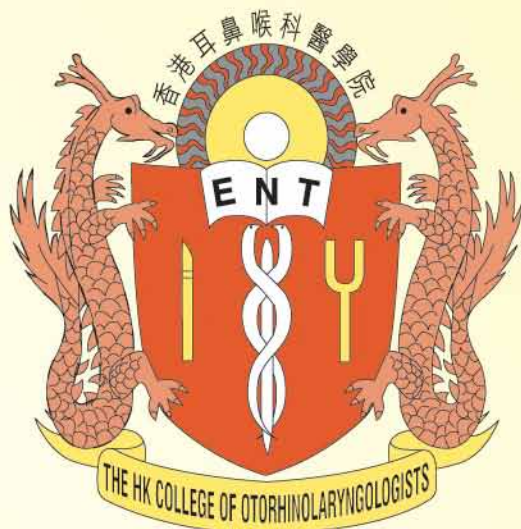


香港耳鼻喉科醫學院  
The Hong Kong College of Otorhinolaryngologists



*Annual Scientific Meeting 2015*

**Saturday, November 21, 2015**

*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**

## The College Council 2013-2015

The Nineteenth Annual General Meeting of the Hong Kong College of Otorhinolaryngologists was held on November 23, 2013. The following new Council was elected. The Council would be in office for a period of two years.

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# THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

## PROGRAMME

### 12:15 - 16:30 ANNUAL SCIENTIFIC MEETING

11:30	REGISTRATION		
12:15	TRAINEE RESEARCH PRESENTATION COMPETITION 2015		
12:15 – 12:30	<i>Study of pressure on patient's chest during microlaryngoscopy</i> <b>Dr Walter Chin-Pang CHAN</b> <i>ENT, Hong Kong West Cluster, Hospital Authority</i>	A1	
12:35 – 12:50	<i>The outcome of nasal bone fracture – 10-year experience</i> <b>Dr Alvin Po-Ngai CHU</b> <i>ENT, Hong Kong East Cluster, Hospital Authority</i>	A2	
12:55 – 13:10	<i>Transoral nasopharyngeal brush biopsy for EBV DNA detection of local recurrence of nasopharyngeal carcinoma after radiotherapy</i> <b>Dr Calvin Chee-Fung LAI</b> <i>ENT, Hong Kong West Cluster, Hospital Authority</i>	A3	
13:15 – 13:30	<i>Functional rhinoplasty: A NOSE evaluation</i> <b>Dr Leah Lai LAU</b> <i>ENT, Hong Kong West Cluster, Hospital Authority</i>	A4	
13:35 – 13:50	<i>Balloon dilatation laryngoplasty for advanced grade subglottic stenosis in infants: our experience</i> <b>Dr John Shui-Kwong LEE</b> <i>ENT, New Territories East Cluster, Hospital Authority</i>	A5	
13:55	TEA BREAK		
14:15	14:15 – 14:30 <i>Paediatric Tracheostomy and It's Home care – CUHK experience</i> <b>Dr Jacky Fook-Wai LO</b> <i>ENT, Kowloon East Cluster, Hospital Authority</i>	A6	

