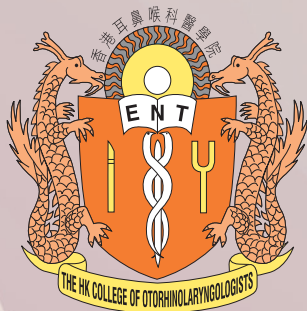


香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS



ANNUAL SCIENTIFIC MEETING

9th November 2024, 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

11:30	REGISTRATION	
12:00	POSTER PRESENTATION / VISIT EXHIBITION BOOTHS	
13:00	TRAINEE RESEARCH PRESENTATION COMPETITION 2024	
13:00 – 13:15	PAEDIATRIC INTENSIVE CARE UNIT SUPPORT FOR POST-TONSILLECTOMY CHILDREN WITH OBSTRUCTIVE SLEEP APNEA Dr William Wai-yin CHUNG <i>Department of ENT, Queen Elizabeth Hospital, Kowloon Central Cluster, Hospital Authority</i>	A1
13:20 – 13:35	KTP LASER THERAPY FOR TREATMENT OF REFRACTORY CHRONIC MYRINGITIS: A PROSPECTIVE COMPARATIVE STUDY Dr Justin Tze-tao WONG <i>Department of ENT, Yan Chai Hospital, Kowloon West Cluster, Hospital Authority</i>	A2
13:40 – 13:55	POSITION THERAPY FOR POSITIONAL OBSTRUCTIVE SLEEP APNOEA: A PROSPECTIVE COHORT STUDY Dr Brian Chee-ho LAI <i>Department of ENT, Queen Mary Hospital, Hong Kong West Cluster, Hospital Authority</i>	A3
14:00 – 14:15	SAFETY AND FEASIBILITY TRIAL OF TINNITUS MASKING WITH HIGH FREQUENCY BROADBAND NOISE IN A MID TO LOW FREQUENCY MUSICAL CONTEXT Dr Benien Jun-pian HAU <i>Department of ENT, United Christian Hospital and Tseung Kwan O Hospital, Kowloon East Cluster, Hospital Authority</i>	A4
14:20 – 14:50	BREAK / VISIT EXHIBITION BOOTH (30 minutes)	
14:50 – 15:05	COMPARISON OF BIOSYNTHETIC GRAFT VERSUS AUTOLOGOUS GRAFT IN TYMPANOPLASTY: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL Dr Herbert Sung-him LEE <i>Department of ENT, Yan Chai Hospital, Kowloon West Cluster, Hospital Authority</i>	A5
15:10 – 15:25	ENDOSCOPIC NASOPHARYNGECTOMY FOR RECURRENT OR PERSISTENT NASOPHARYNGEAL CARCINOMA: A CASE SERIES FROM PRINCE OF WALES HOSPITAL Dr Ting CAI <i>Department of ENT, Prince of Wales Hospital, New Territories East Cluster, Hospital Authority</i>	A6
15:30 – 15:45	A RETROSPECTIVE ANALYSIS ON COCHLEAR IMPLANTATION IN POSTIRRADIATED EARS Dr William Tsz-wai LEE <i>Department of ENT, Queen Elizabeth Hospital, Kowloon Central Cluster, Hospital Authority</i>	A7

PROGRAMME

15:50 PRESENTATION OF RESEARCH PROJECTS BY FELLOWS IN HEAD AND NECK SURGERY POST-FELLOWSHIP TRAINING

15:50 – **PROGNOSTIC SIGNIFICANCE OF LYMPH NODE YIELD, DENSITY AND NUMBER OF POSITIVE NODES IN ORAL CAVITY CANCERS: A SINGLE-INSTITUTION REVIEW**

Dr Michael Man-hin CHAN

*Kowloon West Cluster and Hong Kong West Cluster (KWC & HKWC)
Joint Training Centre*

16:05 – **A PROSPECTIVE STUDY ABOUT THE SAFETY AND EFFICACY OF MICROWAVE ABLATION FOR TREATMENT OF BENIGN THYROID NODULES**

Dr Samuel Chung-chie CHENG

*New Territories East Cluster and Kowloon East Cluster (NTEC & KEC)
Joint Training Centre*

16:20 BREAK / VISIT EXHIBITION BOOTH (20 minutes)

16:40 GUEST LECTURE

TOPIC: THE PAEDIATRIC NOSE AND BEYOND

delivered by

Ms Ann-Louise MCDERMOTT

*BDS, FDSRCS, FRCS, FRCS(ORL-HNS), PhD
Chair of the Speciality Advisory Committee Otolaryngology
Consultant Paediatric Ear Nose & Throat Surgeon
Birmingham Children's Hospital*

Moderators: Dr Birgitta Yee-hang WONG

Vice President

The Hong Kong College of Otorhinolaryngologists

Dr Tsun-cheong CHU

Honorary Secretary

The Hong Kong College of Otorhinolaryngologists

17:15 END OF PROGRAMME

CME Accreditation: 5.5 points (Cat 2)

17:30 ANNUAL GENERAL MEETING (for College fellows only)

18:00 COCKTAIL RECEPTION / PHOTO-TAKING

18:30 **THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS – 2023-2024 Fellowship and Membership Conferment and College Oration *Surgical Training in 21st Century***

delivered by

Professor Philip Wai-yan CHIU

*Dean, Faculty of Medicine, The Chinese University of Hong Kong
Shun Hing Education and Charity Fund Professor of Robotic Surgery
Director, Chow Yuk Ho Technology Centre for Innovative Medicine*

INTRODUCTION FOR THE GUEST SPEAKER

Ms Ann-Louise MCDERMOTT

BDS, FDSRCS, FRCS, FRCS(ORL-HNS), PhD.



Ann-Louise is a Consultant Paediatric Otolaryngologist at the Birmingham Women's and Children's Hospital, UK. Her two specialist interests are Paediatric rhinology including paediatric endoscopic anterior skull base surgery and Bone anchored hearing implantation including microtia and facial deformity.

