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Research Article

META-ANALYSIS OF EMERGENCIES IN ENT AND ITS MANAGEMENT: AN AYURVEDIC APPROACH

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ABSTRACT

Emergencies in ENT are common occurrence. Early diagnosis and management result in reduction in morbidity and mortality. In this study we have explained initial assessment, medical records, diagnosis on admission and outcome of emergency care. A total of patients were attended as an emergency in our institution's hospital apart from OPD timing i.e., (9-4pm). The most common emergencies among pediatric age group were foreign body in ear, nose, and throat. The other most commonly encountered emergencies were RTA patients with cut or tear wound, epistaxis. In traditional text of Ayurveda mentioned terms like: *Vegavastha Dhatugat Avastha, Upadrav, Asadhya Lakshanas, Agantuj Vyadhi, Sadhya, Ashu* etc., for emergency conditions which are needed to be taken care of immediately

The ENT emergencies play a key role in the management of life-threatening conditions requiring immediate evaluation and management. It is important to prioritize the emergency/non emergency cases in order to ensure proper care is given to the emergency cases.

INTRODUCTION

Study Rationale

The purpose of this study is to provide information on how ENT emergencies are to be handled. The conditions which are fatal and life threatening considered as emergency conditions which require specific treatment protocol. Ayurveda text contains many diseases and conditions mentioned under "*Atyayik Avastha*", where basic principles of handling various types of emergencies explained thoroughly, which can be perfectly applicable in present era as it is or with necessary modifications.

Foreign Body

Foreign Body in the nose and ear are common in children[1]. A foreign body in the nose unless impacted may be inhaled and cause airway compromise.

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The best way of removal of foreign body from nose is to encourage the patient to blow it out themselves; although it can be very difficult in children an alternate is to create pressure behind the object to dislodge it. This can be done either by the parent blowing into the child's mouth while occluding the unaffected nostril or can be manually removed with the help of probe.

In our day-to-day OPD Foreign bodies in ear is relatively second most common emergency, various objects can be found in the ear, such as toys, beads, stones, folded paper, biological materials such as insects or seeds. Most foreign bodies in the ear can be removed with minimal risk of complications. Common removal methods include the use of forceps, water irrigation, and a suction catheter. Most objects placed in the ear may not cause signs. Other objects like food bugs can cause hearing loss, redness, ear pain.

Acharya Sushruta in *Sushrut Samhita Sutrasthan*[2] has explained that while travelling in a wheel cart on an irregular road the lodged foreign body tends to hurt at the location and this is how one is supposed to detect the location of a non-visible foreign body. In today's technically advanced era we have otoscope[3], video laryngoscope, endoscope which

makes it very easy for us to diagnose the exact position where foreign body is lodged.

Treatment

- A suction machine can remove the foreign body from the ear.
- A crocodile forceps can be used to catch hold the insect.
- Jobsons probe can be passed behind the foreign body and then it is extracted.

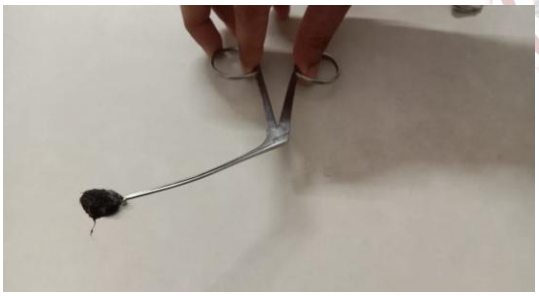
Sometimes surgery is required if other removal methods do not work.

Acharya Sushruta in *Sutrasthana* in *Pranashtashalyavidnayaniyam Adhyaya*[4] has explain that, if a foreign body is logged into the *Strotas*, it causes hampering or even loss of the function of that particular *Strotas*. Hence it has to be removed on priority basis.

Case Description

Male child of 7years came with C/o- Pain and watery discharge from left ear Procedure done- Patient was given an upright position on the stool, EAC of left ear was examined with otoscope. Foreign body tamarind seed was seen logged in the left ear EAC, it was catch hold with the help of crocodile forceps and removed. Blood stains were cleaned with the help of cotton, attach to Jobson's probe, betadine solution was applied.

