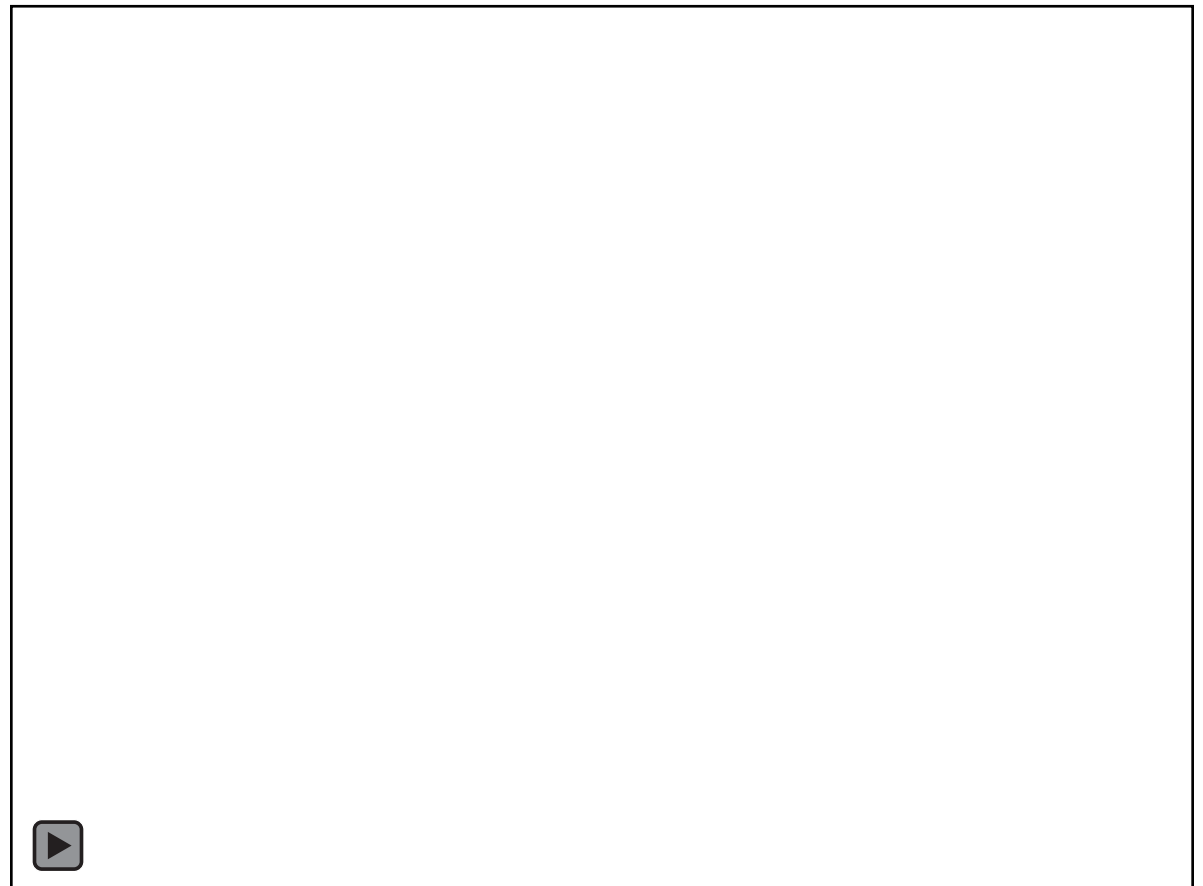
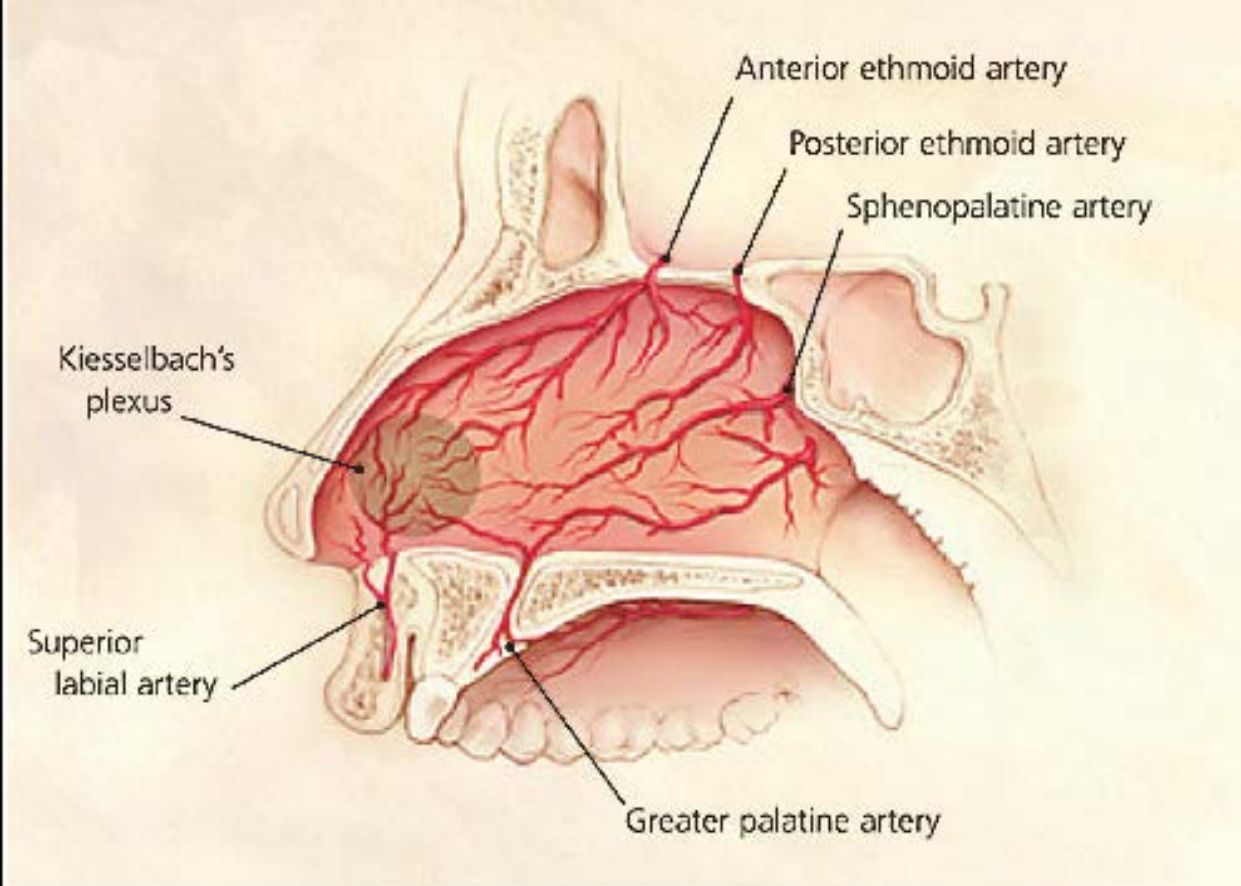


UNIVERSITY
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POLL QUESTION:

Which picture shows the best way to stop a nosebleed?