She is actively involved in post-graduate teaching both at local and National level. She is Chair of the Otolaryngology Speciality Advisory Committee and an examiner for the Joint Committee on Intercollegiate Examinations. Her hobbies include playing the piano accordion, scuba diving, hiking, and relaxing with a good book.

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*Former President (1984-1986)
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Private Specialist in Otorhinolaryngology*

PAEDIATRIC INTENSIVE CARE UNIT SUPPORT FOR POST-TONSILLECTOMY CHILDREN WITH OBSTRUCTIVE SLEEP APNEA

Dr William Wai-yin CHUNG

*ENT, Queen Elizabeth Hospital,
Kowloon Central Cluster, Hospital Authority*

Aim

To evaluate intervention in paediatric intensive care unit (PICU) for children with obstructive sleep apnea (OSA) following tonsillectomy or adenotonsillectomy, and identify any predictive factor indicating the need of PICU support, in order to improve patient's care and utilization of resources.

Methods

A retrospective review was performed for children with confirmed or suspected OSA who underwent tonsillectomy or adenotonsillectomy during a 5-year period from January 2019 to December 2023 in Department of ENT, Queen Elizabeth Hospital. Demographics, preoperative medical condition, intraoperative details and postoperative progress were analyzed.

Results

There were 71 children with OSA who received tonsillectomy or adenotonsillectomy, 36 (50.7%) of which were admitted to PICU post-operatively. All cases were planned admission and directly sent from post-anesthetic care unit (PACU). Among those admitted to PICU, the mean age was 9 years, ranging from 2 to 16 years. Male to female ratio was 3:1. Mean length of stay was 1 day, ranging from 0.5 to 2 days. More than two-third only require observation in room air. 10 cases require supplemental oxygen, 1 case requires high flow oxygen, 1 case requires positive airway pressure. Approximately two-third requires respiratory intervention less than 5 hours. Intraoperative dexamethasone use significantly associated with lower oxygen requirement in PICU. Oxygen requirement in PACU significantly correlated with the duration of respiratory intervention.

Conclusion

Children with OSA who received tonsillectomy may not necessarily require PICU support with uneventful surgery and post-anesthetic recovery. Basic respiratory intervention may also be well managed in general ward.

KTP LASER THERAPY FOR TREATMENT OF REFRACTORY CHRONIC MYRINGITIS: A PROSPECTIVE COMPARATIVE STUDY

Dr Justin Tze-tao WONG

Department of Otorhinolaryngology and Head and Neck Surgery, Yan Chai Hospital Kowloon West Cluster, Hospital Authority

Aim

Chronic myringitis is an otological condition that can be challenging to treat, especially when conservative medical therapy fails. This study aimed to evaluate the effectiveness of KTP laser therapy as a salvage surgical option for patients with refractory chronic myringitis.

Methods

The study is an ongoing study conducted in Yan Chai Hospital. Patients with refractory chronic myringitis were recruited and offered KTP laser therapy. Subjects were assigned either in the laser therapy group or the dextracin ear drops group. CES-Chronic ear survey score, endoscopic photographs and PTA were recorded at 0 months, 3 months and 6 months follow up. Continuous variables are compared with Mann–Whitney U test whereas categorical variables are compared with Fisher's exact test.

Results

A total of 31 patients with chronic myringitis were recruited. Outcomes of the laser therapy group (n=18) is compared to a control group (n=13) receiving dextracin ear drops only. The laser therapy group showed significant improvements in the medians of CES symptoms scores (31.43, p=0.005), medical resource usage (16.67, p=0.001), and total scores (17.3, p=0.010) compared to the control group. Notably, 66.7% of patients in the laser group achieved a dry ear, and 88.9% had improved symptoms score, with a median reduction of myringitis size of 31.84%. 2 patients had tympanic membrane perforation post-operatively, 1 of which had spontaneous resolution at 3 months, the other had a pinhole perforation.

Conclusion

This study demonstrates the effectiveness of laser therapy as a surgical option for refractory chronic myringitis, resulting in significant improvements in symptoms and medical resource usage. These findings suggest that KTP laser therapy may be a valuable treatment option for patients with chronic myringitis that has not responded to conservative medical therapy.

POSITION THERAPY FOR POSITIONAL OBSTRUCTIVE SLEEP APNOEA: A PROSPECTIVE COHORT STUDY

Dr Brian Chee-ho LAI

*Department of ENT, Queen Mary Hospital,
Hong Kong West Cluster, Hospital Authority*

Aim

Positional Obstructive Sleep Apnoea (POSA) and Non-POSA had been described in literature since 1984. A new generation position therapy (PT) device is designed to attach to the back of patient's neck to correct patient from worst sleeping position through vibration to potentially improve overall Apnoea-Hyponoea Index (AHI). This single-centre prospective cohort study is first in Hong Kong and aims at identifying whether this device is effective in treating POSA, whilst evaluating patients' compliance to treatment and any impact on their quality of life (QOL) or symptoms of OSA.

Methods

13 POSA patients were put on PT device for a total of 9 months. Polysomnography (PSG) is recorded before treatment, and at 3, 6 and 12 months of treatment. Daytime somnolence and sleep quality are assessed with Epworth Sleepiness Scale and Pittsburgh Sleep Quality Index questionnaire respectively, whilst compliance to treatment is assessed with data collected from the device. Severity of symptoms may be reflected in STOP-Bang and Berlin Questionnaires.

Results

10 patients completed the whole treatment. 6 demonstrated a reduction in overall AHI over time, which may be a result of increase in non-supine total sleep time and number of supine attempts per night, when their total sleep time and sleep efficiency remained similar. Overall, those who tolerated the PT device showed good compliance. There were no significant changes seen in QOL and symptoms of OSA.

Conclusion

PT device is a useful device in treating POSA patients. It is well tolerated, with good compliance and does not negatively impact patients' QOL.

