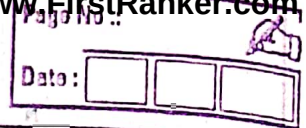


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- Normally Aqueous produce by ciliary body into post. chamber.
- & drain by Trabecular from Ant. chamber of eye.



- when there is failure in drainage of system occur.



- Give rise to intraocular pressure.



- which causes damage to optic nerve.

2. Vascular Insufficiency:-

- when there is Ischaemic & hypoxic condition occur due to vascular insufficiency.



- Ischaemic & Hypoxic to retinal ganglionic cells causes.



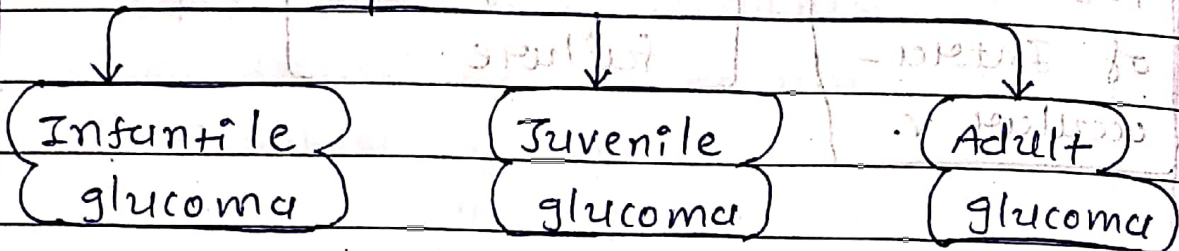
- degeneration of optic nerve fiber.



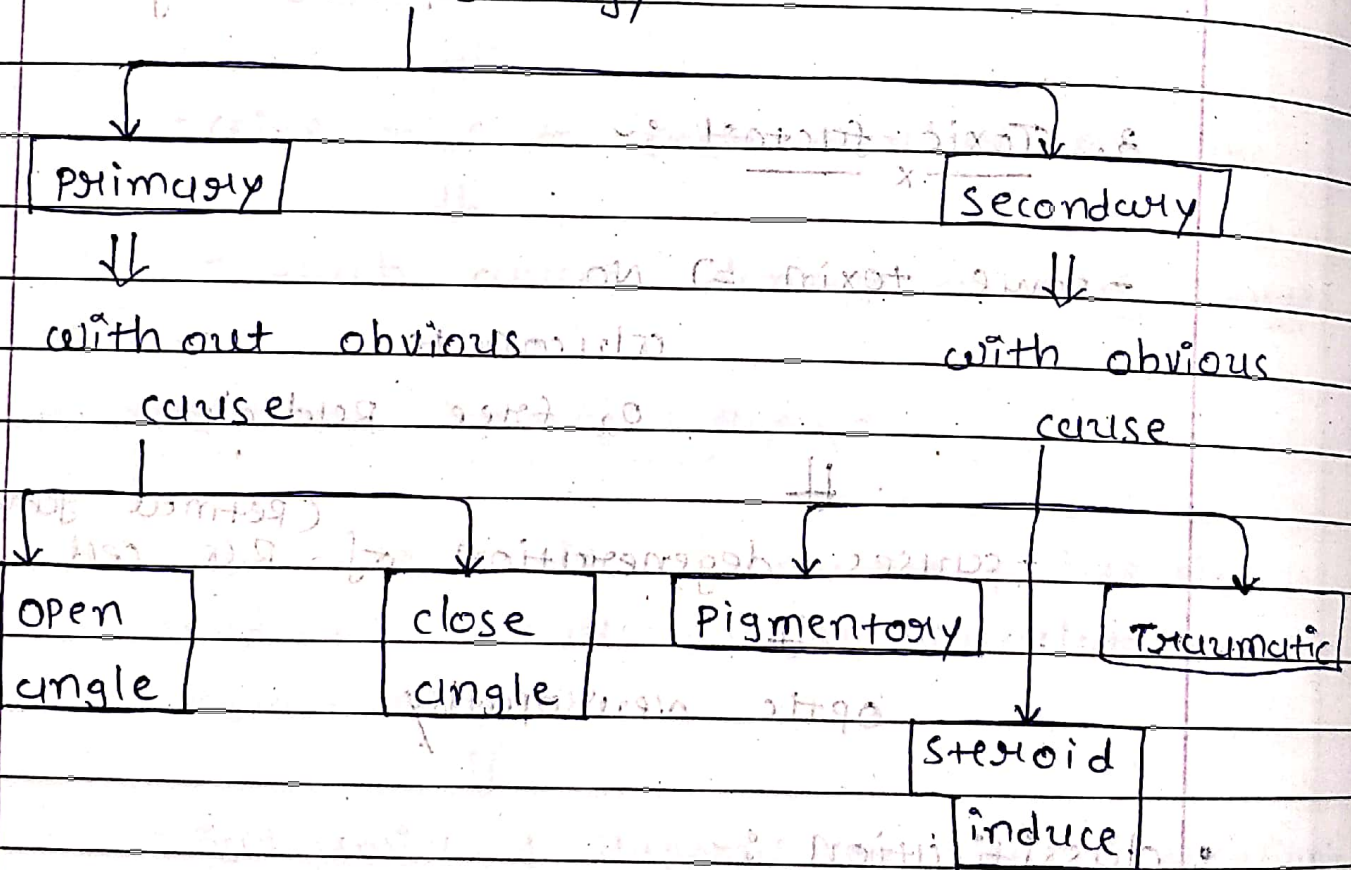
- This vascular insufficiency occur due to.



2. Acc. to Age



3. Acc. to Etiology



* open angle glaucoma *

chronic glaucoma

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- In open angle glaucoma intraocular pressure rises even irido-corneal angle is open.

- Irido-corneal angle present in Ant. chamber of eye.

- It is responsible for drainage of aqueous fluid.

• Incidence :-

- more common at older age

- Above 40 yrs.

- 1 out of 100 senescent population.

• predisposing factor :-

1. Hereditary :

- chance for develop in off spring.

2. Age :

- Risk is rise in older age.

- High in 5th & 7th decade.

3. Race : - severe in black than white

4. Diabetes : ↑ risk of development.

5. cigarette smoking : ↑ risk

6. myopia : ↑ risk.

• Etiopathogenesis :-

1. ↑ Intraocular pressure :-

- intraocular pressure ↑ due to

A. Age related thickness & sclerosis of Trabeculi.

B. Blockage occur due to Trabecular clogging.

C. oedema & elevated episcleral venous pressure.

↓ leads to



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- ↑ Ise intra ocular pressure



- compress blood vessels surround the Retina.



- Hypoxia & ischaemic causes.



- Death of Retinal ganglionic cells.



- degeneration of optic nerve fibre



Visual Defect =) glaucoma

2. steroid induce glaucoma

- familial history of glaucoma causes steroid induce glaucoma in off spring.

• C/F: Develop insidiously -

- chronic type of glaucoma

- feature develop gradually

↳ eye strain

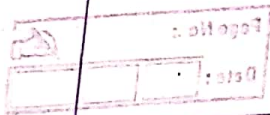
↳ head ache

↳ loss of vision

↳ difficulty in Reading & eye working

↳ difficulty in Accomodation.

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• sign :-

1. Ant. segment :-

- slit lamp Diomicroscopy $\Rightarrow$ Ant. chamber Normal.

- cornea :- sluggish

2. Intraocular pressure changes :-

- IOp not raised permanently

- Repeated observation Required

- Gradually rise up to 35-40 mm Hg.

3. visual defect is observed

4. optic disc changes

- Routine fundus examination show

asymmetric & various characteristic

• Dx :-

1. Gonioscopy

- Reveal angle of Ant. chamber is

wide



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2. Tonometry

- IOP is measure + above 21 mm Hg

3. perimetry

- detect visual field

4. Nerve fibre layer analyzer (NFLA)

- show Retinal nerve damage

5. diurnal variation Test

- IOP measure at diffⁿ duration

morning, evening, afternoon

• management :-

1. Medical Therapy

2. Argon laser Trabeculoplasty

3. Surgery

1. medical Therapy

A. β Blocker

- Timolol maleate

- Betaxolol

- levobunolol

- carteolol

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B. pilocarpine

- very effective therapy

- open spaces in trabecular meshwork

C. Latanoprost

D. Adrenergic drugs

2. Argon laser Trabeculoplasty (ALT)

- when IOP is persistently high even after medical therapy

3. Surgery

- when argon laser Trabeculoplasty is

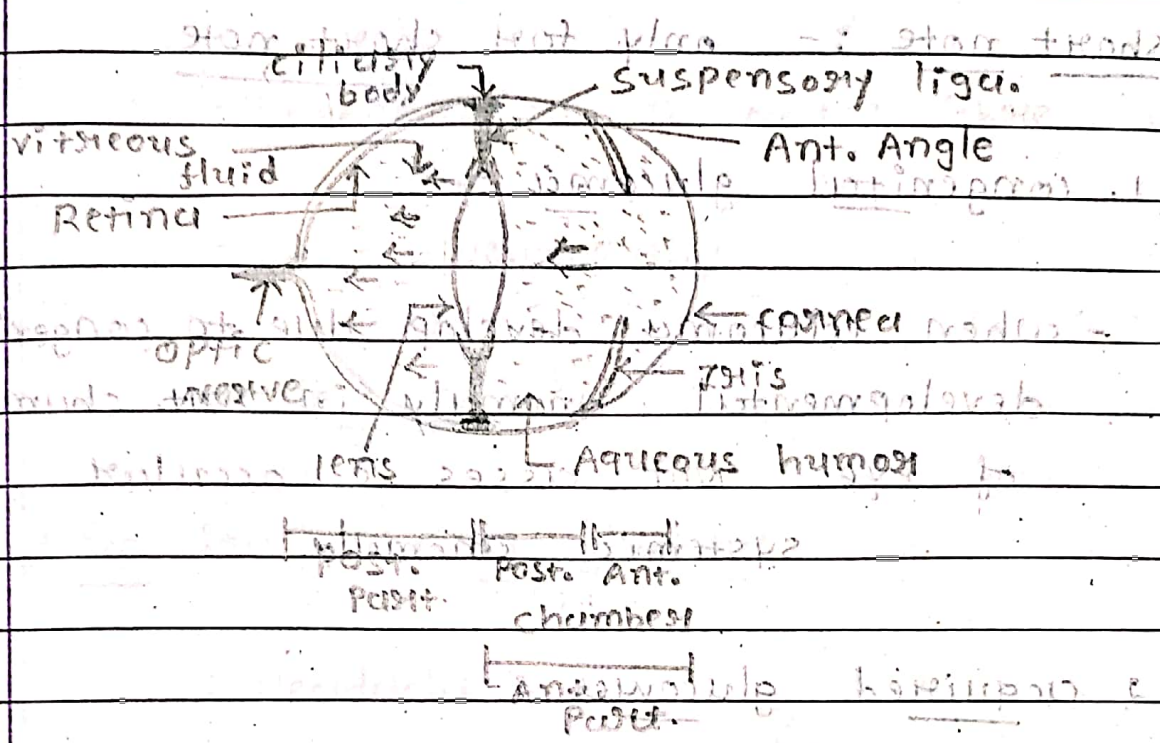
- when glaucoma is uncontrollable & severe

↓

"Tubeculectomy"

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next
go on page no. 15 & continue question.

