

Ent Emergencies in Elderly People in Ouagadougou

Ouedraogo Bertin Priva¹, Sawadogo Mathurine², Bambara Céline², Ouoba Kampadilemba³

¹Service ORL, CHU-Blaise Compaoré, Ouagadougou, Burkina Faso

²Service ORL, CHU-Yalgado Ouedraogo, Ouagadougou, Burkina Faso

³Service ORL et CCF, CHU-YO, Ouagadougou, Burkina Faso

Email: bertin_oued@yahoo.fr, saw_mathu@yahoo.fr, celinebambara@yahoo.fr, ouobakpd@yahoo.fr

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Abstract

Introduction: The world's population over 60 years old is experiencing a significant increase. They represent 5.1% of Burkina Faso's population. This specific group because of the much specificity that characterizes, is more vulnerable because of aging. What are the clinical, therapeutic and evolving aspects of ENT emergencies in this group? The aim of this study is to describe the clinical, therapeutic and evolutionary aspects of ENT emergencies in elderly people in ENT department of the University Hospital Yalgado Ouedraogo at Ouagadougou (Burkina Faso). Patients and methods We conducted a retrospective, descriptive and analytical study from January 1, 2009 to December 31, 2015, for a period of 7 years. It included all patients aged 60 years and over who received a consultation or hospitalization in the period in an emergency table. **Results:** We recorded 129 cases of ENT emergency out of a total of 27890 patients, a frequency of 0.46% and an annual average of 19 cases. These ENT emergencies represented 26.7% of the general ENT pathology in the elderly for the same period. We noted a male predominance with a sex ratio of 1.1. Admission mode was the reference in 76% of cases. Absolute or true emergencies accounted for 55.8%. Etiologies of emergencies were dominated by infections, dyspneising tumors and pharyngoesophageal foreign bodies. Endoscopic exploration under general anesthesia was the most performed surgical procedure followed by drainage incision. A total of 41.1% of patients were hospitalized with an average hospital stay of 5 days. We recorded 13 deaths or 10.1%. **Conclusion:** The etiologies of ENT emergencies in the elderly were dominated by infections and tumors seen late, hence the interest of a better organization of hospital services to promote early consultation.

Keywords

ENT Emergencies, Elderly, Ouagadougou

1. Introduction

The world's population over 60 years old is experiencing a significant increase. They represent 5.1% of Burkina Faso's population according to the census of the National Institute of Statistics and Demography [1].

This specific group because of the much specificity that characterizes, is more vulnerable because of aging. What are the clinical, therapeutic and evolving aspects of ENT emergencies in this group? Few studies have been carried out on this theme. However, several studies have been carried out on emergency or ENT pathologies in elderly people.

The aim of this study is to describe the clinical, therapeutic and evolutionary aspects of ENT emergencies in elderly people in ENT department of the University Hospital Yalgado Ouedraogo at Ouagadougou (Burkina Faso).

2. Patients and Methods

We conducted a retrospective, descriptive and analytical study from January 1, 2009 to December 31, 2015, for a period of 7 years. It included all patients aged 60 years and over who received a consultation or hospitalization in the period in an emergency table according to Trotoux's classification cited by Hounkpe [2]. We considered being true or absolute emergencies, life-threatening pathologies (post-traumatic hemorrhages, laryngeal dyspnoea, corrosive burns of the esophagus). The emergencies were considered relative the pathologies that did not immediately affect the vital prognosis but required rapid and appropriate treatment: hyperalgesic conditions, infections. Functional emergencies were considered to be pathologies leading to functional disorders requiring urgent care, such as sudden or fluctuating deafness, facial paralysis, vertigo.

We used the patient records for record data collection. Privacy and anonymity were observed. Our study did not need the permission of ethics committee.

Data were treated with software Epi Info 7. The statistic test of Anova was used with a threshold meaning of 5%.

3. Results

We recorded 129 cases of ENT emergency out of a total of 27,890 patients, a frequency of 0.46% and an annual average of 19 cases.

These ENT emergencies represented 26.7% of the general ENT pathology in the elderly for the same period.

We noted a male predominance of 51.9% with a sex ratio of 1.1.

The average age of patients was 68.95 years \pm 6.8 years with extremes of 60 and 90 years old.

The mode of admission was the reference in 76% of cases, the transfer of another department of the hospital in 1.5%, and direct admission in 22.5%. There was no statistically significant difference between the age group and the admission mode (Fischer test = 0.9 P = 0.4) as shown on the **Table 1**.

Hypertension and diabetes were the main co-morbidities in 44.2% and 17.3% respectively.

Table 1. Distribution of patients according to the age and mode of admission.

Slice of age	Reference	Tranfer	Direct	Total
[60 - 65[	34	0	10	44
[65 - 70[	31	1	6	38
[70 - 75[	18	0	7	25
[75 - 80[	9	0	2	11
[80 - 85[	1	1	4	6
[85 - 90[	5	0	0	5
Total	98	2	29	129

Pharyngolaryngeal complaints were the most common reasons for consultation with 19.4% laryngeal dyspnea, 16.4% foreign body sensation, 11.6% dysphagia. Follow otological complaints with dizziness in 20.2% otalgia in 8.5%. Epistaxis was the main reason for rhinological consultation with 10.1% of cases. Head and neck pain accounted for 11.6% of consultation reasons. The state of consciousness was altered in one patient on admission.

True emergencies represented 55.8%, functional emergencies 20.2% and relative emergencies 24%.

Etiologies of emergencies were dominated by infections 23.3%, dyspneumatic tumors 18.6%, foreign bodies 17.8%, trauma 12.4%, epistaxis in 6.2%.