14:35 – 14:50	<b><i>The association of Human papillomavirus (HPV) infection in Chinese laryngeal cancer patients in Hong Kong</i></b> <b><i>Dr Cynthia Ka-Cheong WAI</i></b> <i>ENT, Kowloon West Cluster; Hospital Authority</i>	A7
14:55 – 15:10	<b><i>Efficacy of Bi-level Radiofrequency Ablation in Snoring and Mild Obstructive Sleep Apnoea</i></b> <b><i>Dr Athena Ting-Ka WONG</i></b> <i>ENT, New Territories West Cluster; Hospital Authority</i>	A8
15:15 – 15:30	<b><i>Pathological Prognosticators And Oncological Outcome of Salvage Neck Dissection After Chemoradiation in NPC Patients – A 12-Year Review of PWH Experience</i></b> <b><i>Dr Zenon Wing-Chi YEUNG</i></b> <i>ENT, Hong Kong West Cluster; Hospital Authority</i>	A9
15:30 – 15:45	<b><i>Management of clinical N0 neck in patients with carcinoma of tongue: functional consideration</i></b> <b><i>Dr Sylvia Suet-Ying YU</i></b> <i>ENT, Hong Kong West Cluster; Hospital Authority</i>	A10
16:00	<b>TEA BREAK</b>	
16:30	<b>CME LECTURE</b>	
	<b><i>“Evolving role of Systemic therapy in Head and Neck Cancer”</i></b>	
	<b><i>Guest Speaker Professor Anthony Tak-Cheung CHAN</i></b> <i>Li Shu Fan Medical Foundation</i> <i>Professor of Clinical Oncology</i> <i>Chief Director, Phase I Clinical Trial Centre</i> <i>Chief of Service, Department of Clinical Oncology</i> <i>Director, Sir YK Pao Centre for Cancer,</i> <i>Prince of Wales Hospital</i> <i>Cluster Coordinator (Oncology),</i> <i>New Territories East Cluster</i>	
	<b><i>Chairman Dr Victor ABDULLAH</i></b> <i>Consultant and Cluster Chief of Service</i> <i>Dept. of Otorhinolaryngology, Head &amp; Neck Surgery</i> <i>Kowloon East Cluster Hospital Authority</i> <i>Censor-in-Chief</i> <i>The Hong Kong College of Otorhinolaryngologists</i>	
17:00	<b>END OF PROGRAMME</b>	

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## Study of pressure on patient's chest during microlaryngoscopy

**Dr Walter Chin-Pang CHAN**

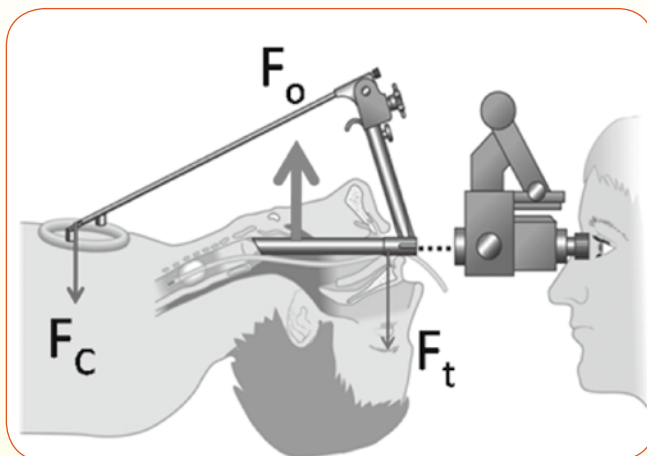
*ENT, Hong Kong West Cluster, Hospital Authority*

Microlaryngoscopy is a common procedure by otorhinolaryngologist to assess and treat the lesion of the larynx. Good exposure of larynx inevitably exerts force over the larynx and oropharynx.

Historically, Kirstein introduced the suspension laryngoscopy, which allowed for the first time bimanual instrumental manipulation of the surgical field. After the development of proper laryngoscopes in combination with a laryngoscope holder by Kleinsasser, this method became standard almost everywhere. The laryngoscope holder was originally positioned over the chestwall of the patient; nowadays most surgeons prefer a chest support. There were few studies analyzing the force applying on the chest wall. There were much fewer studies comparing the difference of the forces exerting over chest wall and chest support. Certain intensity of forces has to applied over the teeth and oropahrynx. The forces may cause injury to teeth or soft tissue of oropharynx.

**This study has the following objectives**

1. Any mechanical advantage of holder on thorax approach, e.g. pressure on chest wall, teeth oropharynx?
2. Will pressure of chest holder jeopardize ventilation?



While performing microlaryngoscopy under general anaesthesia by using Linholm or Kleinsasser laryngoscope, forces (Fc) applied by the laryngoscope holder over the chest wall or chest table were directly measured with electronic scale. The length of the laryngoscope holder and angles between the holder and laryngoscope were measured as well. By using the law of the lever, the forces applied on the upper teeth (Ft) and on the oropharynx (Fo) were estimated. The mean force was 1.9 kg on chest wall, 2.2kg on chest table. The force over teeth was 4.4 kg with holder on chest wall, 8.5 kg with holder on the chest table. The force over oropharynx was 6.3 kg with holder on chest wall, 10.7 kg with holder on the chest table. There was no significant difference between the ventilation pressures with or without chest table. There was not mechanical advantage of chest table. The forces applied over the teeth and oropharynx was higher while chest table was used.

