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A Langerhans cell histiocytosis in its rare Letterer-Siwe form in a child mimicking an otoantritis: A case report and literature review

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Langerhans cell histiocytosis (LCH) is a group of three rare diseases (annual incidence less than 4/1000.000 H) with increasing aggressiveness respectively: Eosinophilic granuloma (unifocal solitary osteolytic lesion), Hand-Schuller-Christian disease (multifocal lesion) and Letterer-Siwe disease (the most aggressive, disseminated disease with systemic manifestations). The bone is the most commonly involved with a predilection for the skull. Some cases of temporal bone localisations have been described in the literature. We report a case of an 18 month child presenting a LCH of the temporal bone misdiagnosed at the beginning as an otoantritis. In fact, the child presented a retro-auricular swelling with inflammatory characters, fever and otorrhea. The exploration before surgery revealed besides the extensive temporal lesion, hematologic perturbations, a splenomegaly and a hepatomegaly. The histopathology confirmed the diagnosis of a LCH. We describe the diagnosis challenges, the surgical difficulties and the therapeutic response of the child and give a review of what was published on LCH and Letterer-Siwe disease.

Biography

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Eagle syndrome: A case presentation

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Introduction: Eagle syndrome characteristic is constant pain in the oropharynx and face, the cause is elongated styloid process or calcified stylohyoid ligament. Eagle syndrome (ES) is first time described, by an otolaryngologist, Watt W. Eagle, in 1937. The stylohyoid complex is made of styloid process, stylohyoid ligament, and the small cornus of the hyoid bone. The normal length of the styloid process is individually variable, but in the majority of patients it is about 20 mm. Eagle's syndrome is treated surgically and nonsurgically. A pharmacological approach by transpharyngeal infiltration of steroids or anesthetics in the tonsillar fossa has been used, but styloidectomy is the treatment of choice. Styloidectomy can be performed by an intra- or an extraoral approach.

Case Presentation: A 22 years old male, presented with complain of recurrent sore throat with frequently odynophagia and sometime ear ache on both side (predominantly on left side) since one year. By taking the history, pharyngoscopy and evaluating the radiography, the diagnosis of elongated processus styloideus and recurrent acute tonsillitis was made. After completing the blood examination and anesthesia consultation, patient selected for tonsillectomy and bilateral styloidectomy under local anesthesia. At first tonsillectomy was done, then processus styloideus identified intraorally and dissected from periost, and 1cm from the middle end catted. The pharyngeal wall was repaired no serious bleeding, Augmentin injection advised preoperatively and postoperatively, patient discharged from hospital after 48hr. Three months after procedure patient checked again with no complain.

Conclusion: Already eagle syndrome is a rare case, sometime the coexistence of recurrent acute tonsillitis (RAT) and chronic tonsillitis(CT) at the same patient may mask the diagnosis of elongated process styloideus and for that reason if the odynophagia is persistent in a patient with RAT and CT, for evaluation of processus styloideus it is better to do at least the plain neck lateral radiography.

Biography

Fazel Khaliq Omari was born in 1972 in Kabul Afghanistan. He was graduated from Kabul Medical University in 1997. He has been working in the field of otolaryngology since 1997. He was graduated from ENT residency program in National Military Hospital as an ENT Specialist in 2005.

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The location of tympanic membrane perforation and hearing loss

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Perforations of the tympanic membrane (TM) can result from trauma, middle-ear disease, or the treatment of middle-ear disease. I aim to assess the level of hearing loss in different sizes and sites of TM perforation in patients undergoing myringoplasty or tympanoplasty and to correlate the size and site of TM perforation. Records from 128 patients who had undergone tympanoplasty or myringoplasty at our clinic between August 2008 and November 2012 were examined retrospectively for this study. For evaluating the TM, the site of the perforation was classified as the following divisions: 3 quadrants (Anterior, Posterior and Central). Audiometric evaluation was performed using a clinical audiometer calibrated according to ISO standard. Hearing level was measured as the mean air conduction and mean air-bone gap (ABG) threshold at 500, 1000, 2000, and 3000 Hz and, we also categorized the frequencies as low frequency (250, 500, 1000) and high frequency (2000, 3000, 4000, 6000) to analyze the hearing in detail. We categorized the location of TM perforation simply as anterior 56 (43.8%), posterior 42 (32.8%) and central 30 (23.4%) based on the relation of the center of the perforation with the line extending from the malleus handle. According to the mean ABG among the groups, ANOVA analysis revealed that, they have significant difference ($p=0.008$). Categories of the hearing loss was classified as low frequency (250, 500, 1000 Hz) and high frequency (2000, 3000, 4000, 6000 Hz). We found that the posterior perforation in TM showed increasing air conduction and ABG at low frequency hearing level ($p=0.023$, $p=0.072$).

Biography

Hoseok Lee completed MD from Bucheon St. Mary's Hospital, Catholic University College of Medicine. He is working in Otolaryngology and Head and Neck Surgery department as an Otolaryngology Clinical Fellow.

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Leiomyoma of nasal cavities: Case report and literature review

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Introduction: Leiomyoma are benign tumours which develop on smooth muscle fibers. The latter are extremely rare in the area of the nasal cavities; they develop at this level from smooth muscle fibers composing the vascular walls.

