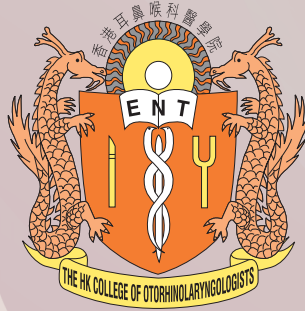


香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS



ANNUAL SCIENTIFIC MEETING

5th November 2022, 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

PROGRAMME

12:00 – 17:15 ANNUAL SCIENTIFIC MEETING

12:00 REGISTRATION

12:30 POSTER PRESENTATION / VISIT EXHIBITION BOOTHS

14:00 TRAINEE RESEARCH PRESENTATION COMPETITION 2022

14:00 – ULTRASOUND-GUIDED RADIOFREQUENCY ABLATION OF PAROTID

14:15 WARTHIN'S TUMOR

Dr David Chun-man YEUNG

*Department of Otorhinolaryngology, Head and Neck Surgery,
Faculty of Medicine*

The Chinese University of Hong Kong

Prince of Wales Hospital, New Territories East Cluster, Hospital Authority

A1

14:20 – UTILIZATION OF WAVEGUARD EEG CAP IN HOME SLEEP STUDY

14:35 **Dr Fong-ye LAM**

ENT, United Christian Hospital, Kowloon East Cluster, Hospital Authority

A2

14:40 – IMPROVEMENT IN SWALLOWING FUNCTION IN PATIENTS WITH

14:55 PREVIOUS IRRADIATION FOR NASOPHARYNGEAL CARCINOMA BY
EXPIRATORY MUSCLE STRENGTH TRAINING

Dr Siu-woon CHENG

ENT, Tuen Mun Hospital, New Territories West Cluster, Hospital Authority

A3

15:00 – TRUBLUE LASER IN CHOLESTEATOMA SURGERY

15:15 **Dr Aurora Ka-yue TAM**

*ENT, Prince of Wales Hospital, New Territories East Cluster,
Hospital Authority*

A4

15:20 – HEARING AID FOR TINNITUS IMPROVEMENT IN NOISE-INDUCED

15:35 HEARING LOSS

Dr Courtney Oi-ye CHAN

ENT, Yan Chai Hospital, Kowloon West Cluster, Hospital Authority

A5

15:40 BREAK / VISIT EXHIBITION BOOTHS

PROGRAMME

16:10 PRESENTATION OF RESEARCH PROJECTS BY FELLOWS IN FACIAL PLASTIC SURGERY POST-FELLOWSHIP TRAINING

Moderators : Dr Peter Ka-ming KU and Dr John CHAN

16:10 – EFFECT OF WEARING AN N95 RESPIRATOR ON THE INTERNAL

16:25 NASAL VALVE AND THE ASSOCIATION WITH EXTERNAL NASAL ANATOMY – A COHORT STUDY

Dr Iris Oi-sum LEUNG

ENT, United Christian Hospital, Kowloon East Cluster, Hospital Authority

16:30 – EFFICACY OF BOTULINUM TOXIN INJECTION IN POST-BELL'S PALSY

16:45 PATIENTS WITH FACIAL SYNKINESIS AND HYPERKINESIS

Dr Athena Ting-ka WONG

ENT, Tuen Mun Hospital, New Territories West Cluster, Hospital Authority

16:45 GUEST LECTURE

Moderator : Dr Siu-kwan NG

Topic: A gaze into the future: Sustainable Healthcare Policy for Hong Kong

Guest Speaker : Dr the Honourable David Tzit-yuen LAM

Legislative Council Member

Medical and Health Services

17:15 END OF PROGRAMME

CME Accreditation: 5 points (Cat 2)

POSTER PRESENTATION

LOCATION	CORRESPONDING AUTHOR	TITLE OF PRESENTATION
P01	Dr Yin-man CHAN	A CASE REPORT OF UNICENTRIC HYALINE VASCULAR CASTLEMAN DISEASE
P02	Mr Chak-fu CHAN	APPLICATION OF INTRAOPERATIVE INDOCYANINE GREEN INJECTION AND DOPPLER ULTRASONOGRAPHY FOR NASOSEPTAL FLAP HARVEST IN ENDOSCOPIC TRANSSPENOIDAL SURGERIES
P03	Dr Chun-hang CHAN	PRECISION SURGICAL TREATMENT FOR CHRONIC MYRINGITIS IN THE ERA OF 4K ENDOSCOPES
P04	Dr Yin-man CHAN	DESIGN AND VALIDATION OF ASAP (AIRWAY SONOGRAPHIC AIDING PAD)
P05	Dr Hau-wa CHAN	CASE REPORT OF RECONSTRUCTION OF ACQUIRED PINNA DEFORMITIES
P06	Dr Hon-kwan CHAN	THE USE OF VIRTUAL SURGERY PLANNING IN HEAD AND NECK SURGERY
P07	Dr Jacqueline Cheuk-yan CHUI	CASE REPORT OF LOCALIZED LARYNGEAL AMYLOIDOSIS
P08	Miss Hei-man FONG	SURGICAL OUTCOMES OF U-SHAPED INCISIONS VERSUS CONVENTIONAL INCISIONS IN PAROTIDECTOMY
P09	Dr Kam-shing KWOK	LATERAL ABERRANT THYROID - A MISNOMER THAT DOESN'T KILL
P10	Mr Shaun Chad LEE	FLUID BIOMARKERS IN HPV & NON-HPV RELATED OROPHARYNGEAL CARCINOMAS: FROM DIAGNOSIS AND MONITORING TO PROGNOSTICATION. A SYSTEMATIC REVIEW
P11	Dr Alex Kam-fung LEE	ONE YEAR REVIEW OF A SINGLE SESSION OF RADIOFREQUENCY ABLATION FOR BENIGN THYROID NODULES
P12	Dr Ting-kwan YEUNG	CHALLENGES OF AN UNCOMMON TUMOR AT AN UNCOMMON SITE - VELOPHARYNGEAL SPINDLE CELL NEOPLASM

