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Aesthetic Medicine and ENT

July 06-08, 2017 Kuala Lumpur, Malaysia

Keynote Forum

(Day 1)

Ahmad A Alanazi, Otolaryngology 2017, 7:4 (Suppl)
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Ahmad A Alanazi

University of Arkansas for Medical Sciences, USA

The 1-3-6 timeline interprofessional simulation training

Early detection of congenital hearing loss is critically important. Research tells us that if we find out a baby has hearing loss early, we can begin interventions and improve a child's ability to develop language and to learn and develop social skills. Universal neonatal hearing screening was legislated in many countries with a goal of meeting the 1-3-6 timeline (identification of hearing loss by one month, diagnosis by three months, and intervention by six months). This early identification and habilitation of deafness offers the child the best chances to develop communication skills commensurate with their typically hearing peers. The process of hearing loss identification, diagnosis, and intervention requires interprofessionl education/practice (IPE/IPP) between ENT specialists, audiologists, speech-language pathologists, and other healthcare professionals. However, much misinformation exists among healthcare professionals with regard to this timeline. The Joint Committee on Infant Hearing reported that there is a shortage of professionals with skills and expertise in both pediatrics and hearing loss. This misinformation also appears among parents. For instance, the Arkansas loss-to-follow-up/loss-to-documentation rate was more than 70% in 2014. Therefore, the importance of IPE/IPP has been recognized by the Institute of Medicine as a major contributor to improving healthcare outcomes across the lifespan. The use of simulation (i.e., manikins and standardized parents who represent specific scenarions) can help to: (a) Conduct infant hearing screening and diagnosis, (b) counsel the parents regarding the results and next steps in the hearing loss identification and re/habilitation process, and (c) appreciate the benefits of the 1-3-6 timeline.

Biography

Ahmad A Alanazi has completed his PhD and AuD degrees from University of Arkansas for Medical Sciences, USA and his Masters' degree from Flinders University, Australia. He is a Lecturer at King Saud bin Abdulaziz Univeristy for Health Sciences, Saudi Arabia and an Adjunct Clinic Instructor at University of Arkansas for Medical Sciences. His research interests are broad but mainly focus on hearing loss detection and intervention, simulation, and interprofessional education/practice in which he has published several papers in peer-reviewed journal. His recent research focuses on the collaborative work among the healthcare professionals in meeting the 1-3-6 timeline via the use of simulation.

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Sinta Murlistyarini, Otolaryngology 2017, 7:4 (Suppl)
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School of Medicine Universitas Brawijaya, Indonesia

15% Glycolic acid chemical peeling for periorbital dark circle

Introduction: Periorbital dark circle is a common condition that involves darkening of the upper and lower eyelid skin. Dark circles are caused by multipe etiologic factors that include dermal postinflammatory hyperpigmentation, dermal melanin deposition, superficial location of vasculature, periorbital edema, and shadowing due to skin laxity. It is often refractory to treatment. Multiple treatment modalities have been used for periorbital hyperpigmentation with unsatisfactory result.

Case: A 28 years-old Javanese female came with chief complaint of dark circles around her eyes. She had a personal history of atopy. Dermatological examination revealed bilateral periorbital hyperpigmented patch with thickening and fine lines involving her upper and lower eyelids. Pre-peel treatment with 8% glycolic acid once daily and sunblock SPF33 were given since 2 weeks before peeling treatment. 15% glycolic acid chemical peeling was performed. After two series 3-weekly interval chemical peeling, there was improvement in hyperpigmentation of 25-50% Physician Global Assessment and scored 3 in patient's Visual Analog Scale. No side effect was noted.

Discussion: Periorbital dark circle due to atopic dermatitis are believed to be caused by accumulation of fluid due to facial allergy, rubbing and scratching the skin around the eyes. Glycolic acid may contribute through various ways, as anti-inflammatory, keratolytic, and antioxidant effects. Glycolic acid accelerates collagen synthesis, decreasing Ca ion and modulates matrix degradation.

Biography

Sinta Murlistyarini has concluded her Medical studies in 2006, and has specialized in Dermatovenereology in 2011 from School of Medicine of Universitas Diponegoro Semarang Indonesia. Since 2012, she opened her own outpatient private clinic for Dermatovenereology in Malang, Indonesia. She became a Lecturer at Dermatovenereology Department, School of Medicine Universitas Brawijaya and Dr. Saiful Anwar General Hospital, Malang, Indonesia since 2012. She now is the Head of Cosmetic Dermatology Department at Dermatovenereology Department School of Medicine, Universitas Brawijaya Malang.

