

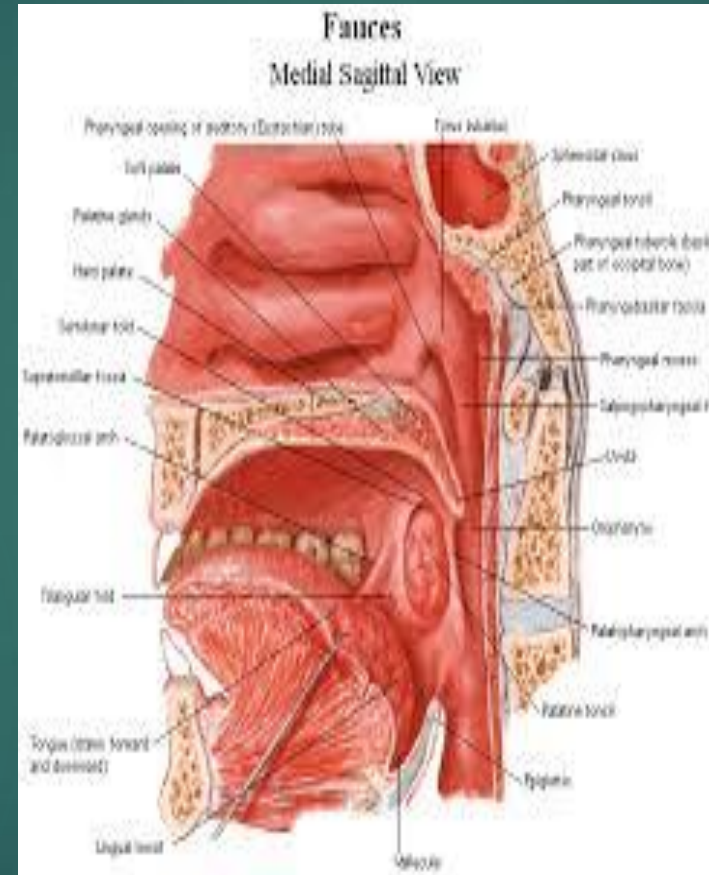
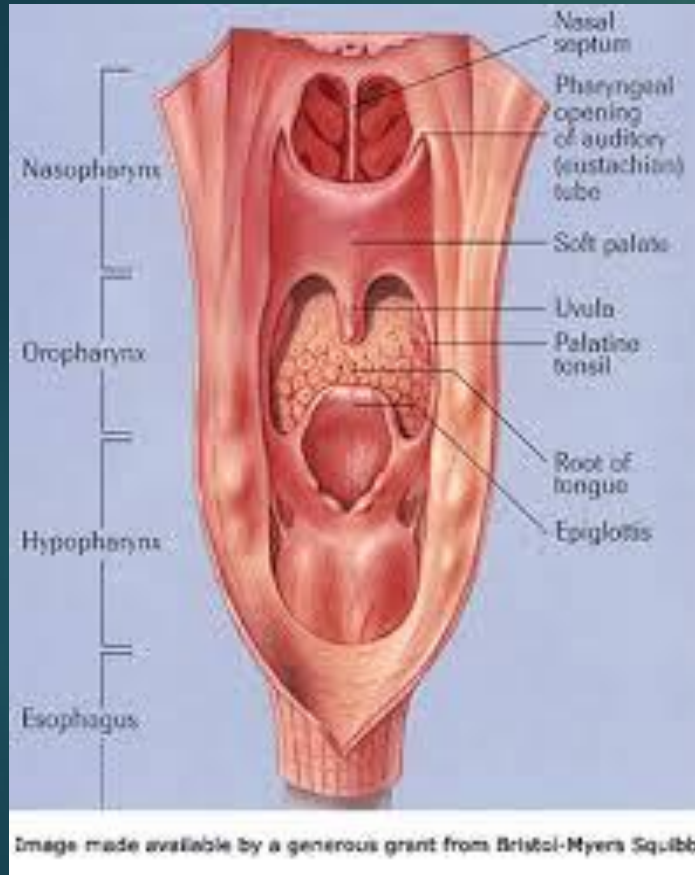
pharynx