Treatment- Syp. Ibujesic plus sos



Acharya Sushruta has mentioned, horn, teeth, hair, bone, sand, wood, stone and mud never gets absorbed in the body hence they have to be removed[5]

Epistaxis

Bleeding from the nose may occur as a result of variety of causes ranging from insignificant trauma to malignancy. The blood loss may vary from a few drops to a massive loss of blood in liters.

According to *Acharya Sushruta*, *Puyarakta*[6] can be co-related to epistaxis along with that, *Acharya* has explained, when there is trauma on the forehead there is blood and pus discharge from the nose and this condition is called *Puyarakta*. If the discharge blood is due to vitiation of *Doshaj* it is called as *Doshaj* and when it is due to trauma it is called *Agantuj puya rakta*.

According to *Acharaya Vaghbhata*,[7] this disease is caused either due to vitiation of *Doshaj* or due to trauma, along with discharge of blood and pus from the nose there is burning sensation and pain at the site of trauma.

Common Causes of Epistaxis in Children[8]

a) Foreign body in nose
b) Nasal diphteria
c) Vestibulitis
d) Hypertrophic adenoids with secondary congestion in the nose
e) Idiopathic

In Elderly Persons

a) Hypertension
b) Malignancy
c) Idiopathic

Case Description

A male patient of 45 years cause of trauma by wooden rod.

Injury- Bleeding from the nose.

C/o- Bleeding from the nose, pain at the nose and forehead, burning sensation at the nose.

Procedure Done- A roller gauze soaked in adrenalin and xylocaine jelly was administered with help of curved artery in the nose and anterior nasal packing was done[9]. The blood from superficial skin was cleaned with cleaned with betadine solution. Patient was checked for posterior bleed. Inj pause 500mg IV stat was given along with inj. Sylate. Patient was given trotter's position and ice pack was held on the forehead.

Treatment: Tab. pause 500mg was given sos

Systemic Management

1) Blood pressure was checked to rule out hypertension
2) Coagulants- vit C was given orally
3) Antibiotics were administered and post nasal packing was done to avoid infection

Management of Lacerations or Deep Injuries on the face

Management of face and scalp laceration and deep cut wounds requires immediate care and attention, in this we need to consider unique anatomy

sound repair and consideration of patient expectations for cosmesis.

Laceration or deep wound of the scalp and the face are commonly seen in cases of RTA. Following a systemic approach and considering the anatomical structure of the face and the vital organs the medical practitioner should approach to the repair of wound, understanding and responding to patient's expectations and concerns which play an important part in the evaluation and management of the injuries. Because disfiguring facial lacerations can cause significant emotional and psychological problems, long term cosmesis must be a central component of decision making around management. Facial laceration and wounds often include traumatic injuries to nerves and vessels that can have significant impact on healing, neurological function as well as cosmetically

The objective of laceration deep wound care is avoidance of infection and achievement of a practical and cosmetically acceptable scar. Deep wound may involve blood loss. Therefore, initial management must include assessment of stability by binding the bleeders. Prior to treatment a thorough patient history is necessary and attention should be paid to factors affecting wound healing.

Examination of Wound

Appropriate lightning and control of the bleeding are important to ensure that any foreign bodies can be identified.

During examination, the characteristics of the wound should be noted, including the time of injury and the shape, length and most importantly the depth of the wound.

The time of injury is most important because deep wound repair by primary closure is time dependent. Wound healed by secondary intension are at increased risk of scarring.

Thoroughly examine the wound for any foreign body so as to prevent traumatic tattooing a phenomenon that occurs when foreign bodies are retained within the tissues.

Repair Technique

Initial management consists of applying direct pressure to the wound for 15 min with lignocaine and epinephrine to achieve haemostasis. The presence of profuse bleeding or hematomas warrants inquiry about haematologic pathology

The skin on the face is thin on the human body and thus, prone to tears and dimpling, risks can be minimized by choosing the smallest suture. In most cases 6.0 sutures is used involving multiple small bites.

Special care in Eyebrow and Eyelid Injury

Eyebrow lacerations and wounds are most often caused by blunt trauma to the supraorbital area. For any laceration involving the eyebrow, eyelid a full and careful examination of the eye is required before repair is performed. The examination should include assessment of visual acuity and extra-ocular movement. Ophthalmic inspection for hyphemia, and fluorescein stain for corneal abrasion

Laceration involving the medial canthus or the medial third of the upper or lower eyelid can cause damage to the canalicular drainage.