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Padma Shri Dr. Jitender Mohan Hans, Otolaryngology 2017, 7:4 (Suppl)
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Padma Shri Dr. Jitender Mohan Hans

Dr. Hans Centre for ENT & Cochlear Implant, India

Cochlear implant surgery by the Veria technique: Experience from 2000 cases

The Veria technique for cochlear implantation is a non mastoidectomy technique which is done through the endaural route for the cochleostomy with a transcanal tunnel drilled in the posterior canal wall. This technique has been used for implanting in more than 2000 cases. This technique uses a specially designed perforator to make the tunnel in the posterior canal wall. Though the conventional techniques has been successful it is more time consuming and is prone to various complications especially in children with small facial recess, cochlear malformations and cochlear rotation. This technique is simple, helps in faster healing and earlier fitting of the processor, is precise thereby minimising trauma to the facial nerve. The surgery can be performed in infants who have not yet developed the mastoid completely. This technique can be applied in difficult cases of common cavity, ossified cochlea, cochlear hypoplasia, otosclerosis, high jugular bulb, rotated cochlea with great ease and minimal difficulty.

Biography

Padma Shri awardee Prof. (Dr) J M Hans, is a topper and medalist from PGI Chandigarh. Dr. Hans has done pioneering work in the field of cochlear implant surgery and has done more than 1500 cochlear implants in his centers around the country and also in SAARC countries. He is the Founder Member of the Cochlear Implant Group of India. He is currently Chairman& Director of Dr. Hans Centre for ENT & Cochlear Implant and Chairman of Dept of ENT & Cochlear Implant, Venkateshwar Hospital, Dwarka, New Delhi. He is Honorary Consultant to Ex-Prime Minister of India. Dr. Hans is Government Member to the Ali Yajur Jung National Institute for Deafness, Mumbai. The Government appointed him as Executive Member of the All India Institute of Speech and Hearing, Mysore. He is appointed Member to the National Program on Prevention and Control on Deafness (NPPCD) and Advisor to UPSC and WHO. He pioneered the minimally invasive technique for Cochlear Implantation in India. He is also advisor Cochlear Implant Surgeon to Pingalwara Trust in Amritsar. He is visiting cochlear implant surgeon to the Medical Colleges of Chattisgarh, Andhra Pradesh and Madhya Pradesh, PGI Chandigarh etc., to perform CI surgery on deaf and dumb children. Member of ADIP, Committee of Cochlear Implant, Govt. of India and Executive Council AIISH Mysore.

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Masroor Ahmad Wani

Health Zone (Aesthetic & Skin Chamber), India

Sunscreen vs. sunlight at altitude

Altitude increases the sunburn risk. Skiers, hikers and other people whose activities are in the mountains especially during the sunny snow season develop mild or moderate sun burn. UV intensities increase with altitude because objects are physically closer to sun. In general, intensity increases at a rate of 6% per 1000 feet above the sea level for the same altitude. At 5000 feet the sun is 30% stronger than at sea level. At 1000 ft. the sun's intensity increases by 60%, at a very high altitude, the sun's characteristics also change due to thinning of the atmosphere. Ultra violet light is made up of UVC, UVB and UVA; UVC being the shorter wavelength that is filtered out by the earth's ozone layer. UVA and UVB penetrate the ozone layer and reach the earth's surface but the atmosphere filters more UVA and UVB. Fortunately UVA is not so powerful in its effects with UVB on the skin. In a study published in the Academy of Dermatology, Rigel and his team reported similar results with ski instructors in Vail, who applied two different sunscreens – one with SPF 50 and other with SPF 85 to different sides of face. The sunscreen SPF 50 was not enough to protect them from sun burn.

Biography

Masroor Ahmad Wani is Gold Medalist, has done MD from Medical College, Kolkata. He is practicing Aesthetic and Skin Medicine at Health Zone Medicate, Srinagar, India. He has published many articles in newspapers and magazines, has attended more than 22 national and international dermatological conferences.

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Keynote Forum

(Day 2)

Sambhaji Govind Chintale, Otolaryngology 2017, 7:4 (Suppl)
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Sambhaji Govind Chintale

Muhs Nashik University, India

Correlation of HRCT mastoid with clinical presentation and operative findings in ear diseases

Background: HRCT is found to be extremely useful for evaluating the ear diseases involving the external auditory canal, middle ear cavity, vertical segment of facial nerve canal, vestibular aqueduct, tegmen tympani, sigmoid sinus plate, sinodural angle, carotid canal, jugular fossa, infra and supralabrynthine air cells and temporomandibular joint. Our main objective was to correlate the clinical presentation and operative findings of ear diseases with HRCT mastoid.

