

**OTOLARYNGOLOGY EMERGENCIES IN THE ELDERLY IN PORT
HARCOURT, NIGERIA.**

ABSTRACT

Background

By the age of 65 years and above when there are changes in physiological process, different health challenges are observed in this age group. Some of these health challenges in these patients come as emergencies. Special clinical approach is required to medically assist in their management.

Method

This is a six (6) (January 2017 – December 2022) year retrospective study of 90 geriatric cases seen within this period of study who presented with otolaryngological emergencies in our centre. Their case notes were retrieved and information collected from them were put on tables and analysed.

Results

There were 54 males (60%) and 36 females (40%) and upper airway obstruction from laryngeal tumour constituted highest with 21 (23.3%). This is followed by nasal medical emergency with epistaxis 16 (17.8%). The least were orbital cellulitis and hypopharyngeal tumour 1 (2.2%) each.

Conclusion

Medical emergency in the elderly can be challenging. This is because health status at this age group has been sometime compromised. Additional medical emergency calls for urgent medical specialist attention.

Keywords: Geriatric Emergencies, Laryngeal Obstruction, Epistaxis.

Introduction

The elderly is a special group of patient to be managed clinically. This is because lots of physiological changes had taken place in them. Therefore, urgent medical attention must be put in place to avoid morbidity and subsequent mortality¹.

Otolaryngology surgical emergencies can be life-threatening condition, especially when the airway is involved. In the elderly and children, the challenge can be extreme.

Therefore, early presentation to appropriate health care is absolutely mandatory².

The reduction in immune system which follows the elderly age group make them more susceptible to emergency health challenges which is set to be enumerated in this study.

Poor swallowing reflexes encountered in the elderly makes them vulnerable to foreign body impaction in aerodigestive pathway.

Therefore, aspiration and other pulmonary diseases that follow are expected in this age groups.

The aim of this study of which the kind is poorly reported in the literature is to look at the pattern of otolaryngology emergencies in the elderly in a tertiary centre.

We are hoping that the information provided in this study will enrich existing knowledge in this subject.

Patient and Method

This is a retrospective study where elderly patients (65 years and above) seen between January 2017 and December 2022 were considered.

Their case notes from the medical records, the wards and clinic were retrieved. Information from these files were collected and analysed. Information noted were age, gender, clinical condition, treatment given and response to treatment were put together on table and analysed.

Results

The results of our study is stated on table I and table II. They represent the distribution of ORL emergency in the elderly and percentages. Laryngeal tumour ranked highest with 21(23.3%) followed by Epistaxis 16 (17.8%).

Ibekwe et al in their series of eighty-seven (87) patients recorded also laryngeal tumours 28 (32.2%) followed by epistaxis 12 (13.8%).

Presentation by patients with laryngeal tumour is always late, thereby having upper airway obstruction for which trachesotomy is done before direct laryngosocopy.

Hypertension is a leading cause of epistaxis in the elderly and represented 16 (17.8%) in number.

Table I: Otological and Rhinological Distribution of ORL emergencies in the elderly and percentages

Emergencies	Number	Percentage (%)
Otological		
Malignant Otitis External	3	3.3
Foreign body in ear (cotton buds)	12	13.3
Severe vertigo (BPPV)	2	2.2
Rhinological		
Epistaxis (to Hypertension sinonasal lesion)	16	17.8
Gunshot injury to face/nose	3	3.3
Septal Abscess	4	4.4
Septal Haematonia	3	3.3

Table II: Oesophageal, Pharyngo laryngeal and Neck Distribution of ORL emergencies in the elderly and percentages

Emergencies	Number	Percentage (%)
Oesophageal		
Foreign body oesophagus (cow bone), Dentures, Fish bone	12	13.3
Corrosive oesophagitis	2	2.2
Pharyngo laryngeal		
Laryngeal tumour	21	23.3
Cut throat injury	2	2.2
Oropharyngeal tumour	3	3.3
Hypopharyngeal tumour	1	1.1

Vocal cord paralysis	2	2.2
Head/Neck		
Orbital cellulitis	2	2.2

Discussion

Geriatric otological emergencies can be challenging in our environment. These group of patients are on high risk due to various challenges in their immune system caused by aging ⁴.

Common aetiological factors found in the study include tumours, foreign bodies, trauma. These are stated on tables I and II.

These were findings by Okoye et al (2007) in their pattern of Geriatric otolaryngological diseases in Port Harcourt ⁵.

Ogunleye et al also recorded same findings in their otolaryngology, and Geriatric in (2005) Ibadan ⁶.

Common emergency condition encountered in our study include laryngeal tumour 21 (23.3%), epistaxis 16 (17.8%).

Others are oesophageal foreign bodies (Dentures) 12 (13.3%) and foreign body in the external ear canal 12 (13.3%).

These were also recorded by Ibekwe et al in their spectrum of otorhinolaryngology emergencies in the elderly in Ibadan ⁷. Other conditions include sinonasal tumour, gunshot injury and oropharyngeal tumours.

Huang et al recorded these clinical conditions in their epidemiological study of otolaryngological emergency diseases ⁸.

The process of aging will lead to degenerative changes with associated comorbid illnesses like arthritis, hypertension, diabetes mellitus and others. These findings were also noted by Rhan et al and Nepali et al ^{9,10}.

We recorded orbital cellulitis in our series, while Ibekwe et al recorded in addition to orbital cellulitis pott's puffy tumour and suppurative cervical adenitis ^{11,12}.

Conclusion

Geriatric otolaryngological emergency are common condition and require prompt evaluation and treatment considering the age of these patient. Obstruction to the aerodigestive pathway need very urgent attention if patient must be alive.

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