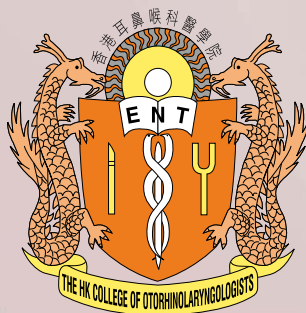


香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS



ANNUAL SCIENTIFIC MEETING

Saturday, November 10, 2018

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

PROGRAMME

11:30 – 17:15 ANNUAL SCIENTIFIC MEETING

11:30 REGISTRATION

12:15 TRAINEE RESEARCH PRESENTATION COMPETITION 2018

12:15 – 12:30 **The Effect of Precedex in Improving Operative Field Visibility during Myringoplasty: A Prospective Study** **A1**
 Dr Horace CHENG
ENT, Kowloon Central Cluster, Hospital Authority

12:35 – 12:50 **Endoscopic transcanal inlay cartilage “butterfly” myringoplasty** **A2**
 Dr Nikie Ho-Yee SUN
ENT, Hong Kong West Cluster, Hospital Authority

12:55 – 13:10 **Sex differences in time trends on incidence rates of oropharyngeal and oral cavity cancers in Hong Kong** **A3**
 Dr Michael Man-Hin CHAN
ENT, Kowloon West Cluster, Hospital Authority

13:15 – 13:30 **A multicenter evaluation of a combination of nasopharyngeal brush biopsy and plasma for EBV DNA in detecting local failures in nasopharyngeal carcinoma** **A4**
 Dr Ronald LAI
ENT, Kowloon East Cluster, Hospital Authority

13:35 – 13:50 **Is asymmetric tonsil alone an indication for tonsillectomy?** **A5**
 Dr Walter Chin-Pang CHAN
ENT, Hong Kong West Cluster, Hospital Authority

13:55 – 14:10 **Change of olfactory function after endoscopic trans-sphenoidal surgery for pituitary tumour: a cohort study** **A6**
 Dr Jacqueline Sze-Wai CHAN
ENT, New Territories East Cluster, Hospital Authority

14:15 COFFEE/TEA BREAK

14:35 – 14:50 **Role of panendoscopy in diagnosis of second primary cancers in patients with head and neck squamous cell carcinoma** **A7**
 Dr Thomas Shi-Yeung HO
ENT, Hong Kong West Cluster, Hospital Authority

14:55 – 15:10 **Oral Cancer staging – Comparing AJCC 7th and 8th edition** **A8**
 Dr Francis Ka-Ming TSUI
ENT, Kowloon West Cluster, Hospital Authority

15:15 – 15:30 **A meta-analysis of narrow-band imaging for the diagnosis of primary nasopharyngeal carcinoma** **A9**
 Dr David Chun-Man YEUNG
ENT, New Territories East Cluster, Hospital Authority

15:35 PRESENTATION BY THE WINNER OF THOMAS CHEUNG FUND 2017 OF THE HONG KONG SOCIETY OF OTORHINOLARYNGOLOGY, HEAD & NECK SURGERY

AAO Annual Meeting 2018, Atlanta

Dr Nikie Ho-Yee SUN

ENT, Hong Kong West Cluster, Hospital Authority

15:50 PRESENTATION OF RESEARCH PROJECT BY FELLOW IN POST-FELLOWSHIP HEAD AND NECK SURGERY TRAINING OF THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

Laryngeal dysplasia: a review of natural history of local population

Dr Felix Tak-Yin LAU

Associate Consultant (ENT)

New Territories West Cluster, Hospital Authority

16:00 COFFEE/TEA BREAK

16:30 GUEST LECTURE ON "SCREENING FOR NASOPHARYNGEAL CARCINOMA BY PLASMA EPSTEIN-BARR VIRUS DNA ANALYSIS"

Guest Speaker

Professor Allen Kwan-Chee CHAN

Department of Chemical Pathology, The Chinese University of Hong Kong

Chairman

Dr John Kong-Sang WOO

Immediate Past President

The Hong Kong College of Otorhinolaryngologists

17:15 END OF PROGRAMME

17:45 ANNUAL GENERAL MEETING

GUEST LECTURE

SCREENING FOR NASOPHARYNGEAL CARCINOMA BY PLASMA EPSTEIN-BARR VIRUS DNA ANALYSIS

Professor Allen Kwan-Chee CHAN

*Department of Chemical Pathology
The Chinese University of Hong Kong*

Biography

Allen is currently appointed as a Professor at the Department of Chemical Pathology at The Chinese University of Hong Kong. His main research interest is on the development of innovative diagnostic approaches based on circulating DNA analysis. He is an inventor of 40 patent families on molecular diagnostics, including the methods for the noninvasive detection of Down syndrome through the analysis of the blood plasma of pregnant women. The Down syndrome test has been widely adopted as a routine clinical test globally with millions tests done every year.

