

# Assessment of Mouth, throat, nose, sinuses

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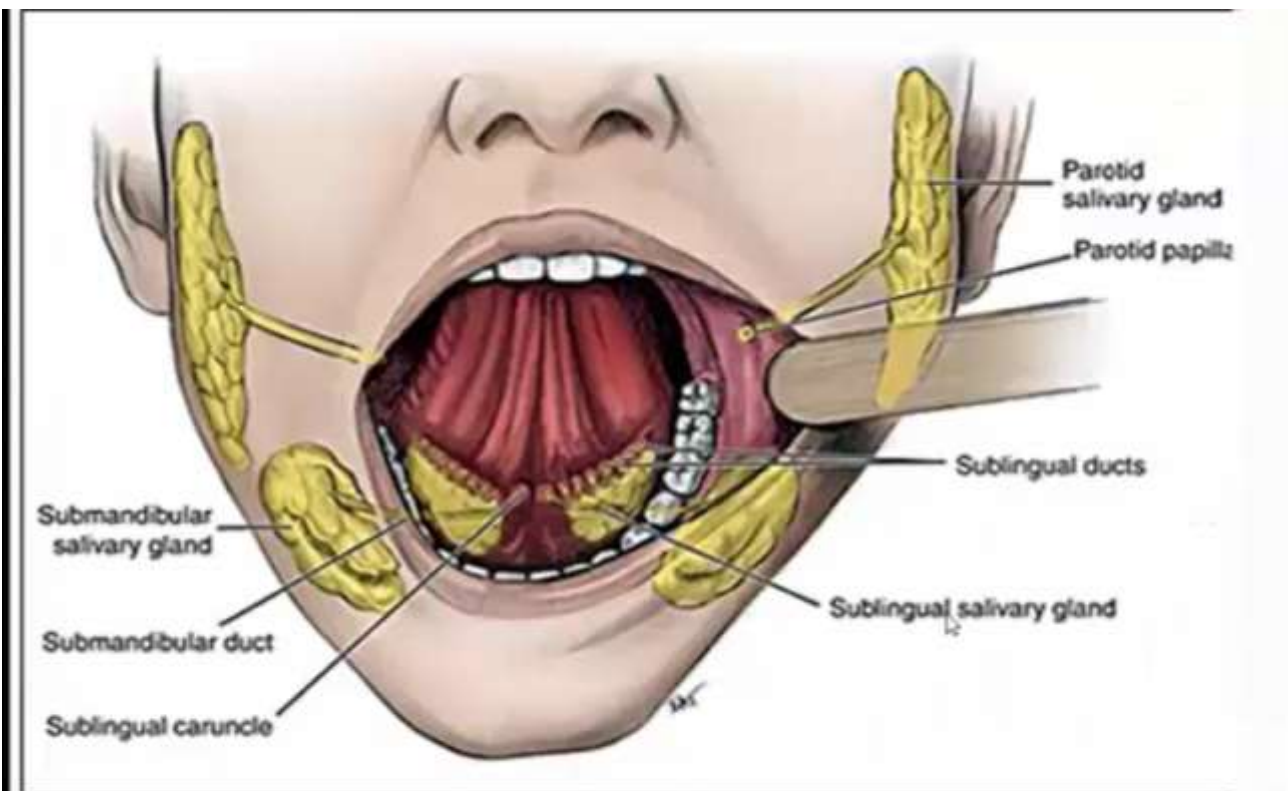
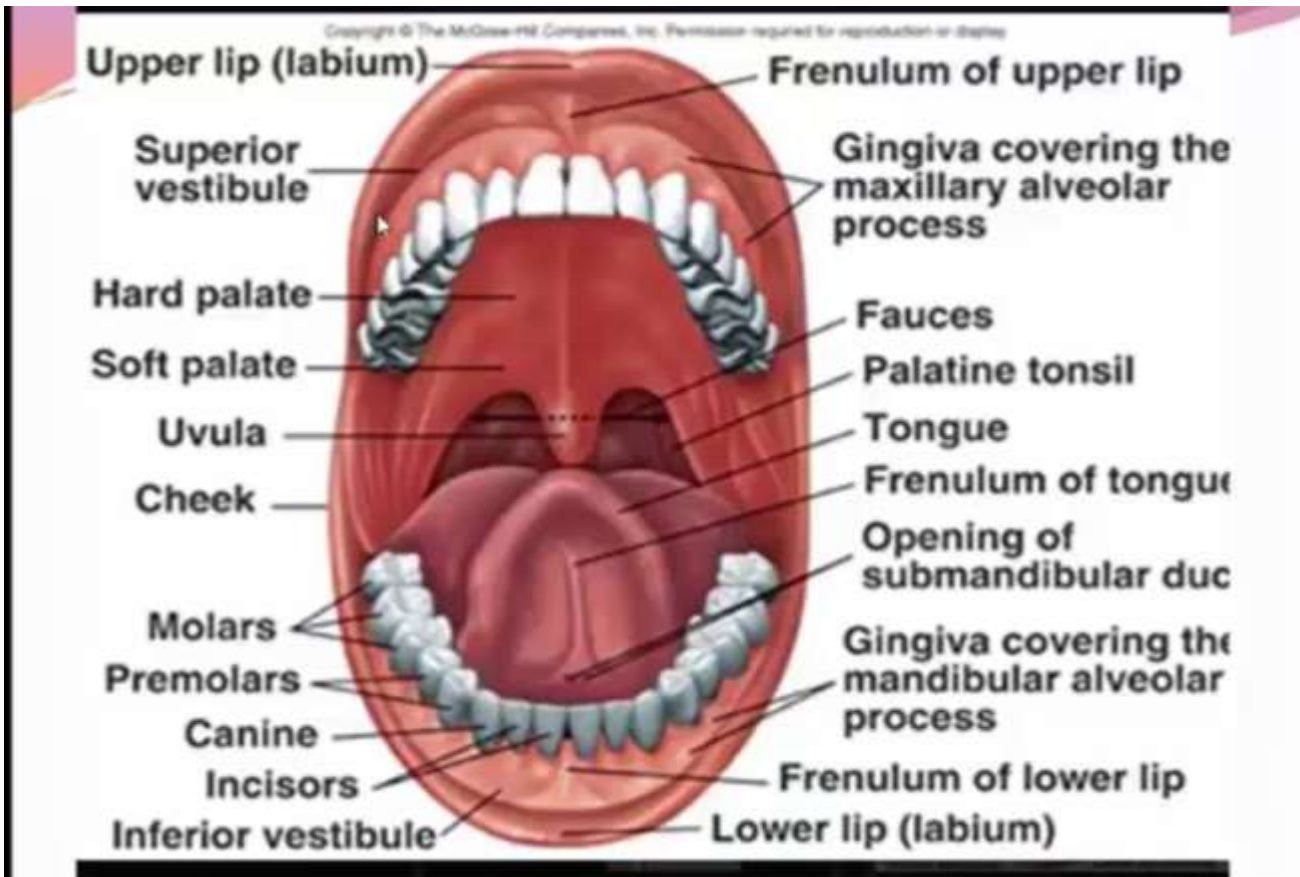