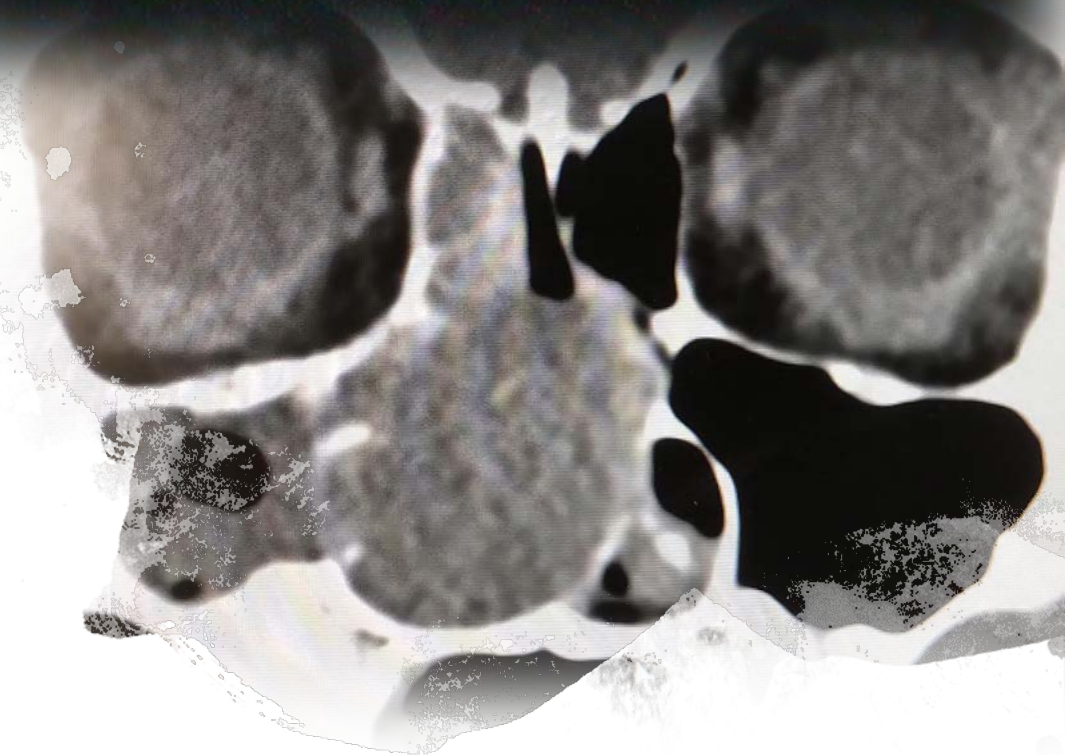


EPISTAXIS: ...the Basics



Juvenile Nasopharyngeal Angiofibroma

- Major hemorrhage
- Look for other nasal problems:
 - nasal obstruction,
 - snoring,
 - mouthbreathing,
 - anosmia,
 - cheek numbness
- **Consider early referral for adolescent males!**



THE ACTIVELY BLEEDING NOSE...

MANAGEMENT

- ABC'S
- DIRECT PRESSURE
- DECONGESTANTS
- CAUTERY:
 - Silver nitrate application
- PACKING
 - Absorbable
 - nonabsorbable
- PREVENTION:
 - MOISTURE



Explore risk factors

- Digital trauma
- External trauma
- Allergic rhinitis

Nasal Dryness

- Seasonal?

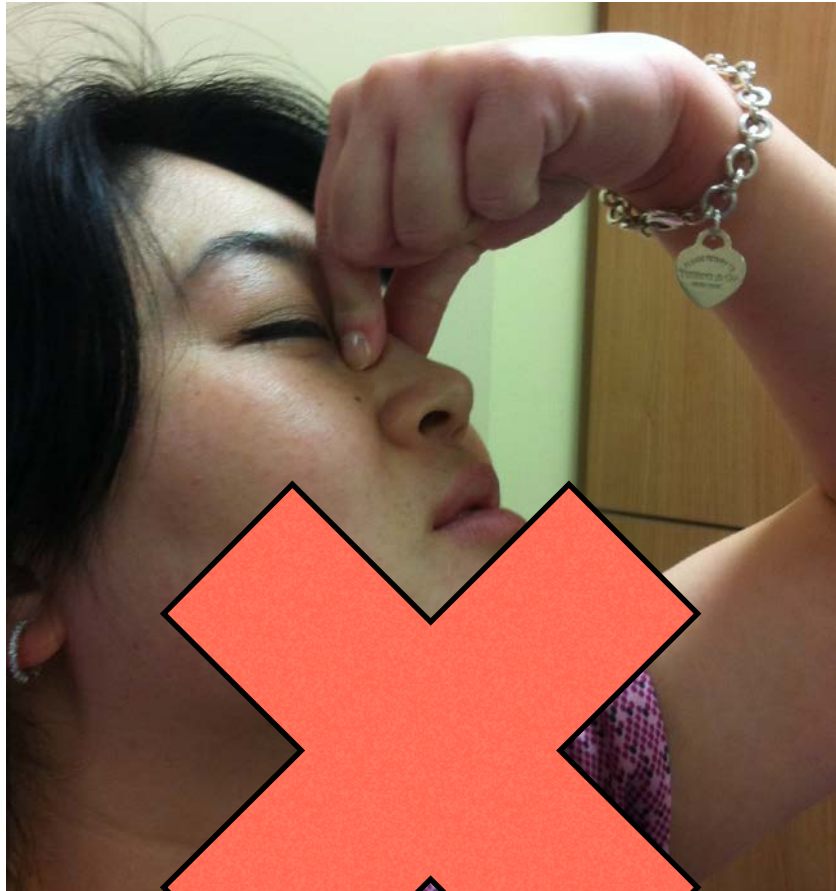
We don't know how to stop a nosebleed!

- Where do I learn this?

The NOT actively bleeding nose...

ANSWER –

Conservative Care: Direct Pressure- but where?

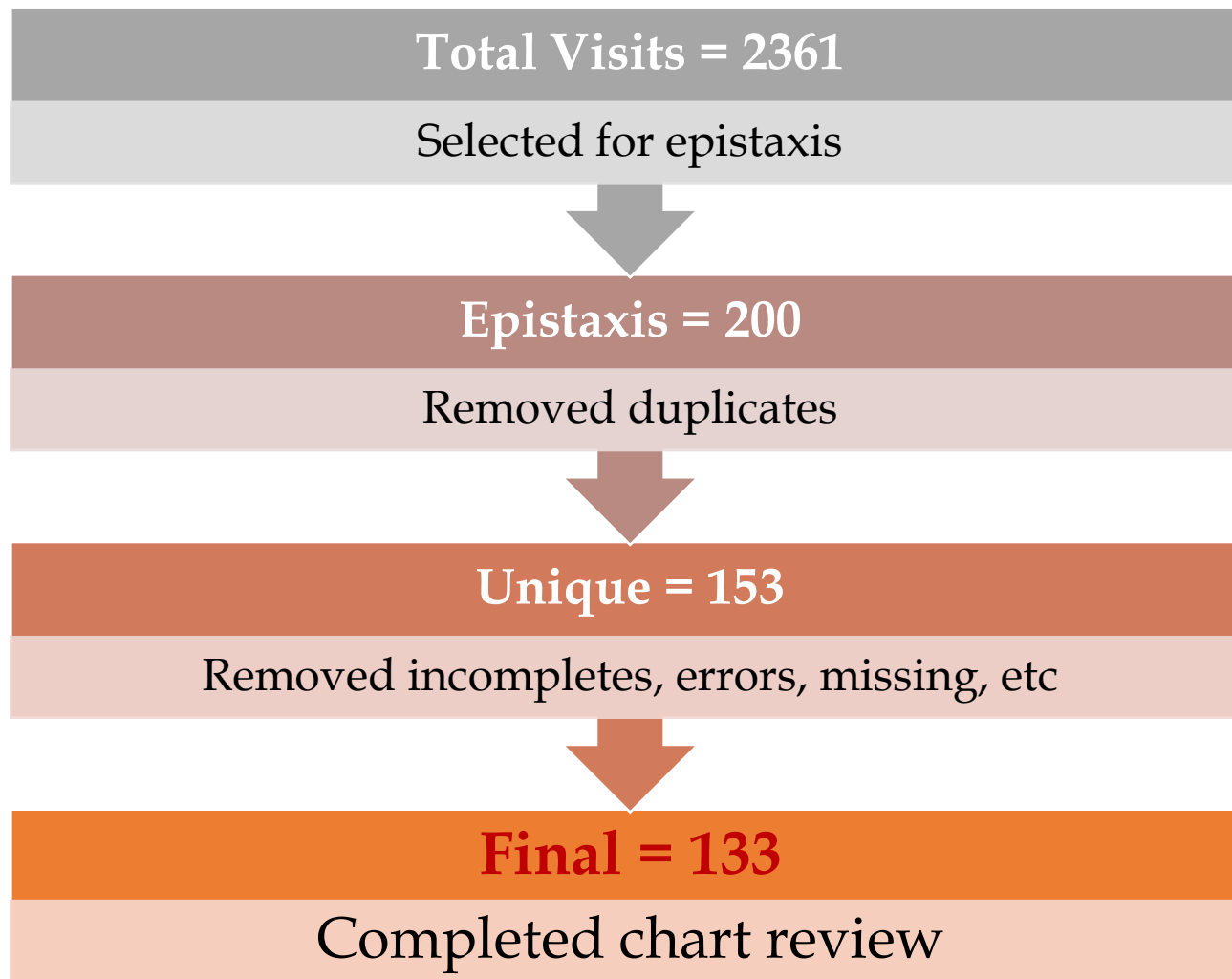


Conservative Care: Nasal hydration!