Allen led the first large-scale prospective study of using “liquid biopsy” to screen for early asymptomatic cancer. He demonstrated that plasma Epstein-Barr virus DNA analysis is useful for screening early nasopharyngeal cancer and improve survival. This work was selected as one of the ten notable article published in New England Journal of Medicine in 2017. He has received the 2018 Annual Achievement Award from the Chinese Society of Clinical Oncology (CSCO). This award is one of the highest recognition in cancer research in China.

In addition to research, Allen is also passionate about teaching and received a total of four Teacher of the Year awards from the Faculty of Medicine, CUHK.

BOARD OF ADJUDICATORS (2018)

CHIEF ADJUDICATOR

Dr Kai-Bun FUNG

Past President

*The Hong Kong College of Otorhinolaryngologists
Private Specialist in Otorhinolaryngology*

LOCAL ADJUDICATORS

Dr Amy Sonya Cheuk-See CHEUNG

Education Committee Member

*The Hong Kong College of Otorhinolaryngologists
COS(ENT), Hong Kong East Cluster, Hospital Authority*

Dr Raymond Kwong-Hon MA

Past President

*The Hong Kong College of Otorhinolaryngologists
Private Specialist in Otorhinolaryngology*

Dr Herman Man-Kai TANG

Past President

*The Hong Kong Society of Otorhinolaryngology,
Head & Neck Surgery
Private Specialist in Otorhinolaryngology*

Dr Buddy Yat-Kiu WONG

Past President

*The Hong Kong Society of Otorhinolaryngology,
Head & Neck Surgery
Private Specialist in Otorhinolaryngology*

Dr Kong-Wah YEUNG

Council Member

*The Hong Kong College of Otorhinolaryngologists
COS(ENT), New Territories West Cluster,
Hospital Authority*

EXTERNAL ADJUDICATORS

Mr John HILL

*Consultant Otolaryngologist and Skull Base Surgeon
Newcastle University NHS Trust
United Kingdom*

Mr Derek SKINNER

Consultant ENT Surgeon

*The Shrewsbury and Telford NHS trust
United Kingdom*

Mr Navnit SHAH

Honorary Consultant Otologist

*Royal National Throat, Nose and Ear Hospital
United Kingdom*

ABSTRACT

A1

The Effect of Precedex in Improving Operative Field Visibility during Myringoplasty: A Prospective Study

Dr Horace CHENG

ENT, Kowloon Central Cluster, Hospital Authority

Objective:

The aim of this study is to evaluate whether Precedex, an alpha-2 adrenergic agonist, can improve the operative field visibility during myringoplasty.

Design:

Double-blinded randomized controlled trial.

Subjects:

Patients receiving myringoplasty in Queen Elizabeth Hospital

Method:

Patients were randomized into either study group or control group. All patients underwent single sided myringoplasty under general anaesthesia. In study group, subjects received an additional continuous infusion of precedex of 0.3µg/kg/hour. Meanwhile subjects in control group received normal saline infusion as placebo. Both the anaesthetist and the surgeon were blinded. Surgeon and an observer would grade the operative field visibility by an objective bleeding scale called Fromm and Boezaart quality score¹. The post-operative recovery and any presence of complications were also assessed and documented.

Result:

There is statistically significant improvement in Fromm and Boezaart quality score in study group comparing to control group (1.67 ± 0.5 vs 2.44 ± 0.72 , $p = 0.02$). Two patients in the study group had post-operative vomiting for once, while one patient in the control group had transient nausea. All patients were discharged on post-operative day one.

Conclusion:

Infusion of precedex during myringoplasty improves operative field visibility while provides a safe and smooth post-operative recovery.

