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Overview of ENT Pathologies in the Elderly at the Tengandogo University Hospital Center (CHUT)

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Case Report

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Abstract

Objective: To study otolaryngological pathology in elderly patients in the otolaryngology (ENT) and head and neck surgery (HNS) department of the University Hospital of Toulouse (CHUT).

Patients and Methods: This was a retrospective descriptive study conducted in the ENT/HNS department of the CHU-T from January 19, 2016, to November 24, 2021. It included all patients aged 65 and over.

Results: A total of 362 patients were included in the study. The mean age was 73.34 years, with a range of 65 to 100 years. The male-to-female ratio was 0.84. Otological conditions, representing 62.15% of cases, were dominated by acute otitis media (13.81%), chronic otitis media (8.29%), vertigo (4.97%), and earwax buildup (4.42%). Rhinosinusitis, representing 30.38% of cases, was dominated by chronic rhinitis (8.29%), acute rhinitis (6.91%), and allergic rhinitis (4.14%). Pharyngolaryngeal conditions, representing 19.61% of cases, were dominated by acute laryngitis (5.52%), chronic laryngitis (5.25%), and acute pharyngolaryngitis (2.76%).

Conclusion: ENT pathologies are common in the elderly. Otological pathologies were predominant among all ENT pathologies.

Keywords: Aged; Otolaryngology; Pathology; University Hospital of Tengandogo

Abbreviations: HNS: Head and Neck Surgery; WHO: World Health Organization; ENT: Ear Nose Throat; AOM: Acute Otitis Media; TOO: Thoracic Outlet Obstruction.

Introduction

The World Health Organization (WHO) defines an older person as someone who has exceeded the median life expectancy at their birth or a person aged 60 and over [1]. Aging corresponds to all the physiological and psychological processes that modify the structure and functions of the body from middle age onwards. Aging is generally accompanied by an increase in the number and severity of illnesses and a decline in health. The ear, nose, and throat (ENT) pathology in this population is distinguished by its mode of presentation and its consequences [2,3].

They are often found in tropical environments. their door entry diagnostic has of the pathologies worrying endemic conditions exist in countries where access to healthcare is unequal [4]. The number of elderly people is increasing worldwide [5]. In recent years, African literature has been enriched by various studies devoted to geriatric ENT/head and neck care [6,7]. In developing countries, 10% of the population is over 60 years of age, and this proportion is increasing rapidly [8].

A study carried out in 2013 in an ENT/CCF department in Ivory Coast estimated the hospitalization rate of elderly subjects at 8%; the average age was 67 years, and the predominant pathology was squamous cell carcinoma of the larynx (38.6%) [9].

The aim of this study is to describe the profile of ENT/CFF pathologies within this segment of the population in order to contribute to the improvement of their management within the Oto-Rhino-Laryngology and Cervico-Facial Surgery department of the Tengandogo University Hospital Center.

Patients and Methods

This was a descriptive study with retrospective data collection over a period of 05 years from January 2016 to November 2021 in the ENT/CCF department of the Tengandogo University Hospital.

We have done a review documentary of the Clinical records and consultation registers of all patients aged 65 and over with ENT/head and neck pathology whose clinical records were complete. These records had to include data from an interview, a physical examination, paraclinical examinations, a diagnosis, treatment, and the progress under treatment. The data were entered and analyzed on a microcomputer using Microsoft Word 2019® and EPI-INFO® version 7.2.5.0 software.

Results

During the study period, 5750 patients were seen in consultation, including 362 elderly patients. Included (Table 1).

- There were 166 men (45.85%) And 196 women (54.14%) with a sex ratio of 0.84.
- The average age of our patients was 73.34 years with extremes of 65 years and 100 years.
- THE retiree's assets represented 174 case (48.07%).
- Patients residing in the urban area numbered 236 cases (or 65.74%).
- The consultation waiting time was 33.33 months with extremes from 0 months to 48 months.
- The reasons for consultations varied depending on the call area:

Pattern of consultation	Frequency(n)	Percentage (%)
Otology		
Hearing loss	95	26.24
Tinnitus	62	17.13
Earache	52	14.36
Otorrhea	21	5.8
Vertigo	18	4.49
Itching little finger	11	3.04
Fullness of the ear	5	1.38
Rhinology		
Rhinorrhea	50	13.81
Obstruction nasal	30	8.29
Itching nasal	14	3,87
Epistaxis	9	2,49
Laryngologie		
Dysphonie	18	4,97
Odynophagie	16	4,42
Dysphagie	9	2,49

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Gene pharyngée	7	1,93
Aphasie	5	1,38
Hemmage	5	1,38
Dyspnée laryngée	3	0,83
Face and neck		
Headache	40	11.05
Swelling cervical	18	4.97
Pain cervical	10	2.76
Swelling of their region parotid	3	0.83
Algie facial	3	0.83

Table 1: Distribution of patients according to the reason for consultation (n=362).

