

ANALYSIS OF ENT DISEASES AT KHYBER TEACHING HOSPITAL, PESHAWAR

Arif Raza Khan¹, Sunia A. Khan², Asad U. Arif², Rashid Waheed²

¹Department of ENT, Khyber Teaching Hospital, Peshawar - Pakistan

²Khyber Medical College, Peshawar - Pakistan

ABSTRACT

Objective: To know the incidence of various Ear, Nose, and Throat diseases in patients attending ENT OPD.

Material and Methods: This study was conducted in the Department of ENT & Head & Neck Surgery of Khyber Teaching Hospital, Peshawar Pakistan from April 2011 to May 2012. The data of all the patients was collected and were registered. These patients were divided into 3 major groups according to the involvement of Ear, Nose and laryngopharynx.

Results: A total of 32800 patients were seen during the study period and about 2733 patients seen per month. The distribution of system wise diseases were 47% ear diseases, 36% nasal complaints and 17% with laryngopharyngeal problems.

Conclusion: It is concluded that the maximum number of patients were of ear diseases followed by Nasal problems while laryngopharyngeal diseases were least found.

Key Words: Adenoids, Tonsillitis, Chronic suppurate otitis media, foreign bodies.

INTRODUCTION

Otitis media is the most common disease in young patients as the Eustachian tube is more horizontal in children as compared to adults^{1,2}. The complications of acute otitis media is acute mastoiditis which complicates facial nerve paralysis³. The response to oral medication in ear disease is excellent, while surgical interventions are less frequently required⁴. In Pediatric population, tonsillectomy for chronic tonsillitis is the commonest surgical procedure performed⁵.

Chronic tonsillitis usually presents with recurrent sore throat with frequent absenteeism from school⁶. Allergic rhinitis adversely affects quality of life⁷. It may enhance the co-morbidity of asthma & sinusitis with a growing concept of airway disease⁸⁻¹⁰. There is a lot of regional differences in the incidence of ENT diseases. This study is designed to know about the prevalence of ENT diseases in tertiary care hospital.

MATERIAL AND METHODS

This was a prospective study carried out at the ENT Department of Khyber Teaching Hospital,

Address for Correspondence:

Dr. Arif Raza Khan

Associate Professor

Department of ENT, Khyber Teaching Hospital,

Peshawar - Pakistan

Mobile: 0333-9167305

Email: arifrazakhan@gmail.com

Peshawar Pakistan from April 2011 to May 2012. The records of out patients department (OPD) of all patients were reviewed, regarding the age, gender, presenting symptoms and preliminary diagnosis. All those patients who were between 12-50 years with diseases of Ear, Nose and Laryngopharynx were included in the study. Young patients with some other diseases in addition to ENT diseases were excluded from the study.

RESULTS

During the study period, a total of 32800 patients with ENT disease were registered in OPD. Majority of them were male 65%. The distribution of the diseases were as, 47% were suffering from ear diseases followed by 36% with nasal complaints and 17% with laryngopharyngeal complaints. The distribution of different diseases are shown in Table 1.

DISCUSSION

Patterns of ENT diseases had been studied and reported from tertiary hospitals in other countries. There are large regional differences in the ENT diseases. Prevalence reported in Greece¹¹, Scotland¹², Austria¹³, Spain¹⁴ and France¹⁵ is significantly different from that found in this study. In our setup, the chronic tonsillitis (37%) chronic suppurative otitis media (CSOM) (14%) and rhinitis due to deviated nasal septum (67%) were the most common group of ENT diseases whereas in Greece the SOM incidence was 29% followed by chronic Tonsillitis and nasal symptoms. In the studies

Table 1: Distribution of Ear, Nose & Throat disease 32800

S. No	Disease	Number of patients with age
1.	Chronic suppurative otitis media (CSOM)	4600 (14%)
2.	Serous otitis media	1300 (3.9%)
3.	Acute otitis media	3600 (10-36%)
4.	Furunculosis of ear	1000 (0.3-04%)
5.	Foreign bodies / Wax in ears	1500 (04-57%)
6.	Chronic tonsillitis	8980 (27.37%)
7.	Adenoiditis	2200 (0.6-70%)
8.	Carcinoma larynx	500 (01-52%)
9.	Dysphasia	1300 (03-90%)
10.	Deviated septum	3500 (11.67%)
11.	Allergic rhinitis	1250 (03.81%)
12.	Foreign body nose	600 (01-82%)
13.	Nasal Polypi	1170 (03.86%)
14.	Epistaxis	700 (02.13%)
15.	Sinusitis	410 (01-25%)
16.	Cervical Lymphadenopathy	190 (0.05%)
17.	Otitis externa	200 (0.06%)

by Pin et al and Dri O et al, the incidence of chronic Tonsillitis was on the top as in this study.

Multiple social and environmental factors are considered to be etiological factors of these diseases in developing countries. This review suggests a steady increase in ENT disorders over the last decade. This may on one end be due to a better access to improved health care facilities but on the other hand, it may reflect development of some unidentified underlying factors¹⁶. A study by Tim sit CA et al¹⁷ showed that allergic rhinitis is the most common pediatric ENT disease in almost 20% of all patients. Chronic otitis media was the second most common in 12% of cases. The incidence of chronic otitis media is in accordance to our study whereas due to weather reasons, the allergic rhinitis is less common in our this part of the world.

