**Pharynx case scenarios**

***Case scenario (1)***

A 24 year old male patient presented because of severe pain in the throat and the left ear that increased with swallowing of acute onset and 2 days duration. He gave a history of sore throat and fever a few days prior to the condition. On examination, the patient looked very ill and has a thickened voice. The temperature was 39.5 C and the pulse 110/minute. The patient had fetor of the breath and was unable to open his mouth. There was marked edema of the palate concealing the left tonsil that was found congested. There was a painful hot swelling located below the left

angle of the mandible.

***Case scenario (2)***

A 5 year old boy was referred to an ENT specialist because of mouth breathing and impairment of hearing of 2 years duration. His mother reported that her child has almost constant mucoid nasal discharge that sometimes changes to a mucopurulent one and he snores during his sleep. On examination, the child has nasal speech and obvious mouth breathing. Examination of the ears showed retracted tympanic membranes. Tympanograms were flat type B.

**Answers of pharynx case scenarios**

***Case scenario (1)***

A 24 year old male patient presented because of severe pain in the throat and the left ear that increased with swallowing of acute onset and 2 days duration. He gave a history of sore throat and fever a few days prior to the condition. On examination, the patient looked very ill and has a thickened voice. The temperature was 39.5 C and the pulse 110/minute. The patient had fetor of the breath and was unable to open his mouth. There was marked edema of the palate concealing the left tonsil that was found congested. There was a painful hot swelling located below the left

angle of the mandible.

**Diagnosis and justification**

Acute tonsillitis (sore throat and fever) complicated by peritonsillar abscess {quinzy} (severe throat pain referred to the left ear, very ill, thickened voice, fever, fetor, unable to open his mouth, edema of the palate, painful hot swelling at the angle of the mandible)**.** The left tympanic membrane was normal.

**Explanation of the manifestations**

* Pain in the left ear: referred earache along Jackobsen's tympanic branch (that supplies the middle ear) of the glossopharyngeal nerve (that supplies the palatine tonsil)
* Thickened voice: due to palatal edema
* Fetor of the breath: severe dysphagia leading to inability to swallow saliva together with the presence of an abscess in the oropharynx
* Unable to open his mouth: trismus due to irritation of the medial pterygoid muscle by the pus under tension in the peritonsillar abscess
* Left tonsil congested: markedly congested due to severe inflammatory process
* Hot swelling below the left angle of the mandible: jugulodigastric lymphadenitis
* Normal tympanic membrane: there is no acute otitis media pain in the ear pain is referred from the throat

**Treatment**

* Medical treatment: antibiotics, analgesics, antipyretics and antiinflammatory drugs
* Surgical drainage of the quinzy (pus pointing, palatal edema, throbbing pain, pitting edema)
* Tonsillectomy after 2-3 weeks

***Case scenario (2)***

A 5 year old boy was referred to an ENT specialist because of mouth breathing and impairment of hearing of 2 years duration. His mother reported that her child has almost constant mucoid nasal discharge that sometimes changes to a mucopurulent one and he snores during his sleep. On examination, the child has nasal speech and obvious mouth breathing. Examination of the ears showed retracted tympanic membranes. Tympanograms were flat type B.

**Diagnosis and justification**

Adenoid enlargement (mouth breathing, nasal discharge, snoring, nasal speech) complicated by bilateral otitis media with effusion (impairement of hearing, retracted tympanic membranes type B tympanograms)

**Explanation of the manifestations**

* Mucoid nasal discharge that can change to be mucopurulent: adenoid enlargement may be complicated by ethmoiditis causing the mucopurulent nasal discharge.
* Snoring: due to bilateral nasal obstruction during his sleep can progress to respiratory obstruction during his sleep (sleep apnea)
* Nasal speech: rhinolalia clausa due to nasal obstruction were the letter m is pronounced as b
* Type B tympanograms: due to presence of fluid behind the intact retracted tympanic membrane leading to no vibrations of the drum during tympanometry

**Treatment**

* Adenoidectomy
* Bilateral ventillation tube (grommet) insertion in the tympanic membranes