Methods: This study is done in our institute's Otorhinolaryngology dept. from April 2014 to April 2016. This is a prospective study which involves 36 patients belonging to different ages and sex groups with high suspicious of ear diseases. We have taken detailed history of each patient with complete ear nose throat examination, and after that all patients were investigated with routine blood investigation, X-ray and HRCT mastoid to correlate clinical finding and subjected for operation to compare operative findings with HRCT finding.

Results: Pearson Chi Square test indicated a statistically significant correlation between HRCT temporal bone with clinical presentation and operative findings of ear diseases [P<0.05].

Conclusion: With the advent of modern high-resolution CT scanners, detailed demonstration of temporal bone anatomy is practically possible now. We have been able to identify many significant structures not demonstrated by any of the known imaging modalities. The improved contrast and soft tissue, a definition possible with HRCT has resulted in production of excellent images of soft tissue lesions in air spaces. Hence HRCT appears to be the diagnostic modality of choice for cholesteatomas and other soft tissue lesions in middle ear.

Biography

Sambhaji Govind Chintale is currently working as Associate Professor in ENT department at JIIUs Indian Institute of Medical Science & Research. He is a Senior Resident at Kem Hospital, Mumbai from 1st Feb to 31st Jul 2012 and Senior Resident at DR. R N Cooper Hospital, Mumbai from 15th Sep to 15th Jan 2013. He has published many papers in reputed journlas like *Indian Journal of Basic and Applide Medical Research, Otolaryngology Online journal*, and *International Journal of Recent Trend in Science and Technology*.

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MMT Vasan, Otolaryngology 2017, 7:4 (Suppl)
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MMT Vasan

Apollo Cosmetic Surgical centre & V-Graft Hair Transplant centre, India

Graft survival in hair restoration surgery

Introduction: Hair transplant is a common cosmetic surgery. Finer & newer techniques are coming up very often. Identifying and modifying the factors that affect graft survival have received a great deal of attention.

Materials & Methods: Harvesting done by Follicular Unit Transplant (FUT) and Follicular Unit Extraction (FUE). By adding good buffering solution for the graft storage and PRP application during the hair transplantation increases the graft survival. The factors affecting graft survival are discussed under the following headings: A. Follicular trauma – Mainly occurs by transection, dehydration and crushing of the grafts; B. Bio chemical factors – Lack of O_2, blood, nutrients and pH shift; C. Vascular factors – Refers to immediate post-operative oxygen supply and revascularization.

Results & Analysis: Suction assisted hair transplant with good buffering storage for the graft survival and PRP application during hair transplant has be done around 350+ cases in past 5 years.

Conclusion: Graft survival can be increased to greater extend by reducing the follicular trauma, storing the grafts in good buffering solution and by PRP application.

Biography

M M T Vasan practices at Apollo Spectra Hospitals. Professional qualification of the Doctor is MBBS, MS, Fellowship in Plastic & Cosmetic Surgery and specializes in Plastic and Cosmetic Surgery. Dr. M M T Vasan has expertise in Cosmetic Surgery with an experience of 7 Years.

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Padma Shri Dr. Jitender Mohan Hans

Dr. Hans Centre for ENT & Cochlear Implant, India

Understanding temporal bone Aqueducts in cochlear implant surgery

Aim: To understand and assess the presence of abnormal cochlear aqueduct and vestibular aqueduct and their presentation during cochlear implant surgery

Methods: The study involved 100 cases of a large cochlear aqueduct and 50 cases of large vestibular aqueduct which were identified on radiological assessment prior to surgery. The cases were operated by the same surgeon and by VERIA technique. The large cochlear aqueducts presented with CSF gushers after cochleostomy and the large vestibular aqueducts presented as pulsatile leak of perilymph. The cochleostomy in large cochlear aqueducts and the large vestibular aqueducts cases were sealed at the time of the CSF leak by the three handed technique in VERIA technique with a dumbbell shaped tissue seal or by using the specially designed electrode array.

Results: Large cochlear aqueducts presented with CSF gushers on cochleostomy which required a better preparedness during surgery to seal the cochleostomy at the time of the gusher to obtain a complete seal and the large vestibular aqueducts presented as a mild pulsatile leak of perilymph which was self-limiting and was easily sealed using tissue. All cases were sealed well at the cochleostomy and did not require any lumbar drain.

Conclusion: Better access provided by VERIA technique provides the surgeon a complete access to the cochlea which enables a three handed control of the gushers for better sealing of cochleostomy. Knowing the aqueducts radiologically prior to surgery is a must for every cochlear implant surgeon.