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Private Specialist in Otorhinolaryngology*

ULTRASOUND-GUIDED RADIOFREQUENCY ABLATION OF PAROTID WARTHIN'S TUMOR

Dr David Chun-man YEUNG

*Department of Otorhinolaryngology, Head and Neck Surgery, Faculty of Medicine,
The Chinese University of Hong Kong
Prince of Wales Hospital
New Territories East Cluster, Hospital Authority*

Aim:

To determine if radiofrequency ablation(RFA) of Parotid Warthin's tumor under local anesthesia is a safe and effective procedure compared to Parotidectomy.

Methods:

Twenty patients with Parotid Warthin's tumor from the Department of Otorhinolaryngology, Head and Neck Surgery at Prince of Wales Hospital were recruited. RFA was done between September and December 2021 for all 20 patients. Results and follow-up statistics were compared with a historic sample of patients with Parotid Warthin's tumor who underwent Parotidectomy between 2019 and 2021 in the same centre.

Results:

The mean age for RFA group was 67 years old, with demographics not significantly different from the Parotidectomy group. The mean operative time for the RFA group was 30.1 minutes and was significantly less than the Parotidectomy group ($p < 0.001$). The RFA cases were managed as day-case with significantly reduced length of in-patient stay compared with the Parotidectomy group ($p < 0.001$). At post-operative(post-op) 3 months, the RFA group had a 27% reduction in mean index-diameter ($p = 0.001$) with mean volume reduction of 49.3% ($p = 0.016$). Two patients had transient facial weakness with complete recovery at 12 weeks post-op follow-up. Three patients had great auricular nerve numbness; one patient had infected hematoma and one had seroma. There was no significant difference for the occurrence and duration of facial nerve and other minor complications between the two treatment modalities.

Conclusion:

The current analysis suggests that RFA Warthin's tumor is a safe alternative to Parotidectomy with shorter operative time and is operated as day-case.

ABSTRACT**A2****UTILIZATION OF WAVEGUARD EEG CAP IN HOME SLEEP STUDY****Dr Fong-ye LAM***ENT, United Christian Hospital, Kowloon East Cluster, Hospital Authority***INTRODUCTION**

Patients suffering from symptoms of obstructive sleep apnea (OSA) often wait a long time for a polysomnography (PSG), leading to a delay in treatment. The home sleep study has been widely used as an alternative for the PSG, but it lacks the electroencephalography (EEG) signals which can accurately measure the sleep cycle, is questionable whether it can replace PSG as the gold standard of investigation. The objective of this study is to evaluate whether the Waveguard EEG cap is an effective and efficient tool for the utilization in home sleep study to improve the accuracy of the test.

METHODS

Patients with suspected OSA were invited to perform a home sleep study using the Waveguard EEG cap with NoxA1. On the second night, patients were admitted for an overnight PSG with traditional EEG leads for evaluation. Other inclusion criteria includes adults who are 18years old or above, with a head circumference between 51-56cm.

RESULTS

A total of 10 subjects were recruited. The RDI scorings was done separately in three groups: NoxA1 without EEG cap, NoxA1 with the EEG cap and lab PSG. The paired sample tests were done to compare the RDIs of the three groups. There was no statistically significant difference between the lab PSG and NoxA1 with the EEG group (two-sided p 0.152). However, a significant difference was observed between the lab PSG and NoxA1 without EEG groups, and between NoxA1 with EEG and without EEG groups (two-sided $p=0.026$ and 0.006 respectively).

CONCLUSION

The study proves that the Waveguard EEG cap result is comparable to the lab PSG, and it provides a more accurate scoring for OSAS compared to using NoxA1 alone. It is a safe and accurate device to be used in our home sleep study.

IMPROVEMENT IN SWALLOWING FUNCTION IN PATIENTS WITH PREVIOUS IRRADIATION FOR NASOPHARYNGEAL CARCINOMA BY EXPIRATORY MUSCLE STRENGTH TRAINING

Dr Siu-woon CHENG

ENT, Tuen Mun Hospital, New Territories West Cluster, Hospital Authority

Introduction

Chronic aspiration is a potentially life-threatening manifestation of radiation-associated dysphagia in nasopharyngeal cancer (NPC) survivors. Expiratory Muscle Strength Training (EMST) is a simple device-driven exercise therapy. This is a prospective cohort study to evaluate the therapeutic potential by EMST.

