

Pattern Of Geriatric Otolaryngological Diseases In Port Harcourt.

B. C. C. Okoye FWACS, FICS, L. O. Onotai FWACS

Department of Otorhinolaryngology, University of Port Harcourt Teaching Hospital, Nigeria

Abstract

Background: There is an emerging population of senior citizens with improving standard of living and health facilities. The aim of this to document the pattern of Geriatric Otorhinolaryngological diseases in Port Harcourt.

Patients and Method: This is a ten-year retrospective review of patients aged 60 years and above seen between January 1994 and December 2003 at the ENT Surgery Department of the University of Port Harcourt Teaching Hospital.

Results: Nine hundred and seventy two patients out of a total patient population of 20,600 were found to be 60 years and above. The geriatric population was thus 4.7% of our total patients. Otological disease predominated with 537 (55.2%), followed by Rhinological disease with 180 (18.5%) before Laryngological pathologies with 154 (16.4%). 65(6.7%) had unspecified diseases. CSOM was the commonest otological (25%) and Otorhinolaryngological (13.78%) problem, followed by Otomycosis Externa 94 (17.5%) and Cerumen Auris 82 (15.3%). Allergic Rhinitis was the commonest Rhinological pathology with 110 (58%) of Rhinological cases, while Chronic Pharyngitis topped the list of diseases of the throat with 62 (34.4%).

Conclusion: This report does not differ significantly from what is reported elsewhere. The only outstanding difference is the emergence of CSOM as the most common ear disease.

Keywords: Pattern; Geriatric Otorhinolaryngology; Port Harcourt.

Paper accepted for publication 17 January 2006

INTRODUCTION

In this emerging millennium with steadily improving standards of living and better health facilities, Nigerians are gradually experiencing a longer life expectancy. With this is an emerging population of elder citizens^{1,2}. Hitherto, the health care needs of the population were dominated by the needs of the children, women and the younger adult population.

There is however, a gradual but steady increase in the elderly population in Nigeria. There is a strong need to take into consideration the health care needs of this emerging population of senior citizens that accounted for 2.9% of the total population³.

A survey of the disease pattern of the elderly will go a long way in identifying the prevalent problems of this population and allow for better planning of how to tackle such problems in terms of manpower development, provision of equipment and diverse requirement.

We therefore decided to study the pattern of Otolaryngological diseases in patients aged 60 years and above seen over the past 10 years, from January 1994 to December 2003 inclusive.

MATERIALS AND METHODS

The material resource for this review was principally the outpatient's records of the Ear Nose and Throat Department of UPTH. Ward admission records and Theater records augmented this.

The study is a retrospective study of all patients aged 60 years and above seen and treated in the Department of Otorhinolaryngology within the ten-year period from January 1994 to December 2003.

All patients whose ages were properly entered in our records as 60 years or above were studied.

Information sought for were, Age, Sex and Diagnosis. Data was collected, analyzed and grouped into Otological, Rhinological and laryngological Diseases.

RESULTS

The total number of patients seen in the department over the period under review was 20,600. Patients 60 years and above were 972 with 469 males and 503 females, M: F. ratio of 1: 1.

Patients 60 years and above therefore made up 4.7% of our total patient population.

These patients were further classified into the types of diseases they had. The majority 537(55.2%) of our elderly patients presented with Otological problems. 190 One hundred and ninety (19.55%) had Rhinological diseases while 180(18.5%) had Laryngological problems, while 65(6.7%) had unspecified diseases.

Table I, II and III show the pattern of diseases in each of the 3 categories.

Table I: Otolological Presentation

DIAGNOSIS/SYMPTOM	NO	MALE	FEMALE
Neoplasm of ear	1	0	1
Tinnitus	22	13	9
Otosclerosis	2	0	2
Traumatic Perforation of Tympanic membrane	2	2	0
Vertigo	18	12	6
Mastoiditis	2	1	1
Otalgia	12	6	6
Eustachian Dysfunction	4	3	1
CSOM	134	64	70
SNHL	47	31	16
Cerumen Auris	82	42	34
Presbycusis	51	27	24
Otomycosis Externa	94	54	40
Otitis Externa	14	3	11
ASOM	28	12	16
Meniere's Disease	17	7	10
Facial N. Palsy. (Bell's)	3	1	2
Aural Polyps	3	2	1
TOTAL	537	286	251

Table II: Rhinological Presentation

DIAGNOSIS/SYMPTOM	NO	MALE	FEMALE
Rhinoentoromophthoromycosis	2	2	0
NPC	1	1	0
Nasal Polyposis	2	1	1
Max. Sinusitis	61	19	42
Allergic Rhinitis	110	40	70
Antro-nasal Tumor	4	0	4
VMR	3	1	2
Epistaxis	6	4	2
Basal Cell Carcinoma of Nose	1	1	0
Total	190	69	121