SAFETY AND FEASIBILITY TRIAL OF TINNITUS MASKING WITH HIGH FREQUENCY BROADBAND NOISE IN A MID TO LOW FREQUENCY MUSICAL CONTEXT

Dr Benien Jun-pian HAU

*Department of Otorhinolaryngology, Head and Neck Surgery
United Christian Hospital and Tseung Kwan O Hospital
Kowloon East Cluster, Hospital Authority*

Aim

To assess the feasibility and acceptability of tinnitus masking therapy using high frequency broadband noise integrated into a mid to low frequency musical context, as a preliminary step towards establishing a new standard of care for tinnitus patients.

Methods

A pilot study was conducted with 19 participants suffering from subjective tinnitus, recruited from the ENT clinic at Prince of Wales Hospital. Participants were randomized into two groups: music therapy and noise therapy. Assessments included Tinnitus Handicap Inventory (THI), Depression Anxiety Stress Scales (DASS-21), and satisfaction surveys. The music therapy group received customised music tracks designed to mask tinnitus frequencies while engaging the limbic system for emotional relief.

Results

Preliminary data show a reduction in THI scores by an average of 10 points in the music therapy group, compared to 6 points in the noise therapy group. DASS-21 scores for depression, anxiety, and stress improved by 1, 2, and 1.75 points respectively in the music therapy group. Participants reported high satisfaction with the therapy and the ease of use of the HA-Go mobile application, noting improvements in quality of life and tinnitus perception. Compliance was satisfactory, with most participants using the therapy consistently.

Conclusion

Tinnitus masking music therapy shows promise as an effective intervention for reducing tinnitus severity and distress, potentially offering a more comprehensive management strategy for tinnitus patients. The HA-Go mobile application was user-friendly. Further research with a larger sample size is recommended to confirm these findings.

COMPARISON OF BIOSYNTHETIC GRAFT VERSUS AUTOLOGOUS GRAFT IN TYMPANOPLASTY: A PROSPECTIVE RANDOMIZED CONTROLLED TRIAL

Dr Herbert Sung-him LEE

*Department of ENT, Yan Chai Hospital,
Kowloon West Cluster, Hospital Authority*

Aim

The aim of this study was to compare the graft success rate, hearing outcome, and operative time in patients undergoing tympanoplasty for tympanic membrane perforation with the use of either biosynthetic or autologous graft material.

Methods

This was a prospective randomized controlled trial performed at a regional hospital. 41 patients were enrolled and randomized, with 20 patients allocated to the treatment arm (biosynthetic graft) and 21 patients allocated to the control arm (autologous graft). The primary outcome was graft success rate. The secondary outcomes were operative time and hearing outcomes (assessed by pure tone audiogram hearing threshold improvement and closure of air-bone gap at 6 months postoperatively).

Results

There was no statistically significant difference in the graft success rate between the two groups ($P = 0.645$). There was also no statistically significant difference in the hearing outcomes (hearing thresholds improvement $P = 0.886$, air-bone gap improvement $P = 0.475$). However operative time was significantly shorter in the biosynthetic graft group compared with the autologous graft group (45.5 minutes vs 72 minutes respectively; $P < 0.001$).

Conclusion

This study demonstrates that tympanoplasty using a biosynthetic graft material can achieve comparable graft success rate and hearing outcomes as compared with conventional autologous graft tympanoplasty, but with the added benefits of a shortened operative time and avoiding incisions.

ENDOSCOPIC NASOPHARYNGECTOMY FOR RECURRENT OR PERSISTENT NASOPHARYNGEAL CARCINOMA: A CASE SERIES FROM PRINCE OF WALES HOSPITAL

Dr Ting CAI

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

Aim

To analyse the outcomes of endoscopic nasopharyngectomy for recurrent or persistent nasopharyngeal carcinoma (NPC) in Prince of Wales Hospital (PWH).

Methods

A retrospective review on patients who underwent endoscopic nasopharyngectomy for recurrent or persistent NPC in PWH between 2015 to 2023. Patient characteristics, disease status, operative complications, resection margins, recurrence rate and survival outcomes were analysed. Literature review on similar outcome measures in both endoscopic and open nasopharyngectomy for NPC was performed for comparison.

Results

A total of 28 subjects, including 26 recurrent NPC and 2 persistent NPC, were recruited in this study.

For disease status, 23 had T1 disease, 3 had T2, and 2 had T3 disease. 4 patients had nodal metastases with 3 receiving neck dissection and 1 with parotidectomy for parotid nodal metastases. For operative complications, 1 patient had post-operative haemorrhage requiring tracheostomy. No other major complication was noted. Negative margins were achieved in 21 patients while 7 had positive margins in final pathology. For those with positive margins, 4 of them completed adjuvant radiotherapy and 3 had disease recurrence: 1 local recurrence; 1 locoregional recurrence; and 1 locoregional recurrence with distant metastases. The 5-year overall survival rate is 72% and 5-year disease free survival rate is 65% in this series.

Conclusion

Endoscopic nasopharyngectomy for recurrent or persistent NPC at our centre is of low surgical morbidities, with comparable survival outcomes to the literature.

A RETROSPECTIVE ANALYSIS ON COCHLEAR IMPLANTATION IN POSTIRRADIATED EARS

Dr William Tsz-wai LEE

*Department of ENT, Queen Elizabeth Hospital,
Kowloon Central Cluster, Hospital Authority*

Aim

Nasopharyngeal cancer (NPC) is not uncommon in Hong Kong. Radiotherapy (RT) is the mainstay treatment of NPC, around one-third of patients develop persistent sensorineural hearing loss. The main objectives of this study are to evaluate the hearing outcome and speech perception among cochlear implantation (CI) in NPC patients with post-irradiation hearing loss. Other outcomes to evaluate are the factors affecting the CI performance and the complications within this group of patient.

Method

This is a retrospective study of 44 patients with history of NPC and bilateral profound sensorineural hearing loss after RT, received cochlear implantation in Queen Elizabeth Hospital between 1996 and 2022. The pre-operative and post-operative auditory thresholds were measured. The speech perception performance were evaluated by Hong Kong Speech Perception Test Manual (with subsets of everyday sentence recognition test and open-set sentence recognition test) pre- and post-operatively.

