

Clinical Pearls:

Eye, Ear, Nose, and Throat Disorders

- Conjunctivitis can be from various conditions and history and exam are important to determine the diagnosis, especially between viral and allergic which can present similarly. It is crucial to also determine if patients are contact wearers as this affects potential diagnosis and treatment.
- Uveitis or iritis needs to be considered and ruled out in any patient with red eye with pain and ciliary flush or circumferential redness at the junction of the cornea and sclera.
 - These patients need to be referred to ophthalmology urgently and seen within 24 hours with workup to determine etiology and treatment to treat symptoms and inflammation.
- In most cases acute sinusitis is viral in nature and antibiotics should only be considered if prolonged symptoms or worsening symptoms after improvement.
 - Regardless, symptomatic treatment with nasal saline rinse, intra-nasal steroids, and possibly antihistamines and/or decongestants should be used.
- Treatment for acute otitis externa is topical antibiotic with or without topical glucocorticoid (ear drops).
- Chronic sinusitis is diagnosed by either nasal endoscopy or CT scan of the sinuses.
- The most effective initial treatment of allergic rhinitis is an intranasal glucocorticoid.
- *Fusobacterium Necrophorum* is the cause of septic thrombosis of the internal jugular vein (Lemierre syndrome).