ANATOMY

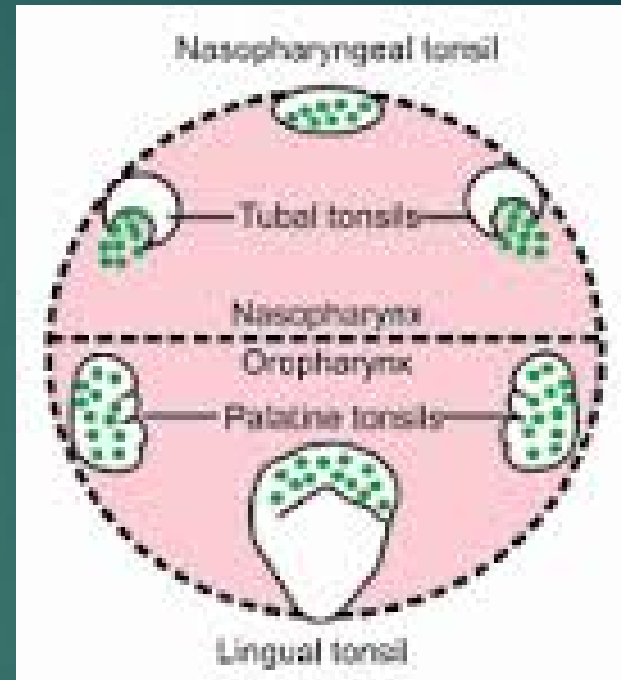
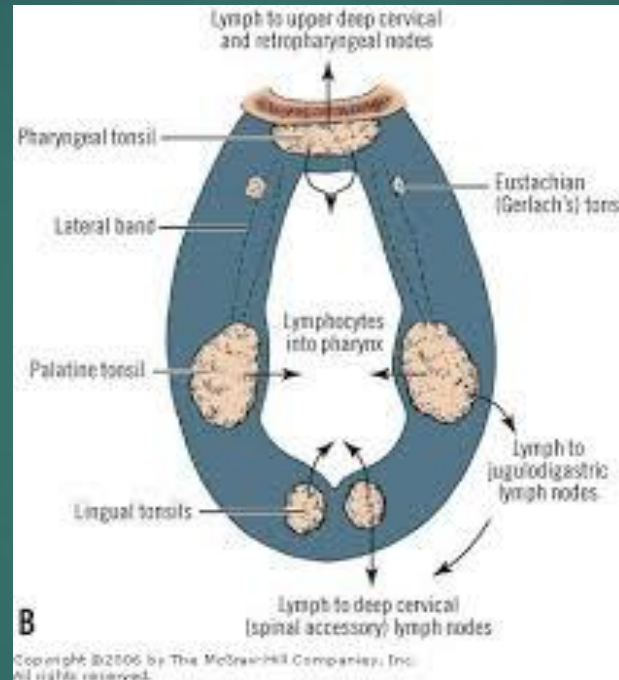
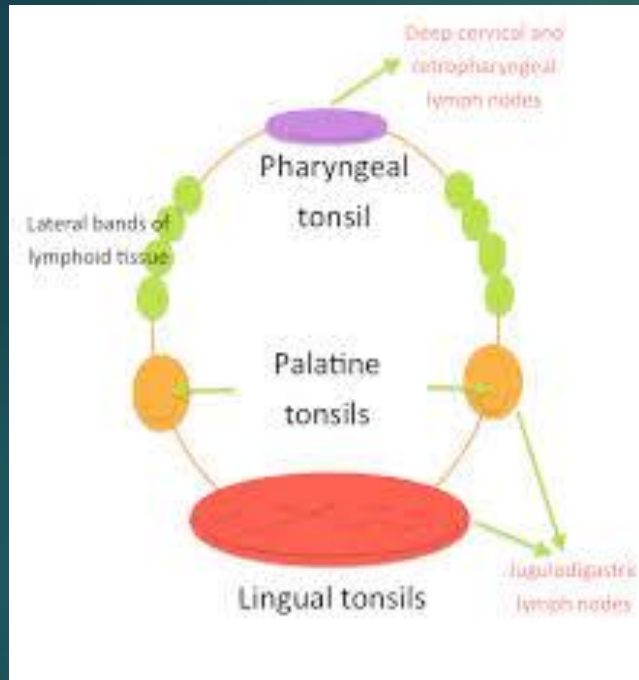
Anatomy of the pharynx

- ▶ Fibro-muscular tube
- ▶ Lies behind nose, mouth and larynx
- ▶ Extends from skull-base to esophagus
- ▶ 3 regions: 1- nasopharynx
 - 2- oropharynx
 - 3- laryngopharynx

