ENT Disabilities in Candidates for Recruitment

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Abstract

Background: Recruitment in the Army is subject to medical fitness as per laid down standards. A study of the frequency of referral and rejection gives us an understanding as to where to lay stress in the Ear Nose Throat Examination during recruitment medical. **Method:** A three year analysis of candidates reporting for review of ENT disabilities was carried out from January 1999 to December 2001.

Results: Of the 1156 candidates, 888(76.8%) were found to be fit. The commonest cause for rejection was Wax in ears in 496 cases (43%). 428(86.3%) were found to be fit on review. Chronic suppurative otitis media (21.9%) and tympanosclerosis (21.3%) were the other causes for rejection.

Conclusion: The desirable situation is wherein the evaluation by the specialist is in minimal variation with that of the initial recruitment medical examination. Awareness to have ears cleaned for wax before appearing for the examination, provision of better examination ambience and equipment and a short training capsule will be beneficial to reduce the number of review cases to referral hospitals.

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Key Words: Hearing assessment; recruitment; tympanic membrane

Introduction

Fitness for recruitment in the Armed Forces is a meticulous process [1]. ENT disorders are reason for a high percentage of rejection during recruitment. After rejection at the recruitment centers, candidates can appeal for re-examinations by concerned specialists[2]. A study of the pattern of referral and rejection gives us an understanding as to where to lay stress during ENT check up for recruitment.

Material and Methods

A 3-year analysis on recruiting referrals was made at the ENT department of a Service Hospital from January 1999 to December 2001. The records contain particulars of the candidate, his registration number, recruiting center where the initial medical examination was conducted, referring diagnosis, findings of ENT specialist and opinion regarding fitness. The data was tabulated and analysed.

Results

A total of 1156 candidates appealed for review in ENT after rejection at the recruiting center. Of the 1156, 888 (76.8%) were declared fit at review by the specialist. Some of the common causes for referral were as follows.

Wax was the commonest cause of rejection. Most candidates had their ears cleaned for wax in private and were declared fit. Of the 496 candidates declared unfit for wax, 428 (86.3%) were found fit. 68 (13.7%) candidates were rejected

for underlying disabilities like chronic suppurative otitis media (CSOM) and one candidate was rejected for sub standard hearing with a normal TM. Hearing assessment was not done at the time of initial recruiting medical examination in that case.

Chronic suppurative otitis media or its effects are a cause of permanent rejection for recruitment to the services [3]. CSOM accounted for 253 (21.9%) cases out of the total of 1156 who appealed. Of these, 139 (54.9%) were fit as they had normal hearing. It is sometimes difficult to visualize the tympanic membrane without a good auriscope with non-metallic earpieces.

Of the 246 candidates referred for Tympanosclerosis, 206(83.7%) were declared fit. Most of the rejected candidates had mild and peripheral tympanosclerosis. Candidates having mobile tympanic membranes with normal hearing for Conversational Voice (CV) and Forced Whisper (FW) and type 'A' Tympanogram were declared fit. Extensive tympanosclerosis with scarring, retraction of TM and decreased mobility were considered unfit.

Acute Suppurative Otitis Media (ASOM) accounted for 17 referrals (1.5%) with 9 being unfit(52.9%). Persistence of a perforation beyond four weeks was a cause for rejection with or without normal hearing.

18 cases were rejected for otomycosis. However on re-evaluation, 16 (88.9%) were found to be fit with no evidence of disease. 2 cases had underlying perforation of the TM and were made unfit.

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Table 1**Causes for rejection**

Referring disability	Total no of candidates		Total no fit candidates		Total no unfit candidates	
	Nos	%	Nos	%	Nos	%
Wax	496	43.0	428	86.3	68	13.7
CSOM	253	21.9	139	54.9	114	45.1
Tymp anosclerosis	246	21.3	206	83.7	40	16.3
ASOM	17	1.5	08	47.1	09	52.9
Otomycosis	18	1.6	16	88.9	02	11.1
DNS	78	6.7	45	57.7	33	42.3
Stammering	08	0.7	08	100.0	—	—
Miscellaneous-						
Ear	35	3.0	33	94.4	02	5.7
Nose	02	0.17	02	100.0	—	—
Throat	03	0.26	03	1.00	—	—
Total	1156	100	888	76.8	268	23.2

Deflected Nasal Septum (DNS) accounted for 6.7% rejection. Candidates having mild DNS without evidence of rhinosinusitis were declared fit. Candidates having DNS compromising the nasal airway or having mucopus were rejected.

The miscellaneous category of candidates rejected for ENT disorders (Table 2) included cases like TM not being visualized. 12 cases were referred for 'Otosclerosis'. A diagnosis of Otosclerosis without hearing assessment or audiological tests is not tenable. 11 of the 12 cases referred as Otosclerosis had either a normal TM or had mild tympanosclerosis one candidate was rejected due to extensive tympanosclerosis.

All the cases rejected for nasal polyps were prominent inferior turbinates with no compromise of the airway and hence were declared fit.

Discussion

An analysis of the candidates made unfit by the recruiting medical officer showed that more than 3/4th (888 out of 1156 candidates ie 76.8%) were fit for the referred disability. About 86% of the disabilities for which candidates were rejected included wax in the ears, CSOM and tympanosclerosis. The under-mentioned measures will obviate unnecessary referral to the hospitals, reduce their workload and prevent inconvenience and anguish to the candidates.

An awareness drive during the application process amongst the recruits to have their ears checked for wax before medical examination can obviate unnecessary rejection and accompanying mental and financial harassment. A better quality auriscope (with halogen bulb and attachment to do Seigelisation) should be made

Table 2**Miscellaneous causes for rejection**

Referring disability	Fit	Unfit
Ear		
Otosclerosis	12	01
TM not visualised	12	—
Unhealthy TM	07	01
Traumatic middle ear	01	—
Granular myringitis	01	—
Throat		
Tonsillitis	01	—
Tongue deformity	01	—
Submucosal fibrosis	01	—
Nose		
Nasal polyps	02	—
Total	38	02

available at all recruiting centers. It is impractical to assess hearing of candidates in the open or in a room where simultaneous examination of many candidates is being carried out. A feedback from medical officers and rejected candidates showed that most of the time no assessment of free field hearing is done due to constraints of time and environment. It is pertinent to state that hearing loss can exist inspite of a normal looking TM as in otosclerosis.

A short training capsule at ENT centers for recruiting medical officers will reduce the rate of referral. This in turn will reduce the inconvenience to recruits and workload of the hospitals. Newer modalities of operative techniques such as Tympanoplasty have a permanent favorable outcome. Candidates for officer selection are made fit after Tympanoplasty [4]. Similar amendment for recruitment of other ranks is recommended.

Conclusion

Enrolment medical in the Armed Forces is a demanding. Examination under suboptimal conditions, compounded by constraints of examining a large number of candidates in a limited time frame leads to a tendency to reject a candidate with a minor and doubtful disability. Adequate exposure to ENT evaluation and amending rules for recruitment, will prevent denying a well- earned job to a motivated and needy person.

References

1. Army HQ letter No.A/04236/Rtg 5(OR) dated 12 February 1976.
2. Army HQ letter No.05703/DGMS 5A dated 08 July 1991.
3. Manual for Recruiting Medical Officers.
4. Appx 'B' to Army HQ letter No.76054/Policy DGMS-5(A) dated 22 December 2000.