An esteemed pediatrics professor from our program directed my site visits for this rotation. He is highly respected as a knowledgeable provider with a wealth of experience. So in preparing for these visits, I was naturally nervous. I ensured my H&Ps were up to par, and I could answer any questions about my patient. During the didactic year, this professor shared that he was often unimpressed by students' physical exam skills, stating that they were not performing thorough head-to-toe examinations. For my site visits, I highlighted the thoroughness of my physical exams, showing him that I took his advice.

My site visit H&P involved a 14 yo F presenting w/ c/o URI. While her URI symptoms were run-of-the-mill, her physical exam was unique. The throat exam revealed a well-circumscribed, pearly white, 1 cm cystic structure on her R tonsil. I poked the structure with my tongue depressor and asked if it elicited pain; she responded no. I tried to scrape the structure off w/ my tongue depressor, but it was clearly fixed to the underlying tissue. This was likely a benign tonsilar cyst.

The pt had no ear complaints, denying otorrhea or otalgia. When I looked into the pts R ear, I saw something I'd never seen before: a white plaque on the lower half of her TM. The plaque appeared like a snowflake with many small tendrils. I removed my otoscope and asked the patient again if she was experiencing any symptoms of ear pain or hearing loss. I told her that I saw something in her ear that I was curious about. At this point, her mother stepped in and said, “You know what, I feel like when I call her name, she doesnt hear me all the time. And remember when you were a kid, you had to get those tubes put in your ear?” This was a great clue. I excused myself to the other room to do a quick Google search and found that the patient's presentation was c/w tympanosclerosis, something I was unfamiliar with. Tympanosclerosis is often a sequela of chronic OM or tube placement in which excess hyaline material is deposited on the TM or the bony osicles. While not malignant like a cholesteatoma, tympanosclerosis is associated w/ conductive hearing loss and should be evaluated by an ENT.

I found pride in the thoroughness of my physical exam, which led to these incidental findings. Presenting this finding to my site evaluator felt like a full-circle moment, as he is the person who inspired my head-to-toe approach. I performed an article review on tympanosclerosis to ensure I can better serve my pts in the future. For any pt w/ a hx of chronic OM or tubal surgery, this case highlights the importance of regular ENT f/u.

The site evaluations are a great time to hear from my classmates about their experiences. One of my classmates was working in the NICU and being exposed to a very different set of scenarios than I was encountering in the outpt setting. It was nice learning about different medications and diagnoses from her. All in all, the site visits were an enriching experience.