Endoscopic transcanal inlay cartilage “butterfly” myringoplasty

Dr Nikie Ho-Yee SUN

ENT, Hong Kong West Cluster, Hospital Authority

Background:

Various materials including temporalis fascia, periostium, perichondrium, vein, cartilage and fat has been used to reconstruct the tympanic membrane. Amongst all, temporalis fascia is the most commonly used graft¹.

Eavey at Massachusetts Eye and Ear Infirmary introduced inlay cartilage butterfly myringoplasty technique back in 1998². Cartilage as a grafting material regained interests in the last decade. Cartilage is superior in the rigidity and stiffness to fascia graft. However, adverse effect on hearing due to its rigidity remained a concern.

Initial description of Eavey’s inlay cartilage butterfly technique is limited by adequate exposure especially in anterior perforation with prominent anterior canal wall. The use of endoscope provides the advantage of a wide exposure, which allows surgeon to overcome problem with exposure and approach the perforation with the minimally invasive transcanal approach.

Study design:

A retrospective cohort study.

Method:

Endoscopic transcanal inlay “butterfly” cartilage technique was introduced in Hong Kong West cluster since 2016. Patients with central type tympanic membrane perforation had repair with this technique during the period from July 2016 to June 2018 were included in the study. Primary outcome measurements include changes in pure tone threshold, morphological success rate and rate of achieving post-operative dry ear.

Results:

39 patients (39 ears) were identified, of which 15 were male and 24 were female. The median age is 59 (range: 10-88 years). 12.8% of the patients tympanoplasty is a revision procedure and the mean perforation size is 16.3% (range: 5-40%). 66.7% of the cases were performed under local anesthesia.

The mean operative time is 42 mins (range 20-70mins). Postoperative otorrhea was documented in 10% of patients and the morphological success rate is 94.9%

Conclusion:

Endoscopic inlay cartilage “butterfly” myringoplasty is an effective and minimally invasive method for simple small to medium sized perforation. Morphological success rate reached 94% and hearing was also improved significantly. It is feasible in the hands of trainees, and can be served as good training material for endoscopic ear surgery.

Reference:

1. Sheehy JL, Anderson RG. Myringoplasty. A review of 472 cases. *Ann Otol Rhinol Laryngol* 1980;89:331Y4.
2. Eavey RD. Inlay tympanoplasty: cartilage butterfly technique. *Laryngoscope* 1998;108:657-61.

Sex differences in time trends on incidence rates of oropharyngeal and oral cavity cancers in Hong Kong

Dr Michael Man-Hin CHAN

ENT, Kowloon West Cluster, Hospital Authority

Background:

Worldwide studies showed an increasing trend of oropharyngeal squamous cell carcinoma (OPSCC) but decreasing trend of oral cavity cancers over the last 2 decades, particularly in developed countries with successful tobacco control. This trend was attributed to the increase in incidence of human papillomavirus associated OPSCC (HPV-related OPSCC). This study examined the sex differences in incidence trends of oropharyngeal and oral cavity cancers in Hong Kong from 1983 to 2014.

Methods:

Using data from Hong Kong Cancer Registry during 1983-2014, age standardized incidence rates for potentially HPV-associated sites (oropharyngeal) and nonHPV-associated sites (oral cavity) were calculated, stratified by sex and age groups. Jointpoint regression and age-period-cohort (APC) model were used to assess incidence trends.

Results:

A total of 1972 cases of oropharyngeal cancer and 7389 cases of oral cavity cancer were diagnosed from 1983 to 2014. The Male to female ratio was 4.16:1 for oropharyngeal cancers and 1.63:1 for oral cavity cancers. A significant increasing trend was observed in oropharyngeal cancers from 1994 to 2014 (APC = 2.66%; $P < 0.05$). In contrast, significant decreasing trend was observed in oral cavity cancers from 1983 to 2004 (APC = - 2.04%; $P < 0.05$). The trends were more significant in males and in 45-69year age group. A positive birth cohort effect was observed for oropharyngeal cancer in males.

Conclusion:

The rising trend of oropharyngeal cancers and decreasing trend of oral cavity cancers in Hong Kong from 1983 to 2014 are consistent with worldwide trends. Increase in high-risk sexual behaviors and oral HPV infection may influence the difference in trends.