Result

Hearing outcome: Improvement of pure tone average (500, 1k and 2k Hz) from 113.0 (± 10.2) dB HL pre-op to 32.9 (± 6.9) dB HL post-op ($p < 0.05$). Mean auditory thresholds improved by 78.5, 82.0, 82.1 and 78.4 dB HL at 500, 1k, 2k and 4k Hz respectively after CI.

Speech perception: Improvement of speech perception in everyday sentence recognition test (mean difference 66.5%; $p < 0.05$) and open-set sentence recognition test (mean difference 66.4% (Keyword) and 67.2% (Syllable); both $p < 0.05$).

Multiple linear regression was performed to examine whether age at implantation, sex, dosage of RT, pre-op pure tone average and duration between RT and CI (years) significantly predicted the post-op pure tone average. Result suggest duration between RT and CI (years) is statistically significant to predict the post-op pure tone average, $p < 0.05$.

Conclusion

Cochlear implantation is an effective intervention and provide good chance to rehabilitate the auditory communicative skills among post-irradiated ears of NPC patients with sensorineural hearing loss.

POSTER PRESENTATION



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Poster Abstracts

LOCATION	CORRESPONDING AUTHOR	TITLE OF PRESENTATION
P01	Dr Katherine Wing-kay LAI	THYROGLOSSAL DUCT CYST PAPILLARY THYROID CARCINOMA: TWO CASE REPORTS
P02	Dr Frederick LAM	CLINICAL PRESENTATION OF RESPIRATORY EPITHELIAL ADENOMATOID HAMARTOMA: A SYSTEMATIC REVIEW AND META-ANALYSIS
P03	Dr Jun LAU	SUCCESSFUL RETRIEVAL OF RETROPHARYNGEAL FISH BONE WITH USE OF INTRA-OPERATIVE COMPUTED TOMOGRAPHY SCAN GUIDANCE: A CASE REPORT
P04	Dr Allie Ho-kiu POON	POST-GLOSSECTOMY SWALLOWING OUTCOMES IN PATIENTS WITH PRIMARY LOCALLY ADVANCED ORAL TONGUE CARCINOMA
P05	Miss Hei-tung SHEK	FRONTAL SINUS OSTEOMA WITH ORBITAL INFECTION: A CASE REPORT AND SYSTEMATIC REVIEW OF CASES
P06	Dr Billy Chun-kiu SIU	OUTCOMES OF EMG GUIDED BOTOX INJECTION ON VOCAL TREMOR
P07	Miss Wan-hei ZHANG	DOES A PECTORALIS MAJOR FLAP MITIGATE PHARYNGOCUTANEOUS FISTULAE AFTER A TOTAL LARYNGECTOMY: THE PRINCE OF WALES HOSPITAL EXPERIENCE
P08	Miss Sha ZHAO	CHONDROSARCOMA IN THE HEAD AND NECK REGION: AN OVERVIEW OF CASES REPORTED IN HONG KONG WEST CLUSTER

THYROGLOSSAL DUCT CYST PAPILLARY THYROID CARCINOMA: TWO CASE REPORTS

Aim

Thyroglossal duct cyst (TDC) is a congenital anomaly of the thyroid gland. Carcinoma in TDC is rare and accounts for approximately 1% of all TDC. This paper reports two cases of papillary thyroid carcinoma (PTC) in TDC.

Methods

Case notes are retrieved from Clinical Management System. Patient characteristics, presenting symptoms, diagnostic investigations, treatment, pathology and outcomes were retrospectively reviewed. Literature reviewed will be included after case report.

Results

Case 1 is a 45-year-old woman presented with a chronic midline submental mass. Magnetic resonance imaging revealed a well-defined lobulated T1 hyperintense lesion at the left floor of mouth abutting the left sublingual space. Sistrunk's operation and left level IA neck dissection was performed with pathology confirmed a 8-mm PTC. Case 2 is a 64-year-old woman with an incidental finding of prelaryngeal uptake on positron emission tomography-computed tomography. Physical examination revealed a 5-mm anterior neck nodule. Total thyroidectomy with level VI neck dissection and Sistrunk's operation were performed. The histology showed a 7-mm PTC arising from thyroglossal duct tract.

Conclusion

PTC arising within TDCs is an uncommon clinical entity that warrants consideration in patients with midline cystic neck masses. Complete excision remains the mainstay of treatment.

CLINICAL PRESENTATION OF RESPIRATORY EPITHELIAL ADENOMATOID HAMARTOMA: A SYSTEMATIC REVIEW AND META-ANALYSIS

Introduction

Respiratory epithelial adenomatoid hamartoma is a benign lesion in the nasal cavity and paranasal sinuses. Due to its clinical and radiological similarities, it is often misdiagnosed as other conditions such as nasal polyps and sinonasal malignancies. This study aims to systematically review existing literatures to determine clinical predictors of REAH.

Methods

Following PRISMA guidelines, a medline, embase and web-of-science literature review was undertaken to 1st July 2024. No language restrictions were applied. Forest plots and funnel plots were used to present pooled prevalence and publication bias. Moreover, estimates were pooled using a random-effects methodology. Furthermore, I² was used to assess inter-study heterogeneity and the quality of the included studies was assessed with the NHLBI Study Quality Assessment Tools.

Results

A total of 14 studies were included, comprising 419 patients across 8 countries. Reported in 13 studies, nasal obstruction and olfactory dysfunction were the most frequently investigated symptoms, with a pooled prevalence of 77% [69-83%] and 58% [42-73%] respectively. Additionally, REAH was most commonly identified in the olfactory cleft (74% [44-92%]) and often concurred with nasal polyps (58% [45-70%]). Conversely, the association between REAH and other malignancies were rare, with only 6 cases reported in total.

Conclusion

REAH is typically located in the olfactory cleft alongside nasal polyps, characterized by nasal obstruction and olfactory dysfunction. Future research should expand on the objective analysis of symptoms and etiology of REAH, which remains unknown to date.