Diagram of location of major salivary glands.

Current Symptoms	Do you experience tongue or mouth sores or lesion	Painful , recurrent ulcers in the mouth are seen with aphthous stomatitis
	Do you experience redness swelling ,bleeding or pain in the gums or mouth	Red swollen gums that bleed easily occur in early gum disease ( gingivitis)
	Do you have pain over your sinuses	Sinusitis may cause pressure pain over sinuses
	Do you experience nosebleed	Nose bleed may be seen with over use of nasal sprays, hypertension ,leukemia, or other blood disorder
	Do you experience frequent clear or mucous drainage from the nose?	Thin watery ,clear nasal drainage ( rhinorrhea) can indicate a chronic allergy or a cerebrospinal fluid leakage
	Can you breathe through both of your nostrils	Inability to breathe through both nostrils may indicate sinus congestion or deviated septum
	Have you experienced a change in the ability to smell or test	A decrease in the ability to smell may occur with upper respiratory infection ,smoking or neurologic lesion
	Do you have difficulty chewing or swallowing food?	Difficulty swallowing dysphagia may be seen in esophagus a disorders ,anxiety ,poor fitting dentures
	Do you have a sore throat? Describe	Throat irritation and soreness are common with sinus drainage or viral or bacterial infection
	Do you experience hoarseness?	Hoarseness is associated with upper respiratory infection .allergies ,smoking ,inhalation of irritant ,over use of voice

Past History	Have you ever had any oral , nasal or sinus surgery	Present symptoms may be related to past problems
	Do you use nasal sprays?	Overuse of nasal spray may cause nasal irritation ,nosebleeds nasal sprays Picture
Family History	Is there history of mouth ,throat ,nose, or sinus cancer in your family	There is a genetic risk factor for mouth ,nose or sinus cancer Picture Of oral cancer

Do you smoke or use smokers tobacco or alcohol drinker?	Cigarette or smokeless tobacco or excessive use of alcohol increases a person risk for oral cancer
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Life style and Health Practice	Do you brush your tongue	Cleaning the tongue prevent bad breath resulting from bacterial accumulation
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Do you wear dentures?	Poor fitting dentures lead to poor eating habits , a reluctance to speak freely and mouth sores
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Inspect the lips Noting consistency and color	Lips are smooth and moist without lesions or swelling Pink lips are normal in light— skinned clients
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- Pallor around the lips (circumoral) is seen in anemia and shock
- Bluish ( cyanotic ) li s may result from cold or hypoxia
- Reddish lips are seen in clients with ketoacidosis Swelling is common in local oral or systematic allergy.