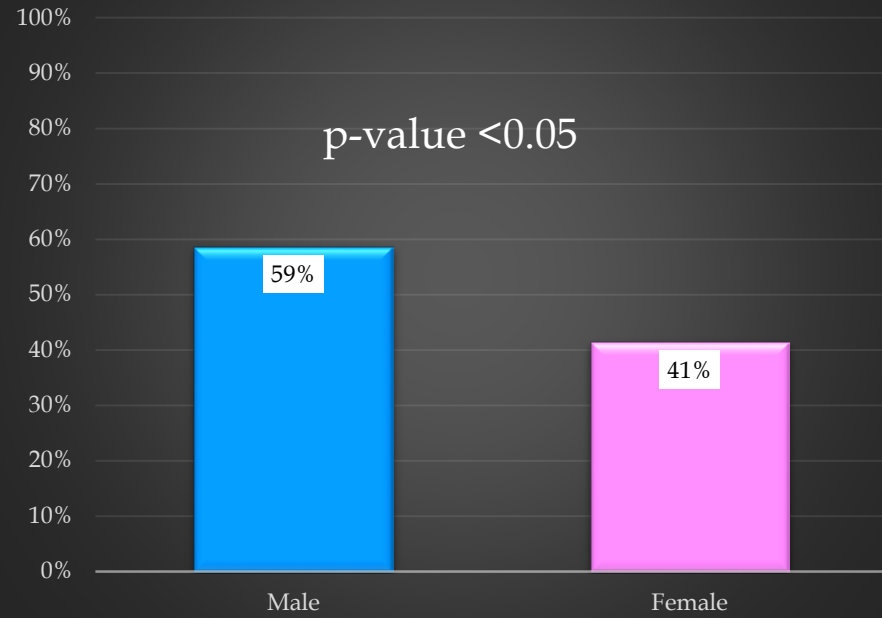


RETROSPECTIVE
STUDY:

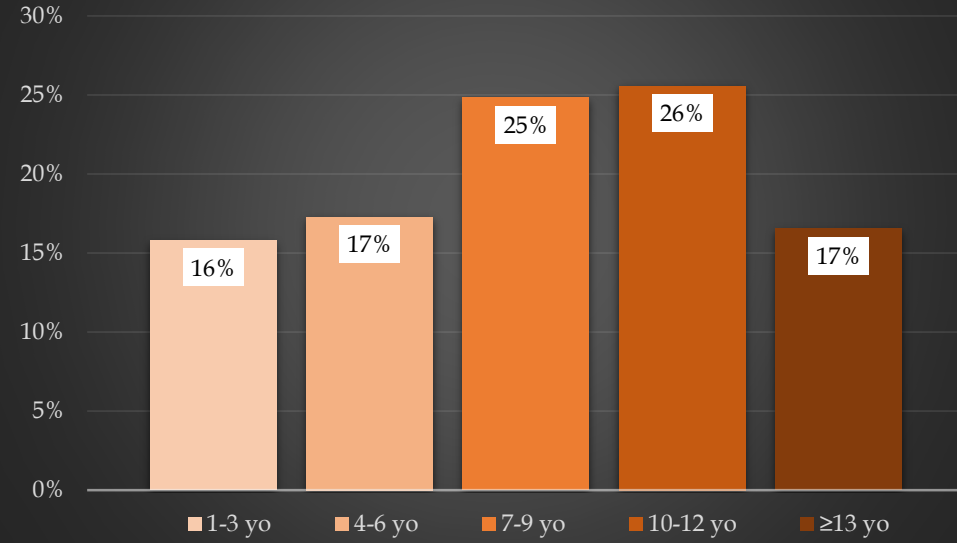
WHO SEES THE ENT FOR
NOSEBLEEDS?



