
Ear, Nose and Throat conditions: Common Diseases and Emergencies in Benghazi city

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Background:

Issues of poor training and high cost influence, dramatically to health care delivery in Libya. The primary health care in Libya is not fully developed, especially in urban area . There is a lack of primary care delivery and general practitioners in the cities. People with a variety of disorders attend major hospitals or private clinics in order to obtain a better care .

The magnitude of hospital care is dramatically high and the financial impact is considerable. Otorhinolaryngological, head and neck conditions are common causes for seeking care in the ENT outpatient of the Alhawari medical center in Benghazi. There are three public hospitals ENT outpatient in the city of Benghazi. Out of one is the Alhawari medical center. The mentioned hospital is on duty for 24 hours. The aim of this study was to define the pattern of the common ENT, head and neck conditions in order to help primary care providers to focus on them. In areas where general practice is not developed, the medical records from referral hospital could represent the main source of information regarding epidemiologic data.

Methods:

A total of 245 patients aged between one month and ninety years, who attended ENT outpatient clinic at Alhawari teaching hospital in Benghazi were evaluated. Data related to the medical history, clinical examination and, whenever necessary, basic laboratory investigations were collected. Data including sex, age and the most common ENT and head and neck disorders and their frequency were recorded by ENT surgeons. The clinical diagnosis, was used for the classification of the cases. It was based on the main symptom or clinical sign that conditioned the reason for seeking care. Categorical variables such as sex and type of disorder were described as counts (n) or proportions (%) with graphical

descriptions. They were used to summarize data and present descriptive associations between different variables. In our hospital, no ethical approval was necessary for this kind of retrospective study.

Results:

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Males outnumbered females (52.2% vs. 47.7%). Among 245 patients, 69 (26.1%) were children under 12 years of age and 176 (71.8%) were adults. Among the 176 adult patients, 80 patients (45.4%) had ear problems, 63 patients (35.7%) had throat problems, while 56 patients (31.8%) were suffering from nasal problems (Fig 1). Otitis externa and otitis media were the most common diagnosis of ear problems (table 1). Rhino-sinusitis allergic type and nasal septal deviation were the most common nasal diseases (Table 2) while in 69 patients; acute throat infection was the most common throat problems (Table 3). Acute sore throat (23 patients), Otitis media (25 patients) and foreign bodies (21 patients) were the most common diagnosis in children (Fig 2) .

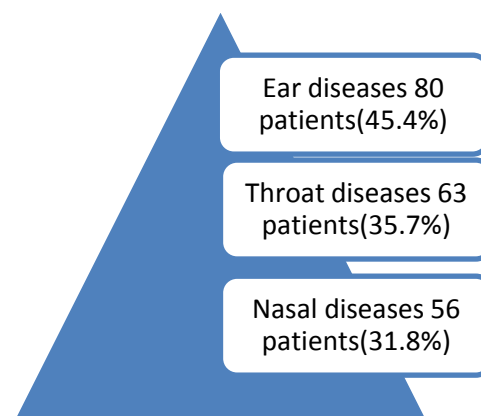


Fig. 1: Distribution of 176 of adult patients according to site of disease.

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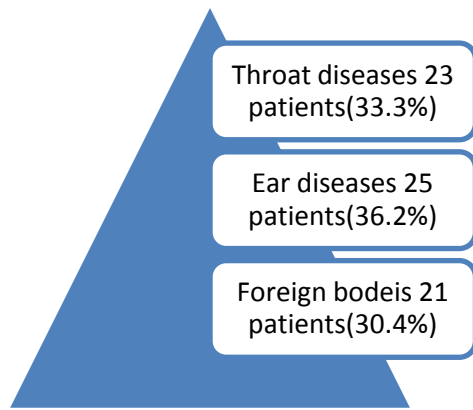


Fig. 2: Distribution of 69 of pediatric patients according to site of disease.

Table 1: Distribution of ear diseases in adult patients.

Otitis externa	26
Otitis media	21
Vertigo and tinnitus	19
Wax	9
Presbycusis	5

Table 2: Distribution of nasal diseases in adult patients.

Allergic rhinitis	21
Deviated septum and sinusitis	19
Nasal polypsis	5
Epistaxis	6
Nasal trauma	5

Table 3: Distribution of throat diseases in adult patients.

A cute sore throat	25
GERD	15
Hoarseness	7
Cervical pains	11
Neck mass	5

Discussion:

Males were slightly more affected than females. The most common disorder observed was the ear diseases in adults and acute sore throat in children. Our data suggest that infectious disorders are the leading reason for consultation. Dizziness of various etiology and benign paroxysmal positional vertigo were observed in adults. It is shown that benign paroxysmal positional vertigo was the cause of seeking care in our department.

Some other conditions as the diagnosis of foreign bodies, epistaxis, injuries are also frequent. Our results suggest that general practitioners can provide a first appropriate contact care for patients with common otorhinolaryngological, head and neck disorders. Self-referred patients can misuse care services by attending different specialists in order to be sufficiently reassured.

The limitation of our study consists in the fact that our data was drawn from only one hospital institution. It is difficult to assess the real distribution of the ENT disease in the community.

Conclusion:

General practitioners should have the skills to deal with the most common disorders. Many of the otorhinolaryngological, head and neck conditions could be managed at the level of primary health care. Retrieving data and incorporating them into the educational and training program of general practitioners might help to achieve successful management of the frequent otorhinolaryngological, head and neck problems in a primary care future. This may decrease the burden of hospital care and improve the quality of care provision in terms of proper referrals.

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