### **Reference**

1. *Kirstein A (1897) Autopsy of the larynx and trachea (direct examination without mirror). FA Davis Co, Philadelphia, pp 57–58*
2. *Kleinsasser O (1968a) Microlaryngoscopy and endolaryngeal microsurgery. University Park Press, Baltimore, pp 48–62*
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4. *Zeitels SM, Burns JA, Dailey SH (2004) Suspension laryngoscopy revisited. Ann Otol Rhinol Laryngol 113:16–22*
5. *Zeitels SM, Vaughan CW (1994) External counterpressure and internal distention for optimal laryngoscopic exposure of the anterior glottal commissure. Ann Otol Rhinol Laryngol 103:669–675*
6. *Drezner DA (1995) Complications of direct laryngoscopy. Otolaryngol Head Neck Surg 112:630–631.*
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## The outcome of nasal bone fracture – 10-year experience

**Dr. Alvin Po-Ngai CHU**

*ENT, Hong Kong East Cluster, Hospital Authority*

### **Objective:**

To review the outcome of patients with nasal bone fracture who underwent closed reduction in a regional hospital.

### **Methods:**

Retrospective review of medical records was performed. Data collected included time from injury to closed reduction, type of anaesthesia used (LA vs. GA), need for repeat closed reduction, need for surgery, and complication rate. Outcome measures for those who underwent delayed closed reduction (more than 14 days post-injury) were further analysed.

### **Results:**

From 1<sup>st</sup> January 2004 to 31<sup>st</sup> December 2013, 280 patients with nasal bone fracture were referred to our department requiring closed reduction. The mean time from injury to closed reduction was 9.3 days (min. 0, max. 29, mode 8 days). 85% of patients had closed reduction under local anaesthesia. Satisfactory reduction was achieved in 80% of patients. Repeat closed reduction was performed in 14% of patients. Surgery was required in 10% of patients.

Delayed closed reduction was performed in 26 cases (9%). 77% of these patients had closed reduction under local anaesthesia. Satisfactory reduction was achieved in 74% of patients. Repeat closed reduction was performed in 8% of patients. Surgery was required in 1 patient (4%).

8 patients experienced complications secondary to closed reduction (all underwent closed reduction within 14 days).

### **Conclusion:**

91% of nasal bone fracture patients requiring closed reduction underwent the procedure within 14 days post-injury. For those who underwent delayed closed reduction, a higher percentage required general anaesthesia, although outcome in terms of satisfactory reduction, need for repeat closed reduction, and need for surgery, were not found to be inferior in this group.

## **Transoral nasopharyngeal brush biopsy for EBV DNA detection of local recurrence of nasopharyngeal carcinoma after radiotherapy**

**Dr Calvin Chee-Fung LAI**

*Division of Otorhinolaryngology, Department of Surgery,  
Hong Kong West Cluster, Hospital Authority*

### **Background:**

To evaluate the use of transoral nasopharyngeal brush biopsies and quantitative polymerase chain reaction (qPCR) Epstein-Barr virus DNA detection system (NP Screen™) in surveillance of local recurrence of nasopharyngeal carcinoma (NPC).

### **Methods:**

A prospective cohort study to compare the nasopharyngeal epithelial EBV-DNA levels in recurrent NPC patients compared with control group of post-irradiated NPC patients in disease remission.

### **Results:**

Fourteen recurrent NPC patients and fifteen post-irradiated patients in disease remission were recruited for trans-oral brush biopsies. Epstein-Barr virus detection level (EDL) was found to be significantly different between the recurrence group (EDL = 2.38) and the control group (EDL = 0.17) ( $p < 0.0001$ ). There was no significant correlation between the EDL and T-stage of tumour recurrence.

### **Conclusion:**

Trans-oral brush biopsy may serve as an additional surveillance tool in detection of local recurrence of NPC. Further studies are required to determine its sensitivity, specificity and cost-effectiveness.

## Functional rhinoplasty: A NOSE evaluation

**Dr Leah-Lai LAU**

*ENT, Hong Kong West Cluster, Hospital Authority*

Nasal obstruction is one of the most common presenting symptoms in Otorhinolaryngology practice. Nasal obstruction experienced by the patients can be accounted by septal deviation, internal or external valve collapse, or turbinate hypertrophy.

The goal of the study is to measure the disease-specific quality of life outcomes after functional rhinoplasty in patients with nasal obstruction.