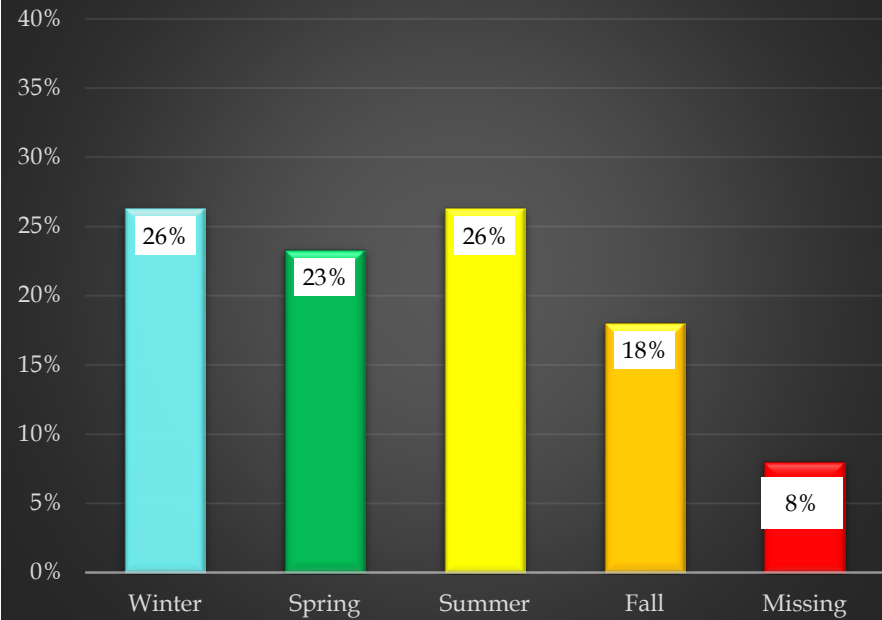
GENDER



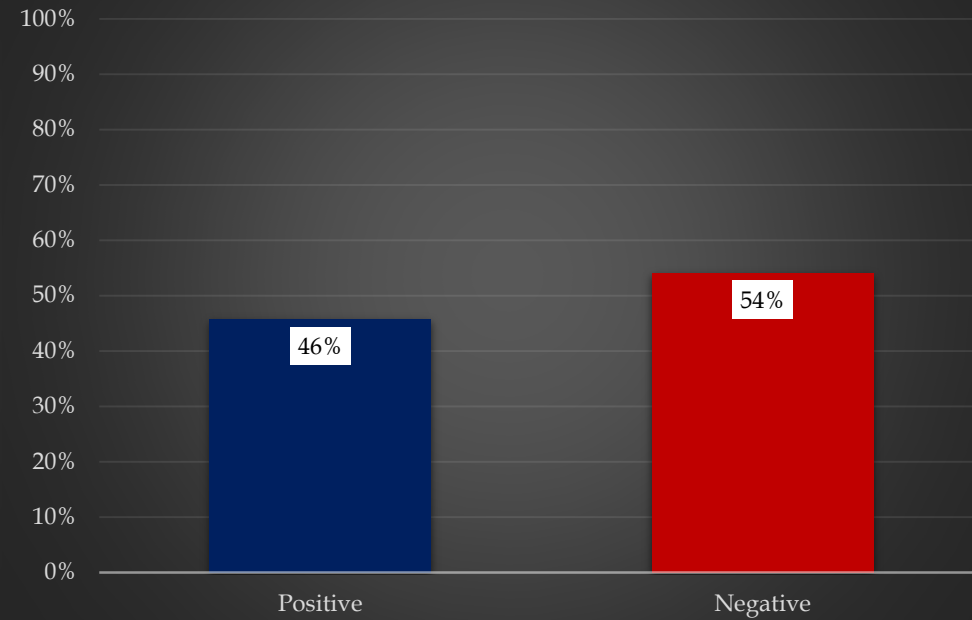
AGE



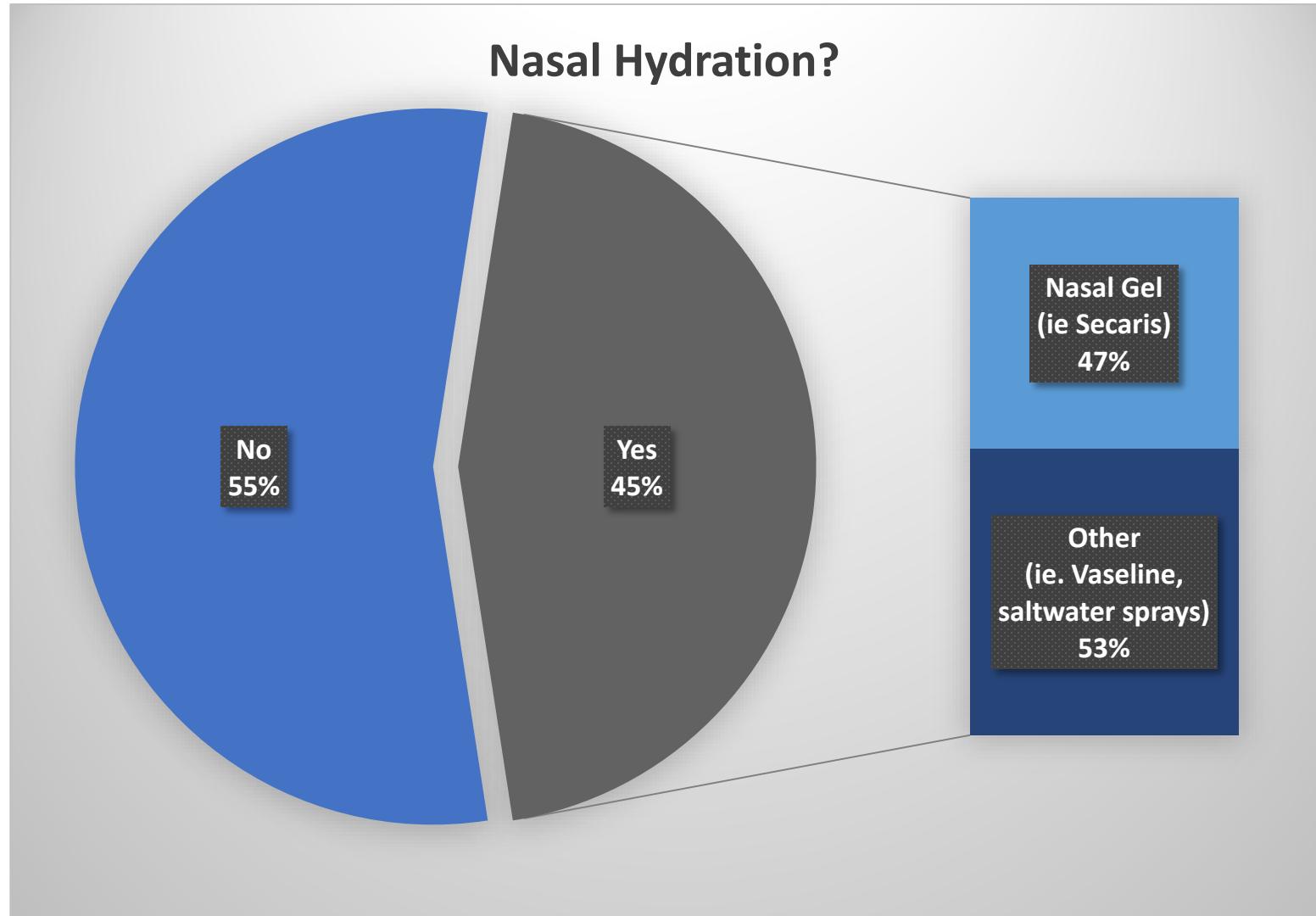
SEASON



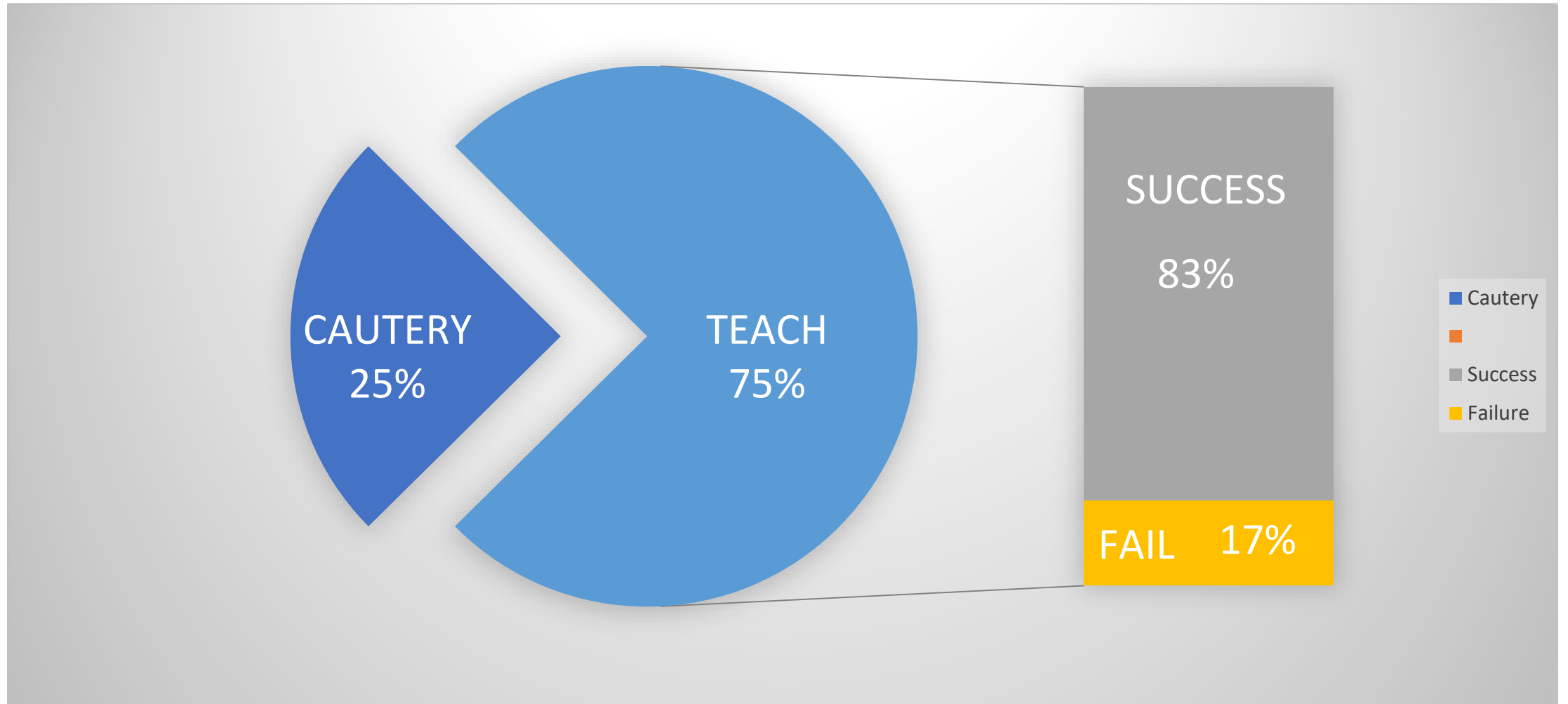
PMHx



Conservative Treatment



CAUTERY, OR COUNSELLING?



ANTERIOR EPISTAXIS

HEALTHY CHILD, NO RISK FACTORS

?RISK FACTORS
BLEEDING DISORDER
COMPLEX ANATOMY

NASAL
HYDRATION
TEACHING

AGE >8 YEARS OLD

<7-8 YEARS OLD?

