

PROBLEM BASED LEARNING SISTEM INDRA KHUSUS



- **Modul Presbikosis**
- **Modul Serumen Obturans**
- **Modul Rhinitis Alergi**

**Diberikan Pada Mahasiswa Semester V
Fakultas Kedokteran Unhas**

**Fakultas Kedokteran
Universitas Hasanuddin
2017**

FACULTY OF MEDICINE HASANUDDIN UNIVERSITY
OBJECTIVE STRUCTURED ORAL CASE ANALYSIS
SPECIAL SENSE SYSTEM
OTORHINOLARYNGOLOGY
ACADEMIC YEAR 2017-2018

CASE 1

Male, 65 years came to the clinic with chief complaint of hearing loss in both of ears since 3 months ago, accompanied by tinnitus. No history of Hypertensi and Diabetes Mellitus.

Physical examinations:

General conditions: Good, not anemic. Height: 150 cm, Weight: 60 kg.

Vital signs are within normal limit.

Inspection : Auricel normal

Palpation : No edema and no tenderness of tragus and retroauricel

Otoskopi : Whitin normal limit

Faringoscopy : Within normal limits

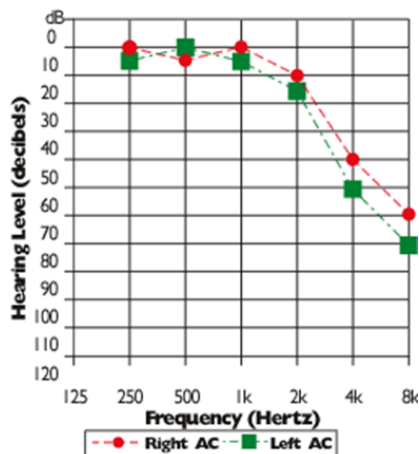
Anterior Rhinoscopy : Nasal cavity, nasal septum and nasal turbinate normal

Garputala examination : Rinne : right / left = positive/positive

Weber : no lateralitation

Swabach : right / left = shorted / shorted

Pure Tone Audiometry Examination :



Diagnosis : Presbicusis

BASED ON THE ABOVE CASE, EACH STUDENTS ARE ASSIGNED TO :

- 1. MAKE A MIND MAP OF PRESBICUSIS:**
- 2. ETIOLOGY OF PRESBICUSIS**
- 3. SIMPTOMS AND SIGN PRESBICUSIS**
- 4. SIMPOMS AND SIGN HEARING LOSS**
- 5. PATOPHYSIOLOGY OF PRESBICUSIS**
- 6. MANAGEMENT AND TREATMENT PRESBICUSIS**
- 7. PROGNOSIS PRESBICUSIS**
- 8. CATEGORY OF PRESBICUSIS**
- 9. DIFFERENTIAL DIAGNOSIS OF PRESBICUSIS**
- 10. PRESENT AND DISCUSS IN CLASS**

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CASE 2

A Boy, C, 12 years came to the clinic with chief complaint of hearing disturbance in both of ears since 2 days ago after swimming, accompanied by tinnitus in both of ears. No History of otore.

Physical examinations:

General conditions: Good, not anemic. Height: 140 cm, Weight: 40 kg.

Vital signs are within normal limit.

Inspection : Auricel normal

Palpation : No edema and no tenderness of tragus and retroauricel

Otoskopi : visible ear wax in both of ears.

Faringoscopy : Within normal limits

Anterior Rhinoscopy : Nasal cavity, nasal septum and nasal turbinate normal

Diagnosis : Serumen obturans right and left ear

Therapy : Extraction ear wax

EACH STUDENTS ARE ASSIGNED TO :

- 1 MAKE A MIND MAP OF SERUMEN OBTURANS:**
- 2 ETIOLOGY OF SERUMEN OBTURANS**
- 3 SYMPTOMS AND SIGNS OF HEARING DISTURBANCE**
- 4 EXPLAIN THE ETIOLOGY AND PATOFISIOLOGY OF SERUMEN OBTURANS.**
- 5 EXPLAIN THE TREATMENT, AND PROGNOSIS.**
- 6 DIFFERENTIAL DIAGNOSIS OF SERUMEN OBTURANS**
- 7 PRESENT AND DISCUSS IN CLASS**

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CASE 3

Laki-laki 40 tahun datang ke poliklinik THT-KL dengan keluhan sering mengalami bersin-bersin > 5 kali hampir setiap pagi selama kurang lebih 7 tahun. Selain bersin-bersin juga disertai hidung gatal dan keluar ingus cair, jernih dan banyak dari kedua lubang hidung. Hidung tersumbat pada malam hari, tetapi tidurnya tidak terganggu. Keluhan bertambah hebat jika penderita terkena debu dan keluhan berkurang setelah minum obat flu yang dibeli sendiri.

Physical examinations:

Status general : composmentis, gizi baik, Tinggi 165 cm Berat badan : 60 kg

Pemeriksaan Fisis THT :

Inspeksi : tampak bayangan kebiruan pada dorsum nasi

Rinoskopi Anterior : konka kongesti dan mukosa hiperemis, secret encer, tidak ada massa didalam kavum nasi

Faringoskopi : dalam batasan normal

Otoskopi : meatus akustikus eksterus dalam batas normal, membran timpani intak

Pemeriksaan Penunjang :

Tes Cukit Kulit :

- Tungau debu rumah +4
- Bulu kucing +3

DIAGNOSIS : RHINITIS ALERGI

BASED ON THE ABOVE CASE, EACH STUDENTS ARE ASSIGNED TO :

- 1. MAKE A MIND MAP OF ALLERGIC RHINITIS**
- 2. SYMPTOMS AND SIGNS OF SMELLING DISTURBANCE**
- 3. EXPLAIN THE ETIOLOGY AND PATOFISIOLOGY ALLERGIC RHINITIS
EXPLAIN THE CLINICAL MANIFESTATION ALLERGIC RHINITIS , INCLUDE
THE SIGN AND SIMPTOMS.**
- 4. EXPLAIN THE TREATMENT, COMPLICATION AND PROGNOSIS.**
- 5. PRESENT AND DISCUSS IN CLASS**