A prospective observational outcomes study of patients with nasal obstruction who underwent functional rhinoplasty was conducted. Preoperative and postoperative evaluations were performed using the Nasal Obstruction Symptoms Evaluation (NOSE) scale, a validated and disease-specific quality of life instrument designed for use in nasal obstruction.

Functional rhinoplasty results in improvement of nasal obstruction as measured by the Nasal Obstruction Symptoms Evaluation (NOSE).

## Balloon dilatation laryngoplasty for advanced grade subglottic stenosis in infants: our experience

**Dr John Shui-Kwong LEE**

*ENT, New Territories East Cluster, Hospital Authority*

### **Objectives:**

Balloon dilatation laryngoplasty (BDL) has been suggested as an alternative treatment to open cricotracheal reconstruction for subglottic stenosis (SGS) in children due to their relative facility and high success rates. While the literatures mainly report its success on early grade stenosis, we describe our long-term outcomes of BDL for infants with advanced grade SGS.

### **Methods:**

The retrospective data of infants who had BDL for advanced grade SGS was reviewed. Data included demographics, relevant history and physical examination, diagnostic workup, and management. Outcomes of DBL were assessed based on improvement in preoperative symptoms, grading of stenosis and need for additional procedures.

### **Results:**

Between the years of 2009-2014, five infants (3 male, 2 female) were diagnosed and treated for advanced grade subglottic stenosis. The initial stage of the subglottic stenosis for all patient was Cotton-Myer Grade III with all having to be tracheostomised upon diagnosis and latter underwent serial balloon dilatation. All infant gone through series of three to five endoscopic balloon dilations in ad juncture with local application of mitomycin C and intra-lesional steroid injection. Two out of five children were successfully decannulated after serial BDL, while three children had suboptimal response and inevitably submitted to cricotracheal reconstruction. These patients were followed for a period of 17-49 months and their long term outcomes were reported.

### **Conclusions:**

Serial balloon dilation is a safe, potentially less invasive method to manage advanced grade subglottic stenosis and no recurrence was noted in a longer term follow-up. More studies are required to refine our knowledge concerning efficacy rates, safety and indications for balloon dilatation laryngoplasty.

## Paediatric Tracheostomy and It's Home care – CUHK experience

**Dr Jacky Fook-Wai LO**

*ENT, Kowloon East Cluster, Hospital Authority*

Tracheostomy is one of the commonest surgery that performed in the adult patients in otorhinolaryngology. Whereas paediatric tracheostomy is an infrequent procedure and it's often performed only by a handful of specialists. It's often worried about the complications of paediatric tracheostomy. This study is to review the complication rate of tracheostomy cases performed in patient under 16 of age in our cluster.

Another purpose of this study is to review the home care of paediatric tracheostomy. Home care of paediatric tracheostomy is a common practice in Western countries. However, due to the culture of our society, healthcare workers and families often hesitate to have paediatric patients with tracheostomy go home. Our experience of home care of paediatric tracheostomy is reviewed.

## The association of Human papillomavirus (HPV) infection in Chinese laryngeal cancer patients in Hong Kong

**Dr Cynthia Ka-Cheong WAI**

*ENT, Kowloon West Cluster, Hospital Authority*

### **Introduction:**

There have been evidences from local and Western studies showing strong association of human papillomavirus (HPV) infection with oropharyngeal carcinoma and better prognosis in these patients. Laryngeal carcinoma, especially squamous cell carcinoma (SCC), is commonly encountered in our specialty. However, the association of laryngeal SCC with HPV infection has not been well established.

### **Objective:**

To determine the prevalence of HPV infection and the distribution of its genotypes in laryngeal SCC patients in Hong Kong, as well as to correlate the HPV status with the tumour characteristics, patient demographics and overall survival.

### **Study Design and Methodology:**

This is a retrospective cohort study. Patients with laryngeal SCC diagnosed between 2005 and 2010 in the Kowloon West cluster were identified. Tumour tissue blocks were traced. Information on demographics, tumour status, treatment outcome and survival status were collected from patient records.

Laboratory tests were performed on their tumour tissue blocks. HPV DNA detection by polymerase chain reaction, genotyping and oncoproteins analysis was also performed. Prevalence of HPV infection in SCC was determined. Tumour characteristics, patient demographics, treatment modality and survival were analyzed for correlation with the HPV status.