?NASAL CAUTERY

REFER TO ENT

The end.

Part 2:
TONSILS:
Leave them IN, or
Take them OUT?

Dr. Jodi Jones
Section Head, Pediatric
Otolaryngology-Head & Neck Surgery
Family Medicine Day, April 5, 2019



New
Guideline:
Feb 2019


- Indications
- When to test
- When to refer
- Post-op Care


Check for updates

Guidelines Executive Summary

Clinical Practice Guideline: Tonsillectomy in Children (Update)—Executive Summary

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POLL QUESTION:

Who Needs their Tonsils OUT?

- A. Chronic sore throats over the winter
- B. Large tonsils with no snoring
- C. Medium tonsils with daytime tiredness
- D. Single severe group A strep tonsillitis

ANSWER:

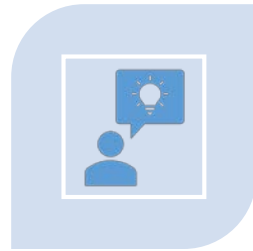
Indications for Tonsillectomy



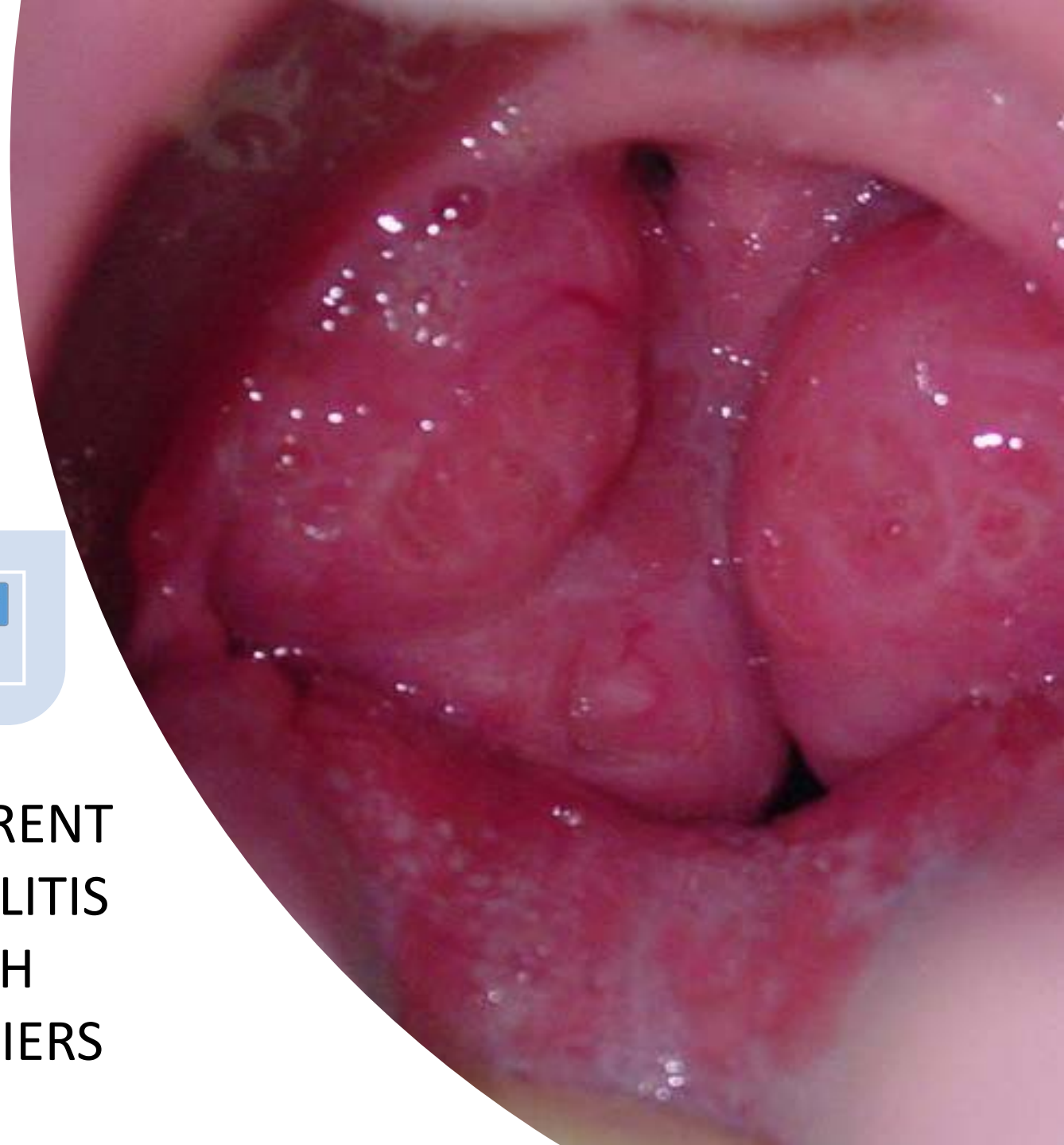
SLEEP
DISORDERED
BREATHING



RECURRENT
TONSILLITIS



RECURRENT
TONSILLITIS
WITH
MODIFIERS



Snoring...what
else should I
look for?



GROWTH
PROBLEMS



SCHOOL
PERFORMANCE



BEDWETTING



ASTHMA



BEHAVIORAL
PROBLEMS

Who should get a sleep study?

< 2 years old

Down Syndrome

Neuromuscular disorders

Sickle Cell disease

MPS- mucopolysaccharidoses

Craniofacial anomalies

OR...

STORY doesn't match the PICTURE

Recurrent
Tonsillitis:

Paradise
Criteria

Number:

- 7 in 1 year
- 5 per year for 2 years
- 3 per year for 3 years

Document Sore throat AND:

- High fever
- Tonsillar exudate
- Swollen cervical lymph nodes
- POSITIVE test for Group A Strep

Not Quite Meet the Criteria?...Modifiers

- PFAPA
 - Periodic fevers
 - Aphthous ulcers
 - Pharyngitis
 - Adenitis
- Multiple antibiotic allergies
- >1 Peritonsillar abscess



What
should you
do before
referring?

Sleep
Disordered
Breathing
(SDB)

Want to **AVOID SURGERY?**

- nasal steroid – 3 months
- weight loss, if obese
- Wait for them to grow?

Referral for PSG if special risk category

Recurrent
Tonsillitis

Document **NUMBER** of episodes

Throat swabs- at least **ONE** positive!

What happens at the ENT visit?

Review

- history and confirm story

Document

- size of tonsils,
- sometimes look at adenoids

Look for OTHER reasons BESIDES tonsils and adenoids

- Allergic rhinitis
- Obesity
- seizures

SHARED DECISION-MAKING with the family

- How concerned?
- Motivations?
- “Just tell us what to do, Doc!”

Post-Tonsillectomy Care:



PAIN!



