



香港耳鼻喉科醫學院
The Hong Kong College of Otorhinolaryngologists

Annual Scientific Meeting

24 November 2012, Saturday

*Pao Yue Kong Auditorium, Ground Floor
Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong*

PROGRAMME & ABSTRACT BOOKLET

ACKNOWLEDGEMENT

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TRAINEE RESEARCH PRESENTATION 2012

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Lecture on "Endonasal Lasers....End of an Era?"

to be delivered by

Mr Derek William SKINNER
 Consultant Otorhinolaryngologist,
 National Director of Education – ENT UK

External Examiner
 The Royal College of Surgeons of Edinburgh

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THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS
 ANNUAL SCIENTIFIC MEETING 2012

PROGRAMME

13:15 – 15:15	TRAINEE RESEARCH PRESENTATION
13:15 – 13:30	A1 Day-Case Tonsillectomy: A safe and feasible option in Hong Kong <i>Dr Kelvin Chi-Wai CHOW</i>
13:30 – 13:45	A2 The outcome of direct laryngoscopy and microlaryngoscopy as day surgery – 5-year experience <i>Dr Peter Ka-Chung KWAN</i>
13:50 – 14:05	A3 Management of pseudoaneurysm of internal carotid artery in post-irradiated nasopharyngeal carcinoma patients <i>Dr Jacky Wai-Kei LAM</i>
14:05 – 14:20	A4 Pedicled nasoseptal flap in maxillary swing nasopharyngectomy <i>Dr Jonathan Kai-Yam LAU</i>
14:25 – 14:40	A5 Carotid Blowout Syndrome in post-irradiated nasopharyngeal cancer patients – Can it be predicted? <i>Dr Chi-Wai LEE</i>
14:40 – 14:55	A6 A prospective randomized study on the efficacy and discomfort level of nasal packing after inferior turbinates reduction with respect to the duration of packing <i>Dr Yat-Bong YEUNG</i>
15:00 – 15:15	A7 Accuracy of Fine Needle Aspiration Cytology in Differentiating Benign from Malignant Parotid Gland Lesions <i>Dr Sylvia Suet-Ying YU</i>
15:15 – 15:30	PRESENTATION BY THE WINNER OF THOMAS CHEUNG FUNG 2011 <i>Dr Jacky Wai-Kei LAM</i>
15:30 – 15:45	TEA BREAK
15:45 – 16:15	Lecture on "Endonasal Lasers....End of an Era?" to be delivered by <i>Mr Derek William Skinner</i> Consultant Otorhinolaryngologist, National Director of Education – ENT UK External Examiner The Royal College of Surgeons of Edinburgh

Day-Case Tonsillectomy: A safe and feasible option in Hong Kong**Chow CW, Tang CH, Abdullah VJ, van Hasselt CA****Department of Ear, Nose and Throat, United Christian Hospital,
Affiliated Unit of the Chinese University of Hong Kong,
Kwun Tong, Kowloon, Hong Kong****Abstract**

Patients undergoing a tonsillectomy have been, in most cases, managed as in-patient due to potential complications, which include primary haemorrhage. Numerous clinical research and audits have shown that both adult and paediatric tonsillectomy could be safely performed in selected population in the West (1-5) as a day-case operation. Previous audit of tonsillectomy in Singapore showed a higher bleeding rate compared with the West and a predominance of adult male patients having tonsillectomy in the East (6). Our ambulatory day centre is one of the first centres performing tonsillectomy routinely as day-case locally. We retrospectively reviewed 89 patients who had day-case tonsillectomy performed from January 2008 to February 2012. Twenty-eight (31.5%) patients attended Accident and Emergency Department within a month after discharge. Seventeen patients complained of wound pain and three patients with vomiting but no patient suffered from primary haemorrhage. Four (4.5%) patients had confirmed secondary bleeding and three (3.4%) had suspected secondary bleeding with no clinical evidence on assessment. Overall eight (9.0%) patients required admission for further management.

Among the four patients with secondary haemorrhage, two of them required haemostasis under general anesthesia and one required monitored anesthetic care. The remaining case had bleeding which subsided with conservative management. All of them presented to the Accident and Emergency Department within Day 4 to Day 7 post-operatively.

Our results showed that with the provision of education and proper advice to patients on peri- and post-operative management, careful monitoring and assessment as well as optimization of pain and nausea control, day-case tonsillectomy is a safe and feasible option in selected group of patients in Hong Kong. Health care resources can also be used more efficiently with this arrangement.

