



**Royal London
Paediatric Courses**



Common ENT Problems in Primary Care

Dr Cheentan Singh

PAEDIATRIC UPDATES FOR GPs & PRIMARY CARE

Common ENT Problems in Primary Care

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Poll : 1

Ranking of RFVs to primary care as reported by clinicians and patients

RANK	CONDITION	RANK SCORE[‡] (MAXIMUM SCORE WAS 20)	NO. OF ANALYSES THAT INCLUDED THE CONDITION (OUT OF 9)	CONDITION	RANK SCORE[‡] (MAXIMUM SCORE WAS 20)	NO. OF ANALYSES THAT INCLUDED THE CONDITION (OUT OF 5)
1	Upper respiratory tract infection, unspecified	16.7	8	Cough	19.0	5
2	Hypertension	16.1	8	Back pain or spinal pain	16.8	5
3	Routine health maintenance	8.7	4	Abdominal, unspecified	16.6	5
4	Arthritis (not back)	8.6	6	Pharyngitis	14.4	5
5	Diabetes	8.4	5	Dermatitis	13.4	5
6	Depression or anxiety	7.7	6	Fever	12.6	5
7	Pneumonia	7.2	6	Headache	12.4	5
8	Acute otitis	6.8	6	Leg symptoms	9.4	5

Finley CR, Chan DS, Garrison S, et al. What are the most common conditions in primary care? Systematic review. *Can Fam Physician*. 2018;64(11):832-840.

Bacterial

Viral

Allergic

Does this
a need
Referral ?

^{Laryngitis,}
Congested
^{throat}
Sinusitis, ^{Pharyngotonsillitis,} ^{Allergic}
Pharyngitis, URTI,
^{Adenotonsillitis,} ^{Common}
Adenoiditis, rhinitis,
^{Cold,}
Rhinosinusitis,
Tonsillitis,

Bacterial:

- Acute /high temp +/- rigors
- Sick toxic look
- Halitosis
- Localised Inflammation +++
- Purulent/ Pus

Viral: (Most common)

- Acute / off an on temperature
- Recurrent
- Serous discharge : Rhinorrhoea
- Multi organ inflammation
- Congestion and Inflammation

Allergic:

- Recurrent / Constant
- Seasonal flareup
- Associated atopy / Hay fever
- Congestion +++
- Non Purulent