Along with the injury to the eyebrow and eyelid it is important to look for clues that give suspicion of deeper injuries e.g., copious tears may indicate injury to the tear duct, where else an acute case of strabismus post-injury indicates injury to the medial palpebral ligament. Any injury to the eye that results in protrusion of fatty tissue from the wound should raise concern for a raised orbital septum and acute ptosis post injury may indicate injury to the levator palpebrae superioris.

Sutures is not necessary for wound less than 0.25 cm that are located above or below eyebrow.

Pre Suturing **Post Suturing**

Case Description

Male, 25 years

Cause of trauma- RTA

Injury- Laceration of 3x2x4cms above left eyebrow Procedure done- A thorough wash of NS was given, wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. Padding and dressing done.

Treatment- Antibiotics, Antacids, Anti-inflammatory were given.

Home care and follow up - After dressing of the wound. Patient should be counseled to keep the site clean by gentle washing twice a day and to apply topical antiseptic thereafter.

In the injury of eyebrow hair should not be shaved because re-growth of hair cannot be guaranteed. In this case the eyebrow hairs were removed as they were disturbing the operative field as well as they would contaminate the wound. The presence of hair complicates the laying or knotting of the sutures.

Pre Suturing **Post Suturing**

Case Description

Male, 45 years

Cause of trauma- RTA

Injury- Laceration of 4x2x4cms above left eyebrow Procedure done- A thorough wash of NS was given, wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. When suturing the eyelids or eyebrow special care was exercised to avoid piercing the needle through and through the eyelid. Padding and dressing was done. In this case eyebrow was removed it is very important to take written inform consent of the patient before removing the eyebrow as in some cases there might not be re-growth of the eyebrow. In this case removing of the eyebrow was important because it would cause infection.

In this case care was taken that there is no injury or stretching of eye lid muscle or ligaments because if there is injury to the levator palpebrae muscle patient will have ptosis.

Treatment- Antibiotics, antacids, anti-inflammatory were given.

Pre Suturing **Post Suturing**

Case Description

Male, 45 years

Cause of trauma- RTA

Injury- Laceration of 4x2x4cms above left eyebrow Procedure done- A thorough wash of NS was given, wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. Padding and dressing done. In this case eyebrow was removed it is very important to take written inform consent of the patient before removing the eyebrow as in some cases there might not be regrowth of the eyebrow. In this case removing of the eyebrow was important because it would cause infection. **Treatment-** Antibiotics, antacids, anti-inflammatory were given.

Pre Suturing

Post Suturing

Ear Injury

Ear laceration or injury usually is a result of blunt trauma to the head. Therefore, the most important initial consideration is assessment of potential for serious brain injury by checking patients for altered level of consciousness, impaired breathing or signs of basilar skull fractures.

After these signs have been ruled out the evaluation of wound should be done for location of the laceration, amount of cartilage involved and depth of injury, Basilar and middle ear trauma should be assessed with otoscope.

Case Description

Male, 22 Years

Cause of Trauma- Patient was hit with stone

Injury- Split injury of the helix of right ear.

Procedure done- Patient's EAC was examined with otoscope to check for any injury inside the ear, to check if there was perforation of the tympanic membrane. No injury was noted.

A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. Padding and was dressing done.

Treatment- Antibiotics, antacids, anti-inflammatory were given.

Split earlobes, one of the most common ear lacerations. It requires both subcutaneous closure with absorbable suture and skin closure with non-absorbable single interrupted suture

Pre Suturing

Post Suturing

Case Description

Male- 40 Years

Cause of Trauma- RTA

Injury- Cut laceration wound of right ear.

Procedure done- Patient's EAC was examined with otoscope to check for any injury inside the ear, to check if there was perforation of the tympanic membrane. No injury was noted.

A thorough wash of NS was given; wound was cleaned with betadine and H2O2 solution. Simple interrupted sutures were taken with ethilon 4-0. While suturing, special care was taken as to not disturb the cartilage nor suture the cartilage.

This was a complex injuries in which cartilage was exposed hence it should be carefully repaired. Proper attention was paid for approximation the cartilage and ensuring the cartilage is properly covered by the skin to prevent deformities. Because the skin overlying the cartilage is thin, the sutures should incorporate the two layers. Suture should never be buried in the cartilage. All subcutaneous stitches were buried in the perichondrium using 5-0 absorbable suture and with special care was taken to gently approximate the cartilage without damaging or tearing the fragile tissue.