## Efficacy of Bi-level Radiofrequency Ablation in Snoring and Mild Obstructive Sleep Apnoea

**Dr Athena Ting-Ka WONG**

*ENT, New Territories West Cluster, Hospital Authority*

### **Background:**

Snoring is known to cause disrupted sleep, daytime tiredness and poor concentration for both the patient and bed partner. While the soft palate is recognised to be the primary snore generator, the role of nasal obstruction, which is a very common symptom in snorers, has been controversial. Studies have shown variable results on current nasal interventions in their improvement on different elements of sleep disordered breathing. This study aims to assess the efficacy of performing radiofrequency ablation (RF) on both the soft palate (SP) and nasal inferior turbinates (IT) at the same stage, in alleviating snoring in patients with primary snoring and mild obstructive sleep apnoea (OSA).

### **Subjects and methods:**

Patients presenting with disruptive snoring and diagnosed as primary snoring or mild OSA with an apnea-hypopnea index of less than 15 on polysomnography were recruited. RF SP and IT were performed under local anaesthesia in a clinic setting. All subjects had follow-up assessments at one week, three and six months. Pre and post-operative visual analogue scale (VAS) scores of snoring and nasal obstruction severity were recorded. Linear mixed effect model, independent t-test, and one-way ANOVA were used to estimate the trend and contributing factors in snoring improvement.

### **Result:**

27 patients met the study criteria and received bi-level RF SP and IT. Postoperative tolerance parameters showed a significant decreasing trend, with no major morbidities or mortalities. At six months, there was significant improvement of subjective severity of snoring (42.5%,  $p < 0.001$ ) and nasal obstruction (54.4%,  $p < 0.001$ ). Patients with BMI  $< 23$  ( $p = 0.04$ ) or severe nasal obstruction of VAS score  $\geq 8$  ( $p = 0.04$ ) showed significantly more improvement in snoring than their peers.

### **Conclusion:**

Bi-level RF SP and IT is an effective procedure in improving snoring. It is well-tolerated with low complication rate, and may be performed efficiently in a clinic setting. Patients with BMI  $< 23$  or complain of severe nasal obstruction demonstrated better response in snoring improvement to the procedure.

## **Pathological Prognosticators And Oncological Outcome of Salvage Neck Dissection After Chemoirradiation in NPC Patients – A 12-Year Review of PWH Experience**

**Dr Zenon Wing-Chi YEUNG**

*ENT, Kowloon East Cluster, Hospital Authority*

Radiotherapy or chemoirradiation has been the primary treatment of nasopharyngeal carcinoma, surgery is reserved as a salvage treatment for persistent or recurrent disease. Radical neck dissection have been the standard treatment to treat recurrent or persistent nodal disease. The present study aimed to analyse the oncologic outcome of salvage neck dissection in persistent or recurrent nodal disease in nasopharyngeal carcinoma patients after chemoirradiation. We reviewed our 10-year experience in PWH to evaluate factors associated with poor prognosis and 2<sup>nd</sup> regional recurrence or distant metastasis.

Neck dissection database since 2001 to 2013 in the Prince of Wales Hospital has been reviewed to assess the nodal distribution in NPC salvage neck dissection specimens. 57 patients underwent 68 neck dissections (11 patients had bilateral neck dissections) for persistent or recurrent nodal disease from NPC after radiotherapy or chemoirradiation.

This retrospective review addresses the oncological outcome of neck dissection as a salvage treatment after chemoirradiation in NPC patients. Apart from the initial tumour and nodal staging, presence of extracapsular spread and high nodal densities in pathological specimens are poor prognosticators for survival.

## Management of clinical N0 neck in patients with carcinoma of tongue: functional consideration

**Dr Sylvia Suet-Ying YU**

*ENT, Hong Kong West Cluster, Hospital Authority*

### **Background and Objective:**

Shoulder dysfunction is a known complication of radical neck dissection with sacrifice of spinal accessory nerve and has great impact on the quality of life of patients. The aim of the study is to evaluate the incidence of occult neck lymph node metastases in patients with primary carcinoma of tongue and the severity of shoulder dysfunction following selective neck dissection.

