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Research Article

**EXAMINATION OF THE STRUCTURE OF THE WOUNDS IN
TERMS OF EAR, NOSE, NECK AND MORE HEAD AND NECK,
IN CASES THAT ALSO OFFER CRISIS SUBDIVISION IN
ACCIDENT**¹Dr Sami Ullah, ²Rana Muhammad Asghar, ³Muhammad Sufyan¹House Officer, Jinnah Hospital Lahore, ²Rural Health Centre Mitha Tiwana District Khushab,
³Services Hospital Lahore.**Abstract:**

Objective: To examine the structure of the wounds in terms of ear, nose, neck and more head and neck, in cases that also offer crisis subdivision in the event of accident. Character of the ENT group in the organization of these injuries.

Methods: The dynamics of demand for remained in the mishap also crisis area of the Jinnah Hospital Lahore, Pakistan from March 2017 to May 2018. Each case offers to the crisis remained visible through the ENT group along the side by the accident therapist. Instances of through and through centuries, usually man also lady, counting children, damage in the area of face, nose, ear, neck additional neck.

Results: The total number of crisis cases remained 260,780. 46,550 remained due to the past of the injury. There were 6,500 cases registered. 82% man remained in addition 18% lady, 69% remained adults, 20% progeny also 23% matured. 45% possible by road traffic accidents, 21% by past attacks, 17% by discharge wounds, 14% by sports wounds, 8% by height loss, which is more than 5% with different aggravation. In 47% of patient faces remained confused by damage, 29% by nose injuries, 17% by twisting of the oral cavity, 13% by neck congestion and 8% by ear wounds. 13% of the cases remained moved in real dangerous national cases. Cases by primary injuries remained hasty to the process for the principle crisis process. 9% of the cases required basic tracheostomy for additional GA before the secured flight route. 4 cases of basic jersey thyrotomy as a life-saving approach. 6% of patients who are fundamental in the jugular vein ligation. 8 patients had built up a carotid vessel that had twisted so much that 5 respondents remained viably patched with the help of a vascular doctor, at any rate 4 patients could not remain improper because they could not be deduced from a huge blood damage. These cases, which remained fit for work, remained recognized until the daily activities were properly carried out.

Conclusion: Wounds in the ENT areas are also a significant part of the crisis cases. The injuries relate to minor scratches requiring a modest gauze and an open neck, which require an examination of the neck of the crisis. ENT squad in the crisis subdivision has an exceptional character for the organization of disturbing influential patients.

Key words: Tracheostomy, Head in addition Neck trauma, cricothyrotomy, internal jugular vein ligation.

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INTRODUCTION:

To examine the structure of the wounds in terms of ear, nose, neck and more head and neck, in cases that also offer crisis subdivision in the event of accident. Character of the ENT group in the organization of these injuries. Investigation of the structure of wounds in terms of ear, nose, neck, head and neck, in cases that also offer emergency subdivisions in the event of a disaster. The character of the ENT group associated with these wounds [1]. ENT wounds are the most surprising tribune for emergency visits to the planet, especially in our schedule. In Pakistan, 27.7% of patients are affected by ENT wounds in all respects, which is a much higher rate than, for example, 12-28%. In Pakistan, minimized disclosures and medication are the major considerations in emergency patients that reduce atrocity and mortality [2]. The growing habit of vehicle accidents, mechanical disasters, head and neck emergencies legitimizes a test for ENT specialists in emergencies. According to his assessment, the strongest problems were 87% facial axial damage, 87% and 6.3% outside the body [3]. In adolescents, their curious and explorative nature gives them more and more opportunities to absorb distant bodies. Plastic toys, metals, coins and bones are reliably the particles ingested by adolescents. Outer bodies are avoidable causes and care among guardians and parent figures should be supported in connection with the abundance of heads [4]. The relationship between the different evaluations has shown that nasal facial injuries and prolonged incidents with road vehicles occur again and again, which can normally be deduced from the brutality and inelegance of the driver and the terrible condition of the roads. Government starters with data are needed, and the likelihood of improved routes among people is also essential to taking the right steps for potential incidents. Our assessment should therefore summaries the level of the ENT problem that occurs in emergencies and provide an opportunity to address energetic people for typical presentations [5].

METHODOLOGY:

The dynamics of demand for remained in the mishap also crisis area of the Jinnah Hospital Lahore, Pakistan from March 2017 to May 2018. Each case offers to the crisis remained visible through the ENT group along the side by the accident therapist. Instances of through and through centuries, usually man also lady, counting children, damage in the area of face, nose, ear, neck additional neck. Every case that made an offer for the emergency remained through an ENT bundle on the edge by the loss of the paramedic. Occurrence of all age groups, usually male, also woman who checked children, injuries in the district of face, nose, ear, neck

and throat. The consent was obtained from the patient or family. Each patient who thought about the emergency was visited by an ENT relationship near the Difficulty Therapy Authority. We included 6,400 patients who were selected and selected from 46,460 damage patients who emerged in an emergency. Patients who could imagine being male and female, including infants or newborns, and old patients were similarly mixed. Wounds in the facial, nasal and neck areas were also associated with the assessment. Patients with injuries, body parts other than maxillofacial, and people twice as frequent due to relative pain were excluded from the study. Consent was obtained from the patient or the patient's master. Patients were examined from the earliest point of departure for the officers' injury standards in flight course breathing and course, point by point anamnesis, head and neck assessment, and ENT assessment near the baseline assessment. The tests were performed with chest x-columns, allegorical tomography and MRI. If an emergency plan was required for emergency care, e.g., fixation of sensitive tissue, cleaning of the upper or nasal bone, and tracheostomy. In addition, data were collected from neurosurgery, oral and maxillofacial therapy, plastic surgery and ophthalmology.

