



# PANCREAS & PANCREAS HEENT PATIENT PRESENTATIONS

HEENT PANCREAS AND PANCREAS  
CONTENT BLUEPRINT (9%)

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## EENT PANCE and PANRE NCCPA Content Blueprint (9%)

### Most Common Patient Presentations

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<u>Eye Disorders</u>	
<u>Blepharitis</u>	Patient will present with → eyelid changes: <b>crusting, scaling, red-rimming of eyelid and eyelash flaking along with dry eyes and associated seborrhea</b> and rosacea
<u>Blowout fracture</u>	Patient will present with → eyelid swelling, decreased visual acuity, enophthalmos (sunken eye), anesthesia/paresthesia in the gums, upper lips and cheek due to damage to the infraorbital nerve
<u>Cataract</u>	Patient presents with → <b>slowly progressive vision loss over months or years, blurriness, double vision, halos around lights along with clouding of the Lens (versus clouding of cornea = glaucoma)</b>
<u>Chalazion</u>	Patient will present with → <b>(PAINLESS LID NODULE)</b> painless granuloma of the internal meibomian sebaceous gland
<u>Conjunctivitis</u>	Patient will present with → <b>purulent (yellow) discharge, crusting, usually worse in the morning</b>
<u>Corneal abrasion</u>	Patient will present with → history of mild trauma followed by <b>sudden onset of eye pain, photophobia, tearing, foreign body sensation, blurring of vision, and/or conjunctival injection</b>
<u>Corneal ulcer</u>	Patient will present with → contact lense wearer who now presents with severe pain, redness, worsened when eye is open (similar to <a href="#">corneal abrasion ReelDx</a> ). <b>Fluorescein stain is diagnostic (ulcers will often appear round “ulcerated”- like an "ulcer" vs. dendritic like herpes)</b>
<u>Dacryoadenitis</u>	Patient will present with → <b>unilateral severe pain, swelling, redness, tearing and drainage from affected eye</b>
<u>Ectropion</u>	Patient will present with → tearing (due to poor drainage of tears through the nasolacrimal system, which may no longer contact the eyeball) and symptoms of dry eyes. On exam the <b>conjunctiva will appear red and the eyelid turns outward</b>
<u>Entropion</u>	Patient will present with → <b>foreign body sensation, tearing, and red eye</b> in association with an <b>inverted eyelid</b>
<u>Foreign body</u>	Patient will present with → <b>foreign body sensation, tearing, red and severely painful eye</b>

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<u><a href="#">Glaucoma</a></u>	<p><u>Open angle glaucoma</u></p> <p>Patient will present as → <b>an African American who is presently asymptomatic diagnosed at routine screening recommended at age 40.</b> This is an insidious slow process and the patient will usually be unaware</p> <p><u>Acute angle closure glaucoma</u></p> <p>Patient will present with → <b>a classic triad of injected conjunctiva, cloudy or “steamy” cornea, and fixed dilated pupil</b></p>
<u><a href="#">Hordeolum</a></u>	Patient will present with → <b>a painful, warm (hot), swollen red lump on the eyelid</b> (different from a chalazion which is painless) <b>Think “H” for Hot = Hordeolum</b>
<u><a href="#">Hyphema</a></u>	Patient will present with → <b>blurry vision, unequal pupils, injected conjunctiva/sclera</b>
<u><a href="#">Macular degeneration</a></u>	Patient will present with → <b>gradual CENTRAL field loss.</b> Pt may say “I just can't drive anymore” or “I'm having difficulty seeing words when I read”. Versus <b>glaucoma which presents with peripheral → central loss</b>
<u><a href="#">Nystagmus</a></u>	Patient will present with → <b>rapid and repetitive movement of both eyes side to side</b>
<u><a href="#">Optic neuritis</a></u>	Patient will present with → <b>acute monocular vision loss and pain</b> in the affected eye
<u><a href="#">Orbital cellulitis</a></u>	<p>Patient will present with → decreased extraocular movement, pain with movement of the eye and proptosis</p> <p><b>Infection of the orbital muscles and fat = behind the eye</b> (differentiate from <b>periorbital cellulitis which is only an infection of the skin</b>)</p>
<u><a href="#">Papilledema</a></u>	Patient will present with → symptoms of increased intracranial pressure, such as headache or nausea and vomiting. <b>Pain is absent! There are no early symptoms, although vision may be disturbed for a few seconds</b>
<u><a href="#">Pterygium</a></u>	Patient will present with → <b>an elevated, superficial, fleshy, triangular-shaped “growing” fibrovascular mass</b> (most common in inner corner/nasal side of the eye)
<u><a href="#">Retinal detachment</a></u>	Patient will present with → <b>small moving flashing lights, floaters, and progressive UNILATERAL vision loss.</b> Decreased