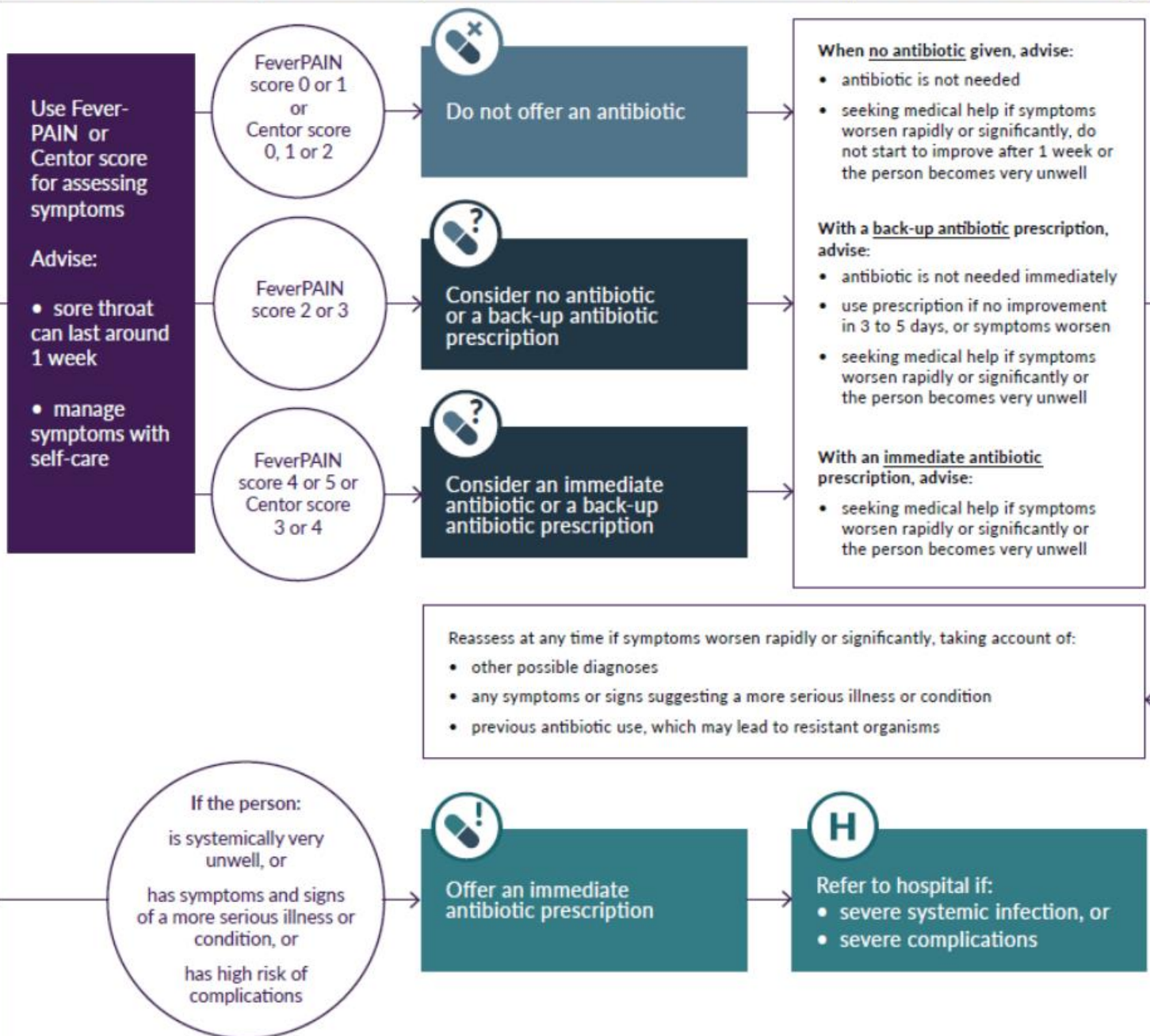
When to refer:

- Severe and Recurrent
- Abscess or collection
- Congenital defect or significant obstruction
- Obstructive sleep apnoea
- Unilateral Nasal (Foreign body) Throat (Fish bone)

Poll : 2

Sore throat (acute): antimicrobial prescribing

Acute sore throat



i Self-care

- Consider paracetamol for pain or fever, or if preferred and suitable, ibuprofen
- Drink adequate fluids
- Some evidence that medicated lozenges can help reduce pain in adults
- No evidence was found for non-medicated lozenges, mouthwashes, or local anaesthetic mouth spray on its own

p Evidence on antibiotics

- Antibiotics make little difference to how long symptoms last or the number of people whose symptoms improve
- Withholding antibiotics is unlikely to lead to complications
- Possible adverse effects include diarrhoea and nausea