References

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The outcome of direct laryngoscopy and microlaryngoscopy as day surgery – 5-year experience

Dr Peter Ka-Chung KWAN
ENT/Hong Kong East Cluster

Objective: To review the outcome of patients who underwent direct laryngoscopy and microlaryngoscopy as day surgery in a regional hospital.

Methods: Retrospective review of medical record was performed. Data collected included diagnosis, procedure, ASA classification and type of anaesthesia used. Outcome measures including rate of post-operative transferral to in-patient ward and rate of unplanned readmission were obtained and analyzed.

Results: From Jan 2007 to Dec 2011, 252 patients underwent elective direct laryngoscopy or microlaryngoscopy as day surgery in the Pamela Youde Nethersole Eastern Hospital. There were 146 male (57.9%) and 106 female (42.1%) patients, with age ranged from 10 to 81. Pathology included common benign conditions of the upper aerodigestive tract and suspected malignancy which were subsequently confirmed by biopsy. Out of the 252 patients, 236 patients (93.7%) were discharged on the same day. 16 patients (6.3%) were transferred to the in-patient ward after the operation for observation and management. None of them have a major airway problem requiring urgent intervention. Only 1 patient (0.4%) had an unplanned readmission 1 week after the operation because of suspected foreign body ingestion, which was not directly related to the day surgery procedure.

Conclusion: It is safe to perform direct laryngoscopy and microlaryngoscopy as day surgery in selected patients with benign or suspected malignant condition of the upper aerodigestive tract.

Management of pseudoaneurysm of internal carotid artery in post-irradiated nasopharyngeal carcinoma patients

Dr Jacky Wai-Kei LAM
ENT/Hong Kong West Cluster

Background/ Aim:

To review the experience of a tertiary referral center in the management of pseudoaneurysm of internal carotid artery in post-irradiated nasopharyngeal carcinoma (NPC) patients

Methods:

Retrospective review of clinical records, radiological investigations and operative records of post-irradiated NPC patients presented with profuse epistaxis between 2000 and 2011

Results:

Fifty-three post-irradiated NPC patients with profuse epistaxis were included in the study. 27 patients were identified to have rupture of pseudoaneurysm of the internal carotid artery (ICA) as the cause of epistaxis. The mean duration from completion of first radiotherapy course to rupture was 107 months (3 – 308 months). 71% of the patients received a second course of radiotherapy for recurrent disease. 18 patients subsequently underwent endovascular intervention under angiogram guidance. 3 patients were managed with extracranial-intracranial (EC-IC) bypass surgery. Seven out of the eighteen patients with endovascular intervention suffered from cerebrovascular accident with significant neurological sequale.

13 patients were identified to have bleeding from recurrent tumour on angiography and subsequently required embolization of the feeding vessels for control of bleeding. The remaining 13 patients did not have an identifiable cause of epistaxis. The bleeding was successfully controlled in all patients with sphenopalatine artery embolization.

Conclusion:

Rupture of pseudoaneurysm of ICA was associated with previous second course of radiotherapy. Stenting of the ICA is a successful treatment method for ruptured pseudoaneurysm in post-irradiated NPC patients.

Pedicled nasoseptal flap in maxillary swing nasopharyngectomy

Dr Jonathan Kai-Yum LAU
ENT/Hong Kong West Cluster

Abstract

Background and Objective

Nasopharyngeal carcinoma is common in southern part of China with annual incidence of 15-30 cases per 100,000 population in Hong Kong. Despite treatment with chemo-irradiation, 10-30% of nasopharyngeal patients developed loco-regional recurrence. Nasopharyngectomy via the maxillary swing approach is used as salvage surgery for recurrence disease over the nasopharynx. Free inferior turbinate mucosal grafts are used to cover the exposed raw bone after nasopharyngectomy. However, quality of life of patients after nasopharyngectomy is significantly affected by presence of palatal fistula and osteoradionecrosis of the skull base. Thus, the feasibility of pedicled nasoseptal flap for coverage after nasopharyngectomy was being investigated. The result are compared with the control group using free inferior turbinate mucosal graft

Method

Between February 2010 and January 2011, 16 patients with recurrent nasopharyngeal carcinoma underwent nasopharyngectomy using maxillary swing approach. 8 patients had pedicled nasoseptal flap for coverage of the skull base while 8 patients had free inferior turbinate mucosal flap for coverage. The criteria analyzed include patients' demographics, operating times, post-operation crusting and nasal washout time.

Results and Conclusion

The two groups showed comparable patient's demographic and mean operation time. However, the pedicled nasoseptal flap group showed decrease in nasal crusting formation after operation and also statistically significant decrease in nasal washout time. Thus, pedicled nasoseptal flap provides an alternative method for coverage of raw bone after maxillary swing nasopharyngectomy as it results in decrease of nasal crusting formation and may prevent skull base osteoradionecrosis and improve quality of life of patients.