A multicenter evaluation of a combination of nasopharyngeal brush biopsy and plasma for EBV DNA in detecting local failures in nasopharyngeal carcinoma

Dr Ronald LAI

ENT, Kowloon East Cluster, Hospital Authority

Background

The mainstay of nasopharyngeal carcinoma (NPC) treatment includes radiotherapy with or without chemotherapy. Surgical salvage is usually required in locally recurrent or persistent NPC patients. However, local control rates remain poor despite surgical intervention with or without further postoperative radiotherapy. Early detection of local failures is important for permitting surgical salvage before locally aggressive lesions are deemed inoperable. Nonetheless, detecting local failures is challenging in the nasopharynx after radiotherapy and in the absence of obvious mucosal lesions. Both nasopharyngeal brush (NP brush) biopsies and plasma Epstein - Barr virus (EBV) DNA have been used in the detection of primary NPC, but they have not been extensively evaluated individually for the detection of local failure. Moreover, a combination of both in detecting local failures of NPC has never been examined.

Objective

To evaluate the sensitivities and specificities of EBV DNA in the detection of locally recurrent or persistent NPC through NP brush biopsy and plasma respectively, and whether a combination of both would be superior to the individual tests.

Methods

Thirteen patients with locally recurrent NPC and 16 disease-free patients were recruited in this pilot prospective cohort study from September 2016 to June 2018. Magnetic Resonance Imaging (MRI) was performed to differentiate post-radiation fibrosis from recurrent disease in all subjects. The patented transoral NP brush biopsy (NP Screen®) and plasma EBV DNA were obtained from each subject. Consequently, receiver-operating characteristics (ROC) analysis was used to determine the optimal cut off EBV Detection Levels (EDL), sensitivities and specificities of the NP Brush and plasma EBV DNA respectively in diagnosing local failures for NPC. In evaluating the sensitivity and specificity for the combination of

both methods, either the transoral brush or plasma EBV DNA has to be positive per the optimal cut-off level to result in a positive test. In contrast, a negative test will be analysed if both tests come out as negative.

Results

Twenty-one males and 8 females with an average age of 56.9 years were recruited. Among the locally recurrent group, 6 were stage I disease; 1 was stage II; 4 were stage III; one's staging could not be traced and one had no malignancy found after nasopharyngectomy despite biopsy showing recurrence. The optimal EDLs were 0.79 (Youden index = 0.845) for NP brush and 2.0 (Youden index = 0.769) for plasma EBV DNA respectively. The sensitivity and specificity of NP brush were 91.7% (76%-100%, 95% CI) and 92.9% (79.4%-100%, 95% CI) respectively, while the sensitivity and specificity of plasma EBV DNA were 76.9% (54%-99.8%, 95% CI) and 100% respectively. When the above EDLs were implemented with a combination of the NP brush and plasma EBV DNA, the sensitivity and specificity in combination were 100% and 92.9% (79.4%-100%, 95% CI) respectively, with positive predictive value (PPV) of 92.9% (79.4%-100%, 95% CI) and negative predictive (NNV) value of 100%.

Conclusion

The high sensitivity of NP brush biopsy and high specificity of EBV DNA in detecting locally recurrent NPC may provide additional surveillance modalities besides current practice when used in combination. Further study with a larger sample size would be required to validate the cut-off values.

Is asymmetric tonsil alone an indication for tonsillectomy?

Dr Walter Chin-Pang CHAN

ENT, Hong Kong West Cluster, Hospital Authority

Introduction

Asymmetric tonsil is often seen in out-patient clinic. These patients are often suggested to have tonsillectomy to rule out malignant histology. This is a local study to determine the necessity of tonsillectomy.

Method

This retrospective study reviewed all the tonsillectomies performed for asymmetric tonsil alone in our centre during 2007 – 2017. Those with asymmetric tonsil and other clinical features, such as enlarged cervical lymph nodes, tonsillar ulcer, dysphagia or sore throat, were excluded in our study. We reviewed the clinical notes and pathological report. The volume of tonsils were assumed to be correlated with the weight. The clinical grading of tonsils and the weight of tonsils were compared. 200 of patients with asymmetric tonsils alone were included in our study.

Result

Clinical grading of tonsillar asymmetric was correlated with the weight of tonsil. Among the 200 tonsillectomy performed for asymmetric tonsil alone, only one of those patient was found to have low grade lymphoma (prevalence 0.5%). The prevalence of malignancy in tonsils which exhibit asymmetry without other clinical features is very low (only 0.5%).