=> • short note :- only for short note

1. congenital glaucoma :-

- when glaucoma develop due to congenital developmental anomaly in Ant. chamber of eye. NOT cases $\bar{e}$ ocular systemic anomaly.

2. acquired glaucoma :-

- when glaucoma develop due to intra-ocular / other systemic abnormality after healthy birth.

↓
open - Angle



Angle of Ant. chamber remain open



I.O.P. ↑ by sclerosis / Thickening of Trabeculi.

↓
close Angle



Ant. chamber Angle is close by extreme Dilated pupil.



- ↑ I.O.P.

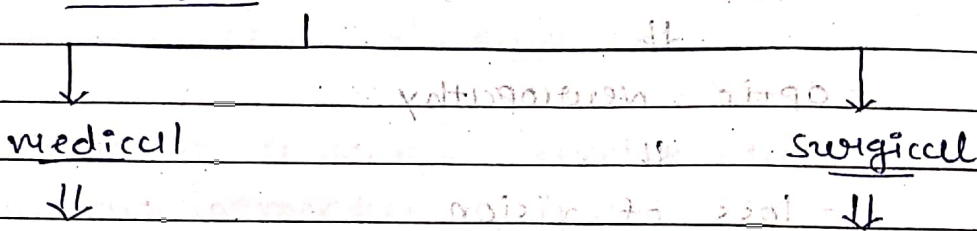
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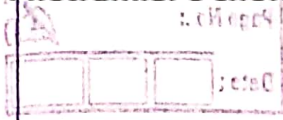
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- management :- → maintaining & control



- hypertonic drug
- Analgesic
- pilocarpine eye drop
- β Blocker
- corticosteroid
- peripheral iridotomy
- filtration surgery
- cataract lens extraction



acute angle glaucoma

* close angle glaucoma *

acute glaucoma / congestive glaucoma

• Defⁿ :- It is defined as an optic neuropathy which occurs as a result of high intraocular pressure due to narrow / close angles.

• etiology :-

- 45-50 yrs
- F > M (4:1)
- usually hypermetropic (small) eye.
- eye is narrow angle
- hereditary influence.
- Pes in Rainy season
- eye is shallow ant. chamber.
- usually one eye affected 1st & then other.

• grading of angle width :-

- Angle of ant. chamber examined with gonioscope.

Angle grade	Numerical grade	Implied clinical Interaction
-------------	-----------------	------------------------------

- | | | |
|---|-----|----------------------------|
| 1. wide open angle | 3-4 | closure impossible |
| 2. narrow angle moderate | 2 | closure impossible |
| 3. narrow angle extreme | 1 | closure probable |
| 4. narrow angle complete / partial closure. | 0 | closure present / imminent |

• pathology :-

closure of angle



Rise of intraocular pressure.



capillary stasis



less permeability



oedema & congestion of tissue of eye



Accumulation of fluid droplets in cornea



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congestive ant. ciliary veins of conjunctiva



congestive glaucoma

• pathological changes in optic nerve &

Retina:-

i) optic nerve

- 72 hrs after attack with papillo-
edema & hydropic degeneration of
nerve fibres.

- If 6 days - 2 week - persisting
glaucoma csc develops -

ii) Retina

- spotty disappearance of ganglion
cells of retina near macula.

• C/f :- sudden onset of acute pain in eye/
head

- diminution of vision

- colour halos around the bulb.

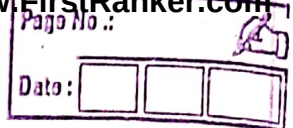
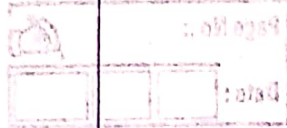
- lachrymation / lid edema

(rim 24 02 2015 - anxiety & fatigue

- nausea & vomiting

- hazy cornea & red eye.

- vertically oval & mid-dilated pupil.



management :-

- principle of therapy is to bring down the I.O.P. as quickly as possible.

- Admit the pt.

- counsel the pt. to make her anxiety free as far as possible.

- give IOP lowering drugs.

- Reduce inflammation

- Laser therapy

1) IV Acetazolamide

2) Beta blockers

3) miotics

4) Steroid eye drops

if IOP is still more than 50 mmHg.

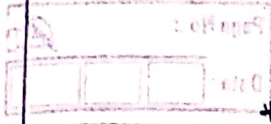
hyperosmotic agents:-

- Mannitol 20% -

(1-2 gm/kg IV in 30-45 min)

oral glycerol 50%.

(1-1.5 gm/kg).



* Cataract *

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- Defⁿ :- It is define as a clouding of lens / any opacity of lens. c
lead to use in vision.

• Etiology :-

classification acc. to cause.

Cataract

Congenital

Acquired

- | | |
|-------------------------------|-----------------------|
| 1. punctate cataract | 1. senile cataract |
| 2. multiple blue dot cataract | 2. traumatic |
| 3. Ant. polar cataract | 3. endocrinal |
| 4. Post. polar cataract | 4. complicated |
| 5. Nuclear / central cataract | 5. cataract |
| 6. Cortical cataract | 6. due to systemic dz |
| 7. Zonular cataract | 6. cataract |
| 8. coronary cataract | 6. due to drugs |
| 9. total cataract | |

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* congenital cataract :- (developmental)

• Def.ⁿ :- when cataract is present since birth called congenital cataract.

- These types of cataracts are developed due to some disturbance at certain phase of growth of lens.

• causes :-

- hereditary factor

- maternal infection by rubella virus.

- maternal malnutrition

like deficiency of vit. A, B, C, D

- Radiation to mother

at 5 to 8 week of preg.

- deficiency of oxygenation

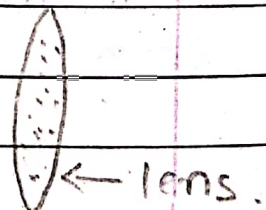
↓
due to placental haemorrhage.

• Types :-

1) punctate cataract :-

- common type

- no visual disturbance.

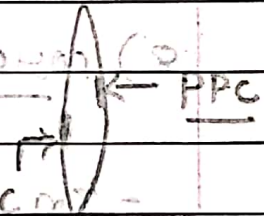


2) multiple blue dot cataract :-

- here tiny blue opaque spot present all over the lens.

3) Anterior polar cataract :-

- In c opacity present on Ant. surface of lens.

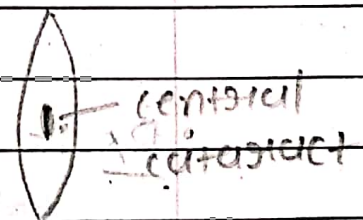


4) Posterior polar cataract :-

- In c opacity present on Post. surface of lens.

5) Nucleus cataract :-

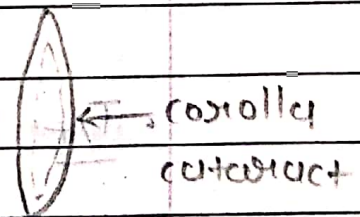
- when opacity is present in central part of lens.

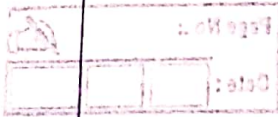


6) corolliform cataract :-

- when opacity look like

corolla (yaan, ghagh)



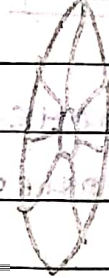


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7) zonular cataract :-

- In c opacity is found around the nucleus.



↓ common in

- In form of zone children & bilateral usually.

8) capsular cataract :-

- In c opacity is found in ⇒ clubbed shape.



↓ Present in cortex of lens.

• Dx :- pupil must be well dilated & 1% atropine.

- lens must be examined with torch & slit-lamp for evidence of opacity.

• T/t :-

- depends on amount of visual disturbance.

Date:

- Zonular & total cataract require +t as marked visual disturbance.
- other type don't cause much visual disturbance so it's allone.
- some time, 1) dark glasses
2) lensectomy

* Acquired cataract

• Types :-

1) senile cataract :-

- A. cortical / soft cataract
- B. Nuclear / hard cataract
- C. post. cortical cataract

2) Traumatic cataract :-

A. mechanical Trauma.

to eye - contusion / penetration

B. chemical Trauma

to eye - Lactose, galactose

C. Radiational Trauma

to eye - UV, X-ray, Radium rays.

D. Electric cataract.

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3. Endocrine catalyst:-

- Occurs due to DM, hypoparathyroidism, osteopetrosis.
- Also called diabetic cataract.

4. correct due to systemic dz

- myotonic dystrophy
- scleroderma dermatitis

5. complicated character

6. cataract due to drugs.

Imp.

Imp $\Rightarrow$ senile cataract $\approx$ senile cataract (6)

- It is the most common type of acquired malocclusion.

- It's generally seen above age of 50 yrs.
- common in both sexes.

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• Def.ⁿ :- It is an age-related, vision impairing dz characterised by gradual progressive clouding & thickening of the lens of eye.