Anatomy of the pharynx



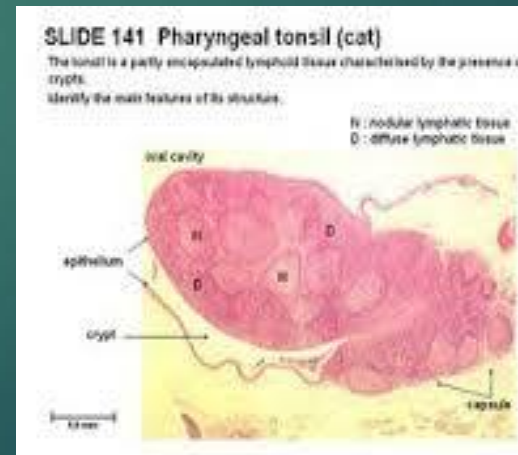
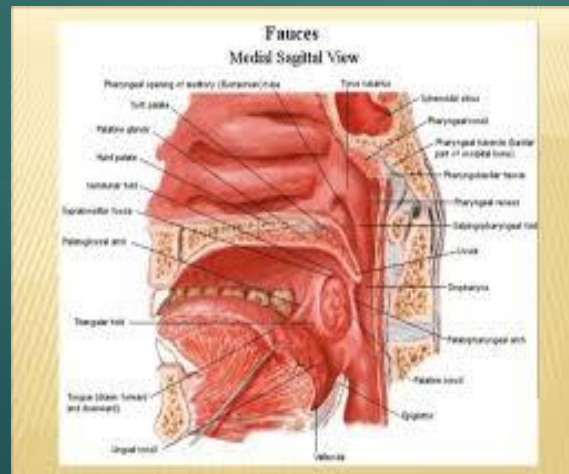
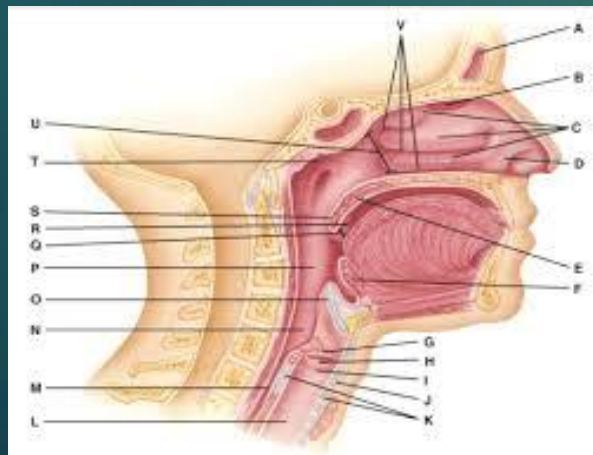
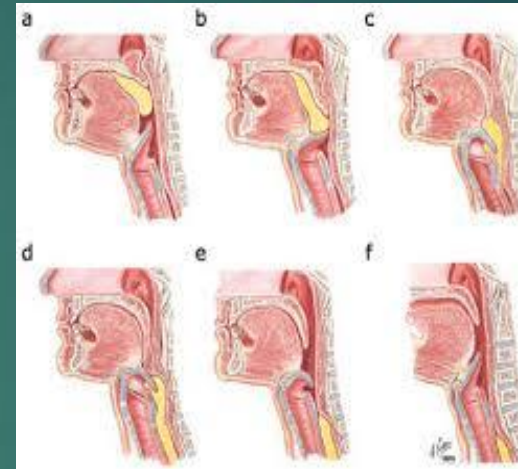
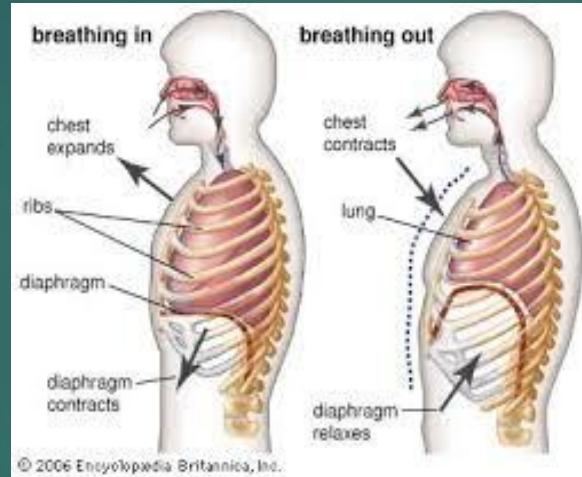
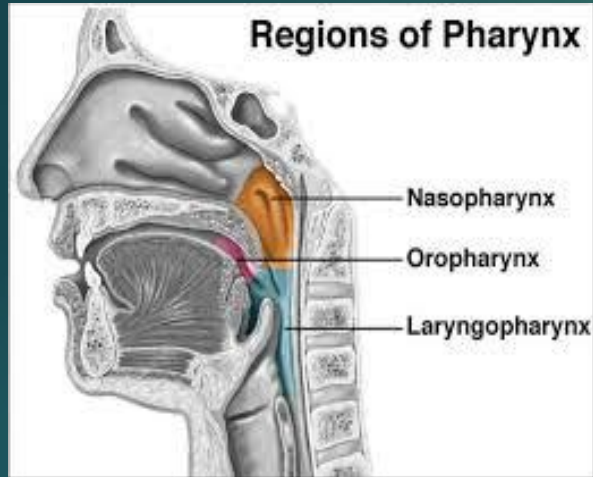
Waldeyer's ring