	peripheral or central vision, often <b>described as a curtain or dark cloud coming across the field of vision.</b>
<u><a href="#">Retinal vascular occlusion</a></u>	Patient will present with → a history of atrial fibrillation and <b>sudden, painless, unilateral, and usually severe vision loss</b> (Amaurosis fugax)
<u><a href="#">Retinopathy</a></u>	Patient will present with → retinopathy is often found on routine screening examination. Vision symptoms are caused by macular edema or macular ischemia. However, patients may not have vision loss even with advanced retinopathy. On ophthalmic exam you will see <b>cotton wool spots, hard exudates, blot and dot hemorrhages, neovascularization, flame hemorrhages</b>
<u><a href="#">Strabismus</a></u>	Patient will present with → a <b>"drifting" eye</b> . Children can experience loss of vision (amblyopia) of the crossing eye and lose the ability for the two eyes to work together (binocularity). Can be intermittent or constant. There are many types of strabismus, which are defined by the direction of misalignment. <b>Exotropia: out-turning of eyes and Esotropia: in-turning of eyes</b>
<u><a href="#">Ear Disorders</a></u>	
<u><a href="#">Acute/chronic otitis media</a></u>	Patient will present with → <b>fever, otalgia, ear tugging in infants</b>
<u><a href="#">Acoustic neuroma</a></u>	Patient will present with → <b>slowly progressive UNILATERAL HEARING LOSS</b> , tinnitus, headache, facial numbness, continuous disequilibrium
<u><a href="#">Barotrauma</a></u>	Patient will present with → <b>a history of diving</b> or recent flights followed by a <b>sudden onset of pain that may resolve with a "pop"</b>
<u><a href="#">Cholesteatoma</a></u>	Patient will present with → <b>painless otorrhea (brown/yellow discharge with strong odor)</b> it may not be bothersome to the patient
<u><a href="#">Dysfunction of eustachian tube</a></u>	Patient will present with → <b>ear fullness, popping of ears, underwater feeling, intermittent sharp ear pain, fluctuating conductive hearing loss, tinnitus</b>
<u><a href="#">Foreign body</a></u>	Patient will present with → <b>hearing loss, pain</b> , and possibly tympanic membrane perforation or otorrhea
<u><a href="#">Hearing impairment</a></u>	Patient will present with → loss of <b>hearing either unilateral or bilateral</b>
<u><a href="#">Hematoma of external ear</a></u>	Patient will present with → redness, <b>pain, and swelling of the pinna</b>

<u><a href="#">Labyrinthitis</a></u>	Patient will present with → <b>sudden and persistent onset of vertigo</b> , often accompanied by <b>hearing loss</b> , caused by acute inflammation or infection of the labyrinth
<u><a href="#">Mastoiditis</a></u>	Patient will present with → fever, otalgia, pain & erythema posterior to the ear, and <b>forward displacement of the external ear</b>
<u><a href="#">Meniere disease</a></u>	Patient will present with → <b>classic triad of low frequency hearing loss, tinnitus with aural (ear) fullness and vertigo</b>
<u><a href="#">Otitis externa</a></u>	Patient will present with → erythema and edema of the right ear canal with purulent exudate canal and the tympanic membrane can not be visualized, <b>palpation of the turgor is painful</b>
<u><a href="#">Tinnitus</a></u>	Patient will present with → <b>perceived sensation of sound in the absence of an external acoustic stimulus</b> described as a ringing, hissing, buzzing, or whooshing
<u><a href="#">Tympanic membrane perforation</a></u>	Patient will present with → <b>pain, otorrhea and hearing loss/reduction</b>
<u><a href="#">Vertigo</a></u>	Patient will present with → <b>a feeling like objects around them are moving when they are not</b>
<u><a href="#">Nose/Sinus Disorders</a></u>	
<u><a href="#">Acute/chronic sinusitis</a></u>	Patient will present with → <b>sinus pain/pressure (worse with bending down and leaning forward) headache, purulent sputum or nasal discharge</b>
<u><a href="#">Allergic rhinitis</a></u>	Patient will present with → <b>boggy turbinates, allergic shiners</b> (edematous, dark circles under eyes) and <b>allergic salute</b> : transverse nasal crease (from pushing up on the nose)
<u><a href="#">Epistaxis</a></u>	Patient will present with → <b>nose bleeding</b> . Bleeding can range from a trickle to a strong flow, and the consequences can range from a minor annoyance to life-threatening hemorrhage
<u><a href="#">Foreign body</a></u>	Patient will present with → A 4 year-old boy presents with <b>purulent, foul-smelling nasal discharge</b> for three days
<u><a href="#">Nasal polyps</a></u>	Patient will present with → teardrop-shaped growths that form in the nose or sinuses <b>in a patient with asthma and aspirin sensitivity</b> . Often causes symptoms of blockage, discharge, or loss of smell.

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## Mouth/Throat Disorders

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### Acute

#### pharyngitis

Aphthous ulcers Patient will present as → a 22 year old complaining of a painful sore for 2 days. He denies any alcohol or tobacco use and otherwise feels fine. Examination is significant for a **2-mm round ulceration with a yellow-gray center surrounded by a red halo on the left buccal mucosa**

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Diseases of the teeth/gums Patient will present with → **2-year-old with unilateral facial edema**

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Epiglottitis Patient will present with → **drooling + dysphagia and distress (tripod position, muffled voice)**

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Laryngitis Patient will present with → **hoarseness and loss of voice**

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Oral candidiasis Patient will present with → white plaques on oral mucous membranes **that scrape off and may bleed when scraped**

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Oral herpes simplex Patient will present with → inflamed, encrusted, painful vesicle; prodromal period (typically < 6 h in recurrent HSV-1) of tingling discomfort or itching, clusters of **small, tense vesicles appear on an erythematous base**

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Oral leukoplakia Patient will present with → **white plaque like lesions on the side of the tongue that cannot be rubbed off**

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Peritonsillar abscess Patient will present with → **hot potato (muffled) voice and deviation of the uvula to one side.** Drooling, fever, referred ear pain and odynophagia (difficulty swallowing)

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Parotitis Patient will present as → a child, presenting with **bilateral (sometimes unilateral) parotid swelling with pain exacerbated by eating**

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Sialadenitis Patient will present with → **postprandial salivary gland pain and swelling**

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Benign and malignant neoplasms Patient will present with → **unilateral, painless, and persistent lesion**

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