• etiology :-

- > 50 yrs, can be in lower age.

- Equal in both sexes.

- usually bilateral.

- genetic influence.

- 55% of total blindness is due to senile cataract.

- degenerative changes in lens due to rising age.

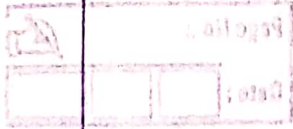
• Types

cortical
cataract

nuclear
cataract

also called
soft cataract

also called hard
sclerotic cataract



A. Cortical cataract :-

Def.ⁿ :- It is occur due to ↓se level of total protein, A.A. & potassium of lens. leads to hydration of lenticular fibrosis.

OR

It is a degenerative opacity of lens, it is characterized by whitish streaks that start at the periphery of lens & gradually extend towards the center of eye.

• pathology

when ↑se age (senility)

↓se function of active transport pump mechanism of lens.

Reduce oxidatⁿ reaction in lens

↓se Na & K ratio

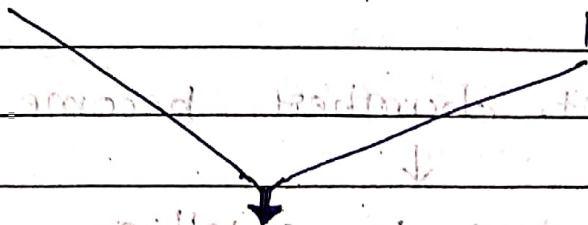
↓se level of Amino acid.

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hydration of
lens fibre.

↓ synthesis of
protein in
lens fibres.



Opacification of cortical lens fibres.

• C/F :-

i) symptoms :-

- white opacity of lens.

- polyopia ⇒ doubling vision

or

one object appears
multiple due to multiple
reflex.

- loss of vision may be

- blurring vision.

- Rainbow halos around light due
to accumulation of cataract droplets
b/w lens fibres.

ii) sign :-

1) wedge shaped opacity present
in the cortex of lens.

become
fluidy

- Anterior chamber
become shallow



due to swollen
of lens.

- vision loss

- swollen of
lens become
subside.

B. Nuclear cataract :- (Sclerotic cataract)
(hard)

- Sclerosis of lenticular fibrosis



mainly in nuclear part.

- so, nuclear become cloud & brown opacity.

so called nuclear cataract.

• C/F :-

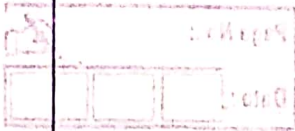
i) SYMPTOMS :-

- here gradually ↓ vision capacity
but

No Polypoid

ii) sign :-

- lens become brown & black.



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• Dx of senile cataract

1) visual acuity test

- here use an eye chart

(-to) measure how well you

can read series of letters.

- your eye is tested by reading smallest letter on chart

2) slit lamp examination

- here physician examine the lens.

- of the structure at front of your eye.

under microscope.

- here any swollen of part appear indicate cataract.

3) Retinal examination :-

- here in your eye, doctor puts
a drops in your eye.

↓
= cause dilate pupils.

↓
This cause make a proper examination
of retina & present behind the pupil.

• Tt of senile cataract :-

1) glasses

2) surgery

i) Lensectomy :- surgical removal of
whole lens.

ii) ICCE (Intra capsular cataract extraction)

large incision 10-12 mm

↓
Then removal entire lens.

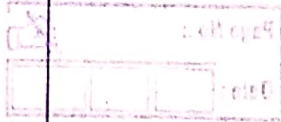
↓
Required stitches.

iii) ECCE (Extra capsular cataract extraction)

small incision 5-6 mm

↓
not entire lens removal

↓
no stitches required.
There is self healing.



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2. Traumatic cataract

A. mechanical trauma

Types - i) Distinct punctate opacities in superficial cortex

ii) Rosette shaped cataract

iii) Total cataract

iv) Vossler's ring (brown ring)

B. Chemical trauma

i) Naphthalene cataract

ii) Lactose & galactose cataract

iii) Thellium cataract

C. By radiation trauma

i) IR cataract

ii) UV cataract

iii) gamma radiation cataract

D. Electric cataract

3. Endocrine cataract

i) Diabetic c.

ii) Parathyroid c.

iii) cataract in cretinism

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4. Cataract due to systemic dz :-

- i) in mongolian idiocy
- ii) in myotonic dystrophy
- iii) Dermotogenous c.

5. Complicated cataract :-

- Severe intra ocular dz like
- Uveitis, ch pigmentary degeneration
of retina.

- Rosette = polychromatic luster.
- Then bread crumb appearance.
- finally chalky white / white =
yellowish tinge

T/E :- surgical operation

- 44 yr dissection operatⁿ
highest age extractⁿ of lens.

6. Cataract due to drugs :-

- c. due to corticosteroids
- Miotic cataract.

* Conjunctivitis *

- Synonyms :- pink eye
- Def.ⁿ :- Inflammation of the conjunctiva
— called as conjunctivitis.
- conjunctiva $\Rightarrow$ It is thin, translucent,
— elastic tissue layer,
— covers the inner surface
of eye lids & white
part of eye ball.

• classification :-

1) Based on etiology

Infectious

non-infectious

Bacterial

1. Streptococci
2. Staphylococci
3. Pneumococci
4. E. coli
5. Gonorrhoea.

viral

1. herpes simplex
2. adenovirus
3. rubella virus

fungus

1. candida
- etc.

Parasitic

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• non-infectious : cause

1. Allergic

2. irritants

3. Endogenous / Auto-immune

4. Dry eye

5. Toxic = chemical / drug

2) Based on type of Exudate :

serous

catarrhal

purulent

muco-purulent

membranous

pseudo
membranous

3) Based on onset :-

Acute

sub-
acute

Chronic

- Recovery in
1-4 week

- Recovery in
> 4 weeks

4) Based on conjunctival Response:-

follicular papillary granulomatous

* Acute conjunctivitis

Purulent Mucopurulent Serosis

I) Purulent Acute conjunctivitis:-

• Etiology :- causative organism



- i) Staphylococci
- ii) Streptococci
- iii) Diphtheria
- iv) Gonococcus etc but involve

• Incidence :- It occurs in males

- most commonly affecting the Rt. eye

- Incubation period is from few hours to 3 days.

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- E/F :- Eye lids are,
 - Red
 - Swollen
 - Tense & tender
 - Itching & tearing
 - Upper lids stick to lower lids.
 - purulent discharge from border of eye lids.
 - much crusting
 - marked conjunctival congestion seen.
 - severe pus discharge.

A) Infectious conjunctivitis :-

=> 1) Bacterial infection :-

i) Acute bacterial / mucopurulent conjunctivitis :-

- It is the commonest cause of

• Etiology :-

- Age :- any

- Sex :- any

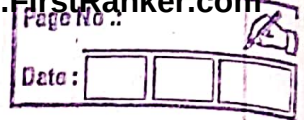
- Bad hygienic

- causative organisms :- Staphylococci

- pneumococci

- streptococci

- influenza etc.



• pathology :-

- congestion of blood vessels of the conjunctiva $\rightarrow$ $\uparrow$ permeability.

$\downarrow$
- exudation of fibrin & polymorphs

$\downarrow$
- oedema of conjunctiva when marked is known as chemosis of conjunctiva.

$\downarrow$
- secretion of mucus by goblet cells

$\downarrow$
- due to looseness of epithelium.

$\downarrow$
- part of the bulbar conjunctivitis & that of fornix, the exudate containing fibrin & leucocyte comes to surface in the form of discharges.

$\downarrow$
- By the superficial epithelial cells

$\downarrow$
- The conjunctival discharge contains tears, mucus, epithelial cell, bacterial & leucocytes & fibrin.

- In severe inflammation condition the discharge become blood stained.

C/f :- Symptoms

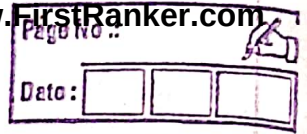
- Discomfort, foreign body sensation
- photophobia
- Rainbow halo around light
- mucous purulent discharge
- grittiness

Signs

- congestion of conjunctiva (Redness)
- oedema of conjunctiva
- petechial sub-conjunctival haemorrhage
- muco-purulent discharge seen accumulation of inner & outer canthi, lower fornix & root of eyelashes.

Complication :-

- may pass into chronic case.
- marginal corneal ulcer
- Blepharitis (inf. of conjunctiva)
- chronic Dacryocystitis.



Q. Acute mucopurulent conjunctivitis

• Dx :-

- History of sticking together of eye lids during sleep.
- conjunctival type of congestion.
- presence of mucopurulent discharge.

• T/t :-

A) prophylactic :-

- not touching the eye with one's own fingers.
- Asking the pt. to lie on affected side.
- The personal hygiene like towel, handkerchief etc. should be kept separate.

B) curative :-

- eye should be washed with plain water 3 times a day.
- Antibiotic - gentamicin ointment 4 times a day.

- Tetracycline ointment.

ii) sub-acute catarrhal conjunctivitis :-

- clinical picture & pathology are same as acute catarrhal conjunctivitis.

- But clinical stage is milder.

iii) chronic catarrhal conjunctivitis :-

• Defⁿ :- If it is chronic inflammation of the conjunctiva.

• cause :-

1) continuation of acute catarrhal conj.
- not treated properly.

2) continuation irritation.

- smoky / dusky atmosphere
- abuse of alcohol.
- exposure of retina.

3) local cause :-

- chronic dacryocystitis
- chronic rhinitis

* C/f :- • Symptoms :-

- 1) Burning sensation
- 2) soreness & itching
- 3) photophobia

• signs :-

- 1) congestion of palpebral conjunctiva
- 2) Thin sticky discharge

• complication :-

1) - Blepharitis

• T/t :-

- 1) General :-
- Removal of all causes & connection of infection

2) local :-

- culture of discharge & give antibiotic for congestion & zinc sulphate
- It lids oedema than antibiotics & analgesic.

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iv) membranous conjunctivitis :-

• Def.ⁿ :- conjunctivitis with membrane formation of the conjunctiva.

• etiology :-

- general ill health following eruptive
- Bad hygiene condition.
- causative organism c. diphtheria.