Carotid Blowout Syndrome in post-irradiated nasopharyngeal cancer patients – Can it be predicted?

Dr Chi-Wai LEE
ENT, Tuen Mun Hospital / New Territories West Cluster

Objective

Carotid blowout syndrome (CBS) is a potential life threatening condition and is one of the top differential diagnoses of epistaxis in post-irradiated nasopharyngeal cancer (NPC) patients. Early detection and in turn, prompt intervention may help to reduce the mortality. This study aimed to identify any risk factors of CBS in this group of patients.

Methodology

Post-irradiated NPC patients presented to our hospital because of epistaxis between 7/2002 and 6/2012 were recruited. Patients without angiogram performed in the same admission were excluded. The blood results, the angiogram findings and the clinical notes were retrospectively reviewed. Each episode of bleeding would be classified as either CBS or non-CBS based on the angiogram results. The clinical features and investigation results of these two groups were compared.

Results

Thirteen episodes of CBS and thirty-seven episodes of non-CBS epistaxis were recruited and compared. The age and gender were comparable between two groups. The CBS group had a higher percentage of the following:

1. active disease (residual or recurrence tumor) ($p < 0.001$).
2. tachycardia ($p = 0.027$) and hypotension ($p = 0.023$) during admission.
3. drop in the admission haemoglobin (Hb) of more than one g/dL when compared to baseline ($p = 0.000$).
4. admission hypalbuminemia less than 35 g/l ($p = 0.001$).

Conclusion

Presence of active disease (residual or recurrence tumor), tachycardia or hypotension during admission, significant reduction in the admission haemoglobin and admission hypalbuminemia in post-irradiated NPC patients with epistaxis would be more likely to be CBS.

A prospective randomized study on the efficacy and discomfort level of nasal packing after inferior turbinates reduction with respect to the duration of packing

Dr Yat-Bong YEUNG
ENT/Hong Kong East Cluster

ABSTRACT

BACKGROUND: The use of nasal packings after turbinate reduction is a common surgical practice. Optimal timing of the removal of nasal packings has been a controversy amongst different centres in Hong Kong. This study aims at evaluating the efficacy and patient discomfort level of nasal packing after turbinate reduction surgery with respect to the duration of packing.

MATERIALS AND METHODS: Thirty-three patients who had undergone bilateral inferior turbinates reduction were included. These patients were randomized into two groups: Group 1, nasal packings were removed on postoperative day 1; and in Group 2, nasal packings were removed on postoperative day. The rebleeding rate, and the discomfort level during the time of packing and at the time of packing removal were compared. Visual Analogue Scale (VAS) scores were used for the assessment of discomfort level.

RESULTS: None of the thirty-three patients suffered from postoperative primary hemorrhage. No statistical difference in the discomfort level was demonstrated between the two groups.

CONCLUSION: Removal of nasal packings on first postoperative day did not demonstrate adverse effects, i.e. postoperative rebleeding and patient discomfort level. The practice of removing packings on postoperative day 1 should be advocated in order to shorten hospital stay of patients whom undergone turbinates reduction.

Accuracy of Fine Needle Aspiration Cytology in Differentiating Benign from Malignant Parotid Gland Lesions

Dr Sylvia Suet-Ying YU
ENT Service, HK West Cluster, Queen Mary Hospital

Objective:

Fine needle aspiration cytology is frequently performed to evaluate patients with parotid mass. The aim of the study was to evaluate the diagnostic value of fine needle aspiration cytology in differentiating benign from malignant parotid gland lesions and in tumor typing.

Methods:

This is a retrospective study on 250 patients who had undergone parotidectomy in between 2000 and 2011. Pre-operative fine needle aspiration cytology study results were compared with the definitive histopathological findings on the parotidectomy specimens.

Results:

Among the 250 patients included in this study, 175 patients (70%) had benign disease and 75 patients (30%) had malignant neoplasm. Fine needle aspiration cytology findings were correlated with the pathology results on the parotidectomy specimens. The sensitivity, specificity, positive and negative predictive values in detecting malignant tumours were 85.7%, 91.4%, 80% and 94.1% respectively. The exact histologic type was correctly diagnosed by fine needle aspiration cytology study in 57.8% of cases (66.9% of benign disease and 36% of malignant neoplasms).

Conclusion:

Fine needle aspiration is a reliable examination tool in distinguishing between benign and malignant parotid lesions. For exact tumour typing by fine needle aspiration cytology, the accuracy for benign tumours was higher than for malignant tumours