Method

Patients with previous irradiation for NPC and self-reported to have swallowing disturbance were recruited. Patients were trained with EMST for 8 weeks on a 5-5-5 schedule (5 sets of 5 breaths on 5 days/week). Non-parametric analyses examined effects of EMST on primary outcome maximum expiratory pressure (MEP). Secondary outcomes were measured with penetration aspiration score (PAS), Yale pharyngeal residue severity rating scale (YPRSRS) by flexible endoscopic evaluation of swallowing, and Eating Assessment Tool (EAT-10) and M.D. Anderson Dysphagia Inventory questionnaire.

Results

12 patients (10 male and 2 female) with a mean age of 64.3 were recruited from 10/2019 to 12/2021. MEP improved by 41% (median 94.5 to 133.5 cm H₂O, $p = 0.003$) after training. There was reduction in PAS with thin liquid (median 4 to 3, $p = 0.026$), and in YPRSRS at pyriform fossa with mildly thick liquid (median 3.5 to 2, $p = 0.021$) and at vallecula with thin liquid (median 2.5 to 2, $p = 0.034$), mildly thick liquid (median 3.5 to 2, $p = 0.014$) and pureed meat congee (median 4 to 3, $p = 0.016$). However, questionnaire scores did not significantly change.

Conclusion

EMST is an effective device-driven exercise therapy to improve swallowing function in post-irradiated NPC survivors.

ABSTRACT

A4

TRUBLUE LASER IN CHOLESTEATOMA SURGERY

Dr Aurora Ka-yue TAM*ENT, Prince of Wales Hospital, New Territories East Cluster, Hospital Authority***Aim**

The retrospective cohort study aims to determine the efficacy and safety of TruBlue laser application in cholesteatoma surgeries.

Methods

All cholesteatoma surgeries conducted from January 2018 to January 2022 by NTEC ENT, with and without use of TruBlue laser, were included. Pure tone audiogram was done pre- and post-operatively to assess hearing. Disease extent was graded with ChOLE score and ChOLE staging. Recurrence of disease was determined clinically, radiologically, or surgically with second look operation.

Results

120 cholesteatoma cases were identified. 39.2% (n=47) of the cholesteatoma surgeries utilized TruBlue laser, while 60.8% (n=73) did not. Overall follow-up duration was 21 ± 12.4 months, ranging from 2-47 months. Both groups were similar in demographics, pre-operative hearing and ChOLE staging. The length of stay was comparable in both groups (2 ± 2 days in non-laser, 1 ± 1 day in laser, $p=0.31$). There was no facial nerve injury related to surgery in both groups, and overall complication rates were similar (4.1% in non-laser, 4.3% in laser, $p=0.97$). The post-operative hearing was comparable with good hearing preservation in both groups. Recurrence of cholesteatoma occurred in 17.8% (n=13) in non-laser group, and 21.3% (n=10) in laser group, which was not statistically significant ($p=0.64$). 70% of the cholesteatoma recurrence in laser group occurred at area that TruBlue laser cannot be applied.

Conclusion

TruBlue laser is safe in cholesteatoma surgeries, though no added benefits were shown in reducing cholesteatoma recurrence. A larger controlled study is warranted to discern the true effect of TruBlue laser.

HEARING AID FOR TINNITUS IMPROVEMENT IN NOISE-INDUCED HEARING LOSS

Dr Courtney Oi-yee CHAN

ENT, Yan Chai Hospital, Kowloon West Cluster, Hospital Authority

Occupational noise induced hearing loss is frequent in workers in industrialized regions including Hong Kong. Apart from hearing loss, they may also suffer from tinnitus. Hearing aid is documented to relieve tinnitus in patients suffering from hearing loss and tinnitus. To date, however, there is no published data to prove this in noise induced hearing loss patients.

Aim:

In those who receive hearing aid, we aim to evaluate the treatment response regarding tinnitus severity.

Method:

All eligible subjects with hearing aid prescription will be asked to fill out a questionnaire (Tinnitus Function Index) prior intervention. After 3-6 months of hearing aid usage, subjects will be invited to fill in the same questionnaire again for comparison.

Results:

In this study, 28 eligible individuals were evaluated for the change in severity of tinnitus with hearing aid prescription during the period of 2018-2019. It is observed that the severity of pre-treatment tinnitus increases with the duration of exposure to occupational noise. Individuals with noise exposure of 10-20 years, the mean pre-treatment TFI score is found to be 97 while in those with 20-30 years of exposure, the score increases to 119, pre-treatment TFI score further increases to 129 in those being exposed for more than 30 years. We also found a positive correlation 0.385 ($p < 0.05$) between the pre-treatment TFI score and the degree of improvement after intervention.

Conclusion:

Hearing aid prescription is a useful tool to improve the quality of life in individuals suffering from occupational deafness especially those with more disturbing tinnitus.