• mode of infection :-

- Focal diphtheria by contamination.
- By infection.
- nasal diphtheria by spread along also lacrimal duct.

• pathology :-

A) stage of infiltration:-

- last for 5-10 days oedema of lids, pain severe.
- eye become red, swollen, hot & hard, stiffness.

B) stage of suppuration :-

- Painless
- lids become soft.

C) stage of cicatrization :-

- during healing the granulation surface become covered by epithelial but during the process of healing the lids may adhere to the eyeball causing symblepharon.

• symptoms :-

- 1) pt. severe toxic & actively ill.
- 2) Rise of temperature.
- 3) Albumin in urine.

• T/t :-

A) Prophylaxis :-

- isolation of the pt.

B) curative :-

- local - ciprofloxacin eye drops.
- Antibiotic ointments.
- if corneal ulcer - Atispin sulph.

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- systemic - inj. of Amoxycilin
- inj. of anti diphtheric.

V) gonorrhoeal conjunctivitis :-

• etiology :- Age.

- H/o gonorrhoea

causative agent :- gonococcus

• mode of infection :-

1. from genital flow direct contact.
2. metaspatic infection from urethritis.

• C/F :-

a) stage of infiltration :-

- pain & tenderness

- discharge purulent

- lids are swollen

- conjunctiva are red

- pseudomembrane form

b) stage of blenorrhoea :-

- Discharge - purulent

- Tenderness of lids & conjunctiva are subside.

c) stage of slow healing:-

- painless
- swelling subsides
- conj. are red, thick
- discharge slowly

• T/t :- A) prophylactic:-

- pressing of eye properly
- Towels & handkerchief should be kept separately.
- silver nitrate solution followed by antibiotic

b) local t/t :-

- ciprofloxacin eye drops
- If the pt. is suffering from gonorrhoea systemic Rx & ciprofloxacin should be done

vi) ophthalmic neonatorum :-

• Def.ⁿ :- It is bilateral purulent conjunc. occurring in new born & in the 1st & 3rd weeks of life.

- etiology :- During birth, if there is force
- if infection present. maternal infection causes
- After birth from soiled linen.
- organism - gonococci, pneumococci
- streptococci

- C/F :-
- incubation period of gonococci 1-3 days
- other organism have varies :- 1-2 weeks
- in case of virus the period :- 7-9 days.
- The condition is bilateral, purulent
- discharge will be in 6-8 weeks.

• T/t :-

A) prophylactic :-

- Through ANC & examination of mother for any infection
- conjunctival swab for culture & sensitivity test.
- appropriate antibiotics given

⇒ 2) viral infection (conjunctivitis):-

i) follicular conjunctivitis:-

• Def.ⁿ :- It is a type of conjunctivitis of an infective nature characterised by formation of follicles in the conjunctiva.

• conditions in which follicles are developed

• follicular conjunctivitis

• Trachoma stage 1 & 2

• In drug allergy.

• Sx :- symptoms :- hyperemia

chemosis

watery discharge

photophobia

periocular pain.

sign :- follicles appear grey-white, rounded to oval

- Acute follicular conjunctivitis associated to viral infection

• T/t :- Directed to causative agents.

* Red Eye *

• Defⁿ :- It is define as redness of white part of eye occur due to irritation of sub conjunctival blood vessel surrounding the surface of sclera.

• synonyms :- Blood shot eyes.

- Red eye is not a card but it's a cardinal sign & indicate some pathology in eye.

* pathophysiology :-

- Due to any cause blood vessel of Ant. chamber of eye

↓

- Become dilated,

↓

- ↑se blood flow to Ant. chamber of eye.

↓

- Resulting escape of blood from vessels.

↓

- "Redness of eye"

Definition: An arch is a curve that is concave up.

- Red eye is cardinal sign is indicated following condition:

IS conjunctival $\left\{ \begin{array}{l} \text{conjunctivitis} \\ \text{subconjunctival H'ge.} \end{array} \right.$

2. Eye lid => Blepharitis

3. сортес $\Rightarrow$ - керектісі

192202 - blood - corneal ulcer and
eye for corneal abrasion.

4. sclera => episcleritis
- scleritis

5. yveitis

6. lens $d \Rightarrow$ glaucoma peripheral

7. Тягута.



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→ But some condition are common:-

1. conjunctivitis
2. Keratitis
3. Glaucoma
4. Trauma

8. Dry eye :- xerophthalmia

- xerosis

- Sjogren's syndrome

9. Orbit :- cellulitis

1) Blepharitis :-

• Defⁿ :- inflammation of eye lids.

• causes :- seborrheic dermatitis

- Bacterial infection

↳ streptococci infection

- Allergic

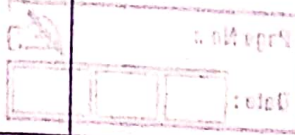
↳ Due to medicine, contact

- Rosacea

• Symptoms :- watering, Red eye

- eyelid ⇒ swollen, red

- eye lash ⇒ crusted



- Burning, stinging eye.

2) conjunctivitis :-

• Def.ⁿ :- inflammation of conjunctiva.

• causes :- Bacterial :-

↳ strepto & staphylococci

- virus

↳ herpes & adenovirus

- Allergic

- Irritant - & injury to eye

- STD ⇒ gonorrhoea.

• Symptoms :-

- Red eye.

- Burning, itchy eye.

- profuse lachrymation.

- Also known as pink eye.

- greenish / whitish discharge.

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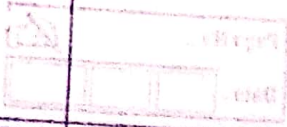
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3) sub-conjunctival H'ge :-

- Defⁿ :- Escape of blood from rupture of tiny blood vessel of Ant. chamber of eye.
- cause :- Actual cause is unknown
- but violent sneezing
coughing & vomiting
- Trauma => foreign object in eye.
- symptoms :-
- Bright red patches in eye.
- No causes visual change.
- Painless.

4) Scleritis :-

- Defⁿ :- inflammation of sclera / white part of eye.
- causes :- actual cause is unknown.
↳ but consider as complication of Auto immune dz.
i.e.



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- Rheumatoid Arthritis
- Lupus
- Sjogren's syndrome
- IBD
- fungal / parasitic infection

• Symptoms :-

- eye pain
- Pain extend to jaw, face, head
- Photophobic
- Blue vision

5) Episcleritis :-

• Defⁿ :- inflammation of episclera.

- episclera is thin, clear tissue located betⁿ conjunctiva & sclera.

- causes :- Exact cause unknown, but
- ↳ Rheumatoid arthritis
 - ↳ IBD
 - ↳ Lupus
 - ↳ Sjogren's D₂
 - ↳ Trauma & injury.

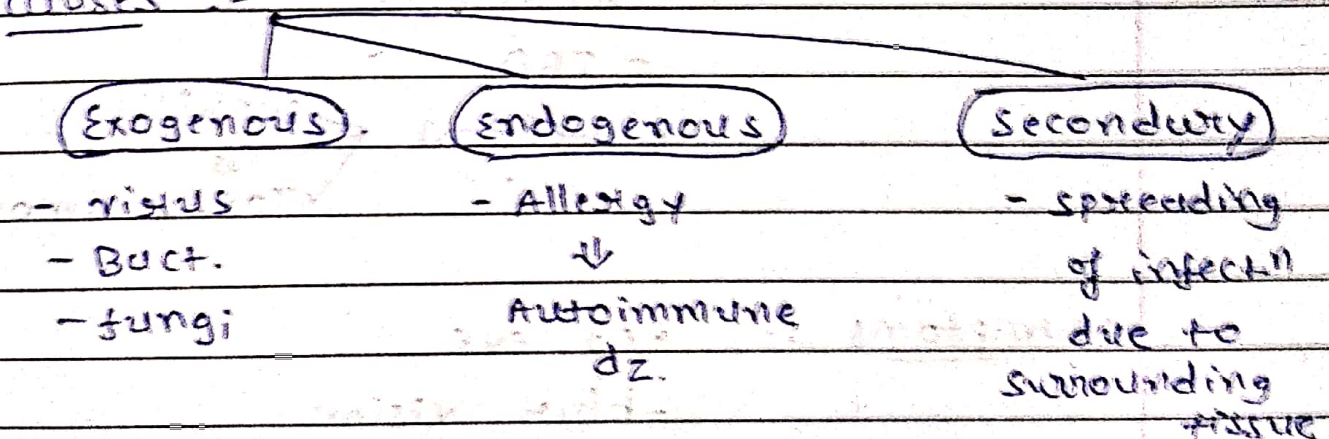
• Symptoms :-

- Red eye & irritation & burning.
- Photo phobic
- Hot, prickly sensation

6) Keratitis :-

• Defⁿ :- Inflammation of cornea is called Keratitis

• causes :-



• Symptoms :-

- Redness
- hot & Painful
- burning
- dryness of eye
- tiredness

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7) uveitis :-

• Def.ⁿ :- inflammation of middle layer of eye.

- It include 7

iritis, cyclitis, Retinitis & choroiditis.

• causes :- Exact cause unknown

- Auto immune dz i.e. sarcoidosis

- Ankylosis

- IBD

- infection

← syphilis

← TB

← Toxoplasmosis

• Symptoms :- Red eye.

- blue vision.

- light sensitivity

- Dark spot in vision field.

8) Glaucoma :-

• Def.ⁿ :- group of dz characterized by optic neuropathy resulting loss of vision field.

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- occur due to impaired drainage of Aqueous humor. $\downarrow$

- Resulting $\uparrow$ in intraocular pressure $\downarrow$

- damage to optic nerve $\Rightarrow$ loss of vision

• Symptoms :-

- gradual dimness of vision

- starting mild headache & eye ache.

9) Xerophthalmia :-

• Defⁿ :- abnormal dryness of the conjunctiva & cornea of eye.

$\downarrow$ leads to

inflammation & Redness of eye due to vit. A deficiency.

10) Xerosis :- dryness of skin

11) Sjogren's syndrome :- dryness of mouth

* Dx of Red eye :-

- As above mention red eye is a sign.
- for detect actual cause of red / underlying dz of Red eye



following method should be apply.

