SPECIFIC FEATURES OF EARLY DIAGNOSIS OF OTORHINOLARYNGOLOGICAL DISEASES IN CHILDREN WITH INTELLECTUAL DEVELOPMENTAL DISABILITIES

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Abstract

Early diagnosis of otorhinolaryngological diseases in children with intellectual developmental disabilities is essential for preserving hearing, communication skills, and quality of life. Difficulties in expressing symptoms and cooperating during medical examinations may delay the detection of ear, nose, and throat (ENT) disorders. This article reviews the clinical features of ENT diseases and the importance of individualized diagnostic approaches. Particular attention is given to hearing impairment, otitis media, adenoid hypertrophy, and rhinitis. Otoscopy, audiological assessment, tympanometry, and multidisciplinary cooperation are discussed as important components of early diagnosis. Timely identification and appropriate management may improve healthcare outcomes in this population.

Keywords: intellectual developmental disabilities, children, ENT diseases, early diagnosis, hearing impairment, otitis media, adenoid hypertrophy, audiological assessment, tympanometry.

1. Introduction

Otorhinolaryngological diseases can affect hearing, breathing, swallowing, speech, and communication in children. Early diagnosis is particularly important in children with intellectual developmental disabilities because they may have difficulty expressing symptoms or cooperating during medical examinations. Consequently, ENT disorders may remain undetected or be recognized at a later stage.

Hearing impairment is especially important because it may further affect communication and learning. Therefore, regular ENT examinations and age-appropriate hearing assessments are essential for timely identification of potential problems.

2. Relevance of the Topic

The relevance of this topic is determined by the diagnostic challenges encountered in children with intellectual developmental disabilities. Symptoms such as ear pain, hearing difficulties, nasal obstruction, and swallowing discomfort may not be clearly expressed.

Middle ear disorders, including otitis media with effusion, may cause hearing loss even in the absence of pronounced pain. Adenoid hypertrophy and chronic rhinitis may contribute to nasal obstruction and sleep disturbances. These conditions require careful clinical assessment and appropriate diagnostic investigations.

Individualized examination methods and cooperation between pediatricians, otolaryngologists, and audiologists are essential for improving early diagnosis and treatment outcomes.

3. Literature Review

The World Health Organization emphasizes the importance of preventing hearing loss, identifying hearing disorders early, and providing appropriate interventions. These principles are particularly relevant to children who may have difficulties communicating their symptoms.

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Bower et al. highlighted the importance of continued hearing assessment throughout childhood and timely diagnostic evaluation when hearing loss is suspected. In children who cannot reliably participate in behavioral audiometry, objective methods such as otoacoustic emissions and auditory brainstem response testing may be considered.

Rosenfeld et al. emphasized the role of otoscopy and tympanometry in diagnosing otitis media with effusion. These methods can help identify middle ear abnormalities that may contribute to hearing difficulties.

Adenoid hypertrophy and rhinitis should also be considered when children present with persistent nasal obstruction, mouth breathing, or snoring. Depending on clinical indications, additional examinations, including nasopharyngeal endoscopy, may be required.

Conclusion

Early diagnosis of ENT diseases in children with intellectual developmental disabilities is important for preserving hearing, supporting communication, and improving quality of life. Because these children may have difficulty expressing symptoms, diagnosis should combine parental observations, clinical examination, and age-appropriate instrumental investigations.

Otoscopy, tympanometry, and audiological assessment are important diagnostic tools. Cooperation among pediatricians, otolaryngologists, and audiologists can support timely diagnosis and individualized management. Further research is needed to improve diagnostic strategies for this population.

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