ORAL INTAKE



?INFECTION

Pain:

- NSAIDs GOOD
- CODEINE BAD
- TYLENOL STANDARD

DIET:

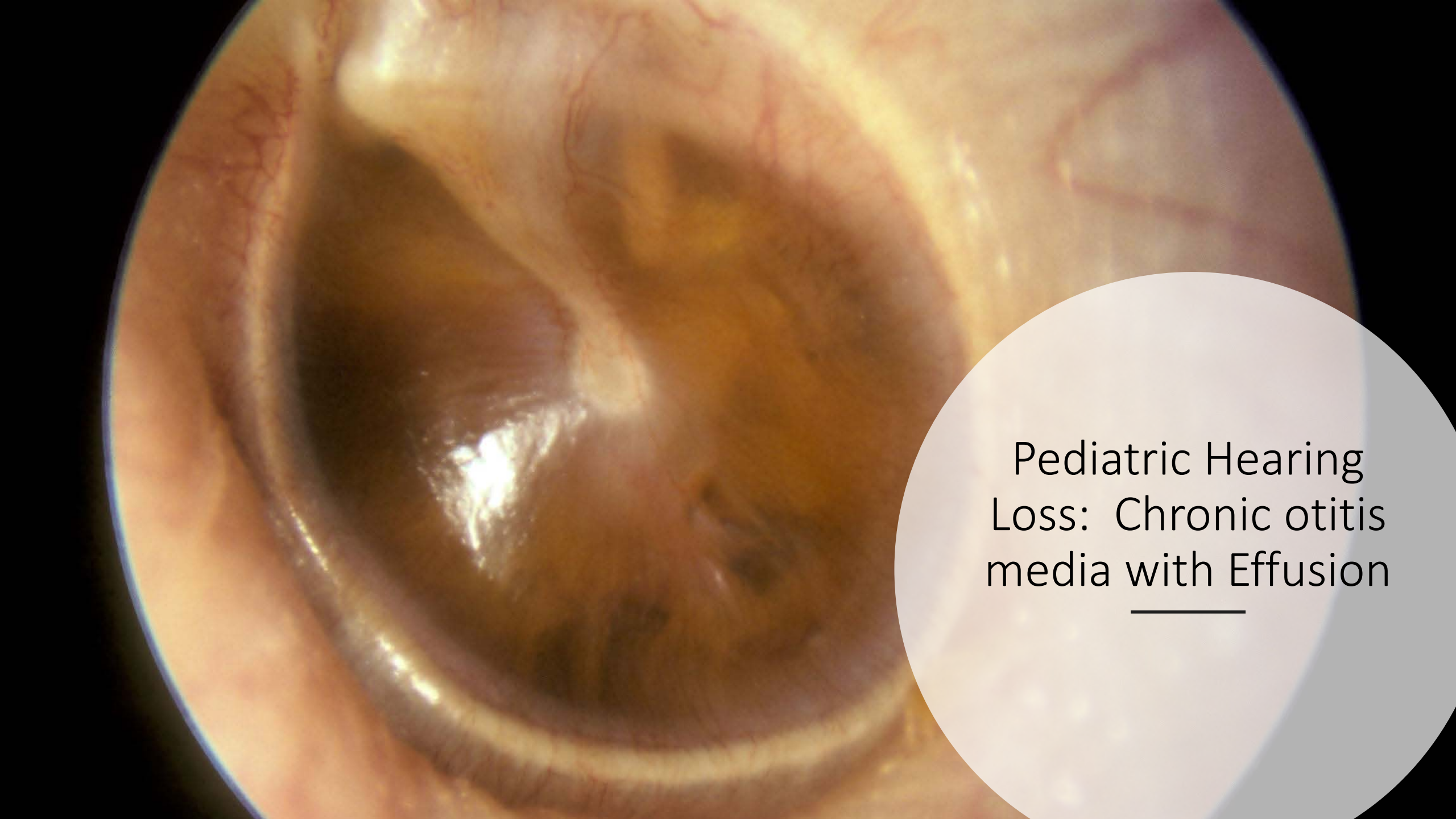
- No restrictions
- May HURT, won't HARM
- HYDRATION is the KEY

Post-Tonsillectomy Care:

Is this Infection?

- this is NORMAL!
- Infection is RARE
- Antibiotics not required





Pediatric Hearing
Loss: Chronic otitis
media with Effusion

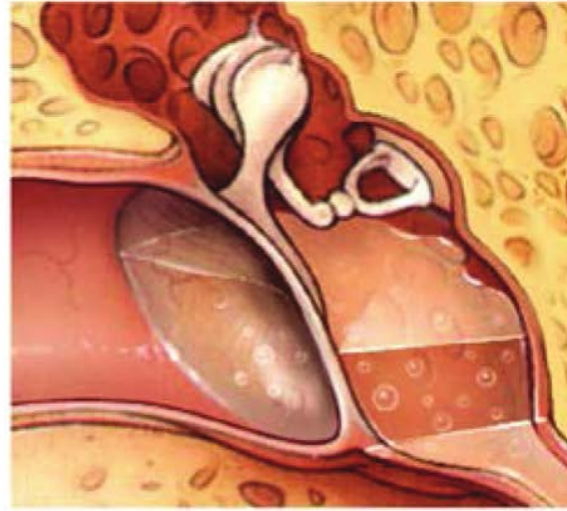


POLL QUESTION:

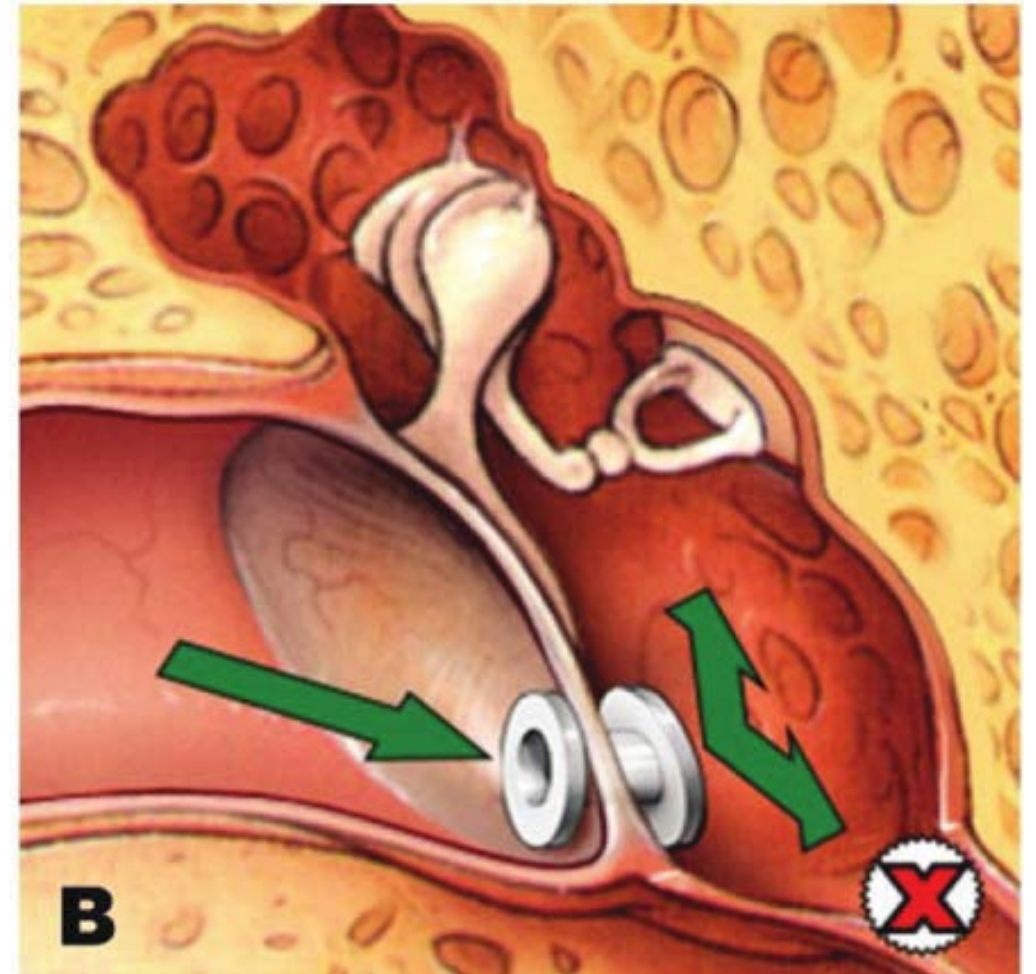
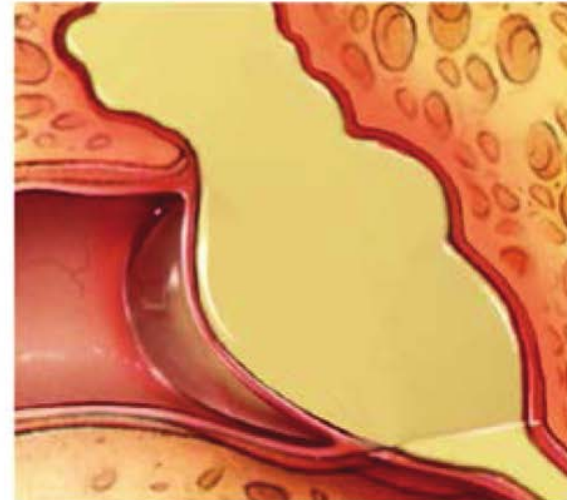
How often do you **PERFORM** Pneumatic Otoscopy?