A. following history should be exclude:-

- onset
- visual changes
- foreign body sensation
- Trauma
- photophobia
- Pain
- Discharge => clear / coloured.
- ophthalmologic history
- ↳ including eye surgery.



All this help in differentiation of Dx.

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B. Examination :-

1. Visual acuity test

2. Extraocular movement

3. Pain/light Exam.

4. Slit lamp Exam.

5. I.o.p $\Rightarrow$ measurement.

6. Eye lid inspection

* T/t :-

$\Rightarrow$ should be based on cause :-

1) conjunctivitis :-

- Avoid contamination

- wash $\bar{c}$ clean water

- Anti-biotic both Topical & Oral.

- Allergic $\Rightarrow$ Anti-histamine

- vasoconstrictor.

2) Blepharitis :-

- clean eyelid $\bar{c}$ eyelid specific

soapy application.

- Antibiotic drop & pills.

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3) Episcleritis & scleritis :-

- N.S.A.I.D. Vitamin A

4) uveitis :- Topical steroid

- T/t of herpes, TB, Arthritis

5) Keratitis :-

- Anti-biotic topical / Antiviral agent.

6) sub-conjunctival h'ge :-

- Aspirin

- NSAID

- stop h'ge formation

7) glaucoma :-

- medical :- β blocker

pilocarpine

latanoprost

- surgery =>

Trabeculectomy

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* Trachoma *

• Def.ⁿ :- It is define as a chronic kerato-conjunctivitis in $\leq$ inflammⁿ of conjunctiva & cornea occur simultaneously.

• word meaning :-

- Trachoma derive from greek word $\leq$ means "Roughness"

- It is the one of the leading cause of blindness.

• pre-disposing factor :-

1. Age $\Rightarrow$ during infancy & child hood.

$\uparrow$ risk of infection

2. sex $\Rightarrow$ woman > man

3. Race $\Rightarrow$ Not Related.

4. climate $\Rightarrow$ dry & dusty weather.

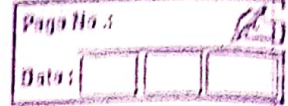
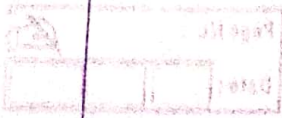
5. Socio economic factor $\Rightarrow$ low socioeconomic factor res.

• signs : ↓

4. D. papillary hyperplasia.

• DX :-

5. Detection of inclusion bodies.



• T/t :-

1. Topical Therapy :-

A. ointment $\Rightarrow$ 1% Tetracycline /
1% Erythromycin
(4 times in day)

B. Eye drop

1) 20-1% sulfacetamide $\Rightarrow$ 3 times in day.

2. Systemic Therapy :-

- Tetracycline / Erythromycin

250 mg orally $\Rightarrow$ 4 times in day

- Doxycycline 100 mg $\Rightarrow$ orally B.D.

• Complication :-

1. Trichiasis

2. Ptosis

3. Concretion

4. Xerosis

5. Corneal ulcer

* CA. Breast *

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• Def.ⁿ :- when Abnormal, uncontrollable, continuous proliferation of breast cell occur called as cancer of breast.

- commonest type of carcinoma but it is still rare in Japan.

• Etiological factors :-

1. Age :- ↑ risk above 50 yr age.

- rarely occur below 20 yr of age.

- common in 35-70 yr age.

2. Gender :- more common in female.

(156 case in 1 case male)

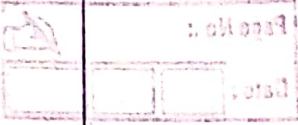
3. Pregnancy & sterility :-

- single & nulliparous woman have 1.5 times more prone to married & parous woman.

- late year pregnancy over 35 year age



more prone to early pregnancy.



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4. menarche & menopause :-

- menarche before age of 12 $\Rightarrow$ 2.5 times.
- menopause > 55 age $\Rightarrow$ 2 times.

Risk for developing ca.

5. Geographical :-

- Common in western countries.
- Rare in Japan.

6. Dietary factors :-

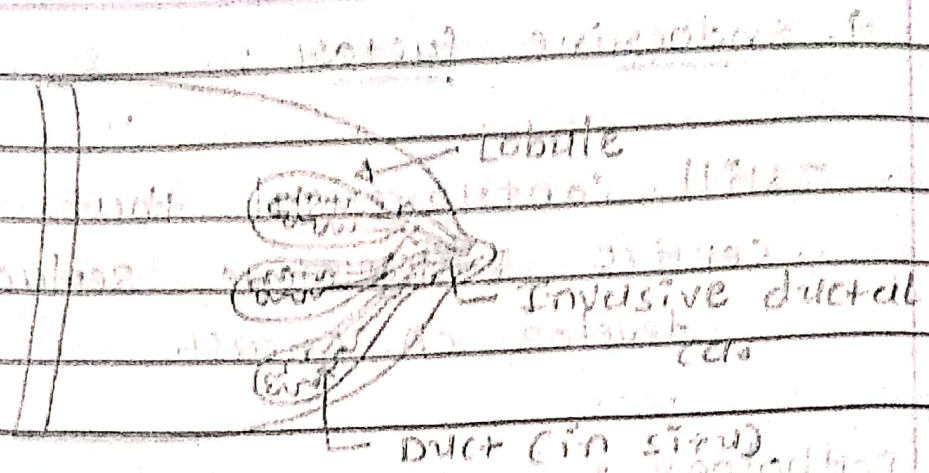
- fatty & fried food $\Rightarrow$ having 2 fold risk
- Alcohol abuse $\Rightarrow$ high risk for develop.

7. Benign duct dys :-

give multiple papillomatosis, hyperplasia
increasing risk

8. Genetic factors :-

- 1^o Relatives history of ca. having high Risk than 2^o Relatives.



CA. Breast

⇒ * Ductal cca *

- proliferation of ductal cell of breast occur.
- cancerous growth seen in lactiferous duct.

* Types :-

1. Ductal cca. in situ
2. invasive ductal cca.

I) Ductal carcinoma in situ :-

- In this type proliferation of malignant epithelial cell confined to duct not spread surrounding tissue.

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- Account 5% of all breast ca.

i) solid / comedo :-

- proliferated epithelial cell packed
in ductal space.

↓

- duct swollen of diameter 1mm.

ii) Gibberiform :-

- In this type tumour cell project
into lumen as in papillary manner.

2) Ductal carcinoma Invasive :-

- In this type proliferated malignant
cell spread up to surrounding tissues.

↓

- divided into following histologically

i) scirrhous ca :-

- 70% of all invasive mammary ca.

- causes shortening of suspensory lig.
leads to "skin dimpling".

- character :- soft & well circumscribed
- bulky & uniform consistency
- Haemorrhagic -

- 5 year survival year

- characteristics:- very large
- well defined margin
- well circumscribe

- contain dense muroid material.

- 1-3 cm in diameter.

iv) colloid ca. :-

- character :- 2-1% of all breast ca.
- bulky mucinous.
- largely confined to elderly woman.
- 51% survival rate.

v) Tubular ca. :-

- character :- 3-1% of all ca breast
- 1 cm diameter
- good prognosis
- 10 yr survival rate

⇒ * Lobular ca. :-

- cancerous growth occurs at lobule of breast.

Lobular ca.
Non invasive



- ca. confined to lobule



Lobular ca.
Invasive



spread beyond the lobule of breast



- uniform proliferation.
seen in duct.

- clinically equal to
ductal ca.

↓
- Never form palpable
mass.
- even not find out
in mammogram

- character :-
↳ Bilaterally
↳ multifocal

↓
only detect by
biopsy

↓
- prognosis of
better than
ductal.

• Spread :-

- This malignant cell spread to
distinct organ by

- i) Local invasion
- ii) Lymphatic vessel
- iii) Haematogenous.

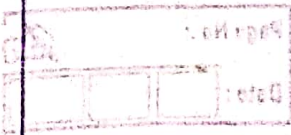
• C/f :- 50% of ca. breast :- upper & outer
quadrant.

↓
- 12-15% :- upper & inner.

- 6-10% :- Lower & outer

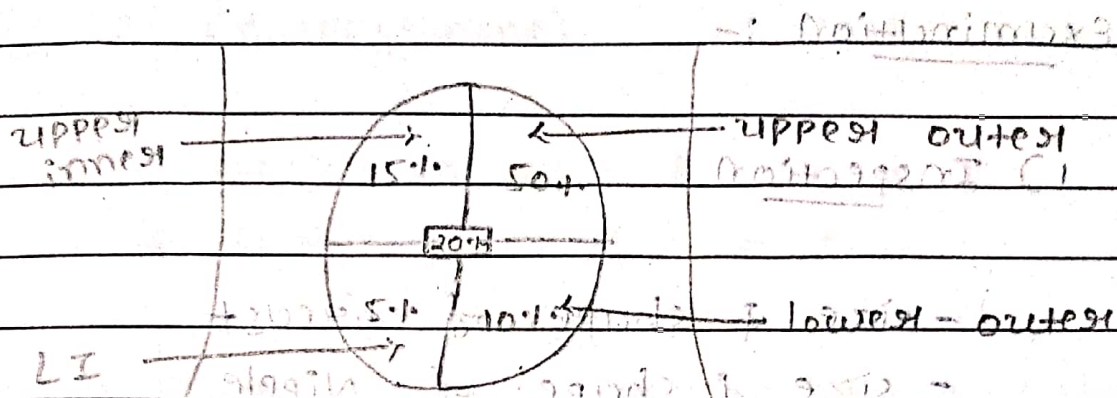
- 5% :- Lower & inner

- 20% :- central.



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- Sensation of lump in breast.
- Pain in breast & arm pit.
- Thickness of surrounding breast.
- changes in size & shape.

• Nipple & areola :-

- Retracted
- Red, itchy & scaling.
- Discharge => usually not appear but bloody discharge in ductal ca.

• metastatic ca. :-

- Backache, chest pain, dyspnea.
- Haemoptysis, Jaundice / Ascitis



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• Examination :-

1) Inspection

- size & shape of breast
- size & shape of Nipple
- Appearance of breast
- Equal's orange may be - int.