### **Methods:**

From year June 2011 to May 2015, 48 patients with primary carcinoma of tongue without clinical and radiological evidence of lymph node metastases underwent glossectomy and selective neck dissection. Pre-operative investigations included incisional biopsy of the primary tumour, panendoscopy, ultrasound examination of the neck and computed tomography or magnetic resonance imaging. Patients with cytologically proven neck lymph node metastases, history of other head and neck primary carcinoma, irradiation or surgery of the neck or pre-existing shoulder problems were excluded.

Upon follow-up visit, they were invited to fill in the Disability of Arm, Shoulder and Hand (DASH) questionnaire to evaluate the shoulder dysfunction following selective neck dissection.

### **Results:**

Out of the 48 patients, all of them underwent ipsilateral supraomohyoid neck dissection and 4 of them also had contralateral supraomohyoid neck dissection. Incidence of occult LN metastases was 27.08% (pN1 18.75%, pN2 8.33%). The failure rate of selective neck dissection was 2.08% with 1 patient developed regional lymph node recurrence. Among the patients who had completed the DASH questionnaires, most patients reported shoulder dysfunction following selective neck dissection despite spinal accessory nerve preservation.

### **Conclusion:**

Selective neck dissection is an effective method for detecting occult lymph node metastases in patients with carcinoma of the tongue. However, shoulder dysfunction despite nerve sparing procedure should also be taken into account.

## ACKNOWLEDGEMENT

*(In Alphabetical Order)*



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References: 1. Efficacy data were from four post-marketing surveillance studies involving 77,881 subjects using oral desloratadine 5mg tablet daily for Seasonal Allergic Rhinitis and Chronic Idiopathic Urticaria. Onset of action results were subject rated from post hoc analysis of these studies ( $n = 13,270$ ) where subjects had previously received monotherapy with another second-generation antihistamine (cetirizine, fexofenadine, loratadine or mizolastine). Bachert, C, & Murray, SA. (2015). Safety and Efficacy of Desloratadine in Subjects with Seasonal Allergic Rhinitis or Chronic Urticaria. Clin Drug Investig. 2015; 35(12): 109-122. 2. F. Laurs, R. Simons, A.H.J. Cox, Advances in H1-Antihistamines, 2008. 3. AERIUS Syrup package insert (Bayer HK).

- **INDICATIONS:** AERIUS<sup>®</sup> Tablets are indicated for the relief of symptoms associated with allergic rhinitis (N/A) and urticaria. AERIUS<sup>®</sup> Syrup is indicated for the relief of the nasal and non-nasal symptoms of perennial allergic rhinitis in patients 6 months of age and older.
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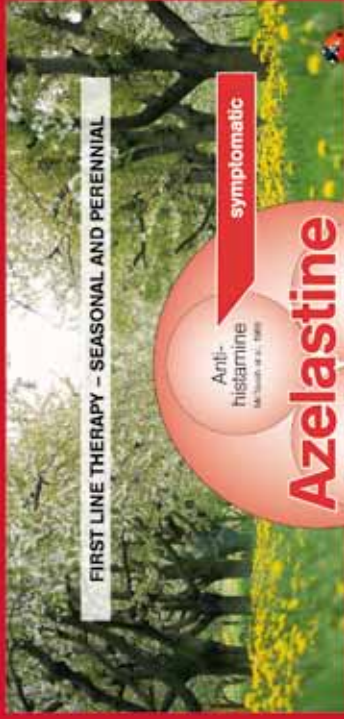
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**First line treatment for patients suffering from allergy symptoms year round, with a fast relief of all symptoms**

ATAA (Allergic Rhinitis and Allergy) Society, 2007

**Non-steroidal treatment with more than steroidal efficacy**

- faster onset of action: 10-12 min.
- effective as or better relief of symptoms
- is not a steroid, hence a favorable safety profile

Deuragheer et al., 2004; Salazar et al., 2005; Borger et al., 2005; Borger et al., 2007; Borger et al., 2005; Salazar et al., 2005; Salazar et al., 2005; Cramer et al., 2003; Valera et al., 2005

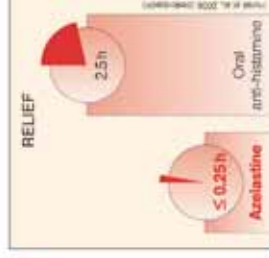
**More than an antihistamine:**

- anti-allergic,
- anti-inflammatory,
- mast cell stabilizing

Borger et al., 2005; McNeill et al., 1995; Murrone et al., 2002; Cramer et al., 1995; Bor et al., 1999; Zhan et al., 1992