Table III: Laryngological Presentation

DIAGNOSIS/SYMPTOM	NO	MALE	FEMALE
Oesophageal Malignancy	1	1	0
Tonsillitis	21	9	12
Chronic Bronchitis	1	0	1
Chronic Pharyngitis	62	38	24
Hoarseness	2	1	1
Lump in the Throat	2	0	2
Tonsillar Neoplasm	2	1	1
Goiter	2	0	2
Halithosis	11	9	2
Laryngitis	10	6	4
Oropharyngeal Sepsis.	3	2	1
Laryngeal TB	1	0	1
Dysphasia	29	21	8
Tongue Malignancy	2	2	0
Fish bone (palate)	1	1	0
Laryngeal Papillomata	1	0	1
Sialolithiasis	9	7	2
Ca. Larynx	10	8	2
Palatal Mass	2	1	1
FB in Oesophagus	4	3	1
Total	180	110	70

DISCUSSION

The WHO has fixed 65years and above as geriatric age group. Our choice of 60 years as our cut off for Geriatric age group is informed by the fact that the average life expectancy of the Nigerian is still less than 60 years². In the absence of a previous local study on this subject it may be difficult to comment on the 4.7% of our patients being in this age bracket but reports from Europe and Asia show a higher percentage of their patient population in this age group. Calvo BE et al reported elderly patients making up to 30% of their ENT Clinic population in Spain while Bunnag C et al reported that 16.3% of elderly Thai citizens had some ear pathology⁴⁻⁵

OTOLOGICAL DISEASES

It is interesting to note that Chronic Suppurative Otitis media (CSOM) is the commonest ENT disease recorded with 134(13.78%) of all ENT diseases accounting for 25% of all Otolological diseases. There is no doubt that many of them have persisted since childhood as noted by Okafor in Enugu⁵. This contrast with the findings elsewhere. Bunnag C et al in Thailand reported that 12.5% of their elderly population had external ear pathologies and only 2.7% had middle ear pathologies while Calvo BE et al reported that Cerumen auris was the commonest pathology affecting the elderly in Spain⁴⁻⁵.

Otomycosis Externa is the second most common Otolologic problem encountered accounting for 94 or 17.5% of Otolological cases. This could be explained by the high humidity and high temperature of Port Harcourt.

Presbycusis is seen as the 4th most common Otolological problem with 51(9.5%). This may be an underestimation since only patients presenting to the hospital with hearing loss were considered. All of them were not subjected to audiological assessment. This finding differs with the other previous published works from Nigerian on pattern of Otorhinolaryngological diseases⁶⁻⁸.

RHINOLOGICAL DISEASES

This group accounted for 190 (19.55%) cases. It is note worthy that by far, the commonest pathology noted was Allergic Rhinitis with 110 (57.89%). This was closely followed by Chronic Sinusitis, which recorded 60 (31.58%).

We were surprised at the low incidence of Neoplasia that was seen in only 6 (3.2%) of Rhinological patients. This however agrees with the figure of 2.2% observed by other researchers in Thailand. Epistaxis was again curiously low in occurrence.

LARYNGOLOGICAL DISEASES.

Diseases of the throat recorded were 180 (18.5%) of our patients' population. Of these, Chronic Pharyngitis was the most common. It was expected that Neoplasia will be higher in this group as reported in Ibadan⁹. However, we noted only 20 cases with malignancy of various regions. The 29 cases recorded as dysphagia may suggest undiagnosed esophageal malignancy.

CONCLUSION

We have presented the pattern of geriatric Otorhinolaryngological diseases as seen in Port

Harcourt. This does not differ significantly from what is reported elsewhere. The only outstanding difference is the emergence of Chronic Suppurative Otitis Media as the most common ear disease. These most likely were carried over from childhood untreated. We therefore recommend that more attention should be given to childhood Otolaryngological diseases especially CSOM. Besides, more facilities & resources should be provided to take care of the otorhinolaryngological diseases of the elderly.

ACKNOWLEDGEMENT

I express my profound gratitude to Dr Vincent C.M for assisting us in the collating of data.

REFERENCES

1. Shapiro D.P Geriatric demographics and the practice of Otolaryngology. *Ear, Nose, Throat J.* 1999; 78: 418-21.
2. UNICEF at a glance. Nigeria statistics http://www.unicef.org/infobycountry/nigeria_statistics. Accessed November, 2004.
3. The World Fact Book <http://www.cia.gov/cia/publication/factbook/ges/ni.html>. Access November, 2004.
4. Calvo B. E. et al Care for elderly patients at an ENT clinic. Descriptive study. *Acta otorhinolaryngol ESP*. 1999 January-February; 50: 56-9.
5. Bunnag C. et al. Ear diseases and hearing in the Thai elderly population part I. A comparative study of the Accuracy of diagnosis and treatment by General practitioners Vs ENT specialists. *J Med Assoc Thai*. 2002 May 85: 521-531.
6. Okafor B.C. Otolaryngology in South East Nigeria I. Pattern of diseases of the ear *Niger med J.* 1983, 13:11-20.
7. Bhatia PL and Verugheze R. pattern of Otolaryngological diseases in Jos community *Niger med J.* 1987; 17: 67-73.
8. Ezeanolue B. C., Obasikene G. pattern of otorhinolaryngological disorders seen in geriatric patients at a private otorhinolaryngology clinic in Enugu. *Nigeria Journal of otorhinolaryngology* March 2005 Vol. 213-16.
9. Ogunleye A.O.A., Ibekwe T. S, Ijaduola G. T. A.; Otorhinolaryngology and Geriatrics in Ibadan Nigeria: *Nigerian Journal of Otorhinolaryngology* March 2005 27-12.