On follow up, patient had discharge from the wound, looking at that patient's antibiotic dosage was increased and pressure bandage was given daily for the next 7 days.

Treatment- Antibiotics, antacids, anti-inflammatory were given.

Case Description

Male- 20 Years

Cause of Trauma- Blunt trauma

Procedure done- Patient's EAC was examined with otoscope to check for any injury inside the ear, to check if there was perforation of the tympanic membrane. No injury was noted.

A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. On examination, cystic swelling with collection of serous fluid between the perichondrium and cartilage.

Pinna was cleaned with savlon, betadine and drape 0.1 to 0.2ml fluid was aspirated from the cyst by 1ml syringe. Was physically inspected and sent for culture. Xylocaine with adrenaline was infiltrated locally. Treatment- Antibiotics, Antacids, Anti-inflammatory were given.

Pre Suturing **Post Suturing**

Case Description

Male- 14 Years

Cause of Trauma- RTA

Injury- Cut laceration wound of right ear extending towards checks In the ear wound repair.

The preferred anesthesia is local infiltration of lignocaine without epinephrine because epinephrine causes vasoconstriction and disruption of the blood supply can damage the cartilage.

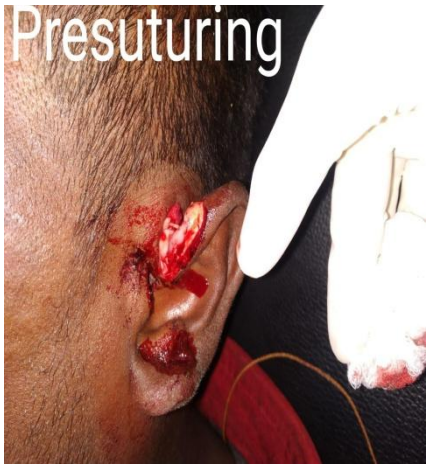
Procedure Done- Patient's EAC was examined with otoscope to check for any injury inside the ear, to check if there was perforation of the tympanic membrane. No injury was noted.

A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. While suturing, special care was taken as to not disturb the cartilage nor suture the cartilage.

On follow up, patient had discharge from the wound, looking at that patient's antibiotic dosage was increased and pressure bandage was given daily for the next 7 days.

Treatment- Antibiotics, antacids, anti-inflammatory were given.

Pre Suturing



Post Suturing

Case Description

Male, 34 Years

Cause of Trauma- RTA

Injury- Cut wound of left ear.

Procedure done- Patient's EAC was examined with otoscope to check for any injury inside the ear, to check if there was perforation of the tympanic membrane. No injury was noted.

A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. While suturing, special care was taken as to not disturb the cartilage nor suture the cartilage.

On follow up, patient had discharge from the wound, looking at that patient's antibiotic dosage was increased and pressure bandage was given daily for the next 7 days.

Treatment- Antibiotics, antacids, anti-inflammatory were given.

Debridement of cartilage is also not recommended unless the laceration involves infection or the edges are severely deformed. In those situations, debridement should be kept to a minimum to prevent notching and preserve cosmesis.

Contraindication to ear laceration repairs include evidence of basilar skull fracture, infection, total auricular avulsion, extension of a laceration into the auditory canal or hearing loss caused by the injury. In this case patient should be immediately referred to otolaryngologist, surgeon.

Acharya Sushruta in *Sutrasthan panchavinshati adhaya* has explained *Asthavidhashastrakarma* in that *sivan karma* is explained.[10]

According to *Acharya Sushruta*, Sutures are applied in disorders caused in *Meda* (fatty tissues), incised and well scrapped lesions, fresh wounds and those situated in moving and non-moving joints and at head, orbit of the eye, ear, thigh, hand, neck, forehead, scrotum, penis, buttock, abdomen.

Sutures are applied in disorders caused in *Meda* (fatty tissues), incised and well scrapped lesions, fresh wounds and those situated in moving joints.

Suturing should not be done in wounds affected with caustics [11], cauterization or poison; carrying air and having inside blood or foreign body. In such cases the wound should be cleaned properly.