SUCCESSFUL RETRIEVAL OF RETROPHARYNGEAL FISH BONE WITH USE OF INTRA-OPERATIVE COMPUTED TOMOGRAPHY SCAN GUIDANCE: A CASE REPORT

Background

Fish bone (FB) ingestion is a commonly encountered problem by the Otorhinolaryngologists. The ingested FB may be impacted along the aerodigestive tract that requires endoscopic removal or even by open neck exploration. When the FB is embedded in the deep neck soft tissues with normal looking mucosa, it could be very challenging to identify it under direct vision.

Aim

In this case report, we present a difficult case of a retropharyngeal space 1.5cm impacted FB, requiring emergency operation for endoscopic removal. We aim to localize it by employing the intra-operative CT guidance system inside the hybrid operating theatre, after initial exploration failed to expose the FB.

Methods

Inside the hybrid operating theatre of our tertiary centre, the intra-operative CT guidance system was employed after applying a few small-sized metal clips along the dissected areas for correlation. Real-time CT images were generated for localization of the FB.

Results

With use of the intra-operative CT guidance, the embedded FB was better localized and eventually identified and retrieved under direct vision after further dissection.

Conclusion

An intra-operative CT guidance in a hybrid operating theatre provides a better chance of locating and identifying the FB, and prevents patients from undergoing a further open neck dissection. This also minimizes the risks to the intubated patients under general anaesthesia by avoiding transportation from the operating theatre to the Radiology Department CT suite back-and-forth.

POSTER PRESENTATION

P04

POST-GLOSSECTOMY SWALLOWING OUTCOMES IN PATIENTS WITH PRIMARY LOCALLY ADVANCED ORAL TONGUE CARCINOMA**Aim**

Post-glossectomy swallowing function among patients with primary oral tongue carcinoma affects both long-term nutritional status and quality of life. This study aimed to assess immediate swallowing outcomes post-glossectomy, changes in diet tolerance at 1-year post-operation, and identify factors affecting nasogastric tube (NGT) dependence.

Methods

This was a single-centre retrospective study including all patients with locally advanced primary oral tongue carcinoma who underwent glossectomy and flap reconstruction at Queen Mary Hospital from January 1, 2014 to December 31, 2023. Post-operative swallowing outcomes were assessed by NGT dependence and interval change in diet tolerance documented by speech therapists.

Results

21 patients with primary locally advanced oral tongue carcinoma were included. The median age at operation was 53.5 years. 7 (33.3%) had subtotal glossectomy, 6 (28.6%) had hemi-glossectomy, 4 (19.0%) had partial glossectomy, and 4 (19.0%) had complete glossectomy. 18 (85.7%) had free flap and 3 (14.3%) had pedicled flap reconstruction, with majority (66.7%) reconstructed with ALT flap. 20 (95.2%) were tracheostomised temporarily and only 1 (4.8%) required permanent tracheostomy. At discharge, most (71.4%) were able to wean off NGT feeding successfully. Over 50% showed significant improvement in diet tolerance 1-year post-operation. Logistic regression analysis showed no increase in likelihood of NGT dependence with age, smoking and drinking status, flap reconstruction, tracheostomy dependence and adjuvant therapy ($p \geq 0.001$).

Conclusion

Immediate and early swallowing outcomes post-glossectomy in terms of NGT dependence remained optimistic in our centre. Early weaning of NGT with oral diet trial could be the key to improving swallowing outcomes.

FRONTAL SINUS OSTEOMA WITH ORBITAL INFECTION: A CASE REPORT AND SYSTEMATIC REVIEW OF CASES

Aim

Frontal sinus osteomas can uncommonly invade the orbit and can be complicated with orbital infection. This article reports on a case of frontal sinus osteoma with orbital abscess and is the first systematic review of such cases.

Methods

A detailed electronic search was performed on PubMed, EMBASE, and CINAHL Plus. The inclusion criteria were: adult (> 18 years old), frontal sinus involvement of osteomas, orbital cellulitis complicating osteomas.

Results

A 67-year-old gentleman, with known left choroidal nevus and bilateral mild nuclear sclerotic cataract, was admitted for right eye swelling and blurring of vision for 2 days. On examination of the right eye, complete mechanical ptosis was noted. Visual acuity dropped from 0.7 to 0.025. Intraocular pressure was raised to 31 mmHg. Red desaturation was noted. Extraocular movement was limited by chemosis. A radiological diagnosis of frontal sinus osteoma with subperiosteal abscess (SPA) was made, and emergency frontal osteoma excision with combined approach and drainage of right orbital SPA were performed subsequently. Upon follow up, there was mild residual upper lid swelling, and no visual symptoms were noted.

Three publications describing 3 patients met inclusion criteria and were included for systematic review. In cases with orbital infection, open or combined approaches are recommended in cases of lamina papyracea and orbital roof involvement. To prevent intracranial spread of infection, subtotal resection should also be considered.

Conclusion

Subtotal resection of osteoma with open or combined approach should be considered in the setting of acute infection to avoid intracranial spread of infection.

OUTCOMES OF EMG GUIDED BOTOX INJECTION ON VOCAL TREMOR

Background

Vocal tremor is a rare hyperfunctional disorder which can be a focal neurological disease or local manifestation of systemic disease. Involuntary rhythmic motions of the vocal cords lead to poor phonation, altered voice, and significant reduction to quality of life. Currently, there is no cure for vocal tremor but symptoms are best managed with an individualized regimen of botulinum toxin injections. There is no international guideline nor consensus for botox injection and dosage is mainly guided by subjective symptom ratings.

Objective

To evaluate the efficacy and optimum dosage of botulinum toxin injection as treatment for vocal tremor.

Methods

7 patients diagnosed with vocal tremor who underwent Botox injection from July 2021 to July 2024 were retrospectively reviewed. Patients received botox injection to either unilateral or bilateral vocal cords. Patient demographic and clinical background, patient-reported voice outcomes, laryngeal examination, botox dosage and complications were used to assess the impact of treatment.

