

## Challenges and Solutions in Treating ENT Disorders with Concurrent Orthopaedic Conditions

Jeff Walter Rajadurai<sup>1</sup>, Aberna Govarthanaraj<sup>2</sup>

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### Abstract

Simultaneous existence of ENT disorders with orthopaedic conditions stands to be a tremendous challenge in diagnosis and management especially among the elderly. Generally, such conditions often exhibit similar symptoms of dizziness, pain, and moving difficulty associated with both conditions in a patient. The article presents complexities in treatment of ENT patients, in which orthopaedic disorders bring solutions concerning diagnostic ambiguity, treatment interactions, surgical risks, and age-related comorbidities. Such conditions can best be treated through a multi-disciplinary approach, wherein the ENT specialists and orthopaedic surgeons are involved. Advanced diagnostic tools such as MRI and CT scans would be necessary in each case to distinguish between overlapping symptoms, while coordinated treatment plans help mitigate the potential drug interactions. Overcoming the challenges of surgery remains based on the preoperative planning and rehabilitation plans that are tailored to each patient; it is important that geriatric assessment tools be used well to control the increased risks associated with elderly patients. Such education and communication with the patient are an effective strategy for adherence and implementation of treatment plans, which may improve outcomes. More research studies on treatment protocols need to be done for integrated care to be able to contribute to proactive patient engagement and strengthen treatment for complex comorbidity patients.

**Keywords:** ENT Diseases, Orthopaedic Conditions, Comorbidities, Multidisciplinary Care, Diagnostic Imaging.

### INTRODUCTION

The coexistence of ENT diseases with various orthopaedic conditions continues to increase in a significant manner, especially within the elderly population who live with multiple comorbid diseases. The concomitance of ENT diseases with

a number of orthopaedic conditions, especially in patients with older ages and the presence of more than one comorbidity, may complicate the aspects of diagnosis and treatment, thus requiring the best-integrated, interdisciplinary approach with optimal patient results. Therefore, this paper deals with a challenging issue in dealing with concordant ENT and orthopaedic diseases, and also presents very

**Author's Affiliation:** <sup>1</sup>Associate Professor, Department of Orthopedics, <sup>2</sup>Associate Professor, Department of ENT, Madha Medical College and Research, Institute, Chennai 600122, Tamil Nadu, India.

**Corresponding Author:** Jeff Walter Rajadurai, Associate Professor, Department of Orthopedics, Madha Medical College and Research, Institute, Chennai 600122, Tamil Nadu, India.

**E-mail:** jeffy.walter@gmail.com

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useful practical guidance for the treatment of these complex medical conditions.<sup>1</sup>

1. Overlapping Symptoms and Diagnostic Challenges
2. Coordinated Treatment Approaches

Treatment of co-existing ENT and orthopaedic conditions should, therefore, take into account the potential for drug interactions and adverse effects. For example, corticosteroids are commonly prescribed in the treatment of chronic sinusitis but will exacerbate conditions like osteoporosis that could be of concern in patients who have orthopaedic conditions.<sup>5</sup> Conversely, some drugs taken to treat pain associated with the orthopaedic conditions may negatively interact with the ENT conditions, such as worsening tinnitus or causing dizziness.<sup>6</sup>

**Solution:** Coordinated treatment management, therefore, integrates the roles of ENT and orthopaedic specialists to manage these complexities.<sup>4</sup> With integrated pharmacological and non-pharmacological strategies that come in the form of physiotherapy and exercise plans and changes in diet, adverse interactions of drugs are avoided while the overall effectiveness of the plan is enhanced.<sup>7</sup>

3. **Surgical Challenges and Postoperative Care**

In many respects, managing concomitant disorders that include either ENT or orthopaedic surgical procedures is difficult. ENT surgical procedure such as endoscopic sinus surgery presents with major postoperative complications that have degraded the orthopaedic condition of inflammation and immobilization.<sup>8</sup> Orthopaedic surgeries, for example, joint replacement may inhibit the ability of a patient to perform post-surgical ENT care practices like nasal irrigation or ear exercises.

Preoperative planning that involves total risk assessment can help manage these surgical challenges. Tailor-made rehabilitation programs integrating orthopaedic and ENT needs are helpful in improving patient outcomes. Monitoring should be done for postoperative complications like DVT and respiratory infections, especially in major orthopaedic surgery.<sup>9</sup>

4. **Impact of Age and Comorbidity Management**

These geriatric patients are at increased risks for several complications, including hearing loss that has been established to exacerbate

balance impairments and increase the risk for falls. Elderly patients who use multiple medications, known as polypharmacy, increase the complexity of therapy due to an increased likelihood of drug interactions.<sup>10</sup>

**Solution:** The combination of regular drug reviews with the help of geriatric assessment tools will reduce most risks that are related to polypharmacy. Non-invasive treatment options like vestibular rehabilitation and balance training may be particularly helpful in reducing age-related complications while enhancing overall mobility and quality of life.<sup>5</sup>

5. **Patient-Centred Care and Education**

Teaching patients on the correlation between the two ailments has led to enhanced compliance of treatments with better outcomes. Many patients have no idea how their ENT conditions may impact their orthopaedic condition or vice versa. Enhancing communication will involve using illustrated aids and easy-to-understand terminology so that patients can take an active interest in care.<sup>2</sup>

**Solution:** Tailor made resources, and patient centered consultations can impressively improve the experience a patient gets. Proper discharge instructions that put into consideration both ENT care as well as Orthopaedic care considerations help smoothen up recovery processes and reduce readmission possibilities.<sup>3</sup>

## CONCLUSION

The management of concurrent ENT and orthopaedic conditions requires a holistic, multidisciplinary approach: a well thought out strategy in managing overlapping symptoms, interacting treatments, and age related complications. With collaborative care, customized treatment plans, and diligent patient education, healthcare providers will be able to produce better results for their patients. There is the need to do more research into integrated treatment protocols regarding the mainstreaming of care quality into patients with complex comorbidities.

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