If dust, hair, nails and bone pieces etc. are not removed they may cause severe suppuration of wound along with various types of pain [12]. Hence, this should be cleaned.

Then raising the wound and placing it in proper position it should be sutured slowly with fine fibers of *Asmantaka* bark, hemp or flax, ligament or hair or fibers from the stem of *Murga* or *Guduchi* by the method of continuous suture or that of re-enforcing or darning or interrupted suture according to suitability [13].

Suchi needle for the part with little musculature and joint should be circular and of 2 fingers in length, for fleshy parts 3 fingers long and 3 edged while for vital spots, scrotum and abdomen it should be curved like bow (semi-circular) it should be round like tip of the

pedicle of the *Jati* (jasmine flower). Suture should be made neither very far nor very near (from one hole to another), if the punctures are far apart, that will give rise to pain in the edges of the wound and if very near the edges will get torn.

After suturing well, wound should be covered with linen and cotton and the powder of *Priyangu*, *Anjana*, *Madhuyasti* and *Lodhra* or that of *Shallaki* fruit or ash of linen should be sprinkled all around. Then after bandaging the wound properly, post operative management to be instructed to the patient. [14]

Deficient, excessive, oblique (faulty) incisions and injuring once own body these are the four derangements of the eight surgical operations. [15]

When a surgeon applies sharp instruments deficiently due to ignorance, greed, enemy's words, fear, confusion and other such emotions he is liable to produce other such complications as well.[16]

Nose Injury

The nose is both bony and cartilaginous components and injury to it is common and often seen as a result of physical assaults and unintentional sports related traumas. Taking a proper patient's history is very important in nose lacerations because the mode of injury is a vital detail suggestive of other systems that should be assessed for example, significant blunt force trauma as with as assault by basketball, bat requires an extensive ocular neurologic and dental examination along with evaluation for more significant facial bone injuries.

Examination of patient with nose laceration should include both internal and external inspection with concentration on possible obstruction and breathing difficulties. Signs of basilar fracture which include immediate neuro surgical consultation include the emission of clear fluid from the nares, haemotympanum "raccoon eyes", signs "battle sign" ecchymosis around mastoid.

A nasal haematoma may occur in patient with nasal laceration appearing as a dark blue or purple tender mass at the septum. A septal haematoma increases the risk of cartilage damage and subsequent deformity and may signal the presence of basilar fracture. The appropriate treatment is drainage and examination the fluid followed by pressure packing.

Case Description

Female- 35 Years

Cause of Trauma- RTA

Injury- Cut laceration wound on tip of the nose.

Procedure- The cartilaginous injuries were easily seen through the open wound, a speculum examination of the internal nose was done to check mucosal laceration. A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. The laceration of the cartilage was repaired with non-absorbable 5-0 suture, there was no need for cartilage graph. All layers were repaired appropriately, the skin around the nose was repaired by placing key sutures are the rim of the nose using, 4-0 ethilon.

In nasal suturing, external covering frame and lining should be considered.

Nasal laceration injury usually involves multiple layers i.e., skin mucosa and cartilage. Hence in this case suturing/closing the skin and mucosa with the closest approximation as possible is important to prevent notching and deformity. Suturing cartilage is unnecessary because its coverage by skin and mucosa ensures healing. However, if the cartilage cannot be completely covered the risk of chondritis and deformity is increased and referral to a plastic surgeon.

Treatment- Antibiotics, Antacids, Anti-inflammatory were given.

Pre Suturing **Post Suturing**


Case Description

Male- 35 Years

Cause of Trauma- Self-fall

Injury- Open wound over the nose. 3x1x0.5cms

Procedure- A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. Patient was having tenderness and swelling on the bridge of the nose hence, X-ray of the nose was done to rule out any possible fractures.

Treatment- Antibiotics, Antacids, Anti-inflammatory were given.

Pre Suturing **Post Suturing**

Case Description

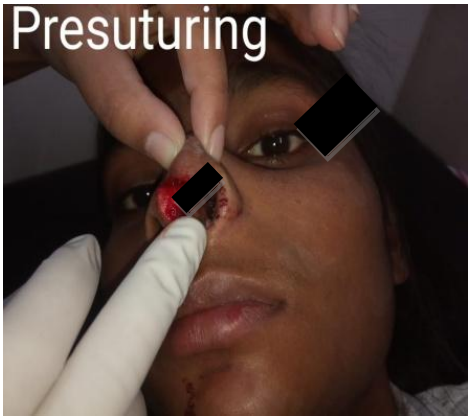
Female- 35 Years

Cause of Trauma- Self-fall.