Therapeutically, endoscopic ENT exploration for foreign body extraction was the most performed surgical procedure. Previous nasal tamponade was performed in 10.1% of cases. An incision for suppuration drainage was performed 5.4% of the cases. Traumatic wound healing was performed in 9.3% of cases. A total of 41.1% of patients were hospitalized with an average hospital stay of 5 days. Overall evolution assessed at 2 weeks, we recorded 13 cases of death ie 10.1% of cases, 2.3% transfer to other services, 50.4% healing, 37.2% clinical improvement.

4. Discussion and Comments

ENT diseases have particularities in the elderly [3] and our study on emergencies in this age group noted a relatively low frequency of 0.46%. Relative to the elderly patient population seen in the service, it is 26.7%. A study in the same ENT department on morbidity and mortality in the elderly had noted low attendance in this age group [4]. This low frequency of ENT emergencies in the elderly could be due to the usual reluctance of these people to hospital consultation as underlined by Kouassi in his study on hospital morbidity of the elderly in the ENT department of CHU Cocody-Abidjan [5].

In general, for ENT emergencies, Ouoba [6] in Burkina Faso noted a frequency of 1.61% and Hounkpe [2] in Benin a frequency of 20.8%.

The average age of our patients was 68.95 years, and the age group of 60 - 69 was predominant with 64.07% of cases. Ondzotto [7] in Congo Brazzaville

found 67 years for average age in his study on hospital morbidity of the elderly in an ENT department.

We have noted a male predominance and we agree with Ondzotto [7] who believes that women in general and older women in particular have less access to health care because of their lower economic power.

The majority of our patients, 76%, were referred by a health facility to the ENT department of CHU YO. Those who came from them without reference accounted for 22.5% of the patients. However, Ouoba had found that 50.8% of patients seen in emergency had come from them. Older people have poorly defined morbid conditions or co-morbidities that could explain first-line consultations in general medicine or other specialties before their reference in ENT. For these co-morbidities, arterial hypertension was the most common pathology with a frequency of 17.83% followed by diabetes.

For the type of emergency encountered in the elderly, as in the general population, there was a predominance of so-called true emergencies which accounted for 55.81% against 24.03% of relative emergencies.

Ouoba [6] in Burkina Faso, Hounkpe in Benin [2], Lawson in Togo [8] also found a predominance of true emergencies in their studies. These true emergencies are the most recognized ones that threaten the life-threatening condition, thus motivating consultation even in usually reluctant subjects. We share Ouoba's analysis that real emergencies are generally noisy and sooner to be life-threatening, so they always bring the patient to emergency consultation. In these true emergencies we find epistaxis and laryngeal dyspnea of all etiologies. Relative and functional emergencies have been low in our study because they are often neglected, especially in the elderly.

According to the cause of emergencies, ENT foreign bodies accounted for 17.83% of etiologies with a predominance for pharyngo-oesophageal foreign bodies. This same high rate remains lower than that found by Sunil [9] in India in a study of pediatric ENT emergencies with 44.2% of foreign bodies.

The foreign bodies of the upper digestive tract are therefore more frequent in the extreme ages of life; in children because of organ immaturity and carelessness, in the elderly because of aging organs and the inability to chew food. To this is added the frequent wearing of dentures in the elderly, a real foreign body factor.

We recorded 23.26% of infections in an emergency chart in our study. These infections were dominated by cervicofacial cellulitis and acute otitis media. This frequency of infection in our study could be due to the decline of the immunity of the elderly and the presence of co-morbidities such as diabetes found in 17.3% of our cases.

We noted 12.4% of traumatic emergencies. This rate of trauma is relatively high for elderly people who are not expected to be active. We must therefore insist on the prevention of road accidents which would be the main mechanisms of these traumatisms. Dyspnetic tumors accounted for 18.6% of emergency etiologies with a predominance for thyroid tumors.

Ouoba [6] reported 13.7% of tumors responsible for emergency tables. Burkina Faso is a country of endemic goitrous, and for cultural reasons, ignorance, or lack of financial means, we continue to meet voluminous goiters called “historical” in front of signs of compression or pain often translated cancerous degeneration. Similarly, laryngeal cancers are seen in the stage of laryngeal dyspnea because dysphonia is often commonplace in the elderly.

We noted 20.2% vertigo in the consultation reasons. The frequency of these vertiginous sensations is high in our study explained in part by the aging of the organs that control the equilibration. For Tran Ba Huy [10], the vertigo of the elderly is a major medical and public health problem because it is the essential risk factor for repeated falls with dreadful socio-economic consequences.

Therapeutically, 41.1% of patients were hospitalized. This rate is important in our opinion, reflecting the severity of the clinical picture at admission. The therapeutic management of the elderly is always difficult because of the poly-medication of these patients due to co-morbidities [11].

The majority of our patients experienced a favorable evolution of 87.6%.

Studies on ENT emergencies in general note better results like those of Amzil [12], and Ouoba [6] which found respectively 100% and 95.8% of favorable evolution in their studies. We recorded 10.08% of deaths, mostly due to dyspnotic tumors.

We therefore share this analysis of Ganem [13] in a study on the specificities of cancer of the elderly that says that the main characteristic was the stage evolved at the time of diagnosis due to late consultations. Nearly 50% of elderly cancers occur after age 70 and are responsible for about 60% of deaths after age 65. We also affirm with Kouassi [5] and Ondzotto [7] that cancers are the leading cause of death for patients aged 60 and older.

5. Conclusion

The frequency of ENT emergencies in elderly patients in the ENT department was relatively low. Real or absolute emergencies were the most frequent countered with a predominance of foreign bodies and dyspneising tumors. These dyspneumatic tumors were the cause of a high case fatality rate. Improving access to emergency services for these elderly people by taking into account their specificity could help to reduce the case fatality rate that we noted.

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