- A. Never/ almost never
- B. Once a month
- C. Once a week
- D. On every patient with otitis media

Otitis Media with Effusion (ear fluid)



Acute Otitis Media (ear infection)



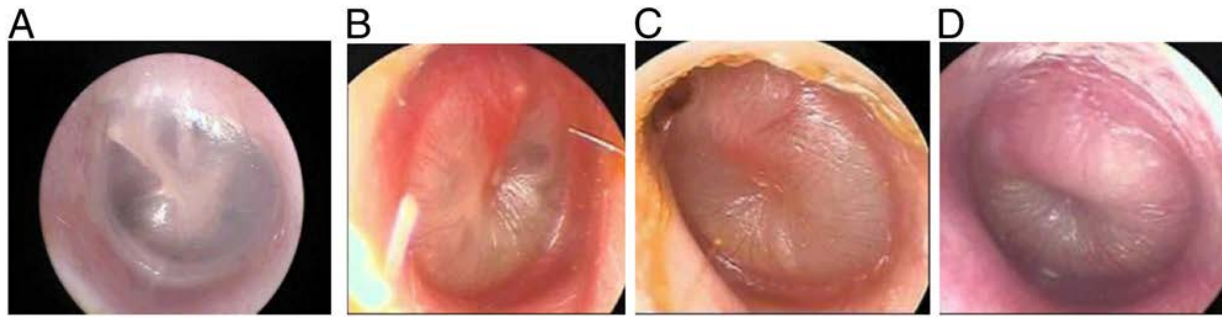


FIGURE 2
 A, Normal TM. B, TM with mild bulging. C, TM with moderate bulging. D, TM with severe bulging. Courtesy of Alejandro Hoberman, MD.



e972 FROM THE AMERICAN ACADEMY OF PEDIATRICS
 Downloaded from www.aappublications.org/news by guest on December 9, 2018

[Otitis Media | Iowa Head and Neck Protocols
 medicine.uiowa.edu](http://medicine.uiowa.edu)



Google image search: [Index of /JS-Slide-Shows-ENTUSA/SerousOtitisMedia-1/data1/images](#)

guidelines

- KEY ACTION STATEMENTS
- 2004 --> 2016
- Newborns with MEE

- DIAGNOSIS
- WHO'S AT RISK
- HOW TO FOLLOW AND TREAT
- WHEN TO REFER

2016

2004

AMERICAN ACADEMY OF PEDIATRICS

CLINICAL PRACTICE GUIDELINE

American Academy of Family Physicians, American Academy of Otolaryngology-Head and Neck Surgery, and American Academy of Pediatrics Subcommittee on Otitis Media With Effusion

Otitis Media With Effusion

ABSTRACT. The clinical practice guideline on otitis media with effusion (OME) provides evidence-based recommendations on diagnosing and managing OME in children. This is an update of the 1994 clinical practice guideline "Otitis Media With Effusion in Young Children," which was developed by the Agency for Healthcare Policy and Research (now the Agency for Healthcare Research and Quality). In contrast to the earlier guide-

struction, chronic adenoiditis); repeat surgery, adenoidectomy plus myringotomy with tubeinsertion. Tonsillectomy alone or myringotomy should not be used to treat OME.

The subcommittee made negative recommendations that 1) population-based screening programs should not be performed in healthy, asymptomatic children and 2) because antihistamines and decon-

Check for updates

Executive Summary

Clinical Practice Guideline: Otitis Media with Effusion Executive Summary (Update)

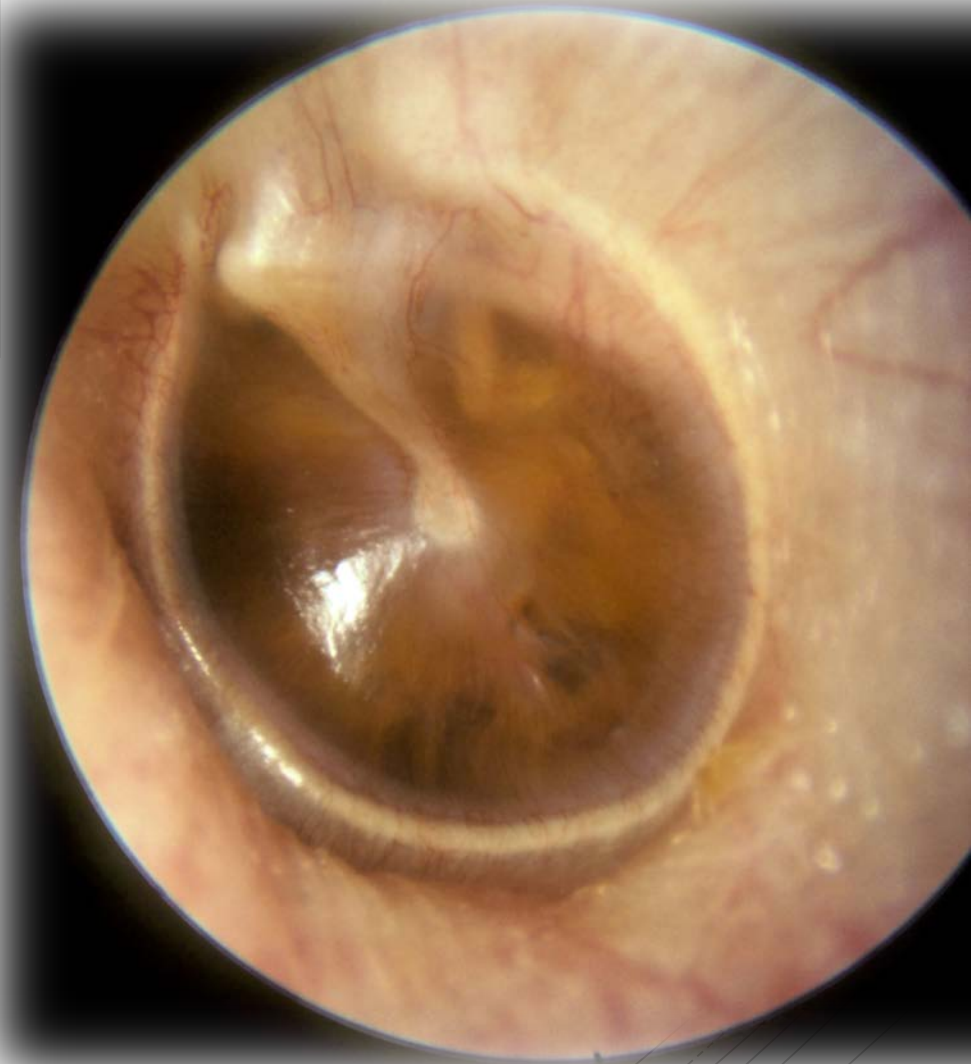
Richard M. Rosenfeld, MD, MPH¹, Jennifer J. Shin, MD, SM², Seth R. Schwartz, MD, MPH³, Robyn Coggins, MFA⁴, Lisa Gagnon, MSN, CPNP⁵, Jesse M. Hackell, MD⁶, David Hoeltling, MD⁷, Lisa L. Hunter, PhD⁸, Ann W. Kummer, PhD, CCC-SLP⁸, Spencer C. Payne, MD⁹, Dennis S. Poe, MD, PhD¹⁰, Maria Veling, MD¹¹, Peter M. Vila, MD, MSPH¹², Sandra A. Walsh¹³, and Maureen D. Corrigan¹⁴