History of hypertension represented 28.45% cases as shown in Table 2.

Antecedent medical staff (n)		Percentage (%)
HTA	103	28.45
Diabetes	50	13.81
Atopy	16	4.42
stroke	11	3.04
Asthma	9	2.49
Epilepsy	9	2.49
Reflux gastro- duodenal	7	1.93
Glaucoma	7	1.93
Cataract	6	1.66
Ulcer gastro- duodenal	4	1.1
Convulsion	4	1.1
Inadequacy kidney	4	1.1
Gastritis	4	1.1
Disorder Visual	3	0.83
Embolism pulmonary	3	0.83
Bronchitis chronic	3	0.83
Paresthesia	2	0.55
Polycystic disease kidney	2	0.55
Prostatitis	1	0.28

Table 2: distribution of the patients according to THE background medical (n=362).

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Among the surgical history, thyroidectomy represented 4.69 % of cases as shown in Table 3.

Medical history Surgical	Frequency(n)	Percentage (%)
Medical history ENT/CCF		
Goitre	12	3.31
Thyroidectomy	5	1.38
Laryngectomy	1	0.28
Meatotomy average RIGHT	1	0.28
Parotidectomy exo -facial	1	0.28
Others		
Cure inguinal hernia	2	0.55
Hysterectomy	2	0.55
Appendectomy	1	0.28
Excision tumor of floor	1	0.28
Myomectomy	1	0.28
Surgery cataract	1	0.28

Table 3: distribution of the patients according to THE background surgical (n=362).

Tobacco use was found in 4 patients, and alcohol and tobacco use in 5 patients.

The state general was preserved at the house of 358 case (98.90% of the patients.

On physical examination, an eardrum congestive was found at the house of 1.66% of cases as shown in Table 4.

Signs physical	Frequency(n)	Percentage (%)
Otological		
Nystagmus horizontal- rotatory	15	4.14
Ear-drum congestive	6	1.66
Ear-drum opaque	4	1.1
DETOUR axial has their maneuver	3	0.83
Vestibular		
Perforation tympanic	3	0.83
CAE inflammatory	3	0.83
Otorrhea mucopurulent	1	0.28
Rhinological		
Hypertrophy of the cones	14	3.87
Polyp nasal	6	1.66
Rhinorrhea prior	5	1.38
Epistaxis	4	1.1
Mucous membrane nasal inflammatory	3	0.83
Buccopharyngeal and laryngeal		
Congestion oropharyngeal	20	5.52
Laryngitis chronic	10	2.76
Laryngitis acute	4	1.1
Pharyngitis	3	0.83

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Ulcerative-budding lesion pharyngolaryngeal	3	0.83
Angina	3	0.83
Swelling of their gum	2	0.55
Candidiasis oropharyngeal	1	0.28
Lesion ulcerative-budding of their base of the language	1	0.28
Swelling lingual	1	0.28
Face and neck		
Swelling cervical previous	6	1.66
Swelling below maxillary	4	1.1
Lymphadenopathy cervical	3	0.83
Swelling of their region parotid	3	0.83
Swelling later cervical	3	0.83
Swelling jugale	2	0.55
Swelling below mental	1	0.28

Table 4: Distribution of patients according to physical signs (n=362).

In our series, Pure Threshold Audiometry (PTA) was requested in 94 patients, or 25.97%. It showed sensorineural hearing loss in 54 patients, or 57.45%, and normal hearing in 42.55%. There TSH had summer done in 22 patients (6.08%) and was abnormal in 2 patients, normal at the house of 20 patients.

Ultrasound was performed on 20 patients (5.52%) and revealed a goiter. multi hetero Nodular in 15 cases, or 4.14 %. The scanner had summer accomplished at the house of 54 patients (i.e., 14.92%) had revealed sinusitis maxillary aspergillus in 5 cases or 1.38 %. A laryngoscopy direct in suspension with biopsy had been performed in seven (1.93) patients.