Overall incidence of otitis media in our study was 27% with almost equal acute & chronic cases. Poor socioeconomic status & illiteracy are the major pre disposing factors in this regard. The incidence of dysphagia was reported as 3.9% in our study which is significantly low with a considerable increase in developing countries¹⁸. Adenoiditis was found to be

less common 6.7% in our population as compared to the studies conducted in Scotland, Spain and France¹⁹. The use of confectionaries and extremely cold weather in there regions might be considered as probable contributory factors for increased incidence of adenoiditis due to blockage of eustacian tubes.

CONCLUSION

Due to increase in ENT disease, awareness must be made in medical graduates to diagnose & treat these diseases in order to minimize complications.

REFERENCES

1. Stevanoviae S, Aras I, Baudoin I, Davis S. Indications for Tonsillectomy in children aged under 16 years in ENT Department of Sestre Milosrdince Clinical Hospital. Lijec vjens: 2008, 13: 201-04.
2. Esposito S, Nove IA, Noviello S, Derrico G. Treatment of acute bacterial tonsillo- pharyngitis. A meta analysis. Infec Med. 2005: 13: 241-50.
3. Bar BM, Perez GB. Acute mastoiditis: increase of incidence & controversies in antibiotic treatment. Rev Esp Quimi oter: 2006: 19: 337-41.

4. Bogadottir AF, Pertse H, Lazdal T, Gudbrandsson F, Gidmason T, Hearaldson A. Mastoiditis in children in Iceland: Laeknabladid: 2007: 93: 275-80.
5. Gul AA, Ali L, Ralim-E, Ahmad S, Chronic Suppurative otitis media: frequency of pseudomonas aeruginosa in patients and its sensitivity to various antibiotics Professional med J 2007: 14: 411-15.
6. Sox CM, Fin Kenkelstein JA, Yin R, Kleinmann K, Lien TA Trends in otitis media treatment failure and relapse: paediatrics: 2008: 121: 674-79.
7. Gelfaud EW. Pediatric allergic rhinitis factors affecting treatment chronic Ear Nose Throat J 2005: 84: 163-68.
8. Utah S, Niase SA, Akhtar MR. Allergens in allergic rhinitis Pak Armed Forces Med J 2005: 55: 126-28.
9. Shine NP, Coates HL, Lannigan FJ. obstructive sleep apnoea: Morbid obesity and adenotonsillar surgery: Int J Pediatric otorhino laryngot: 2005: 69: 1475-82.
10. Mulla J, Valenw A, Alodib I. Allergic Rhinitis and its impact on Asthma update (ARIA 2008) J Invest Allerg Clin Immunol: 2008: 18: 327-34.
11. Dixon AE, Rhino Sinusitis & Asthma. The missing link. Curr Opin Pulm Med. 2009: 15: 19-24.
12. Pin, RV Regas UE, Keitugwa YT. Descriptive study of 21804 ENT emergencies in a third level hospital. An Otorhinolaryngol Am 2008. 30 237-45.
13. Dri CO, Donnelly MJ, Mcshane DP. An audit of the ENT casualty service at the Royal Victorian Eye & Ear Hospital. Ir J Med. Sci. 2003: 162: 462-65.
14. Habbafird PC, Simpson JA, Brisset AF, Davis A Meckerrow W, Mills R. The Prevalence of ENT problems. Family pract. 2005: 22: 227-33.
15. Synviykajus E, Kilins S, Alegajus A, Kym 12 akis D Epidemiological profile of ENT, Head & Neck disorders in Greece. BMC, Ear Nose Throat Disorder 2006: 6: 12-15.
16. Anwar Z, Hussain A, Bashim H, Statistical analysis of Ear, Nose & Throat Diseases in pediatric populations at PIMS: 10 years experience J. Med Sci: 2009: 17: 2: 92-94.
17. Tim Sit CA, Bouchene BO, Ifatpir PH, Herman P. Epidemiology & Clinical findings in 20563 patients. Annals Otolaryngol 2001: 118: 215-22.
18. Devi BC, Pisani P, Tang, TS, Park DM. High incidence of NPC in natives Borneo Island: Cancer Epidemiol: 2004: 13: 482-86.
19. Bubbico L, Rosano A, Spmgolo A, Prevalence of prelingual deafness in Italy: Action to rhinology J taly: 2007: 27: 17-21.

ONLINE SUBMISSION OF MANUSCRIPT

It is mandatory to submit the manuscripts at the following website of JMS. It is quick, convenient, cheap, requirement of HEC and paperless.

Website: www.jmedsci.com

The intending writers are expected to first register themselves and then attach/submit the manuscript. If processing fee is not submitted before should be deposited with Managing Editor in cash or can submit in the form of bank draft in the name of editor JMS. Also follow the format and check list of the Journal. Author agreement can be easily downloaded from our website. A duly signed author agreement must accompany initial submission of the manuscript.