

SIGNS IN OTORHINOLARYNGOLOGY

AQUINO'S SIGN

Blanching of the tympanic mass with gentle pressure on the carotid artery. Seen in **Glomus tumors**

BERRY'S SIGN

In goiter, the carotid artery may be pushed posteriorly by the enlarged thyroid and this is called displacement. When the infiltration of the carotid by the tumor, the carotid pulse will be absent on that side. This absent carotid pulse is called Berry's sign.

BOCCA'S SIGN

Absence of post cricoid crackle(Muir's crackle) in **Ca post cricoid**.

BRYCE'S SIGN

Compression of laryngocele or laryngopyocele may empty air and fluid into the larynx

BROWNE'S SIGN

Refers to the blanching noted when applying positive pressure{with Siege's speculum} to the tympanic membrane of a patient with **Glomus tumor**.

CHEVALIER JACKSON'S SIGN

Presence of pooling of saliva in pyriform fossa

DELTA SIGN (Empty Triangle Sign)

Lateral sinus thrombosis on CT or MRI with contrast shows an empty triangle appearance of the **thrombosed sinus** surrounded by contrast enhanced dura.

DODD'S SIGN / CRESCENT SIGN

X-ray finding – Crescent of air between the mass and posterior pharyngeal wall. **Positive in AC polyp.**
Negative in Angiofibroma

FURSTENBERG'S SIGN

Positive in Encephalocele. Owing to the intracranial connection, there is pulsation and expansion of the mass with crying, straining, or **compression of the jugular vein (Furstenberg test)**. This is used to differentiate Nasal Encephalocele from other congenital midline nasal masses like Nasal Glioma.

GRIESINGER'S SIGN

Erythema and oedema posterior to the mastoid process resulting from septic thrombosis of the mastoid emissary vein. seen in lateral sinus thrombosis

HITSELBERGER'S SIGN

In **Acoustic neuroma** – loss of sensation in the postero-superior part of external auditory meatus supplied by Arnold's nerve (branch of Vagus nerve to ear)

HOLMAN MILLER SIGN OR ANTRAL SIGN

The anterior bowing of the posterior wall of the antrum seen on lateral skull film .Pathognomic for juvenile nasopharyngeal angiofibroma.

HENNEBERT'S SIGN

It is a **false positive fistula test** when there is no evidence of middle ear disease causing fistula of horizontal semicircular canal. It is seen in 25% cases of Meniere's disease or congenital syphilis. In 25% cases of Meniere's ,fibrous bands form connecting utricular macula to stapes footplate. In syphilis due to hyper mobile stapes footplate.

Hennebert sign – pressure induced nystagmus

Hennebert symptom – Pressure induced dizziness

LAUGIER'S SIGN

Blood behind the eardrum suggests **basilar skull fracture**.

LYRE'S SIGN

A vascular mass on bifurcation of Carotid arteries, and bowing with displacement of internal carotid artery in **carotid body tumor**.

MILIAN'S EAR SIGN

Erysipelas can spread to pinna (Cuticular affection), where as cellulitis cannot.

Cellulitis and erysipelas manifest as areas of skin erythema, edema and warmth in the absence of underlying suppurative foci.

They differ in that erysipelas involves the upper dermis and superficial lymphatics, whereas cellulitis involves the deeper dermis and subcutaneous fat.

As a result, erysipelas has more distinctive anatomic features than cellulitis; erysipelas lesions are raised above the level of surrounding skin, and there is a clear line of demarcation between involved and uninvolved tissue.

Classic descriptions of erysipelas note "butterfly" involvement of the face.

Involvement of the ear (Malian's ear sign) is a distinguishing feature for erysipelas since this region does not contain deeper dermis tissue.

OMEGA SIGN

Infantile omega shaped epiglottis seen in laryngomalacia.

PHHELP'S SIGN

Loss of crest of bone (as seen in CT-scan) between carotid canal and jugular bulb in glomus jugulare.

SCHWARTZ SIGN

It is also called flamingo flush sign. it is seen because of increased vascularity in Submucous layer of promontory in active phase of otosclerosis (Otospongiosis).