Physiology of the pharynx

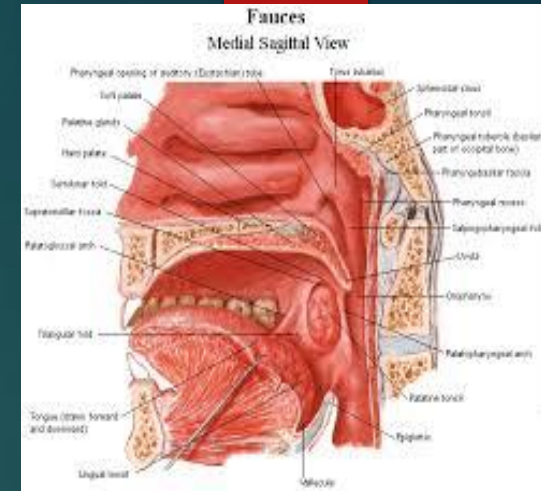
- ▶ 1- deglutition
- ▶ 2- respiratory airway
- ▶ 3- vocal resonance
- ▶ 4- taste sensation
- ▶ 4- protective

physiology

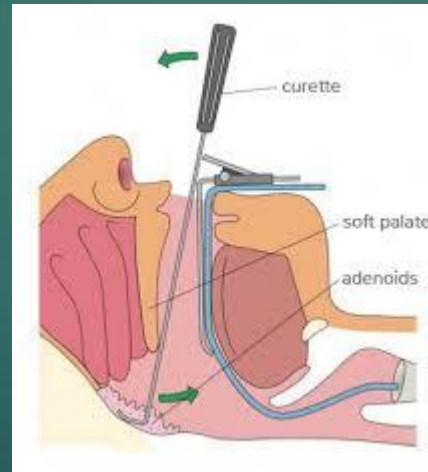
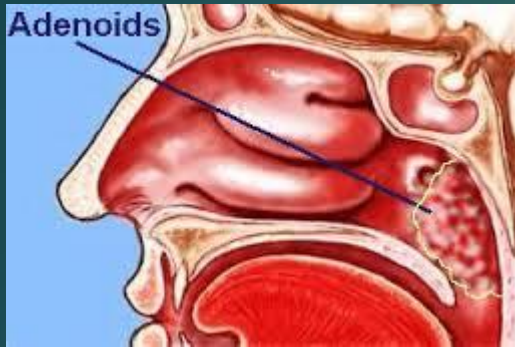


Adenoids

- ▶ Nasopharyngeal tonsil hypertrophy
 - ▶ Symptoms: 1- nasal
2- aural
3- general
- to see by nasopharyngoscope
or X- ray
- treated by adenoidectomy