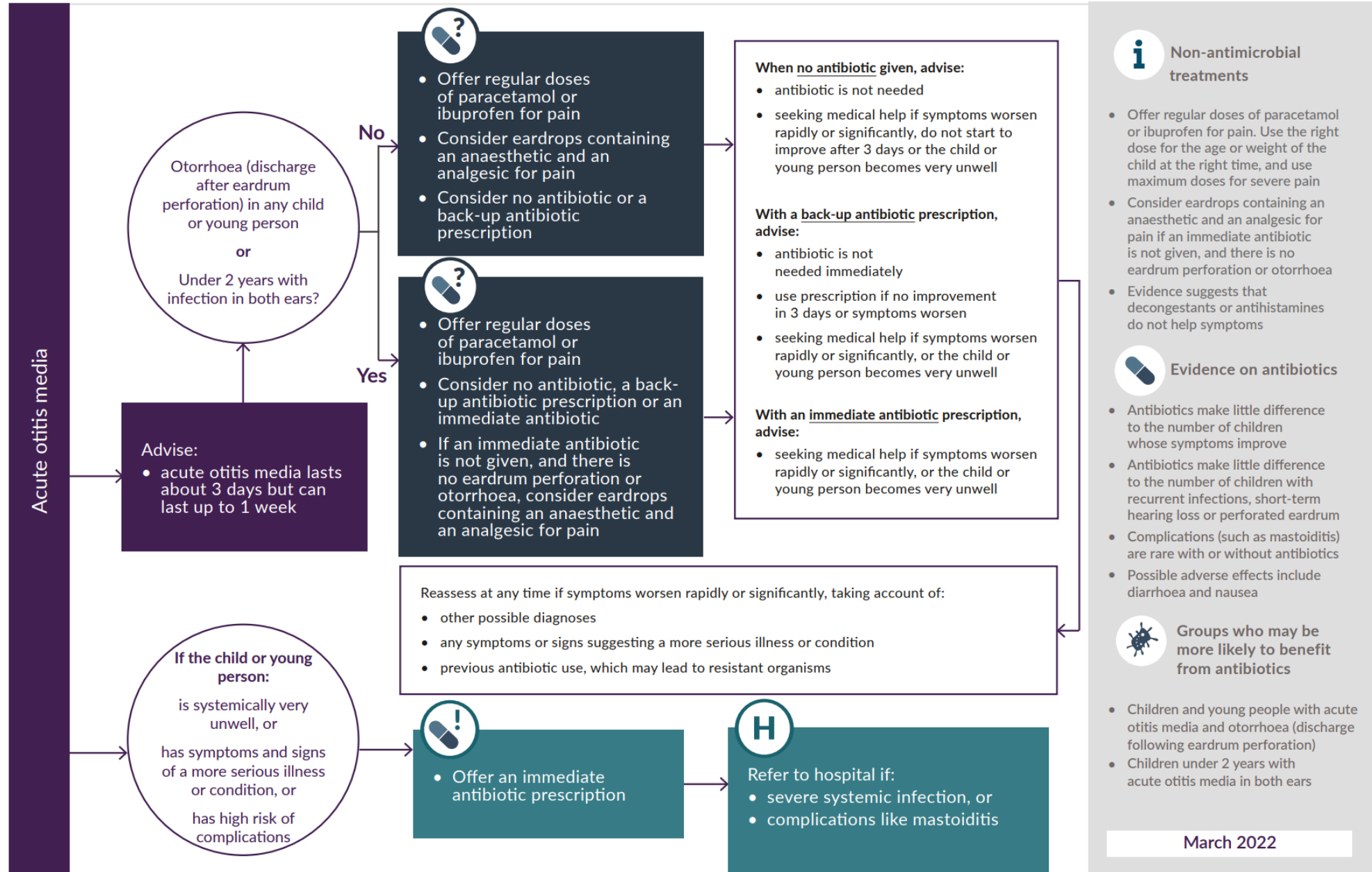
b FeverPAIN score

- Fever, Purulence, Attend within 3 days or less, Severely inflamed tonsils, No cough or coryza
- 1 point for each

b Centor score

- Tonsillar exudate, Tender anterior cervical lymphadenopathy or lymphadenitis, History of fever (>38°C), No cough
- 1 point for each

Otitis media (acute): antimicrobial prescribing **NICE** National Institute for Health and Care Excellence



Poll : 3

Serous Otitis media : Glue ear



Possible impact :
Hearing & listening,
Language development,
Behaviour & emotional
Social wellbeing

Non surgical Rx Auto inflation

What would not work:

Antibiotics / Antihistaminic/Leukotriene inhibitors/mucolytics/decongestants

Surgical Rx Grommets

Indicated if hearing loss > 3months

Bilateral

Affecting speech development/Behavioural changes

Allergic Rhinitis

(you already know from Dr Ashton's talk !!!)