Results

All 7 patients reviewed were female with an average age of 73.6 (range: 68-85). 3 patients had good past health, 2 had history of benign essential tremor, and 2 had history of rheumatological disease. The average first botox injection dose was 1.90 units to each vocal cord, with an average of 3 injections since diagnosis. Patients showed an average improvement in Voice Handicap Index of 12.6 points (95% CI, -3.70 – 28.9) at follow up (median 3 weeks) and reduction in tremor on laryngeal examination. Patients with benign essential tremor were simultaneously prescribed beta-blockers as adjunct with good effect. The most common adverse effects were transient husky voice and mild choking upon swallowing liquids which were effectively reversed by pyridostigmine.

Conclusion

Vocal tremor is transiently improved by botox injections with few adverse effects.

DOES A PECTORALIS MAJOR FLAP MITIGATE PHARYNGOCUTANEOUS FISTULAE AFTER A TOTAL LARYNGECTOMY: THE PRINCE OF WALES HOSPITAL EXPERIENCE

Aim

Pharyngocutaneous fistula (PCF) remains a significant complication following total laryngectomy, particularly in salvage cases. This retrospective study aimed to analyse the effectiveness of various pharyngeal closure and reinforcement techniques in ameliorating PCF after primary and salvage laryngectomies.

Methods

After obtaining Ethics Committee approval, the records of all patients who underwent a laryngectomy between 2011 and 2024 at the Prince of Wales Hospital were accessed and data retrieved and analysed.

Results

Of 104 patients, 19 were excluded due to more extensive resections. Of 85 patients, 79 were male and 6 female, with a mean age of 69.4 years. Surgery was primary (n=49), salvage (n=32), and for post-radiation chondronecrosis (n=4). Pharyngeal closure was reinforced with a pectoralis major myofascial flap (PMF) in 32 patients. All patients had a water-soluble contrast swallow between 1 and 3 weeks post-surgery. The overall PCF incidence was 15.3%. While the use of a PMF did not significantly influence the rate of fistula development, the application of a second layer of adventitia exhibited marginally better protective capabilities. Notably, inferior constrictor muscle approximation ($p=0.0425$) and age ($p=0.0495$) emerged as a pivotal determinant across all groups.

Conclusion

The efficacy of the pectoralis major flap in mitigating PCF rates was found to be limited. Age and inferior constrictor muscle approximation emerged as the primary influencers of fistula development in both primary and salvage laryngectomy scenarios.

CHONDROSARCOMA IN THE HEAD AND NECK REGION: AN OVERVIEW OF CASES REPORTED IN HONG KONG WEST CLUSTER

Aim

Chondrosarcoma in the head and neck (HNN) regions is rare, comprising only 0.1% of all malignant neoplasms in this area. The objective of this study is to conduct a case series focusing on chondrosarcoma in the Hong Kong West Cluster over the past 10 years. By reviewing its clinical manifestations, histological patterns and treatment outcomes, we aim to enhance its understanding and guide optimal management.

Methods

Patients admitted to the Hospital Authority under Hong Kong West Cluster between 2013 and 2023, whose final diagnosis at discharge was chondrosarcoma in HNN, were reviewed. Medical data was obtained from the Electronic Patient Records (ePR) and reviewed retrospectively in terms of clinical presentation, primary site, treatment modalities, staging, pathology findings, recurrence and follow-up.

Results

Four cases were reviewed over the past 10 years. The primary sites were nasal septum, submandibular space, cricoid and thyroid cartilage. Surgical excision was the initial treatment for all patients. All pathology reports indicated low-grade chondrosarcoma. Resection margin was clear in 2 patients. One of them showed no recurrence without adjuvant therapy, while the other received adjuvant radiotherapy. Among the two patients with positive margin, one underwent a second operation with no recurrence, while the other, with no subsequent treatment, experienced local recurrence and eventual death due to airways obstruction 11 years later.

Conclusion

In conclusion, wide excision with clear margin is the recommended treatment for chondrosarcoma in HNN for long-term survival. Adjuvant radiotherapy may be considered for unclear margins for better prognosis.

The College Council (2023-2025)

The Council of the Hong Kong College of Otorhinolaryngologists (2023-2025) was formed at our Twenty-ninth (29th) Annual General Meeting on 4th November 2023. The Council has been in office for two years, and the current term of the Council will end in November 2025.

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The Head & Neck Surgery Board of the Hong Kong College of Otorhinolaryngologists is responsible for promoting, developing and overlooking post-fellowship Head and Neck Surgery training in Otorhinolaryngology practice in Hong Kong. The Board gives advice to the Council on issues and programs related to Head & Neck Surgery training centres and trainers

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每日1次¹

鼻眼適



連續12年
銷售No.1^{3,4}

有效舒緩鼻敏感症狀¹

無藥味、無倒流²

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Reference 1: Avamys Hong Kong Prescribing Information Version G05114V1(TG)20191204. 2: Berger BE, Godfrey JW, Slater AL. Intranasal corticosteroids: the development of a drug delivery device for fluticasone furoate as a potential step toward improved compliance. Expert Opin. Drug Deliv. 2007;4(6):689-701. 3: IQVIA Sales Data (GP Channel) in class R01A1 (NASAL CORTICOID W/O ANTIBIOT). 2015-2020. 4: IQVIA Sales Data (Private) in class R1A (Topical Nasal Preparations). 2009-2014

Safety Information: AVAMYS is contraindicated in patients with a history of hypersensitivity to any components of the preparations. As with all intranasal corticosteroids, the total systemic burden of corticosteroids should be considered whenever other forms of corticosteroids are prescribed concurrently. Infection of the nasal airways should be appropriately treated but does not constitute a contraindication to treatment with AVAMYS. Nasopharyngeal candidiasis can occur in patients treated with intranasal steroids, as a class effect. The lowest dose of AVAMYS that causes suppression of the HPA axis, effects on bone mineral density or growth retardation has not yet been established. However, the systemic bioavailability of fluticasone furoate is low (estimated at 0.50%) when given as AVAMYS and this limits the potential for systemic side effects. As with other intranasal corticosteroids, physicians should be alert for evidence of systemic effects including ocular changes. Growth retardation has been reported in children receiving some nasal corticosteroids at licensed doses. It is recommended that the height of children receiving prolonged treatment with nasal corticosteroids is regularly monitored. No clinical studies have been conducted to investigate interactions of fluticasone furoate on other drugs. Based on data with another glucocorticoid metabolised by CYP3A4, co-administration with ritonavir is not recommended because of the potential risk of increased systemic exposure to fluticasone furoate.

