

**MEDICAL EDUCATION UNIT**  
**Dr. PINNAMANENI SIDDHARTHA INSTITUTE OF MEDICAL SCIENCES &**  
**RESEARCH FOUNDATION**

Chinna Avutapalli, Vijayawada, Gannavaram Mandal, Krishna District- 521286, A.P.

Dispatch No. MEU/ 207 / 25

Date: 20.09 2025

**ACADEMIC SOCIETY**

**CIRCULAR**

There will be a **Clinico Pathological Conference** from the **Department of ENT** on **Wednesday 24.09.2025**, at Drs. Sudha & Nageswara Rao Telemedicine Hall in the college campus from **02.00pm** onwards. All the faculty members, Post Graduate students, Interns are requested to attend the meeting and participate in the discussion.

**Chief Discussant:** Dr.S. Ramesh, M.S, Associate Professor, Department of ENT, AIIMS, Mangalagiri.

**Subject Moderator:** Dr.G.Sameera, M.S, Assistant Professor, Department of ENT.

**Presented by:** Dr.A. Narmada Sai Lakshmi, 2<sup>nd</sup> Year Post Graduate, Department of ENT.

Dr. Hima Bindu.K, MS, Associate Professor of General Surgery will moderate the session.

Dr.C. Nageswara Rao, M.S, F.R.C.S.C, F.A.C.S, Director General Will Chair the Session.

**The details of the clinical case for discussion are enclosed.**

Dr.G. Eswar  
Convener, Acad. Society

Dr.C. Swathi Poornima  
Coordinator, MEU

Dr.S. Srikanth  
Vice-Principal(Acd)

Dr.(Major)M.V. Bhimeswar  
Principal

Copy to the Director General,

Copy to the Director,

Copy to the Medical Superintendent,

Copies to all HOD's with request to circulate among their staff and see that all the faculty, P.G's and interns attend the meeting,

Copy to All Notice boards,

Copy to Academic Section,

Copy to Audiovisual.

**Note: Attendance is mandatory for all P.G's, Interns. They are instructed to come prepared and participate in the discussion.**



## **CPC from Department of ENT & HNS**

**CASE HISTORY:** A 45 year old male presented to ENT OPD with chief complaint of left ear blocking sensation since 3months.

**HISTORY OF PRESENT ILLNESS:** patient noticed blocking sensation in left ear since 3months which is partial initially later progressed to complete block since 1month. Blood tinge noted on cleaning ear.

History of decreased hearing in left ear since 2yrs initially to whispers gradually progressed to inability to hear normal conversations since 1year. He uses right ear for phone conversations.

History of mild headache on left side not associated with symptoms of meningitis like Irritability, neck rigidity, vomiting

History of fever associated with headache

No history of ear pain

No history of any spontaneous ear discharge

No history of tinnitus

No History of reeling sensation

No history of ear problems during childhood

No history of any previous ear surgeries / trauma to ear

No history of Diplopia

No history suggestive of facial nerve weakness

No symptoms suggestive of 9, 10, 11, 12 cranial nerve involvement

No history of any neck swellings

No history of any Nose and Throat complaints

**PAST HISTORY:** No past ENT surgeries.

**FAMILY HISTORY:** There was no significant family history.

**PERSONAL HISTORY:** Patient takes mixed diet, his bowel and bladder habits are regular,

Patient is Hypertensive for which he is on antihypertensive medications since 02 years.

No drug and food allergies.

**GENERAL EXAMINATION:** Patient is conscious, coherent and cooperative. Well oriented to time, place, and person. Moderately built and nourished.

No signs of pallor, Icterus, cyanosis, clubbing, lymphadenopathy and pedal edema.



**Vitals:** Temperature - 98.4°F

PR - 86BPM

BP- 120/80mmhg

RR- 16 cycles/min

Spo2 - 98% @ room air.

**Systemic examination:**

CVS: S1, S2 heard no murmurs.

RS: B/L Normal vesicular breath sounds heard.

CNS: No Focal Neurological Deficits.

GIT: No organomegaly.