RESULTS:

The total number of crisis cases remained 260,780. 46,550 remained due to the past of the injury. There were 6,500 cases registered. 82% man remained in addition 18% lady, 69% remained adults, 20% progeny also 23% matured. 45% possible by road traffic accidents, 21% by past attacks, 17% by discharge wounds, 14% by sports wounds, 8% by height loss, which is more than 5% with different aggravation. In 47% of patient faces remained confused by damage, 29% by nose injuries, 17% by twisting of the oral cavity, 13% by neck congestion and 8% by ear wounds. 13% of the cases remained moved in real dangerous national cases. Cases by primary injuries remained hasty to the process for the principle crisis process. 9% of the cases required basic tracheostomy for additional GA before the secured flight route. 4 cases of basic jersey thyrotomy as a life-saving approach. 6% of patients who are fundamental in the jugular vein ligature. 8 patients had built up a carotid vessel that had twisted so much that 5 respondents remained viably patched with the help of a vascular doctor, at any rate 4 patients could not remain improper because they could not be deduced from a huge blood damage. These cases, which remained fit for work, remained recognized until the daily activities were properly carried out. In 46% of the patients the face remained confused by injury, 27%

by nose injury, 16% by twisted mouth hole, 12% by anesthesia of the neck and 7% by ear wound. 12% of the boxes were still sent in really dangerous countries. Cases of primary injuries remained hasty to trial for a fundamental crisis process. 9% of cases underwent basic tracheostomy for additional GA before the secured route. 3 cases of basic tricot thyrotomy as a life-saving approach. 6% of the patient basic within the jugular vein ligature. 8 patients had put on a carotid vessel in which 5 interviewees remained viably retouched with the help of a vascular doctor, at any rate 4 patients could not remain improper as they could not be inferred from an enormous blood damage. These cases, which remained fit for work, remained recognized until the daily activities were properly carried out. The rigid number of crisis patients was 248,700, of which 46,450 announced a damage history. 6,400 patients were admitted. 81% (n=5060) were humans and 22% (n=1350) women. There were 66% (n=4,100) adults (age >15-55 years), 17% (n=7,460) adolescents (age >2yr-16 years) and 22% (n=1,280) young people who were born (age >55 years) (Figure 1). The reason for the accident was n= 2,560 (41%) there were road vehicle accidents, n=

1,350 (23%) against the historical background of attacks, n=1,155 (19%) with discharge wounds, n=770 (14%) with play wounds, n=386 (7%) with falls from postures and n=198 (4%) with accidental damage (Figure 2). In (n=2,820) 45% of the cases the face was connected with damage, 27% (n=1,670) with nose damage, 16% (n=920) with corner of mouth damage, 12% (n=660) with neck damage and (n=390) 7% with ear damage. 70% (n=3,870) of the patients received soft wounds with GCS 17/17 and were generally reliable. Smaller wounds combine abrasions or small incisions, epistaxis, ear canal, nasal damage, injuries, septal hematomas. Approximately (n=1,950) 32% of patients with moderate damage. Patients with medium wounds required restorative treatment, basic investigations were performed and submitted for 24-hour observation. Patients with severe wounds were exploded to develop the theater for a significant crisis framework. Of 10% (n=560) of the patients required a tracheostomy either for general anesthesia or to confirm flight progress. Approximately n=4 (0.05%) patients needed a tricot thyrotomy as a truly existential system.

Table 1:

kind of Wound	Incidence (%)
Minor wounds	34% (n=1925)
Modest wounds	14% (n=670)
Spartan / dangerous wound	52% (n=3750)

Figure 1:

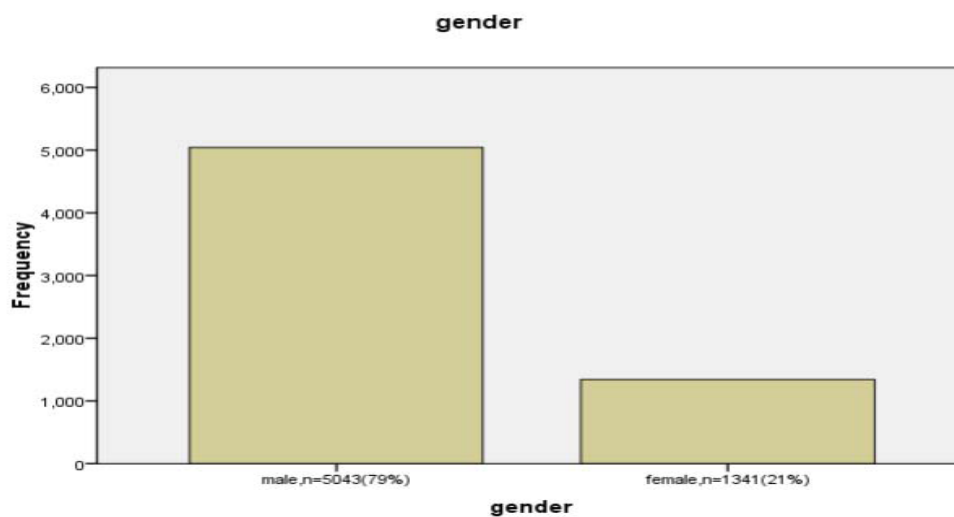
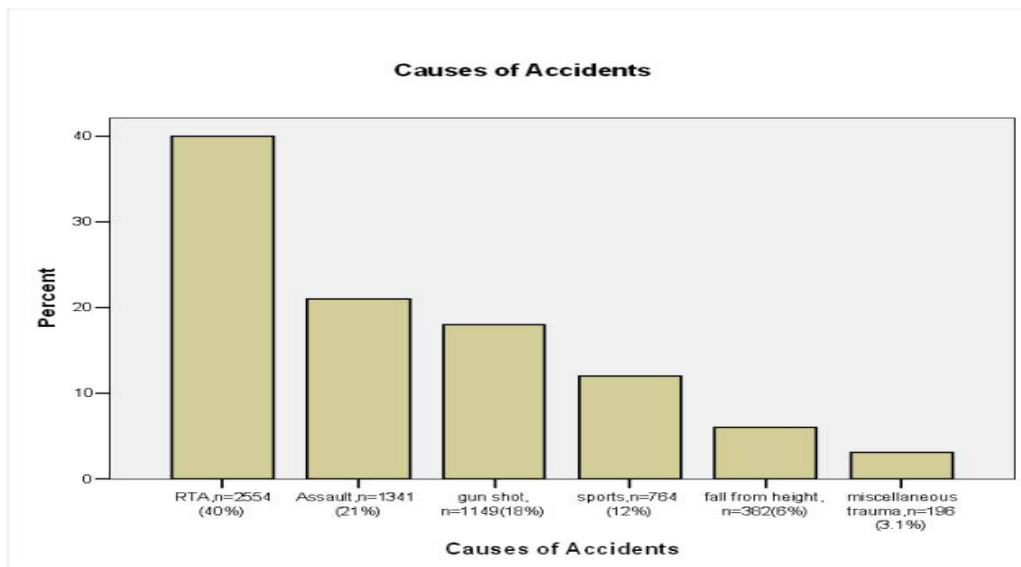


FIGURE 2:



DISCUSSION:

Wounds in the ENT areas are also a significant part of the crisis cases. The injuries relate to minor scratches requiring a modest gauze and an open neck, which require an examination of the neck of the crisis. ENT squad in the crisis subdivision has an exceptional character for the organization of disturbing influential patients [6]. In the informed nations, sexual directional imbalance at work is not the issue, and essentially identical road car collisions are conducted in this way [7]. In our study, the age of 17-54 years was the most important influencing factor. In the ranges listed in our neighboring countries, the most common age was 34, for example in adulthood. Regardless of this, a few observers have shown that age is more common than adulthood. Prasad et al considered the segment to be the most distinctive sensitive tissue wounds. Yojana et al. discovered the most tireless reason for the confirmation of the ENT crisis, as the upper jaw damaged the face at 86.2%, outside the body at 7.3% and the neck at 6.9%. In another report by Abbas et al. it was stated that one point by point maxillofacial damage is the most exceptional reason for a road bumper being sought until autumn [8]. A special evaluation of the study found that transit traffic is an essential prerequisite for better care of road traffic between individuals. There should also be a crisis rescue vehicle office to help the patient's authorities in times of crisis during this significant period. Wide facial wounds are enormous when you consider that they influence the dreariness that affects individual satisfaction. As we would see, small wounds include scraped areas or small incisions, epistaxis, ear trench, minor nasal damage, wounds, septal hematoma. Other

life-sustaining strategies were also carried out, such as ligation of the neck veins, damage to the carotid corridor was sufficiently corrected with the aid of vascular authority, but unfortunately only three cases could not be spared due to a large blood attack [9]. ENT damage in crisis situations is usually observed, so ORL experts with particularly identifiable information on crisis facial and neck wounds at all levels of the traffic structure must be open to human organization and have explicit weight for convincing results. The willingness to engage in activities with authoritative shows considered from all sides should be designed in such a way that they imagine this atrocity and mortality [10].

CONCLUSION:

Wounds in the areas of the ENT, even more head and neck, form the main part of the crisis cases. The damage is caused by minor scratches, which require inconspicuous coverage, up to the cut neck, which requires a crisis neck assessment. The ENT group in the crisis subdivision has an amazing character for the organization of anaesthetized patients.

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