Adverse Reactions: Very common; epistaxis and nasopharyngitis, Common; nasal ulcerations and headache.

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reduction in nasal congestion^{1,a}

83%

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74%

fewer patients required systemic steroids¹

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2 out of 3

patients were able to smell again^{1,2,c}

-1.35 improvement at Week 52 (compared to a baseline score of 2.48) vs -0.37 improvement with placebo (compared to a baseline score of 2.38) (LSM difference: -0.98 [95% CI: -1.17, -0.79]). -1.25 improvement at Week 24 (primary endpoint) from a baseline score of 2.46 with DUPIXENT 300 mg Q2W + INCS (n=295, pooled DUPIXENT arms) vs -0.38 improvement from a baseline score of 2.38 with placebo + INCS (n=153) (LSM difference: -0.87 [95% CI: -1.03, -0.71]).

+2.24 from a baseline score of 4.07 (secondary endpoint) with DUPIXENT 300 mg Q2W + INCS (n=150) vs 3% worsening with placebo + INCS (n=153) [0.15 from a baseline score of 5.9] (LSM difference: -2.40 [95% CI: -2.77, -2.02]). -1.71 improvement at Week 24 (primary endpoint) from a baseline score of 6.18 with DUPIXENT 300 mg Q2W + INCS (n=295, pooled DUPIXENT arms) vs 0.10 worsening from a baseline score of 5.96 with placebo + INCS (n=153) (LSM difference: -1.90 [95% CI: -2.10, -1.51]).

^a Anosmia, UPSIT score ≤ 18; ^b 79% (n=228/287) of patients in the pooled arm taking DUPIXENT 300 mg Q2W + INCS had anosmia at baseline, which was reduced to 30% (n=84/280) as per UPSIT score at Week 24.

CRS, chronic rhinosinusitis; INCS, intranasal corticosteroids; LSM, least squares mean; Q2W, once every 2 weeks; UPSIT, University of Pennsylvania Smell Identification Test.

References: 1. DUPIXENT[®] 300mg Pre-filled Syringe Hong Kong Prescribing Information. 2. Bachert C, et al. Lancet. 2019 Nov 2;394(10209):1638-1650. 3. Gandhi NA, et al. Nat Rev Drug Discov. 2016 Jan;15(1):35-50. 4. Schleimer RP. Annu Rev Pathol. 2017 Jan;24:12331-357.

