

**Intercollegiate Specialty Examination in Otolaryngology**  
**Head & Neck**

**Theme:** Tonsillectomy - Complications

**Scenario:** A 20 year old male is found to be bleeding from the mouth two hours after a dissection tonsillectomy

**Introductory question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)**

Outline your immediate management

**Key Points for Discussion:**

ABC, Adequate oral examination of the tonsillar beds. Remove any clot. Apply adrenaline swab pressure if possible. Take blood for FBC, group/cross-match. Set up IV line. Set time frame.

**Question 2: (e.g. management, relevant applied pathophysiology, anatomy)**

When would you consider a return to theatre?

**Key Points for Discussion:**

Continuation of bleeding, volume of blood loss, physical state of patient

**Question 3: (complications of management)**

What additional measure would you take to control the bleeding if diathermy and tie are insufficient?

**Key Points for Discussion:**

Absorbable packs? Surgical?  
Stitching the tonsillar fossa

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No exhibits

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## **Intercollegiate Specialty Examination in Otolaryngology**

### **Otology**

**Theme:** Otosclerosis

**Scenario:** A 45 year old woman has been diagnosed with unilateral otosclerosis. She has tried a hearing aid and wishes to proceed with surgery

**Introductory question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)**

What are the risks of stapes surgery?

**Points for discussion:**

Persistent conductive loss, sensorineural loss? Incidence

Loss of taste

VIIIn damage, Vertigo? Cause, post op serous labyrinthitis, BPPV, Delayed fistula, gush

**Question 2: (e.g. management, relevant applied pathophysiology, anatomy)**

When wouldn't you operate on this patient?

**Points for discussion:**

Only hearing ear – what is the other ear like

Audiological criteria A-B gap closed within 10db of better ear

Occupation, leisure activities

Menieres disease/Hydrops due to distension of saccule

Anaesthetic risk factors

**Question 3: (complications of management)**

During the procedure you have caused a floating footplate. How would you manage this complication?

**Points for discussion:**

Cover with graft and abandon the procedure

Apply vein graft and place prosthesis on footplate

Drill an inferior marginal slot and remove the footplate then proceed with vein graft and large diameter prosthesis

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No exhibits

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End of Item D30870.3

**Intercollegiate Specialty Examination in Otolaryngology**  
**Paediatric**

**Theme:** Acute airway obstruction

**Scenario:** A 2 year old child is brought to A&E with a barking cough and stridulous breathing. The child has been generally unwell for a few days.

**Introductory question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)**

What do you do when you arrive in A&E?

**Points for discussion:**

Find out who is in charge and assess ABC. Keep child and carers calm. No IV access unless extremely unwell. Humidification, dexamethasone. Nebulised adrenaline. Heli-Ox etc.

**Question 2: (e.g. management, relevant applied pathophysiology, anatomy)**

What investigations may be appropriate? How do you differentiate croup from supraglottitis/epiglottitis

**Points for discussion:**

If safe, AP soft neck Xray (Steeple sign). Listen to stridor - classification 1-4 (Benjamin)

**Question 3: (complications of management)**

At what stage would you consider further intervention and what would you consider?

**Points for discussion:**

Increasing grade of stridor and tiring child. Declining saturations. Quietening of stridor. Intubation - tube size below anticipated for age. If tube insufficient - MLB. Failure to respond to ICU treatment MLB. (tracheostomy)

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End of Item D19322.4

**Intercollegiate Specialty Examination in Otolaryngology  
Rhinology & Facial Plastics**

**Theme/Topic:** Haemorrhagic Hereditary Telangiectasia

**Scenario:** A 60 year man is referred to you with a 10 year history of recurrent epistaxes.

**Introductory question: (e.g. integration of information presented/application of basic principles to the situation described in the scenario/differential diagnosis)**

What conditions cause recurrent nose bleeds?

**Points for discussion:**

HHT, local trauma/nose picking, septal perforation, haematological disorders.

**Question 2: (e.g. management, relevant applied pathophysiology, anatomy)**

How would you recognise a patient with hereditary haemorrhagic telangiectasia?

**Points for discussion:**

The patient tells you the diagnosis. Multiple cutaneous facial, oral and intranasal telangiectasia. Bleeding from mucosal surfaces. Family history. History of intracranial bleeds

**Question 3: (complications of management)**

This man says that he wants to know what are the risks for any children he might father.

**Points for discussion:**

Discuss autosomal dominant with partial penetrance. Refer for genetic counselling.

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No exhibits

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End of Item D19409

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