**LOCAL EXAMINATION OF NECK**

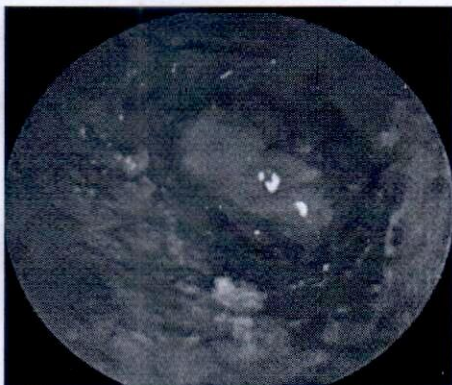
<b>Ears</b>	<b>Right</b>	<b>Left</b>
Pre auricular area	Normal	Normal
pinna	Normal	Normal
Post Auricular area	Normal	Normal
External Auditory canal	Normal	Mass filling the EAC. Bleeds on touch . Probe can be passed 0.5cm deep around the mass except on posterior wall.
Tympanic membrane	PARS TENSA : Cone of light present in AIQ Leisch of vessels noted along HOM Prominent lateral process of masses AMF and PMF intact PARS FLACCIDA - Intact	Couldn't be visualized

**Functional tests:**

<b>Functional tests</b>	<b>Right</b>	<b>Left</b>
Tragal tenderness	Absent	Absent
Fistula test	-ve	-ve
03 finger test	No tenderness	No tenderness



PROVISIONAL DIAGNOSIS: Aural mass under evaluation



Differential diagnosis:

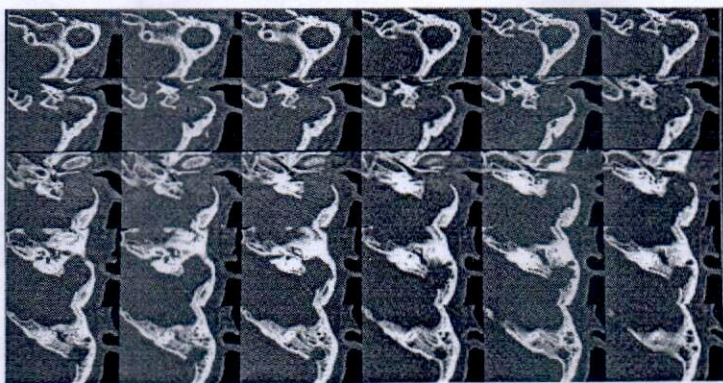
Aural polyp

Glomus tumor

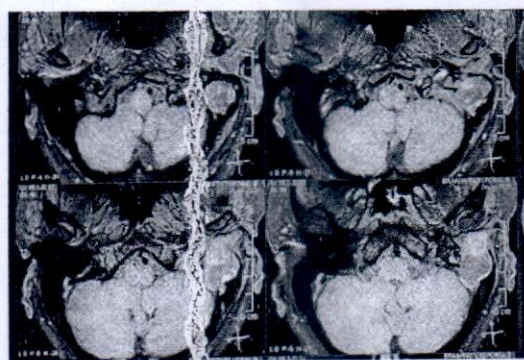
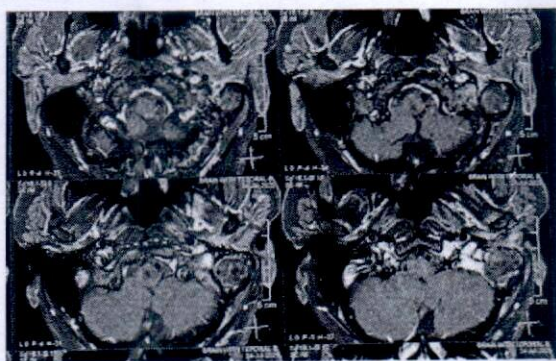
EAC malignancy

Lateral skull base tumors

HRCT TEMPORAL BONE



MRI WITH CONTRAST



Diagnostic investigations were done



**Tuning fork test:**

**Rinnes test**

Tuning fork test	Right	Left
256	+ve	-ve
512	+ve	-ve
1024	+ve	-ve

Webers test: lateralized to left

Absolute bone conduction test: Left side – Decreased than examiner

Right side: same as examiner

**CRANIAL NERVE EXAMINATION:**

I – Smell perception normal on both sides

II – Visual acuity – patient is able to count fingers from 1mt, 3m, and 6mts on both sides

III – Pupillary response to light is normal on bothsides

IV, VI – Bilateral Extraocular movements normal in all gazes

V – Bilateral Corneal reflex present

Touch sensations and differences in temperature over face are normal

Power of muscles of mastication – normal on both sides

VII – Taste sensation present on anterior 2/3<sup>rd</sup> of tongue on both sides

Forehead wrinkles present on both sides

No deviation of angle of mouth

VIII – Decreased perception of sounds on left side

IX – No palatal asymmetry

Gag reflex present

X – Gag reflex present

XI – Shrugging of shoulders present on both sides

XII – No deviation of tongue

NOSE: Deviated nasal septum to right with bilateral inferior turbinate hypertrophy

Oral cavity: mouth opening adequate

Oropharynx : No abnormality detected

Neck: No palpable swellings noted