

# Heighpubs Otolaryngology and Rhinology

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**Short Communication**

**Published Date:-2020-10-30 00:00:00**

[Reactive Oxygen spray as prophylaxis for COVID-19 infection](#)

Viral transmission of SARS-CoV-2, the virus causing COVID-19 is very high within households despite self isolation [1,2]. Transmission of the virus is thought to be similar to that of influenza. Virus is shed into respiratory secretions which can be transferred through coarse droplets or fine aerosol released when a person coughs, sneezes or talks. These droplets/aerosols may infect another either by direct contact with the mucous membranes or through fomite transmission.

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**Opinion**

**Published Date:-2020-09-17 00:00:00**

[Coronavirus infection, oxidative stress in ENT](#)

In COVID-19 pandemic we focused on epidemiology and somewhat we neglect the possibility of biochemical influencing of the infection. Therefore we try to find some properties of the virus, which are impressionable by drugs. Droplet infection transmission is mainly (hypochloric acid) by nose and mouth. Diseases of nose and paranasal sinuses are most often of viral or bacterial origin.

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**Research Article**

**Published Date:-2020-08-11 00:00:00**

[Protecting teeth and gums during rigid endoscopy of the upper aerodigestive tract: Our experience with a disposable, mouldable and rigid thermoplastic mouthguard](#)

Direct rigid pharyngoscopy, laryngoscopy and oesophagoscopy are very common procedures in the Otolaryngology-Head & Neck department, both for diagnostic and therapeutic purposes. The pharyngoscopes, laryngoscopes and oesophagoscopes are solid straight metal instruments to facilitate examination and passage of instruments through them. The process of pharyngo-laryngo-oesophagoscopy invariably involves some contact with the upper dentition resulting in some pressure over the teeth and jaw when suspension laryngoscopy is carried out.

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**Research Article**

**Published Date:-2020-07-14 00:00:00**

[Management of acute tongue swelling](#)

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Background: Tongue swelling often presents as an acute upper airway obstruction.

Aim: To present a case series of patients presenting with an acute tongue swelling sharing our experience in managing these patients.

Subjects and methods: A retrospective analysis of consecutive patients presenting acutely to the emergency department (ED) at two institutions in Scotland. All patients were evaluated by an otolaryngologist for probable causes of tongue swelling. Data were collected on demographics, co-morbidities, clinical history, examination findings, acute airway management and subsequent care the patients needed.

Results: A total of 32 patients (mean age  $\pm$  STD,  $61.6 \pm 18.8$ ; 65% male) were included in the study from two teaching hospitals. The most common presenting symptoms were difficulty in speaking (30/32, 94%) and dysphagia (27/32, 84%). Breathing difficulty was only observed in 8 of 32 patients (25%). Angiotensin converting enzyme (ACE) inhibitor's induced angioedema was the most common cause (45%) for acute tongue swelling. Three (9.4%) patients required intubation; 2 (6.3%) on initial presentation. Two patients had emergency tracheostomy for breathing difficulties due to supraglottic swelling on flexible pharyngolaryngoscopy.

Conclusion: Acute tongue swelling is a life-threatening condition. The patients on ACE inhibitors would appear to be at higher risk of developing acute tongue swelling. Such patients with potentially compromised airway need to be treated in a facility where emergency intubation and tracheostomy can be performed at a short notice.

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## Case Report

Published Date:-2020-07-02 00:00:00

[An exceptional case of bilateral vestibular areflexia complicating acute otitis media](#)

Introduction: Bilateral vestibular areflexia is a rare pathological entity whose most frequent etiology is drug ototoxicity. We report an unusual case of bilateral vestibular areflexia complicating acute otitis media through which we raise the difficulties of diagnosis and therapeutic management of this pathology.

Case Report: 57-year-old Tunisian patient who consults for a loss balance associated with earache and hearing loss. Initial clinical examination revealed bilateral acute otitis media with a right harmonious vestibular syndrome and normal neurological examination. The diagnosis of post-otitis labyrinthitis was retained. The patient was put on antibiotics and corticosteroids. The evolution was marked by the persistence of instability in darkness and oscillopsia; vestibular explorations concluded with bilateral vestibular areflexia. MRI concluded to posterior labyrinthitis and eliminated central neurological involvement. The patient was kept under betahistine. The tympanic cavity was drained by a tympanic aerator on both sides. Vestibular rehabilitation was started quickly. Gradual improvement was obtained of autonomy with persistent oscillopsia.

Conclusion: Bilateral vestibular areflexia poses diagnostic problems based on anamnestic and clinical arguments and vestibular explorations. The therapeutic management is delicate, vestibular reeducation occupies a primordial place.

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## Opinion

Published Date:-2020-06-22 00:00:00

[Why are more otorhinolaryngology surgeons dying from Covid-19 than any other surgical specialty?](#)

Covid-19 infection is caused by the coronavirus SARS-CoV-2. This has resulted in the present pandemic from which thousands of people have died including many front-line health care workers. Of the surgeons who have died from covid-19 it would appear that otorhinolaryngology surgeons have made the largest sacrifice (Figure 1) [1].

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## Research Article

Published Date:-2020-02-24 00:00:00

[Benign Paroxysmal Positional Vertigo \(BPPV\) and microvasculitis: A comparative study between nasal cytology and pathology](#)

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**Purpose:** Benign paroxysmal positional vertigo (BPPV) is the most frequent peripheral vertigo syndrome in otoneurological clinical practice and is characterized by short and paroxysmal objective vertigo crises caused by changes in the position of the head on specific planes of space. Secondary microvasculitis is characterized by inflammatory destruction of the small vessels. Starting from this point, this work is based on the research of correlation between microvasculitis (especially secondary), recurrent BPPV and nasal cytology, an aspect, among other things, poorly documented.

**Materials and methods:** To evaluate the relationships between recurrent BPPV and secondary microvasculitis, nine patients with this disorder, 5 males and 4 females aged between 25 and 40 years were observed (average age 30.6). Non allergic pains in the small joints and in the anamnesis nothing relevant in the gentiles and collaterals: Evaluated with vestibular audiometric examination, nasal cytology and vascular examination with corneal HRT results. Nasal cytology, in all cases, has documented the presence of rare mast cells. The hemodynamics of the microcirculation with a confocal microscope has revealed blood flow alteration in all subjects.

**Discussion:** Analyzing the results, both the prevalence of the right side and a close relationship between vasculitis and BPPV could be seen.

**Conclusion:** The study of the nasal mucosa and the research of inflammatory cells could be fundamental for the study of BPPV in which as we have seen the important biochemical role for the onset of these diseases.

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