**Effective even in patients who are non-responders to oral antihistamine**

Borger et al., 2000



**MEDA**

Enquiry Hotline : Meda Pharmaceutical HK Limited (Tel.: 26355161)

Oticon, the world's only BrainHearing Technology provider  
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One combination device for both Hearing Loss and Tinnitus

Among Oticon's many First hearing instruments

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world 1<sup>st</sup> **Digital**

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Tsuen Wan  
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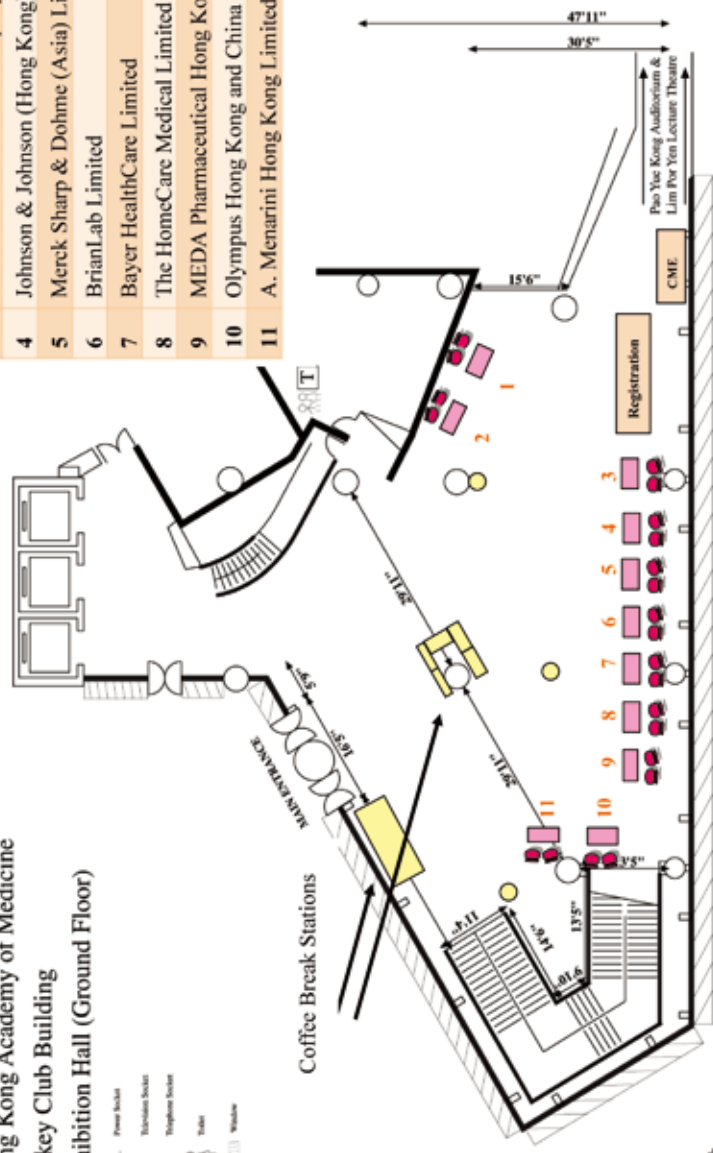
Shatin  
Tel: 3579 4278

Hong Kong Academy of Medicine  
Jockey Club Building  
Exhibition Hall (Ground Floor)



Coffee Break Stations

1	Karl Storz Endoscopy China Ltd.
2	GlaxoSmithKline Limited
3	Takeda Pharmaceutical Company Limited
4	Johnson & Johnson (Hong Kong) Limited
5	Merek Sharp & Dohme (Asia) Limited
6	BrianLab Limited
7	Bayer HealthCare Limited
8	The HomeCare Medical Limited
9	MEDA Pharmaceutical Hong Kong Limited
10	Olympus Hong Kong and China Limited
11	A. Menarini Hong Kong Limited



**Exhibition Booth**

**Display Table:** 3x6ft  
**Exhibition Area:** 3m x 2m

**Remarks**

● small round tables

香 港 耳 鼻 喉 科 醫 學 院  
The Hong Kong College of Otorhinolaryngologists

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