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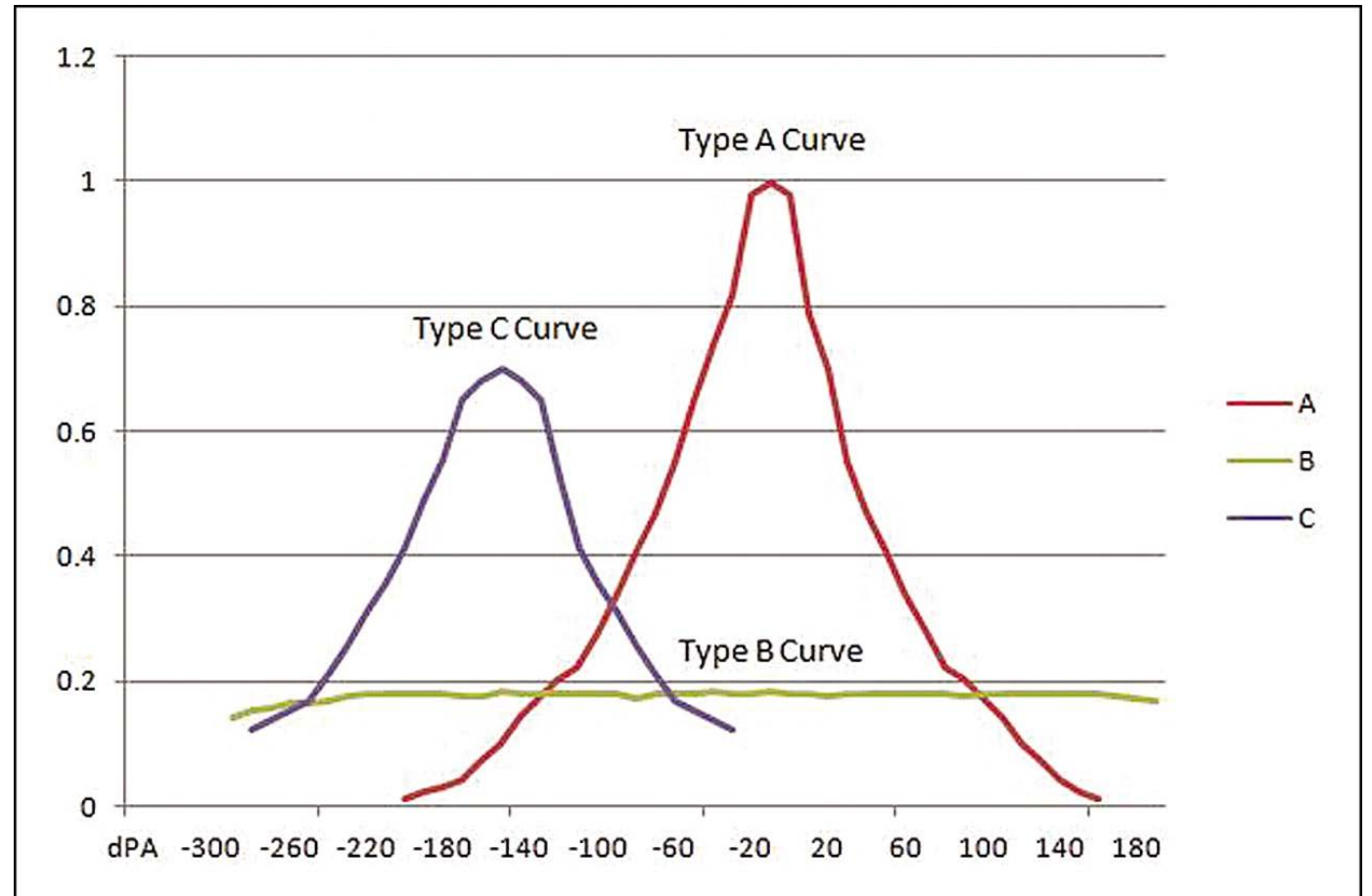
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http://otojournal.org

SAGE

DIAGNOSIS: Confirm Fluid



- [Otitis Media | Iowa Head and Neck Protocols](#)
- medicine.uiowa.edu



https://youtu.be/VB5qg_NfHis?t=2

Google image search: Otoscopy.hawkelibrary.com

Google image search: pedsinreview.aappublications.org

Who is not a candidate for observation?

- Permanent hearing loss
- Speech and language delay
- Autism/ Pervasive developmental disorder
- Syndromic/ craniofacial disorders
- Blindness or visual impairment
- Cleft palate
- Developmental delay

- **Refer Early for ENT assessment and audiogram**

HOW TO FOLLOW:



3-6 month intervals

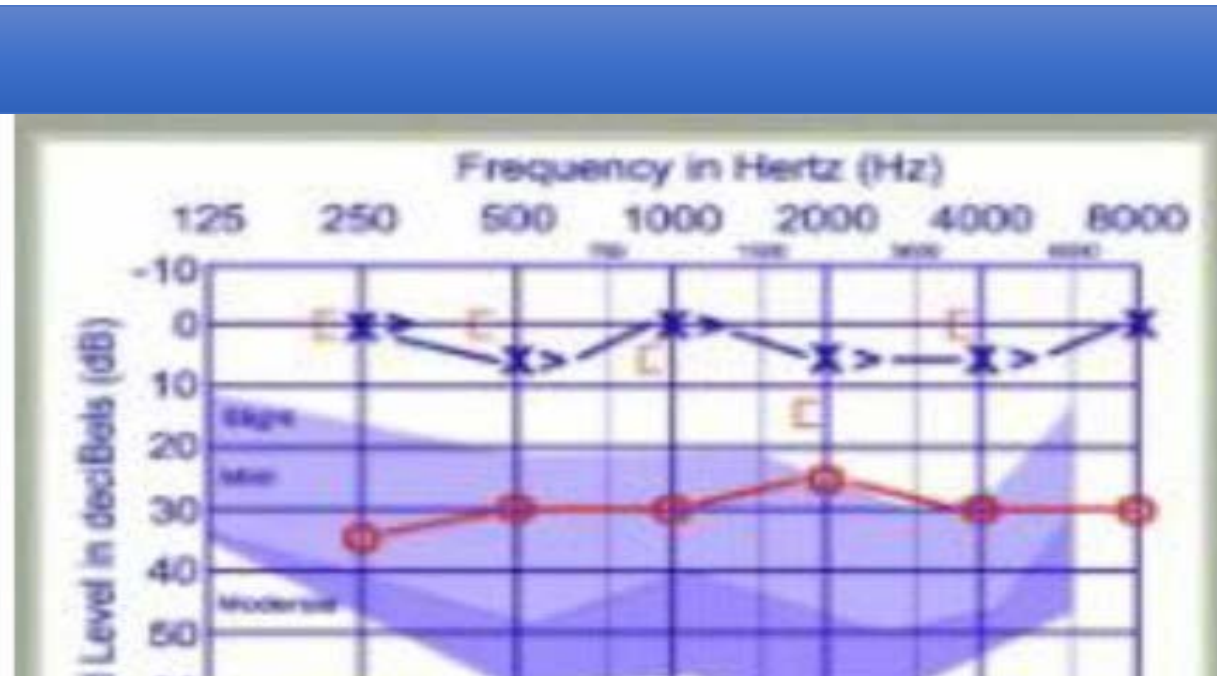


Audiogram



Speech and language skills:

RECEPTIVE - listening
EXPRESSIVE- talking





DO I TREAT IT?

- NO BENEFIT SHOWN FOR:
 - Antihistamines
 - decongestants
 - Antibiotics
 - Nasal steroids or Oral steroids
 - Allergy management
 - Chiropractic
 - alternative medicine
- ONLY TREATMENTS:
 - TIME
 - SURGERY
 - (*or Hearing Aids...*)

WHEN TO REFER

1. Middle ear fluid > **three months** **AND:**
2. **At risk** child
3. Not at risk child with **Hearing or speech concerns**
 - Parental report
 - Audiogram
4. **Abnormal Eardrum** Appearance



WHAT HAPPENS AT ENT VISIT?



Confirm FLUID



Look for other causes
of Eustachian tube
dysfunction (ETD)

Submucous cleft
palate,
adenoid issues



REVIEW AUDIOGRAM



SHARED DECISION-
MAKING WITH FAMILY

Watchful waiting
Risk factor
management
Tympanostomy tube
insertions



Questions?

...we may have answers!