Inspect the teeth and gums Observe number ,color ,condition and alignment of teeth	Thirty —two pearly whites teeth with smooth surface and edges Gums are pink ,moist and firm with tight margin to the tooth No lesions or masses	Yellow or brownish teeth in clients who smoke drink large quantitative of coffee or tea
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- Gingivitis red swollen gums that bleed easily (vitamin C deficiency)

Inspect the Buccal Mucosa Check color and consistency	Smooth ,moist tissues without lesions
.Note the parotid ducts	parotid ducts are visible with flow of saliva and no redness or swelling Parotid duct( stensen duct) openings are seen small papilla located near upper second molar

- Leukoplakia of mouth soreness is seen in chronic irritation and smoking

Inspect and palpate the tongue Color , moisture ,size ,texture, midline ,protrusion and fasciculation	Tongue should be pink moist with papillae
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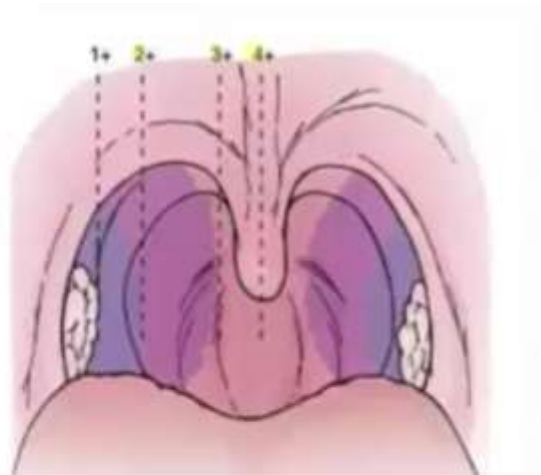
- Tongue should be pink moist with papilla (little protuberance)
- Tongue: Midline fissure present, Geographical tongue. Common variation fissured, Smooth, Pink.
- Deep longitudinal fissures seen in dehydration.
- Leukoplakia persistence lesions, ulcer or nodules may indicate cancer.

Inspect ventral surface of the tongue and mouth floor for the following: 1.Color. 2.Landmarks	1. Pink, slightly pale. 2. Submandibular duct openings ( Wharton ducts) are located on both sides of the frenulum. Tongue is free of lesion or increased redness; frenulum is centered
Inspect the hard and Soft palate Observe color and integrity	the hard palate is pale or whitish with firm , transverse rugae (wrinkle like folds ) The soft palate should be pinkish ,movable spongy ,smooth

- Thick white plaques on the hard palate from candida infection.
- Yellow tint may indicate jaundice.
- An opening in the hard palate is known as a cleft palate.

Note Oder	No unusual or foul Oder is noted	Fruity or acetone breath — diabetic ketoacidosis An ammonia Oder — kidney disease Foul Oder respiratory infection or tooth decay Sulfur Oder (fetor hepaticus) occurs in end stage liver disease
Inspect the uvula Note the position and movement	The uvula is a fleshy ,solid structure that hangs freely in the mid line No redness of or exudation	Asymmetrical movement or loss of movement may occur after CVA or with disruption of vagus nerve which can affect swallowing and result in choking
Inspect the tonsils Note color ,size, and presence of exudates	Tonsils may be present or absent Pink and symmetric + 1 No exudates swelling or lesions	Red enlarged to +2,+3 or+4 and covered exudates

Tonsils are visible.  
Tonsils are midway between tonsillar pillars and uvula.  
Tonsils touch the uvula,  
Tonsils touch each other.



Inspect and palpate the external nose Note nasal color, shape ,consistency and tenderness	Color same as the rest of the face smooth Symmetric no tenderness
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- Nasal tenderness on palpation accompanies a local infection

Check patency of airflow through nostrils	Able to sniff through each nostril while the other is occluded
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- Client cannot sniff through a nostril that is not occluded
- client cannot sniff through a nostril that is not occluded a foreign body obstruction

Inspect the internal Nose	The nasal mucosa is dark pink moist and free from exudate	Exudate —infection Epistaxis Mucosal ulceration trauma ,using of cocaine
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- Swollen and pale pink nasal mucosa allergies
- Red and swollen mucosa -upper respiratory infection
- Exude ate-infection
- Epistaxis
- Mucous ulceration trauma ,using of cocaine

Palpate the sinuses	Frontal and maxillary sinuses are non-tender to palpation and no crepitus is evident	Tenderness of frontal or maxillary sinus allergies , or sinus infection Crepitus large amount of exudate
Per cuss the sinuses	sinuses are non-tender on percussion	Tenderness of frontal or maxillary sinus allergies , or sinus infection - Hollow tone elicited - Normal sinuses give tympanic sound on percussion
	<ul style="list-style-type: none"> <li>- Transillumination</li> <li>- Transillumination of frontal sinus:</li> <li>- Darken the examination room.</li> <li>- Affix a strong narrow light to the end of the otoscope.</li> <li>- Hold it under the superior orbital ridge against the location of frontal sinus area.</li> <li>- Cover with your hand</li> </ul>	A diffuse red glow , it comes from the light shining through the air in health sinus

- Absence of a red glow usually indicates, a sinus filled with fluid or pus from chronic sinusitis

<p>Transillumination of maxillary sinus: Remove upper denture (if present). Ask client to tilt the head back and open mouth. Shine the light on each cheek just under the inner corner of the eye</p>	<ol style="list-style-type: none"><li>1. A diffuse red glow, it comes from the light shining through the air in health sinus.</li><li>2. A dull glow inside the mouth on the hard palate</li></ol>
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