Biography

Padma Shri awardee Prof. (Dr) J M Hans, is a topper and medalist from PGI Chandigarh. Dr. Hans has done pioneering work in the field of cochlear implant surgery and has done more than 1500 cochlear implants in his centers around the country and also in SAARC countries. He is the Founder Member of the Cochlear Implant Group of India. He is currently Chairman& Director of Dr. Hans Centre for ENT & Cochlear Implant and Chairman of Dept of ENT & Cochlear Implant, Venkateshwar Hospital, Dwarka, New Delhi. He is Honorary Consultant to Ex-Prime Minister of India. Dr. Hans is Government Member to the Ali Yajur Jung National Institute for Deafness, Mumbai. The Government appointed him as Executive Member of the All India Institute of Speech and Hearing, Mysore. He is appointed Member to the National Program on Prevention and Control on Deafness (NPPCD) and Advisor to UPSC and WHO. He pioneered the minimally invasive technique for Cochlear Implantation in India. He is also advisor Cochlear Implant Surgeon to Pingalwara Trust in Amritsar. He is visiting cochlear implant surgeon to the Medical Colleges of Chattisgarh, Andhra Pradesh and Madhya Pradesh, PGI Chandigarh etc., to perform CI surgery on deaf and dumb children. Member of ADIP, Committee of Cochlear Implant, Govt. of India and Executive Council AIISH Mysore.

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Alessandro Bucci

ASUR Marche, Italy

The use of oral probiotics in the prevention of upper respiratory tract infections

At the start of the 20th century (in 1908), Russian Noble Prize winner and Father of Modern Immunology, E. Metchnikoff, a scientist at the Pasteur Institute, observed that a surprising number of people in Bulgaria lived more than 100 years. Metchnikoff observed that Bulgarian peasants consumed large quantities of "yogurt". He subsequently isolated bacteria from the yogurt and determined that they conferred the observed health-promoting benefits. The clinical evidence for application of the interfering ability of non-virulent bacteria to prevent or treat infections has been rather limited, although promising for certain purposes. Bacterial interference refers to the antagonism between bacterial species during the process of surface colonisation and acquisition of nutrients. Conventionally, probiotics, defined by the WHO as 'live organisms which, when administered in adequate amounts confer a health benefit on the host', have almost exclusively been bacteria of intestinal origin, and their application has largely been targeted at relieving maladies of the gastrointestinal tract. A number of relevant preliminary trials suggest that in the upper respiratory tract the rate of recurrence of Streptococcal pharyngotonsillitis appears to decrease using selected bacteria with inhibitory ability against common pathogens of upper respiratory tract. Sore throat is one of the most common reasons for visits to family physicians or paediatrician. URTIs are very common and cause substantial illness and billions of dollars of economic loss every year. *Streptococcus pyogenes* is a major cause of acute pharyngeal infections, especially in children. Oral probiotic as *Streptococcus salivarius* K12 has been shown clearly to antagonize the growth of *Streptococcus pyogenes*, the most important bacterial cause of pharyngeal infections in humans, by releasing two bacteriocins named Salivaricin A2 and Salivaricin B, reducing the incidence of *Streptococcal pharyngitis* and/or tonsillitis. According to our reviews of the literature and our experience prophylactic administration of *Streptococcus salivarius* K12 to adults and/or children having a history of recurrent oral streptococcal pathology reduces the number of episodes of streptococcal pharyngeal infections and/or tonsillitis.

Biography

Alessandro Bucci is the Head of Sleep Apnea Center and Rhinology/Rhino-Allergology Center - Otolaryngology department, ASUR Marche, AV2 – Senigallia, Italy. He is an International Faculty Member of the XXXV Pan-American Congress of Otorhinolaryngology 2016, Cuba, Past Director of the International Conference on Rhinology and Rhino-Allergology/5th Bulgarian Italian Rhinology Meeting, 2016 Senigallia (Italy), Committee Member and Chairman of the International Specialists Conference on Ear, Nose and Throat Disorders, November 2016 Alicante (Spain). In the past, he was a University Professor at the UNIVPM, Ancona, Italy. He attended Medical school at Catholic University (UCSC) in Rome, and completed his Residency in Otolaryngology-Head and Neck Surgery at UCSC - Gemelli Hospital in Rome. He is a Reserve Medical Officer of the Italian Navy and Consultant in Otolaryngology from 2002. He obtained PhD (in Rhinology and Rhino-Allergology) in 2006 at UCSC, Rome and a Fellowship in Otolaryngology in Spain (University Hospital, Cadiz). He held Fellowships in Facial Plastic Surgery (AMC) and OSAS (Sint Lucas Andreas Hospital) in Amsterdam, The Netherlands, and in Facial Plastic Surgery in Calixto Garcia University Hospital, La Habana, Cuba. He is Vice-president of the ONLUS association: "ANATRA.it" (National Association of Tracheotomised Patients) and is a Member of the ERS (European Rhinologic Society).

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