In our study, histopathology was performed on 4 patients and revealed 2 tumors. benign of kind goitre colloid and 2 tumors malignant of kind squamous cell carcinoma of the larynx.

Acute otitis media (AOM) represented 12.81% of cases as shown in Table 5.

Topography	Pathology	Staff	Percentage
Otological	OMA	50	13.81
	Chronic otitis media (COM)	30	8.29
	Vertigo	18	4.97
	Cork earwax	16	4.42
	Otitis external	15	4.14
	Presbycusis	13	3.59
	Otomycosis	2	0.55
	Cholesterol	1	0.28
	Polyp of External Hearing Conduit	1	0.28
Rhino sinus and of cavum	Rhinitis chronic	45	12.43
	Rhinitis acute	25	6.91
	Sinusitis	15	4.14
	Rhinopharyngitis chronic	10	2.76
	Epistaxis	6	1.66
	Rhinopharyngitis acute	5	1.38
	Polyposis nasosinus	4	1.11

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Pathology cervico- facial	Goitre	19	5.25
	Cellulite cervico- facial	1	0.28
	Paralysis facial has refrigeration	1	0.28
	Tumor parotid	1	0.28
Pathology pharyngolaryngeal	Laryngitis acute	20	5.52
	Laryngitis chronic	19	5.25
	Laryngopharyngitis acute	10	2.76
	Angina	7	1.93
	Tumor of larynx	4	1.1
	Tonsillitis	4	1.1
	Tumor of their language	2	0.55
	Tumor of the amygdala	1	0.28
	THIS hypopharyngeal	1	1.41

Table 5: distribution of the patients according to THE pathologies ENT/CCF of elderly subject (n=362).

THE antihistamines have summer prescribed at the house of 155 (42.82%) case In Our study, as shown in Table 6.

Treatment medical	Frequency (n)	Percentage (%)
Antihistamine	155	42.82
AIS	86	23.75
ATB	78	21.55
Pain reliever	57	15.75
NSAID	49	13.54
Vasodilator	31	8.56
Antiseptic	16	4.42
Anti-vertigo	16	4.42
Vitamin	10	2.76
Antithyroid	7	1.93
Cough suppressant	5	1.38
Hemostasis	5	1.38
IPP	5	1.38
Muscle relaxant	5	1.38
Mucolytic	3	0.83
Antihypertensive	2	0.55
Anticoagulant	2	0.55
Antiemetic	1	0.28
Antifungal	1	0.28

Table 6: distribution of the patients according to THE treatment medical (n=362).

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There thyroidectomy has summer done at the house of 15 case 4.14% of the patients as shown by the painting Table 7.

Gesture surgical	Frequency (n)	Percentage (%)
Thyroidectomy	15	4.14
Sphenoidectomy	3	0.83
Meatotomy average	3	0.83
Maxilloplasty	1	0.28
Mastoidectomy + dredging	1	0.28
Ethmoidectomy	1	0.28
Tonsillectomy	1	0.28

Table 7: distribution of the patients according to THE treatment surgical (n=362).

The equipment auditory had was prescribed for 17 (4.7%) patients.

The outcome was favorable in 114 patients (31.49 %), and we lost of views 175 patients 48.34%.

Discussion

During the period of our study, the hospital prevalence of ENT/CFT pathologies in the elderly was 15.88%. This is higher than that reported by Onay O, et al. [10] in Nigeria, who found a frequency of 9.4%. This difference in our study could be explained by the fact that the Center Hospital University of Tengandogo offer a Substantial partial exemption from procedures and examinations for retirees and people over 60 years of age, which could motivate its use by the elderly. Age Average was of 73.34 years with of the extreme of 65 years and of 100 years. Foma W, et al. [3] in Togo found in their study an age Average of 72 years which is close to our study with the extremes are between 60 and 95 years old. Indeed, this is a population category in which ENT pathologies become more frequent or more severe due to life expectancy.

The sex ratio of 0.84. Foma W, et al. [3] in Togo found a sex ratio of 0.92. The female predominance in our study could be related not only to the overall female predominance of the population of Burkina Faso according to The INSD but also hope global of life more long in women [11].