2) Palpation

- lump Palpated by flat hand
- Palpate Axillary LN & metastasis.

• Investigation :- (Dx)

1. Mammography

2. X-ray Radiography

3. USG

4. CT Scan

5. MRI

6. X-ray of chest

7. Aspiration

8. Biopsy. $\left\{ \begin{array}{l} \text{FNA} \\ \text{FNAB} \end{array} \right.$

• T/t :- (management)

1. palliative

2. surgery

1. palliative

T/t :-

A. hormone replacement Therapy -

- Tamoxifen is best choice.

B. chemotherapy

C. Radio therapy

2. surgery :-

- Depend upon clinical stage & surgeon choice.

Lumpectomy

Quadrantectomy

Halsted
radical
mastectomy

Segmentectomy

Superficial
radical
mastectomy

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i) Lumpectomy

- Removal of tumour along with some part of tissue.

ii) segmentectomy

- Tumour remove with surrounding 2 cm area of normal tissue

iii) quadrantectomy

- affected quadrant Remove

iv) Hulsted Radical mastectomy

- whole breast Remove
- Pectoralis muscle also remove.
- Axillary LN also remove.

v) super Radical mastectomy

- Same as above but in this surgery mediastinal, supraclavicular LN. all surrounding LN Remove.

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* Fibroadenoma of breast *

- Def.ⁿ :- It is define as a benign tumour made up of both glandular & stromal tissue.
- Synonyms :- breast mic / breast mouse
 - Because of mobility in breast tissue.
- Incidence :-
 - mostly occur in younger age lady.
 - 2nd & 3rd decade of life.
 - girl Betⁿ 15-30 years.
 - soft fibroadenoma => later years of life (30-50)
 - Black are more prone to develop than white.
- => There hyper proliferation of stromal / epithelial cell occur.
- non-cancerous tumour.

• Etiology :-

- Exact Etiology is unknown.
- But hypothesis that there is some relation $\propto$ elevated estrogen level.

• pathophysiology :-

- Normally, above age of 14 under the influence of estrogen

↓

- Breast size is gradually rise.

↓

- But, some how due to high estrogen level / less sensitivity of breast cell to estrogen

↓

- causes hyperproliferation / over growth of both, glandular & stromal tissue.

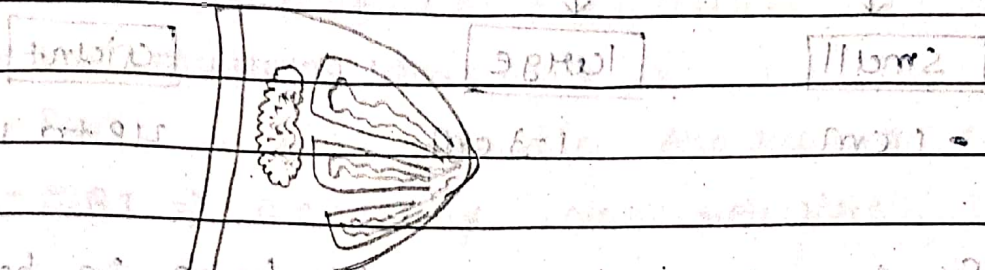
↓

- even under normal estrogen level.

• gross $\Rightarrow$ well demarcated margin-

- smooth boundaries.
- uniform, Homogenous mass.
- greyish, whitish & fleshy mass.

- some times light brown become when epithelial element excessive.



fibroadenoma

classification :-

1. Acc. to gross histology

Soft

Hard

Grind

2. Acc. to microscopy

peri-canalicular
fibroadenoma

Intra-canalicular
fibroadenoma

- generally occur
at early age.

- 15 to 30 yrs.

- Hard in consistency

- mainly involve

stroma.

- generally occur.

at latest part of life.

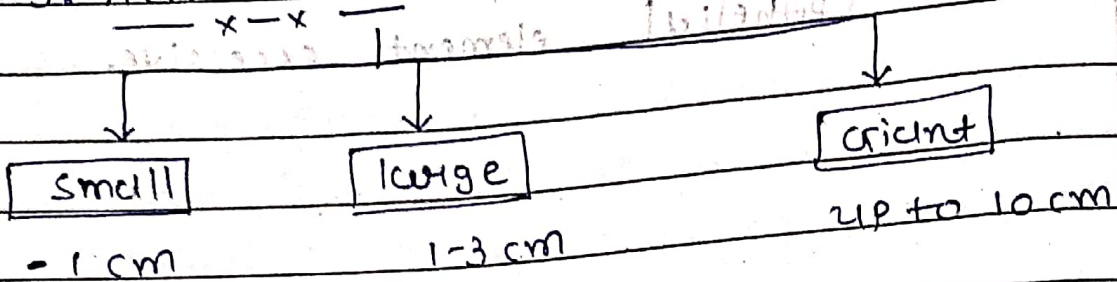
- 30-45

- soft in consistency

- mainly involve

cellular tissue.

3. Acc. to size :-



- C/f :- sensation as if lump in breast
 - usually painless
 - sometime painful
 - ↳ Pain agg: during menses.
 - usually unilateral but bilateral also found

• Examination :-

1. Inspection => not reveal anything

2. Palpation

- smooth, non-tender, firm, rubbery
- well demarcated mass is found
- freely mobile in breast when palpate.
- lymph node (axillary) not enlarge

~~Went to the ... for ...~~

- FNAC $\Rightarrow$ fine needle Aspiration cytology

- MRI $\Rightarrow$ generally not required

Excision of lump

In Intro -
canaliculus

- lump in deep.

- Remove by

Sub-mammmary Incision

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* Appendicitis *

• Defⁿ :- Acute appendicitis is defined as an acute inflammation of vermiform appendix occur due to various causes

• Incidence :-

- most common in 2nd & 3rd decade of life
- In children uncommon
- most common in Acute surgical condition of abdomen

• Etiology :-

1. Obstruction of lumen :-

- may occur due to obstruction of lumen / obstruction in wall from outside

Obstruction of
Lumen

↓ due to

- Hypertrophy of submucosal lymphoid.
- Round worm, thread worm

Obstruction
in wall

↓ due to

- adhesion of wall
- Kink.

- veg., fruits, seed.

- faecalith.

2. Non-obstructive cause :-

- E. coli, Enterococci, Pseudomonas, Klebsella etc

- are all non obstructive cause for appendicitis

3. Racial & dietary :-

- more common in white than coloured

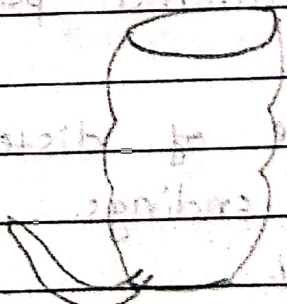
- less common in non veg diet.

4. Socioeconomic factor :-

- common in middle class & Rich people

5. familial :-

- mostly seen in families because of peculiar position.



• pathology :-

- mainly 2 variety are seen

obstructive

Non-obstructive

more dangerous

less dangerous

1. obstructive acute appendicitis :-

- As describe above obstructive factor

↓ leads to

- luminal obstruction

↓

- ↑ inflammatory process

↓

- This closed / obstructed loop secrete more quantity of mucus.

↓ leads to

- ↑ intra luminal pressure

↓

- This type of distension compress nerve endings.

↓

- severe pain start.

↓

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- Rapid multiplication of Resident bac. occur.
↓
- cont. mucus secretion + inflammatory exudation
↓
- Further ↑ Intestinal pressure
↓
- Blocks lymphatic vessel & vascular congestion.
↓
- oedema.

2. Non-obstructive Appendicitis :-

- less dangerous than obstructive

- ↓
- Inflammation occur gradually

- ↓
- Appendix ⇒ Red & congested

- Terminated either by
 suppuration gangrene fibrosis Resolution.

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• C/f :-

1. Pain :- various site depend upon position of appendix.

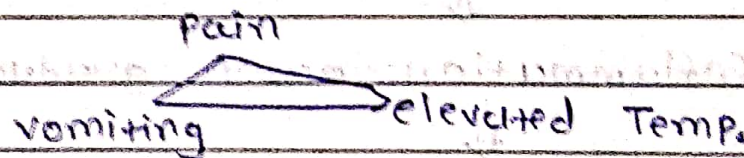
- slowly localise R.F.
- diffuse & dull in nature
- moderate to severe

2. Anorexia :-

- always accompanied to appendicitis

3. Nausea :-

- morphy's Tonic



4. Sequence :-

Anorexia => abd. pain => Nausea => vomiting.
(CAPNAV)

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• sign :-

A. Physical sign :-

i) Temp. $\Rightarrow$ around $99-100^{\circ}\text{F}$

- Normal Temp. also seen in
advance appendicitis

ii) Pulse rate $\Rightarrow$

- usually normal

- slightly elevated

90-100/min

B. Inspection :-

- Anxious state

- dry tongue

C. Palpation :-

i) Rebound Tenderness :-

- Pressure exerted on painful site



- sudden Release of hand causes
Extreme pain

ii) Rovsing sign :-

- pain in RIF is complained when pressure exerted left quadrant.

iii) Prous sign :-

- Pt. lie Lt. side



- slowly extend Rt. thigh



- Painful stretching of psoas muscle.

iv) Obturator sign :-

- Pt. lie supine position.
- flexed Rt. thigh & then medial rotated.



Pain ⇒ +ve test

v) percussion :-

- light percussion at mc. burners point.
- Severe pain.

E) Auscultation :-

- No bowel movement on RIF

* ALVARADO Score *

- clinically & Lab. based scoring.