- IgE mediated
 - Sneezing, discharge, congestion, itching

Seasonal / Perennial

Intermittent / Persistent

Impacts on school performance

Disturbed sleep

Poor concentration

Recurrent on infection mediated symptoms

May need allergy testing / Allergen avoidance

Intranasal Steroids

Decongestants/Anticholinergic (age specific)

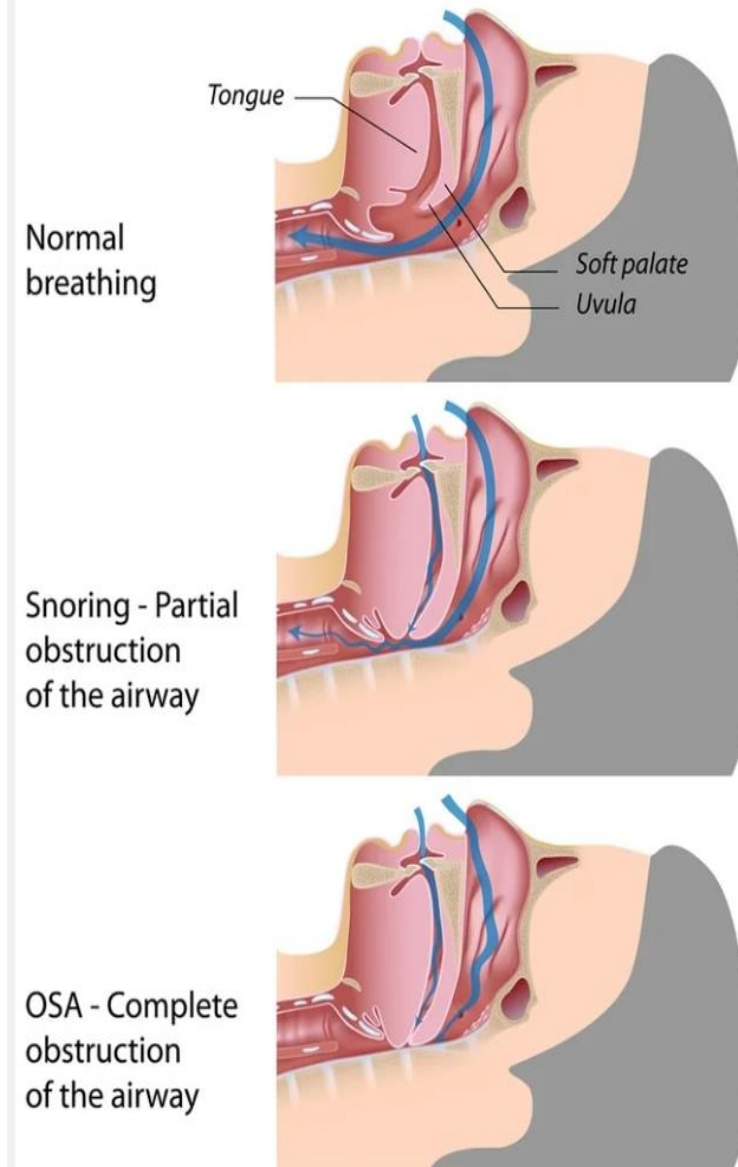
Snoring and Obstructive sleep apnoea

Daytime sleepiness and lack of concentration
Loud snoring
Stopping to breath
Sudden waking up gasping for air

Most commonly with 2-6 yr
Adeno tonsillar hypertrophy
Other causes of tone abnormality (Trisomy 21)

Investigations include sleep record and O2 saturation

Surgical 1st line Rx Adeno tonsillectomy
Rarely other treatments and airway support may be needed



Take Home messages

- ENT problems are very common in Primary care
- Mainstay symptomatic treatment is with PCM and NSAID
- Most don't need Antibiotics
- If needed Penicillin V/Amoxicillin/Erythromycin should work in most
- Consider allergic causes for recurrent / persistent symptoms
- Refer to ENT for symptoms of hearing loss and OSA
- Acute referral if suspicion of abscess / collection

Many thanks for listening



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