The average waiting time for consultation was 33.33 months, with extremes ranging from 0 to 48 months. Several reasons could explain these long delays before consultation: the trivialization of certain symptoms (dysphonia, nasal obstruction, rhinorrhea), the absence of pain, which is often pronounced at the onset of certain pathologies, a lack of awareness of the disease, and a lack of financial resources to cover prescriptions.

Otological reasons for consultation were the most frequent, with hearing loss and tinnitus being predominant and representing 26.24% respectively. And 17.13%. Adegbiji W, et al. [12] in Nigeria notified in their study of the earaches at 27.3 %, a deafness at the house of 21.2 %, Tinnitus was present in 15.9% of patients in their series. Indeed, the sense of hearing diminishes with age, and certain structures of the ear that contribute to hearing or balance deteriorate slightly.

On physical examination, oropharyngeal and laryngeal signs were the most frequent, with oropharyngeal congestion affecting 20 (5.52%) patients. This could be explained by the interplay of several natural physiological, environmental, or drug-induced factors, as well as the chronic pathologies common in this population group.

Turbinate hypertrophy was found in 3.87% of the patients. Adegbiji W, et al. [12] At Nigeria reported in her study Rhinorrhea in 11.4%. With age, the nose tends to lengthen, widen, and the tip droop, with the nasal mucosa becoming thinner and drier.

In terms of paraclinical examinations, the ATL was the most requested, with 94 (25.97%) patients in our study looking for hearing disorder.

Otological pathology was the most frequent, with acute otitis media (AOM) at 13.81%, chronic otitis media (COM) at 8.29%, vertigo (4.97%), earwax buildup (4.42%), otitis externa at 4.14%, and presbycusis (presbycusis) at 3.59%. Ouoba K [13] in Burkina Faso found vertigo in 5.3% of cases. Our hot and dry climate, which irritates the mucous membranes, as well as the decline in immunity in the elderly, could contribute to these otitis media infections. Furthermore, a large proportion of balance disorders in the elderly can be attributed to cardiovascular or neurological diseases, medication side effects, or damage to the peripheral vestibular system. Vestibular dysfunction is particularly

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debilitating in this patient group, as it makes them more prone to falls [14]. The aging process is accompanied by a decrease in the number of apocrine glands in the external auditory canal, which tends to make earwax drier and therefore less fluid in older individuals. Chewing facilitates the removal of earwax buildup. This chewing ability is reduced in older adults.

Secondly, rhinological pathology followed, with chronic rhinitis, acute rhinitis, and sinusitis being the most represented, at rates of 12.37%, 6.91%, and 4.14% of patients, respectively. With age, the nasal mucosa atrophies and the walls of the blood vessels in the nasal cavity thin [15].

Pharyngolaryngeal pathology ranked third, with acute laryngitis, chronic laryngitis, and pharyngolaryngitis being the most prevalent, at rates of 5.52%, 5.25%, and 2.76%, respectively. Fasunla AJ [15] in Nigeria found a predominance of pharyngitis (46.8%) followed by laryngitis (14.5%). Pharyngeal or laryngeal inflammation can be allergic, viral, or bacterial. It tends to become chronic if not properly managed initially.

Antihistamines, anti-inflammatories, antibiotics, and analgesics were the most frequently prescribed medications, by 42.82%, 23.75%, 21.55%, and 15.75% of patients, respectively. The prevalence of these prescriptions could be explained by the relatively high frequency of infectious and inflammatory conditions in the elderly population studied in our series.

Hearing aids were fitted in 4.70% of patients. This constitutes auditory rehabilitation related to the relatively frequent hearing loss in this age group, particularly presbycusis.

Patients lost to follow-up accounted for 48.34% of cases. The outcome was favourable in 31.49%, stable in 14.64%, and death was observed in 1 patient (0.28%). This high rate of loss to follow-up could be explained by the fact that some patients, residing far from the University Hospital of Toulon (CHU-T), do not return for their follow-up appointments due to the distance and the improvement achieved with treatment.

Mortality in elderly patients in ENT/CFT could be explained by the association of comorbidities and by the fact that patients are most often seen at an advanced stage of the disease.

Conclusion

ENT pathologies are common in the elderly. In our series, otological pathologies were predominant, followed by rhinological and pharyngolaryngological pathologies. Housewives were the majority of patients. A thoracic outlet obstruction (TOO) was requested for the majority of patients. Antihistamines were the most frequently prescribed medication. Proper prevention of infectious and inflammatory conditions, as well as their early management, would help reduce comorbidities in the elderly.

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