Conclusion

As the incidence of malignancy of asymmetry tonsil is low in the absence of other risk factors, diagnostic tonsillectomy might not be the best management. An initial period of close observation may be indicated. Diagnostic tonsillectomy might be considered on individual base by the clinician.

Change of olfactory function after endoscopic trans-sphenoidal surgery for pituitary tumour: a cohort study

Dr Jacqueline SW CHAN, Dr Samuel MW CHOW & Dr TM CHAN

ENT, New Territories East Cluster, Hospital Authority

Method:

This is a prospective cohort study performed in a tertiary referral centre. Patients aged 18-65 with the diagnosis of pituitary adenoma requiring TSS were recruited. Patients with Parkinson's disease, history of olfactory dysfunction, uncooperativeness, history of TSS were excluded. Transnasal bilateral wide sphenoidotomy with preservation of the Middle Turbinates was used for sella exposure, without the use of a nasoseptal flap. The Smell Identification Test (SIT) (Senonics International) was performed preoperatively as baseline, at 2 months and at 6 months postoperatively. The olfactory function was categorized as normosmia, mild microsmia, moderate microsmia, severe microsmia and anosmia.

Results:

Total 18 cases completed the study. 9 are male and 9 are female. Age of patients ranged from 34 to 64 and mean age was 55. The preoperative average SIT score was 26.9. The postoperative average SIT score at 2 month and 6 month were 25 and 26.5 respectively. At postoperative 2 month, 11 out of 18 cases (60%) had a drop in one level of SIT category (mean difference in SIT = 5). At 6 month, 5 out of 18 of cases (28%) had a SIT category drop in olfactory function at 6 month when compared to the preoperative state. These patients already had one level of category drop at postoperative 2 month. There was a trend towards lower SIT score at 2 months postoperatively compared with preoperative SIT scores although this was not statistically significant. No statistically significant differences were seen between SIT scores at 2 months postoperatively and SIT scores at 6 months postoperatively and preoperative SIT scores and SIT scores at 6 months postoperatively ($p>0.05$, Wilcoxon signed rank tests).

Conclusion:

Although there is no overall statistically significant drop in olfactory function, more than half of all patients demonstrated a drop in mean 2-month postoperative SIT score. This could potentially be explained by early postoperative mucosa edema around the sphenoidotomy site and nasal crusting around the posterior septum. None of the patients were seen by an ENT surgeon for nasal toileting in the early postoperative period. We postulated that regular early follow-ups by ENT surgeon may be essential for early olfactory function recovery as well as for prevention of permanent smell loss after TSS.

Role of panendoscopy in diagnosis of second primary cancers in patients with head and neck squamous cell carcinoma

Dr Thomas Shi-Yeung HO

ENT, Hong Kong West Cluster, Hospital Authority

Background:

The concept of 'field cancerization' had been well documented, hypothesizing that the exposure of the upper aerodigestive tract mucosa to the two main exogenous carcinogens, tobacco and alcohol, can result in multifocal tumors in the head and neck region, esophagus and lung. The rate of second primary tumors following head and neck squamous cell carcinomas (HNSCCs), including synchronous and metachronous primaries is variable in the literature, and can be as high as 23%. Panendoscopy (laryngoscopy, esophagoscopy and bronchoscopy) has therefore been utilized for the aim of diagnosing second primary cancer during initial workup. However, routine use of panendoscopy is still debatable, as it could increase treatment cost, extend the waiting time before initiation of treatment and may also carry risks. This study will evaluate the role for panendoscopy in the diagnosis of second primary cancers in head and neck squamous cell carcinoma.

Design:

A single-centre retrospective study.

Patients:

Patients diagnosed with head and neck squamous cell carcinomas and with panendoscopy as initial workup at the Department of Otorhinolaryngology and Head and Neck Surgery, Queen Mary Hospital from July 2008 – June 2018.

Methods:

Incidence and detection rates of second primary cancers with panendoscopy will be studied. Risk factors for their occurrences will also be studied. Comparison of detection rates with other means of investigations, e.g. CT (Computed Tomography) and PET-CT (Positron Emission Tomography – Computed Tomography) will be made.