SUPERMARKET SYNDROME

Visual vertigo, space or motion discomfort, visuo vestibular mismatch i.e. severe vertigo on head movement or looking at moving visual scenes seen in acute phase of Menieres and vestibular neuritis. (Should be differentiated from Oscillopsia i.e. oscillations or movement of visual surroundings)

RISING SUN SIGN

There is red vascular hue seen behind the intact tympanic membrane. it is seen in glomus tumour, high jugular bulb and aberrant carotid artery in the floor of middle ear.

STEEPLE SIGN

X-ray finding in **Acute laryngotracheobronchitis** (CROUP).

The **steeple sign** is produced by the presence of edema in the trachea, which results in elevation of the tracheal mucosa and loss of the normal shouldering (lateral convexities) of the air column.

STANKIEWICK'S SIGN

Indicate orbital injury during FESS. fat protrude in to nasal cavity on compression of eye ball from outside.

TEA POT SIGN

Is seen in **CSF Rhinorrhoea**. This could be related to the relationship of the sphenoid ostium to the sinus floor. The sphenoid ostium lies at an appreciable distance anterosuperior from the sinus floor. An increase in the CSF rhinorrhoea therefore occurs in a case of sphenoid sinus leak when the patient bends forward as an increasing amount of CSF gains access to the ostium "teapot" sign.

UVULA POINTING SIGN

Seen in **rhinoscleroma** .when scleroma involve nasopharynx ,uvula point towards roof of nasopharynx.

WOODS SIGN

Palpable jugulodigastric lymph nodes

TROTTER's SIGN

Loss of laryngeal crepitus

EYE SIGNS OF GRAVE's DISEASE

1. **ANROTH's SIGN**
Chemosis, edema of conjunctiva and lids
2. **BECKER SIGN**
On fundoscopy – Abnormal retinal pulsations.
3. **DALRYMPLE'S SIGN**
Wide palpebral aperture
4. **VON GRAEFE'S SIGN**
Lid lag
5. **STELLWAG'S SIGN**
Infrequent blinking
6. **JOFFROY'S SIGN**
Absence of forehead wrinkling on upward gaze
7. **JELLINGER's SIGN**
Pigmentation of skin of eyelids
8. **MOBIUS' SIGN**
Inability to keep the eyeballs converged
9. **BALLET'S SIGN**
Limitation of movement of the eyeballs, especially upward
10. **ROSENBACH'S SIGN**
Fine tremor of the eye lid
11. **NAFFZIGGER's SIGN**
Tangential view (from patients back) shows protruding eyeballs
12. **GIFFORD SIGN**
Difficulty in passively everting upper eye lid

THE ICE CREAM CONE SIGN MAY REFER TO:

- The appearance of the malleus head and the incus body on axial CT scan: failure of this normal configuration suggests incudomalleolar disarticulation. Ball of the ice cream is formed by head of malleus and cone is formed by body of incus. Space between ice cream cone and scutum is called as "Prussak's space".
- A medium sized (1.5 to 3 cm) Acoustic Schwannoma: typical appearance, with the intracanalicular component representing "the cone" and the Cerebellopontine angle (CPA) component representing the "ice cream"

TULLIO'S PHENOMENON

- Sudden vertigo, nausea or nystagmus on exposure to loud noises is known as tullio phenomenon.
- Seen in cases of SCC fistula caused by either Barotrauma, syphilis, lymes disease or as a result of fenestration surgery, superior semicircular canal dehiscence.

BECHTEREW EFFECT

- If second side labyrinthine destruction is done when uVD (unilateral Vestibular Differentiation) signs and symptoms like (I/L head tilt, I/L conjugate binocular eye torsion, horizontal torsional nystagmus with slow component to affected side, Permanent loss of VOR i.e. vestibuloocular reflex, hypotropia due to skew deviation, nausea, vomiting) are at the peak then symptoms subside.

FUKUDA or UNTERBERGER TEST

- Patients of **VESTIBULAR NEURITIS** when asked to march on a spot with eyes closed tend to turn to the affected side.

Dr Pulkit Agarwal