

## TRAUMATIC LESIONS OF EARS, NOSE AND PHARYNX

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The ears, nose and throat are exposed to comparatively frequent traumatic lesions owing to their anatomical position, and to the ever increasing mechanization and transport. They should be subjected to timely correction by a skilled otorhinolaryngologist in order to preclude the development of permanent deformities (1, 2, 3, 4, 5, 6, 7, 8).

Over the period 1974 through 1977, in the clinic of otorhinolaryngology — Medical Faculty, Varna, emergency ORT aid was delivered to 656 patients with trauma to the ears, nose and pharynx. During the same period, a total of sixty patients with injuries to the above mentioned organs were hospitalized in the ORL clinic. Apart from that, ORL aid was rendered to inpatients with combined injuries, hospitalized in other clinics and departments (neuro-surgical, surgical, intensive care units and the like), not included in the above number.

The distribution of the patients under study is presented in Table 1, 2 and 3.

Table 1

**Age and Sex Structure of Hospitalized Patients with ORL Injuries**

Sex		Age distribution									Total
M	F	0—7 y.	8—15	16—25	26—35	36—45	46—55	56—65	66—75	76—85	
46	14	9	9	8	18	9	4	1	4	2	60

Table 2

**Distribution by Localization and Type of Injury**

Localization	No	Type of injury
Nose	32	nasal f-res (21), lacerations (11)
Sinuses	6	F-re of maxillary and frontal sinus (6)
Ears	20	Traumatic rupture of tympanum (9), lacerations (11)
Larynx	2	Laryngeal trauma.

It can be seen from the tables that the number of men affected by injury to the ears, nose and pharynx (most frequently in the age group 26—35 years) is thrice as high as in women.

Distribution by Type of Traumatic Factor

Table 3

Occupational accident	Traffic Injury	Home injury (beating)
6	10	44 (21)

Of all otorhinolaryngological localizations the nose is the most frequently involved (in more than half of the cases in our series), next ranking the ear and paranasal cavities.

The following illustrative case reports are presented:

1) A. T. T., aged 30, case record No 1144 (54) 15. 1. 1978

In a fight after alcohol consumption, his nose tip was bitten off and spit out at the site of scuffle. The bitten off part, measuring 2 cm and darkened, was delivered at the ORL clinic within 12 hrs of the accident. An attempt was made at restoring the integrity of the nose by replantation of the cut part with partial success. Subsequently, transplantation of a tubed pedicle flap from the hand and neighbouring tissues was undertaken, and the normal shape of the nose was restored. At the follow-up examination six months after the operation, the result obtained is estimated as definitive and permanent, and completely satisfactory for the patient.

2) V. M. K., aged 54, case record No 27460/22.11.1974

During a scrap he was hit a "sword blow" with the hand in the neck region. Gradually intensifying inspiratory dyspnea developed, and the patient complained of pains in the laryngeal area. Objective state: edema and hematoma in the arytenoids and epiglottis. Following treatment with corticosteroids, calcium gluconicum, vitamin C and oxygen his condition got normal.

3) Tz. Tz. T., aged 45, case record No 7706/5.4.1977

After murdering his wife from jealousy, he cut his neck using a kitchen knife. The patient was referred to the emergency unit with acute respiratory insufficiency and extensive incised wound on the neck. Low tracheotomy and surgical treatment of the wound was done. A nasoesophageal tube was inserted, and after improvement of the condition, he was decannulated.

4) H. M. A., aged 32, case record 26621/5.12.1977

In an attempt to save a young girl from a group of ruffians, he received a heavy blow with a ringed fist on the lower frontal area. A substantial depression at right eyebrow level ensued, and because of that he sought medical advice for eventual correction of the defect sustained. After operative exposure of the frontal bone a great number of bone fragments, depressed within the frontal sinus, were reduced and meticulously re-attached using tissue adhesive Kanokonlit-B. The patient ran an uneventful postoperative period. The cosmetic effect was assayed as excellent. The three-month follow up showed no changes whatsoever in the condition.

5) Y. P. D., aged 31, case record 17523/8.8.1977

A heavy slapping on both ears caused bleeding from the ears. The examination on admission revealed traumatic central perforations of both tympanic membranes. Reposition was done with ensuing complete repair of the defects.

6) O. K. M., aged 6, case record No 7861/2.4.1975

Its older brother stabbed him in the left ear with an iron rod. The bleeding was followed by escape of clear fluid. The child lost consciousness and vomited. After regaining consciousness he was unable to keep balance. Objective state: contused-lacerated wound on the posterior wall of the external acoustic meatus, traumatic tympanum perforation in the infero-posterior quadrant. A scarce amount of clear fluid escapes from the injured ear. Marked cervical stiffness and horizontal-rotatory nystagmus on the leftside. Active antibiotic therapy was instituted with ensuing gradual improvement and normalization of the condition.

Our experience shows that to reduce the incidence of injuries, and to improve the efficacy of trauma treatment, a complex of measures prove absolutely mandatory, namely: legislative steps for combating delinquency and alcoholism, educational work, labour protection, and a slender organization for delivering timely and skilled treatment. Functional and cosmetic correction of the damaged organ (external nose in particular) should be effected early, and only by way of exception (in severe combined injuries), the correction may be deferred, and performed after improvement of the heavy general condition.

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#### О ТРАВМАТИЧЕСКИХ ПОРАЖЕНИЯХ УШЕЙ, НОСА И ГОРЛА

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#### РЕЗЮМЕ

Подвергаются анализу 656 больных с травматическими поражениями ушей, носа и горла (из которых 60 госпитализированных), обслуженных Клиникой уха-носа-горла—Варна в течение периода 1974—1977 г. Самыми частыми являются поражения носа, следуемые ушей и окслссных пазух. Наибольшее число поражений является резуль-татом бытовых травм, среди которых существенсе место занимает побой. Представлены шесть казуистических наблюдений и даются рекомендации для снижения травматизма и улучшения организации свременного поведения при травматических поражениях.