Symptoms {
1. migrating : RIF pain = 1
2. Anorexia = 1
3. Nausea & vomiting = 1

Sign {
4. Raised Temp. = 1
5. Tenderness RIF = 2
6. Rebound tenderness = 1

Lab. {
7. Leucocytosis = 2
8. shift to Lt. = 1

Total = 10

• 7 Alvarado score $\Rightarrow$ appendicitis

• Spec. Investigation :- (Dx)

1. Blood $\Rightarrow$ leucocytosis (1000-1800 /mm)

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2. X-ray - for faecolith

3. USG - for faecolith

4. CT scan $\Rightarrow$ Not use Routinely

• D/O :- common cause of appendicitis

A. abd. cause :-

1. Acute cholecystitis
2. perforated peptic ulcer
3. Enterocolitis
4. Intestinal obstruction
5. meckel's diverticulum
6. CA. caecum
7. chiron's dz

B. gynecological cause :-

1. Salpingitis
2. Ectopic gestation
3. Ruptured ovarian follicle

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• T/t :- Immediate Appendectomy

1) classical appendectomy

2) Laproscopic appendectomy

3) Pre-operative care :-

- IV fluid $\Rightarrow$ RL, Dextrose

- maintain Hb.

- maintain $\left\{ \begin{array}{l} \text{Pulse} \\ \text{Temp.} \\ \text{B.P.} \end{array} \right.$

- anti-biotic

- Naso gastric Tube

• complication :-

1. Appendicular Rupture

2. Appendicular abscess

3. Appendicular mass

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* Tracheostomy *

• Def.ⁿ :- It is a surgical procedure ^(opening) consist of making an incision in Ant. wall of trachea & converting it into a stoma of skin surface.

• Indication :-

1. obstruction in airway :-

- This may occur due to following reason

i) neoplasia Benign
malignant tumour.

ii) foreign body

iii) oedema & can occur due to

A. steam, gases, fume

B. drug sensitivity

C. Allergy

- These all condition $\downarrow$ create obstruction in air passage.

$\downarrow$

- Thus, for maintaining air way
"Tracheostomy is requisite"

2. Trauma :-

- i) direct Trauma to trachea
- ii) endotracheal tube insertion in infant => Trauma
- iii) fracture

3. Infection :-

- i) epiglottitis
- ii) Tongue abscess
- iii) pharyngeal abscess

4. Retained secretion :-

- i) Inability to cough

↓

- S may occur due to

A. coma

B. paralysis of Respi. muscle

C. spasm of Respi. muscle

- ii) Aspiration of pharyngeal secretion.

- Due to polio, polyneuropathy, paralysis

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- chronic bronchitis

"Require Tracheostomy"

No Hinder

- Tracheo esophageal fistula (i)
- cyst (ii)
- laryngeal (iii)

• National Committee

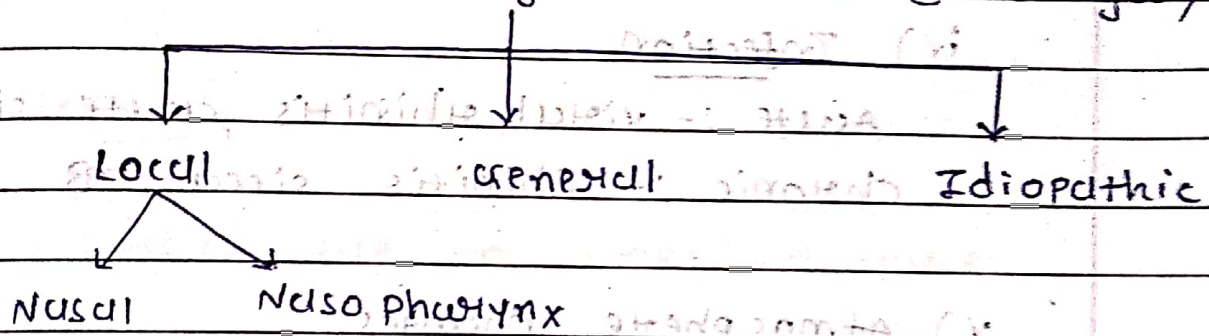
- tracheoesophageal fistula

* Epistaxis *

• Def.ⁿ :- It is defined as a bleeding from the nose occur due to rupture of blood vessels.

- epistaxis is an important sign & show serious underlying complication.

• causes :- It is categories into 3 categories



1. Local :-

A. nose :-

i) Trauma

- direct trauma to nose
- fracture of skull bone / facial bone
- violent sneezing

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ii) Tumour

- Benign :- Haemangioma
- malignant :- sarcoma, CA.

iii) foreign body :

- Rhinolith, leech, maggots, any other foreign particle

iv) Infection

Acute :- viral rhinitis, acute sinusitis
Chronic :- Rhinitis sicca, TB

v) Atmosphere changes

B. Naso pharynx :-

- malignant tumour
- Adenoiditis

2. General factors :-

i) cardiovascular dz :-

- HTN, Arteriosclerosis, mitral stenosis.

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ii) Liver dz :-

- Hepatic cirrhosis

iii) Renal dz :- chronic nephritis

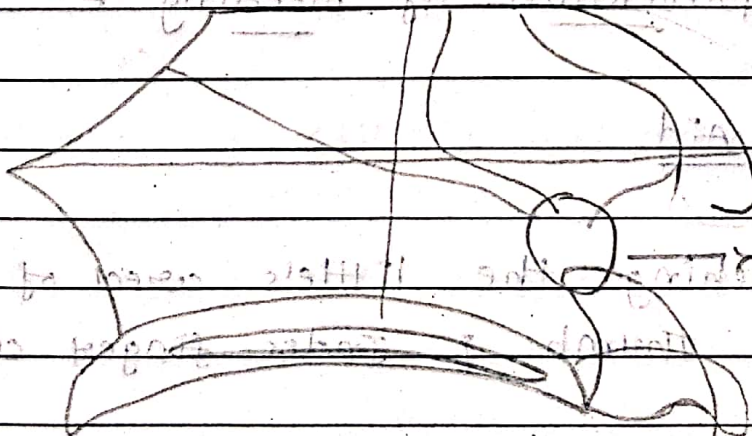
iv) Vascular dz :- Anemia, purpura, Thrombo-
cytopenia, vit. K deficiency

v) Vicious menstruation (Bry alba)

3. Idiopathic :-

- occur due to unknown cause

- site :- 1. Little's area - 90% of case
- 2. Above the middle turbinate
- 3. Below the middle turbinate - "
- 4. Post. nasal cavity



= Nasal cavity

• classification :-

↓
Ant. Epistaxis

↓
- Blood flow out
from nose

↓
Post. Epistaxis

↓
- Blood flow back
into throat =>
Stomach

- In vomit => coffee
colour.

• T/t :-

- management of epistaxis is depend upon

cause

- Necessary to find out cause of bleeding.

* for prevention of bleeding *

1. First Aid

- pinching the little's area of Nose
by Thumb & Index finger about
5 min.

- Apply cold.

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2. Ant. Nasal packing

- By Ribbon gauze soaked in to liquid paraffin.

3. Post. Nasal packing.

4. Cauterization of injured Artery.

5. Endoscopic cauterization.

6. Ligation of vessel.

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* Allergic Rhinitis *

• Def.ⁿ :- Inflammation & irritation of nasal mucous membrane occurs due to Allergen.

- It is an IgE mediated immune response to nasal mucosal due to Allergen.

• Etiology :-

1. Seasonal :-

- appears esp. in particular season.
- when expose to particular allergen i.e. spray, plants.

2. perennial :-

- symptoms present throughout the year.
- It include molds, dust, insects & is present through out the year.

3. Genetical predisposition :-

- occurs in 20% of cases.

• pathophysiology :-

- Allergen enters into nose by inhalation.

- Against this Allergen IgE Ab start
producing.



- This IgE Ab bind to Basophils

By Fc end



- Another fab end binds to allergen

- This mast cell secrete various types

of cytokines & histamine.



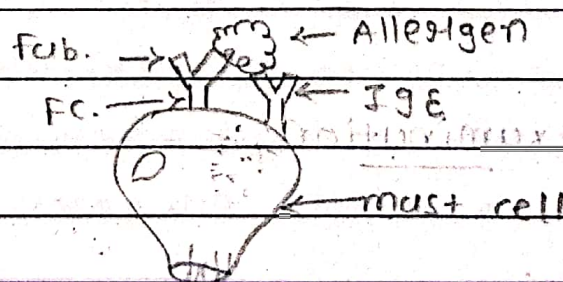
- Histamine causes vasodilatation & itching

Resulting

in oedema, infiltration of mucus etc



- Blockage of nose => nasal congestion.



• C/F :-

mainly - No age / sex is fixed: Respiratory

- may start in infants to old age

1. Symptoms of seasonal Rhinitis :-

nasal obstruction

- sneezing

- watery nasal discharge

nasal = itching nose, eye, throat

- 10-20 sneezing at a time.

2. Symptoms of perennial Allergy :-

nasal = frequent cold

- congestion of nose

nasal = congestion of Eustachian tube

- Impaired hearing

nasal = loss of smell

• Dx :-

1. Examination :-

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A. nasal sign

- Black line around nose
- oedema, congestion

B. ocular sign

- oedema, congestion of lids & conjunctiva

C. otologic signs

- Retraction of tympanic membrane

2. CBC

3. Nasal smear

4. Skin Test - for detection of allergen

• T/t :- 1. Avoid allergen

- Avoid exposure of allergen

2. Drugs

- Anti-histamine
- α -adrenergic drugs
- corticosteroids
- Ipratropium bromide nasal spray

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3. Immunotherapy

- Complication - Nasal allergy may cause
 - recurrent sinusitis
 - nasal polyp (2-4)
 - serious otitis media
 - orthodontic problems
 - Bronchial asthma

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Acute sinusitis

Def.ⁿ :- acute inflammation of sinus mucosa is called acute sinusitis

- There are 4 sinus present in nasal cavity.

1) maxillary

2) frontal

3) ethmoidal

4) sphenoidal

- commonly maxillary sinus is involve.

- sometime multiple sinusitis may develop.

Etiological factor

1. Local factor

A. Trauma

- direct penetrating injury to nose

- fracture in nasal bone.

B. obstruction

- normal sinus secrete mucus & is enter into nose.

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- obstruction in this passage causes infection & inflammation of sinus.

- This occurs due to

- i) Nasal packing
- ii) nasal polyp
- iii) malignant tumour

C. Stasis of secretion into nasal cavity.

- It may occur due to cystic fibrosis / obstruction.