Injury- Open wound over the nose. 0.5x1x0.5cms

Procedure- A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. Patient was having tenderness and swelling on the bridge of the nose hence, X-ray of the nose was done to rule out any possible fractures.

Treatment- Antibiotics, Antacids, Anti-inflammatory were given.



Case Description

Female- 15 Years

Cause of Trauma- Self-fall.

Injury- Open wound over the nose. 3x2x0.5cms

Procedure- A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0. Patient was having tenderness and swelling on the bridge of the nose hence, X-ray of the nose was done to rule out any possible fractures.

Treatment- Antibiotics, antacids, anti-inflammatory were given.

Lip Injury

Epilogues of lacerations are many, ranging from assault to fall, because the lip is rich in vascularity, laceration tends to bleed profusely and they are a very common presentation in the urgent care. Indication for repair of lip laceration includes a wound larger than 0.25cm or the ones that gapes at rest.

Macerated wounds, association facial bone fracture, suspected injury to the orbicularis muscle, large areas of missing lip tissue or wounds left unrepaired for more than 12 hours necessitate management by a plastic surgeon.

In patients whose laceration can be repaired perform a complete exploration for foreign body and a dental check for missing or broken teeth. If there are any teeth missing a facial x-ray should be considered.

Case Description

Male- 37 Years

Cause of Trauma- Self-fall.

Injury- wounds at 3 different sites

1. Cut through injury at inner side of lower lip extending till outside
2. Lacerated wound below the chin
3. CLW below lower incisors

Procedure- A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0.

The cut through wound was sutured in 3 layers, the muscle and fat later were sutured with vicryl 4-0. The inner layer was sutured with vicryl 4-0 and outer skin later was sutured with ethilon 4-0.

Treatment- Antibiotics, antacids, anti-inflammatory were given.

Pre Suturing **Post Suturing**

Case Description

Male- 33 Years

Cause of Trauma- Self-fall.

Injury- cut lacerated wound at the chin

Procedure- A thorough wash of NS was given; wound was cleaned with betadine and H_2O_2 solution. Simple interrupted sutures were taken with ethilon 4-0.

The cut through wound was sutured with ethilon 4-0.

Treatment- Antibiotics, antacids, anti-inflammatory were given.

Pre Suturing **Post Suturing**


Case Description

Female- 14 years.

Cause of trauma- RTA

Injury- Laceration at the philtrum of the lip

Procedure done- A thorough wash of NS was given, wound was cleaned with betadine and H_2O_2 solution.

Simple interrupted sutures were taken with ethilon 4-0. Padding and dressing was done, while suturing care was taken not to damage the soft tissue.

Treatment- Antibiotics, antacids, anti-inflammatory were given.

Pre Suturing **Post Suturing**


Case Description

Female- 12 years.

Cause of trauma- Self-fall

Injury- Laceration at the left commissure of the lip

Procedure done- A thorough wash of NS was given, wound was cleaned with betadine and H_2O_2 solution.

Simple interrupted sutures were taken with ethilon 4-0. Padding and dressing was done, while suturing care was taken not to damage the soft tissue.

Treatment: Antibiotics, antacids, anti-inflammatory were given.

Number of Emergency Cases seen from January 2021 to February 2022

Month	Total emergencies in ENT
January	8
February	8
March	9
April	4
May	5
June	3
July	21
August	16
September	5
November	8
December	5

CONCLUSION

CLW of the face and Epistaxis, its emergency treatment were the most frequent ENT condition seen in the Emergency Department. The basic principles to be followed while treating an emergency patient were given by *Acharya Sushruta* in *Sushrut Samhita* with advance equipments and technology which has made it easy to treat an emergency patient. The goal of this article was to provide some knowledge about the common emergencies seen in ENT, which can easily be handled and convey knowledge of basic protocols to follow while handling them. The treatment which is to be given and some things that need to be taken care of while treating the patients are mentioned here. This is my sincere attempt to forward basic information to my colleagues and juniors which may turn helpful and upcoming PG students of Shalakyatantra.

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