OTOLARYNGOLOGY EMERGENCIES IN THE ELDERLY IN PORT HARCOURT, NIGERIA

ABSTRACT

Background

At the age of 65 years and above, besides physiological changes, different health challenges can be observed. Some of these health challenges in these patients come as emergencies. An extraordinary clinical approach is required to medically assist in their management.

Method

This is a six-year retrospective study (January 2017 – December 2022) 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 was put on tables and analysed.

Results

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

Conclusion

Medical emergencies in the elderly can be challenging. This is because the health status of 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 are a special group of patients 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 mortality [1].

Otolaryngology surgical emergencies can be life-threatening conditions, 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 mandatory [2].

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

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

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

The aim of this study 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 on 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 the clinic were retrieved. Information from these files was collected and analysed. The information noted were age, gender, clinical condition, treatment given and response to treatment were put together on the table and analysed.

Results

The results of our study is stated on table 1 and table 2. 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%).[6]

Presentation by patients with laryngeal tumours is always late, with upper airway obstruction for which tracheostomy is done before direct laryngoscopy.

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

Table 1: Otological and Rhinological Distribution of ORL emergencies in the elderly and percentages

Emergencies	Number	Percentage (%)
Otological		
Malignant Otitis Externa	3	3.3

Foreign body in ear (cotton buds)	12	13.3
Severe vertigo (BPPV)	2	2.2
Rhinological		
Epistaxis	16	17.8
Gunshot injury to face/nose	3	3.3
Septal Abscess	4	4.4
Septal Haematoma	3	3.3

Table 2: **Oesophageal**, **Pharyngo laryngeal and Neck Distribution of ORL emergencies in the elderly and percentages**

Emergencies	**Number**	**Percentage (%)**
Oesophageal		
Oesophageal Foreign body.	12	13.3
Corrosive oesophagitis	2	2.2
Pharyngo laryngeal		
Laryngeal tumour	21	23.3
Cut wound of the neck	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 groups of patients are at high risk due to various challenges in their immune system caused by ageing [4].

Common aetiological factors found in the study include tumours, foreign bodies, and trauma. These are stated in 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 the same findings in their otolaryngology, and Geriatric in (2005) Ibadan [6].

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

Others are oesophageal foreign bodies (Dentures) 12 (13.3%) and foreign bodies 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 tumours, 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 in addition to orbital cellulitis pott's puffy tumour and suppurative cervical adenitis [11,12].

The results of treatment offered in each of these conditions were good. All oesophageal foreign bodies which involved dentures, cow meat bone and fish bone were removed with no complications. Epistaxis was adequately controlled with an anterior nasal pack. [12].

Conclusion

Geriatric otolaryngological emergencies are common conditions and require prompt evaluation and treatment considering the age of this patient. Obstruction to the aerodigestive pathway needs very urgent attention to prevent morbidity/mortality.

- Ethical Approval:

  As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

  Conflict of interest - nil

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