Conclusion:

Esophagoscopy is recommended to be performed in patients with newly diagnosed hypopharyngeal cancer and drinkers. Bronchoscopy, however on the other hand, is having a low yield rate for detection of simultaneous second primary cancers in patients with head and neck squamous cell carcinomas and therefore would not be recommended to be used routinely.

Oral Cancer staging – Comparing AJCC 7th and 8th edition

Dr Francis Ka-Ming TSUI

ENT, Kowloon West Cluster, Hospital Authority

Background:

The American Joint Cancer Committee (AJCC) 8th edition staging system was released in January 2017. For oral cavity cancer, apart from the size of the tumour, depth of invasion is considered in T staging. Also the presence of extra nodal extension (ENE) is added as a new determining factor of N staging.

Objectives:

This study aims to evaluate whether the AJCC 8th edition presents the prognosis better than the 7th edition in Chinese population.

Methods:

Retrospective chart review of oral squamous cell carcinoma cases from 2005 to 2017. The cases were staged according to the AJCC 8th edition and 7th edition, and disease free survival (DFS) and overall survival (OS) will be recorded. DFS and OS are analyzed with Kaplan-Meier curves.

Results:

99 patients (62 males 37 females) were treated for oral cavity cancer, with the average age of 66.

Among these subjects, 66 of them had adequate information to determine a T stage, and 80 subjects had adequate information to determine a N stage.

37 out of 66 patients were upstaged when depth of invasion was included into pT classification.

16 out of 80 patients were upstaged when extranodal extension was added to pN classification.

35 out of 74 subjects received higher overall staging of the disease.

7th edition does not discriminate the overall survival and disease-free survival between cancer stages, while 8th edition discriminates both overall and disease-free survival.

Using the 8th edition, T staging does not correlate with N staging.

Conclusion:

Compared to AJCC 7th edition, after including both depth of primary tumour invasion and extranodal extension of nodal metastasis, 8th edition staging system can better predict the prognosis of different stages of oral cavity cancer.

A meta-analysis of narrow-band imaging for the diagnosis of primary nasopharyngeal carcinoma

Dr David Chun-Man YEUNG

ENT, New Territories East Cluster

Background:

Narrow band imaging (NBI), an endoscopic technique featuring an augmented definition of microvasculature and mucosal patterns. NBI is increasingly advocated as a tool to characterize neoplasia and intestinal metaplasia in endoscopic standards, such as for colorectal polyps and tumors. Recently NBI has also been studied in the detection of Nasopharyngeal Carcinoma (NPC). Here we aimed to assess the diagnostic utility of NBI for the diagnosis of NPC.

Review Methods:

A meta-analysis of studies comparing narrow-band imaging and white light endoscopy in the diagnosis of primary nasopharyngeal carcinoma was performed. The review process involved two independent investigators. The databases used were MEDLINE, PubMed, the Cochrane library, Embase, and the Web of Science. Statistical analysis was performed with OpenMetaAnalyst, MetaDiSc version 1.4, and Medcalc version 17.9.7.

Results:

Five studies including 2480 patients were included. The sensitivity and specificity for narrow-band imaging were 0.90 (0.73-0.97) and 0.95 (0.81-0.99) respectively. The positive likelihood ratio and negative likelihood ratio were 18.82 (0.31-82.1) and 0.08 (0.02-0.31). For white light endoscopy, the sensitivity and specificity were 0.77 (0.58-0.89) and 0.91 (0.79-0.96). The positive likelihood ratio was 7.61 (3.61-16.04), and the negative likelihood ratio was 0.21 (0.11-0.39). The odds ratio for detection rates between narrow-band imaging and white light endoscopy was 4.29 (0.56-33.03, $p = 0.16$). Area under the curve for narrow-band imaging was 0.98 (SE: 0.02), and for white light it was 0.93 (SE: 0.03). There was no significant difference in the receiver operating characteristic curves between the two modalities ($p = 0.14$).

Conclusion:

Narrow-band imaging showed a higher sensitivity and positive likelihood ratio for the diagnosis of nasopharyngeal carcinoma. However, there was no significant difference in detection rates compared to white light endoscopy. Further investigation with a uniform diagnostic criteria and terminology is needed for narrow-band imaging in the diagnosis of nasopharyngeal carcinoma.