Presentation: Dupilumab solution for injection in a pre-filled syringe with needle shield. **Indications:** *Atopic Dermatitis (AD):* Moderate-to-severe AD in adults and adolescents ≥12 years who are candidates for systemic therapy; severe atopic dermatitis in children 6 months to 11 years old who are candidates for systemic therapy. *Asthma:* In adults and adolescents ≥12 years as add-on maintenance treatment for severe asthma with type 2 inflammation characterized by raised blood eosinophils and/or raised FeNO, who are inadequately controlled with high dose ICS plus another medicinal product for maintenance treatment. In children 6 to 11 years old as add-on maintenance treatment for severe asthma with type 2 inflammation characterised by raised blood eosinophils and/or raised FeNO, who are inadequately controlled with medium to high dose ICS plus another medicinal product for maintenance treatment. For 300 mg only – *Chronic rhinosinusitis with nasal polyps (CRSwNP):* As an add-on therapy with intranasal corticosteroids for the treatment of adults with severe CRSwNP for whom therapy with systemic corticosteroids and/or surgery do not provide adequate disease control. *Prurigo Nodularis (PN):* Moderate-to-severe PN in adults who are candidates for systemic therapy. *Eosinophilic esophagitis (EoE):* In adults and adolescents ≥12 years, weighing ≥40 kg, who are inadequately controlled by, are intolerant to, or who are not candidates for conventional medicinal therapy. **Dosage & Administration:** Simultaneous injection. **AD adults:** Initial dose of 600 mg (two 300 mg injections), followed by 300 mg Q2W. **AD adolescents (≥12 years):** Body weight <60 kg: initial dose of 400 mg (two 200 mg injections), followed by 200 mg Q2W. Body weight ≥60 kg: same dosage as adults. **AD children (6-11yo):** Body weight 15kg-60 kg: initial dose of 300 mg on Day 1, follow by 300 mg on Day 15, then 300mg Q4W. Body weight ≥60 kg: same dosage as adults. * The dose may be increased to 200 mg Q2W in patients with body weight of 15 kg – 60 kg based on physician's assessment. **AD children (6-11yo):** Body weight 15kg-60 kg: initial dose of 200 mg, then 200 mg Q4W. Body weight 60kg-80 kg: initial dose of 300 mg, then 300 mg Q4W. Dupilumab can be used with or without topical corticosteroids. Topical corticosteroid inhibitors may be used, but should be reserved for problem areas only, e.g. face, neck, intertriginous and genital areas. Consider discontinuing treatment in patients who have shown no response after 16 weeks. **Asthma adults and adolescents:** Initial dose of 400 mg, followed by 200 mg Q2W. For patients with severe asthma and on oral corticosteroids or with severe asthma and on-modified moderate-to-severe AD or adults with co-modified severe CRSwNP: initial dose of 600 mg, followed by 300 mg Q2W. **Asthma children (6-11yo):** Body weight 15kg-30 kg: 300 mg Q4W. Body weight 30kg-60 kg: 200 mg Q2W, or 300 mg Q4W. Body weight ≥60 kg: 200 mg Q2W. For paediatric patients (6-11yo) with asthma and co-modified severe atopic dermatitis, as per approved indication, the recommended dose should follow AD children (6-11yo). Patients receiving concomitant oral corticosteroids may reduce steroid dose gradually once clinical improvement with dupilumab has occurred. The need for continued dupilumab therapy should be considered at least annually as determined by a physician. **EoE adults:** Initial dose of 300 mg, followed by 300 mg Q2W. Consider discontinuing treatment in patients who have shown no response after 24 weeks. **EoE children (6-11yo):** Initial dose of 600 mg (two 300 mg injections), followed by 300 mg Q2W. Dupilumab can be used with or without topical corticosteroids. Consider discontinuing treatment in patients who have shown no response after 24 weeks. **EoE, 300 mg Q4W:** Dupilumab 300 mg Q4W has not been studied in patients with EoE weighing <40 kg. Dosing beyond 52 weeks has not been studied. For *Mixed dose instructions, please refer to the full prescribing information.* **Contraindications:** Hypersensitivity to dupilumab or any of the excipients. **Precautions:** Not to be used to treat acute asthma symptoms, acute exacerbations, acute bronchospasm or status asthmaticus. Do not discontinue corticosteroids abruptly upon start of dupilumab. Reduction should be gradual and performed under supervision of a physician; it may be associated with systemic withdrawal symptoms and/or unmask conditions previously suppressed by systemic corticosteroid therapy. Biomarkers of type 2 inflammation may be suppressed by systemic corticosteroid use. If systemic hypersensitivity reaction occurs, discontinue dupilumab and initiate appropriate therapy. Be alert to vasculitic rash, worsening pulmonary symptoms, cardiac complications, and/or neuropathy presenting in patients with eosinophilia. Treat pre-existing herpetic infections before initiating dupilumab. If patients become infected while receiving dupilumab and do not respond to anti-herpetic treatment, discontinue dupilumab until infection resolves. Cases of enterobiasis were reported in children 6 to 11 years old in the paediatric asthma development program. **Advised patients to promptly report new onset or worsening eye symptoms.** Patients who develop conjunctivitis, dry eye and keratitis that does not resolve following standard treatment should undergo ophthalmological examination. Sudden changes in vision or significant eye pain that does not settle warrant urgent review. Patients with comorbid asthma should not adjust or stop asthma treatments without consultation with physicians. Carefully monitor patients after discontinuation of dupilumab. Avoid using live and live attenuated vaccines concurrently with dupilumab. Patients should be brought up to date with immunisations before starting dupilumab. **Drug Interactions:** Immune responses to Tdap vaccine and meningococcal polysaccharide vaccine were assessed. Patients receiving dupilumab may receive concurrent inactivated or non-live vaccinations. **Pregnancy and lactation:** Should be used during pregnancy only if potential benefit justifies potential risks to foetus. Unknown whether dupilumab is excreted in human milk or absorbed systemically after ingestion. Decision must be made whether to discontinue breast-feeding or dupilumab taking into account benefit of breast feeding for the child and benefit of therapy for the woman. **Undesirable effects:** Most common adverse reactions reported: injection site reactions, conjunctivitis, conjunctival erythema, arthralgia, oral herpes, eosinophilia and injection site bruising. Safety profile observed in adolescents and children 6 months to 11 years old consistent with that seen in adults. **Other undesirable effects, please refer to the full prescribing information.** Preparation: 2 x 300mg/2ml in pre-filled syringe with needle shield. 2 x 200mg/1.4ml in pre-filled syringe with needle shield. **Legal Classification:** Part 1, First & Third Schedules Poison *Full prescribing information is available upon request.* APHCH-DUP-23-10

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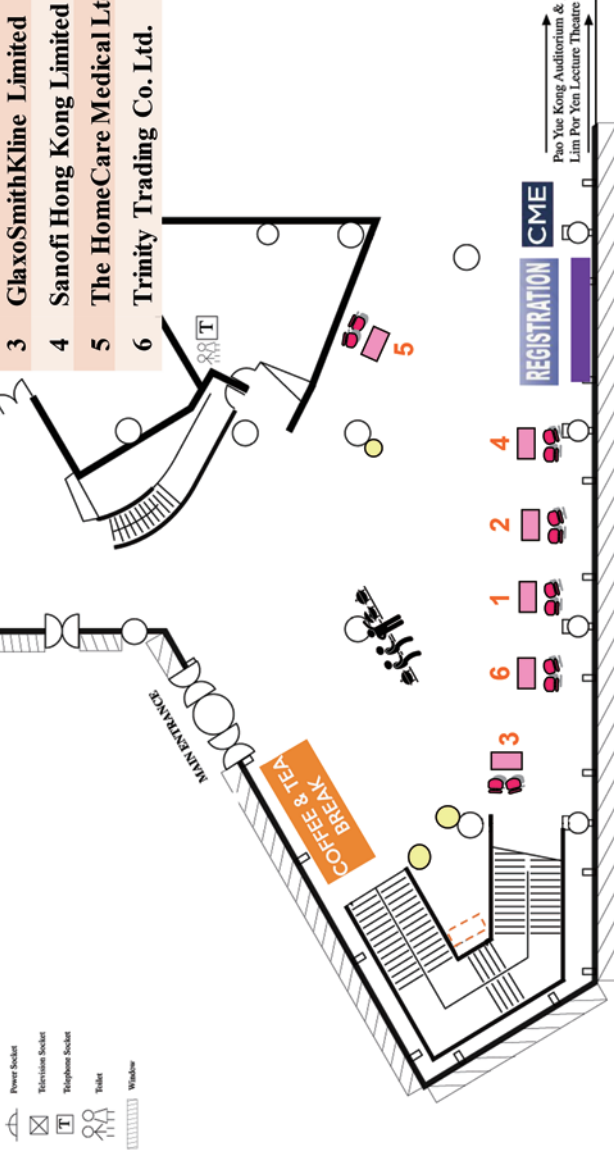




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