D. Attack of sinusitis

E. Nasal infection

- strepto., staphylo., influenza etc

Bacterial infection causes sinusitis

2. General factors :-

i) environmental factors

ii) poor immunity

iii) swimming & diving in infected water.

iv) Dental infection

• pathology

- Hyperaemic exudation of fluid in sinuses.

- ↑ in polymorph cells.

↓

- ↑ activity of lacrimal & mucous gland.

↓

- It may be mild & suppurative type

↓

- initial serous discharge. → mucopurulent later.

- Destruction of mucosal lining occurs.

↓

- finally destruction of bony walls of sinus occurs.

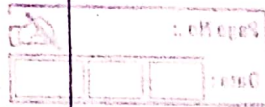
• Sx:- 1. General symptoms

- malaise

- fever

- Body ache

- Prostration



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2. Headache :-

i) frontal headache :-
- seen in maxillary & frontal sinusitis

ii) occipital headache :-
- seen in sphenoid sinusitis

3. pain

i) upper jaw, gums / teeth seen in maxillary sinusitis

ii) Bridge of nose, deep to eye in ethmoid sinusitis

4. nasal discharge

i) Ant. discharge - mucopurulent discharge

ii) post. discharge seen in sphenoid sinusitis

5. eye lid swollen & congestion.

6. Redness & oedema of cheeks

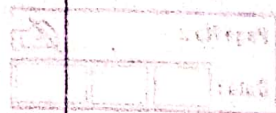
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- T/t :- 1. Anti histamine
- 2. corticosteroid
- 3. surgery
- 4. Analgesics
- 5. Anti-biotics
- 6. Steam inhalation
- 7. Nasal decongestant

• complication :-

- 1) local :- mucorele
osteomyelitis
- 2) orbital abscess
- 3) intracranial
- 4) Descending infection
 - tonsillitis
 - otitis media
- 5) focal infection
 - tenosynovitis
 - polyarthrititis



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Cleft palate

- word meaning :- cleft, fissure, split, gap etc.

• Def.ⁿ :- cleft palate is a condition of congenital birth defect in which there is a (split) opening in the roof of the mouth.

- In most cases cleft lip also +nt

- gap present into the face.

• Incidence :-

- cleft palate occur in 1 to 2 per 1000 birth.

- male : female = 2:1

• cause :-

1. occur due to genetic malformation.
2. Smoking
3. Drugs
4. folic acid deficiency to mother.
5. excessive intake of vit. A.
6. lack of blood supply.

classification

Cleft Palate

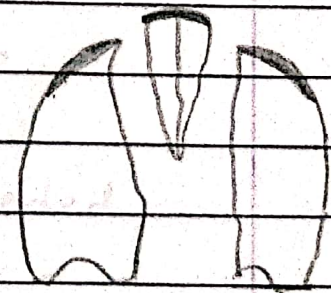
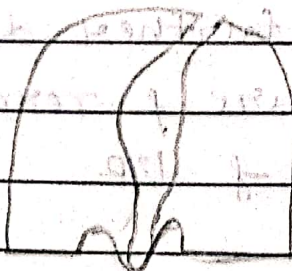
In complete
cleft palate

complete
cleft palate



unilateral
complete C.P.

Bilateral
complete C.P.



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A. Incomplete cleft palate :-

- Here, small gap in hard palate.
c can't extend from uvula to lip.

In incomplete cleft palate, Ant. part of palate always normal.

B. Complete cleft palate :-

i) unilateral :- here one fissure / gap present c extend from uvula & run laterally & end to lip's level.

ii) Bilateral :- here two fissure / gap present c extend from uvula & further divide in 2 fissure & terminate at level of lip.

- Dx :- USG
- physical examination.

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• complication :-

1) Difficulty in speech

- unable to pronounce B, D, K, P, T letters.

2) Difficulty in hearing :-

- due to acute & chronic otitis media may develop.

3) difficulty in feeding :-

- The negative pressure required for sucking



∴ can not produce

- so spoon feeding is needed

4) Difficulty in eating :-

- food espec. liquid goes into nose lead difficult to eating.

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5) Dental problem

6) defective smelling:- due to nasal mucus discharge into mouth

change of ventilation

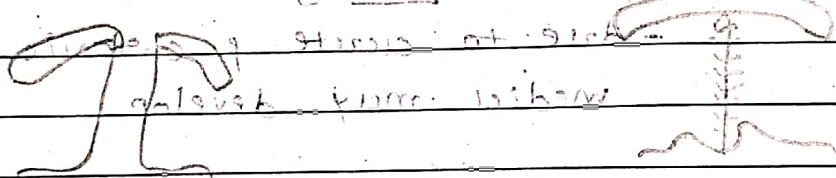
T/t :- 1) speech Therapy

2) dental care

3) T surgery.

↳ palato plasty by operations

→ primary of ventilation



- cleft palate primary resurgency of cleft palate

→ primary of ventilation

→ primary of ventilation

↓

→ primary of ventilation

→ primary of ventilation

→ primary of ventilation

→ primary of ventilation

→ primary of ventilation

cleft lip

• word meaning :- fissure

gap, split etc.

• Defⁿ :- cleft lip is a congenital birth defect in a fissure in the upper lip that may extend into the nose.

A fissure may be in $\Rightarrow$ one sided
both sided &
in middle.

• Incidence :-

1:1000 F :- 2:1

1:1000 M :-

- cleft lip occurs in 1 to 2 per 1000 birth.

• causes :-

1. due to genetic malformations
2. smoking
3. drugs
4. maternal folic acid deficiency
5. excessive intake of vit. A
6. lack of blood supply

• classification :-

A) cleft lip

central

- very rare

ilateral

more common

unilateral

- more common

Bilateral

- Rare type

B) cleft lip can be

In complete

- In cleft has
not extended

up to base of

nose (most mild)

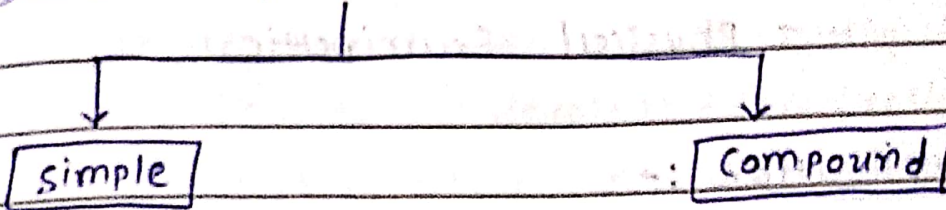
complete

- In cleft has
extended up to

base of nose &

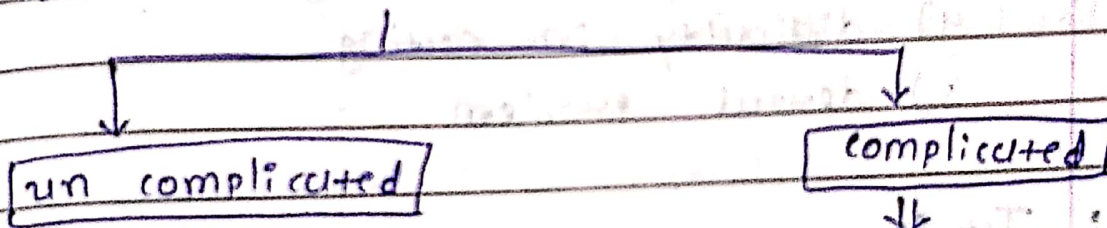
most mild

c) cleft lip can be

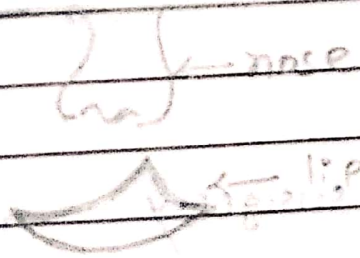


↓
- associated $\bar{c}$
alveolus.

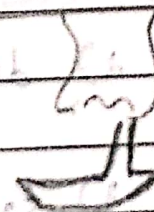
d) cleft lip can be



↓
- associated $\bar{c}$
cleft palate.



(unilateral incomplete)



(unilateral complete)



(Bilateral complete)

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- Dx :- User in urology all main 0
- Physical Examination.

- complication :-

- 1) difficulty in sucking
- 2) difficulty in speech :- B, F, M, P, W
- 3) difficulty in hearing
- 4) difficulty in eating
- 5) dental problem

- T/t :-

1) Speech Therapy

2) dental care

3) surgery :- plastic surgery

* Thyroglossal Cyst *

• Defⁿ :- It is defined as a cystic irregular mass / lump develop from cells & tissues left over after the formation of the thyroid gland during developmental stages.

• Location :- most commonly located in midline of neck, below the hyoid bone.

• size :- 2-4 cm in diameter.

• Incidence :- common in midline of neck.
- age - youngest children
(30% occur after 30 years)

• causes :- Birth defect.

• embryology (pathology) :-

Thyroglossal tract arises from foramen cecum at the junction of Ant. 2/3 & post. 1/3 of tongue.

↓
any part of tract can persist,
causing a sinus, fistula / cyst.

P/1



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- Thyroglossal cyst is lined by pseudo-stratified ciliated columnar epithelium while thyroglossal fistula is lined by columnar epi.

• cf :- - painless cyst that moves up & down $\bar{c}$ swallowing.

swelling of bump on middle of skin.

and feeling tender near the area of cyst.

- painless $\bar{c}$ rounded (2-4 cm) soft swelling. move $\bar{c}$ deglutition.

• Dx :- ultrasonography -

(may be treatd - IGT scan as)

- MRI

• T/t :-

- (yeolodting) yeolodting

1) sistrunk operation :-

most common treatment for thyroglossal cyst.

to maintain $\bar{c}$ surgical excision of the cyst.

important to $\bar{c}$ tract including $\bar{c}$ body of hyoid bone.

• procedure :-

- give you general anesthetic to pt. so that can stay sleep during the whole surgery.
 - make small cut on the front of the neck to open the skin & muscles above the cyst.
 - Remove cyst tissue from your neck.
 - & also Remove a small piece from inside (body) of Hyoid bone. along & any remaining tissue of the thyroglossal duct.
 - Then close the muscle & tissue around the hyoid bone & areas that cover.
 - close the cut on your skin & stitches.
- 2) only cyst removal.