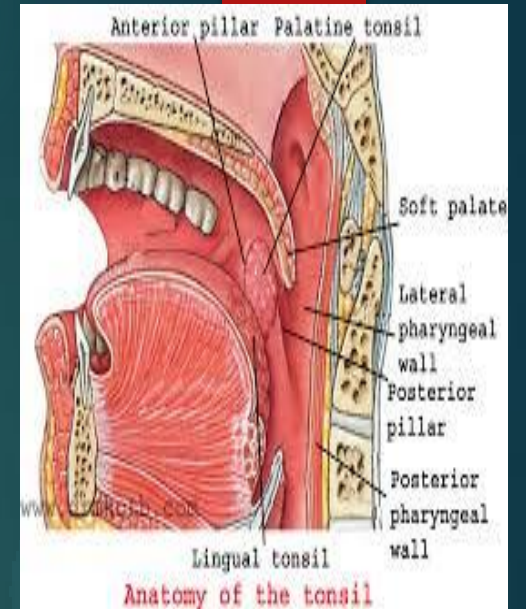


Adenoid



Acute tonsillitis

- ▶ Streptococcal infection
- ▶ C/O: fever + sore throat
- ▶ Tonsil is congested + follicular
- ▶ Complicated by rheumatic fever + quinsy
- ▶ Treated by antibiotics + analgesics



Chronic tonsillitis

- ▶ Hypertrophic or atrophic
- ▶ Repeated acute attacks
- ▶ Sore throat + fetor oris
- ▶ Septic focus
- ▶ Unequal size, congestion + cervical L.N.
- ▶ Tonsillectomy



Diphtheria

- ▶ Acute membranous inflammation
- ▶ Contagious disease
- ▶ D.D: acute follicular tonsillitis
- ▶ Onset, fever, pulse, face, membrane, glands, toxemia, swab
- ▶ Complications: 1- respiratory
- ▶ 2- circulatory 3- neurological 4- kidney



Diphtheria



PERITONSILLAR ABSCESS

- ▶ QUINSY IS SUPPURATION OUTSIDE TONSIL CAPSULE
- ▶ SORE THROAT, THICK VOICE AND TRISMUS
- ▶ UNILATERAL SOFT PALATE SWELLING
- ▶ ANTIBIOTICS
- ▶ DRAINAGE



Retropharyngeal abscess

- ▶ Pus collection behind the pharynx
- ▶ Acute or chronic
- ▶ Acute: children, pyogenic, L.N. suppuration to one side
- ▶ Chronic: adult, T.B. infection, cervical vertebra caries in midline

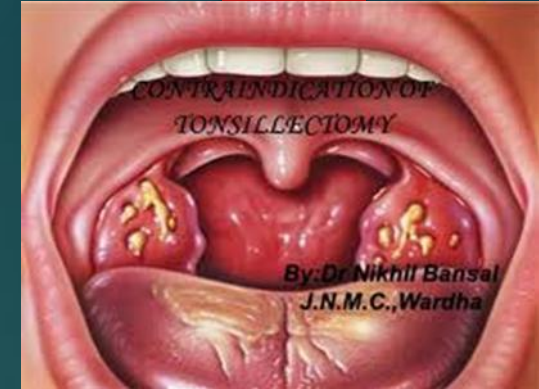


Figure 3: Laryngoscope view demonstrating bulging of posterior pharyngeal wall in one of the patients. The swelling is obstructing the laryngeal inlet.



TONSILLECTOMY

- ▶ REPEATED ACUTE ATTACKS, QUINSY AND CHRONIC INFECTIONS
- ▶ NOT IN BLOOD DISEASES AND DURING INFECTIONS
- ▶ BLEEDING + CLOTTING TIMES + ESR
- ▶ **POSTOPERATIVE CARE:**
- ▶ 1- POST-TONSILLECTOMY POSITION



POSTOPERATIVE CARE

- ▶ 2- CARE OF RESPIRATION
- ▶ 3- A SEDATIVE IS GIVEN
- ▶ 4- OBSERVATION OF BLEEDING
- ▶ 5- ICE DRINKS
- ▶ 6- FALSE WHITE MEMBRANE
- ▶ **COMPLICATIONS:**
- ▶ 1- RESPIRATORY OBSTRUCTIONS



COMPLICATIONS

- ▶ 2- HAEMORRHAGE
- ▶ 3- SEPSIS
- ▶ 4- INJURY



CORROSIVE ESOPHAGITIS

CHEMICAL ESOPHAGEAL INJURY

1- ACUTE SHOCK PHASE

2- CHRONIC STRICTURE PHASE



CORROSIVE ESOPHAGITIS

▶ COMPLICATIONS:

▶ 1- LARYNGEAL OBSTRUCTION

▶ 2- ESOPHAGEAL PERFORATION

▶ TREATMENT:

▶ 1- ANTISCHOK MEASURES

▶ 2- ANTIBIOTICS + CORTICOSTEROIDS

▶ 3- DILATATION + GASTROSTOMY