Case report: We report the case of a patient aged 59 years, who has high blood pressure, with whom the diagnosis of leiomyoma of the nasal cavity has been kept after biopsy removal, which invaded the total right nasal cavity and invaded on top the ethmoidal homolateral cells and emerged on back in the nasopharynx.

Conclusion: Leiomyoma are rare benign tumours, their treatment is surgical with full exeresis which is the only way to recovery.

Biography

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July 06-08, 2017 Kuala Lumpur, Malaysia

The button graft technique: A new technique for repair of small tympanic membrane perforations

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Objectives: To evaluate a new composite cartilage-perichondrium graft (button graft) for repair of small-sized tympanic membrane perforations and to compare its success rate with that of the underlay and overlay techniques with temporal fascia or tragal perichondrium.

Design: Prospective, sequential allocation of surgical technique study.

Setting: Tertiary care university hospital.

Patients: One hundred and ninety five (195) patients aged 14-42 years with central, uncomplicated tympanic membrane perforations with completely visualized margins affecting less than 25% of the tympanic membrane, distributed in three groups: 1 (underlay), 2 (overlay) and 3 (button graft).

Interventions: Patients were allocated in sequence to: 1 underlay graft, 2 overlay graft and 3 cartilage tympanoplasty with button graft technique. Patients were operated on under local anesthesia.

Main Outcome Measures: Postoperative status of the tympanic membrane, hearing improvement, duration of surgery and incidence of complications at 12 months postoperative.

Results: Group-1 (underlay) had 66 patients; group-2 (overlay) had 65; and group-3 (cartilage) had 66. Success was defined as the complete closure of the tympanic membrane one year after the operation. The success rates were 98.5% (65 of 66), 97% (63 of 65) and 98.5% (65 of 66) cases and the mean air-bone gap gains were 10.18 (-5.4) dB, 8.5 (+6.5) dB and 9.1 (+5.1) dB for groups-1, 2 and 3, respectively. No bone conduction threshold or speech discrimination score worsening was noted. The mean durations of the operative procedure were 35-8.4 (range 22-63), 42-6.8 (range 33-75) and 23-6.3 (range 15-41) min for groups-1, 2 and 3, respectively (P=0.02). Tympanic membrane retraction occurred in three cases in underlay group-1 and tympanic membrane cholesteatoma pearls occurred in two cases in overlay group-2.

Conclusions: The button graft technique is an effective and fast alternative for the repair of small tympanic membrane perforations if complete visualization of the margin is possible. The shorter time taken with the button grafts is mainly due to the non-requirement for a skin incision. The results are comparable to those of the underlay and overlay techniques.

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Effects of an auditory lateralization training in children suspected to central auditory processing disorder

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Introduction: Central auditory processing disorder [(C)APD] refers to a deficit in auditory stimuli processing in nervous system that is not due to higher-order language or cognitive factors. One of the problems in children with (C)APD is spatial difficulties which have been overlooked despite their significance. Localization is an auditory ability to detect sound sources in space and can help to differentiate between the desired speech from other simultaneous sound sources. Aim of this research was investigating effects of an auditory lateralization training on speech perception in presence of noise/competing signals in children suspected to (C)APD.

Methods: In this interventional study, 60 children suspected to (C)APD were selected based on multiple auditory processing assessment subtests. They were randomly divided into two groups: control and training groups. Training program consisted of detection and pointing to sound sources delivered with interaural time differences under headphones for 12 formal sessions. Spatial word recognition score and monaural selective auditory attention test were used to follow the auditory lateralization training effects.

Results: This study showed that in the training group, mSAAT score and spatial WRS in noise (p value ≤ 0.001) improved significantly after the auditory lateralization training.

Conclusions: We used auditory lateralization training for six weeks and showed that auditory lateralization can improve speech understanding in noise significantly. The generalization of this results needs further researches.

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Virtual clinics in ENT

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Virtual clinics are established in some specialties to provide a more convenient service to patients and improve efficiencies and cost in providing care for patients. In ENT these clinics are becoming more popular to cope with ever increasing demand on the specialty. We conducted a survey of all the ENT departments in the UK to identify whether virtual clinics are being used and how they are being used-telephone or video calls. We also looked at the type of pathologies that were being reviewed in the clinics. We found that there was considerable variation regarding the use of virtual clinics. The biggest use of virtual clinics was to explain test results, especially regarding imaging for sensorineural hearing loss. We conclude that virtual clinics are a growing method of providing healthcare to patients that is convenient and cost-effective. There is scope for this to be used in many more departments in ENT.

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July 06-08, 2017 Kuala Lumpur, Malaysia

Incidental finding on MRI scans of patients with audiovestibular symptoms

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Introduction: Magnetic Resonance Imaging (MRI) is considered the gold standard in detecting cerebellopontine angle (CPA) or internal acoustic meatus (IAM) lesions such as vestibular schwannoma in patients presenting with unilateral audiovestibular symptoms; sensorineural deafness, tinnitus and vertigo. However, vestibular schwannoma is rare in both patients with audiovestibular symptoms and in the healthy population. It is therefore much more likely for otolaryngologists to encounter the report of an incidental finding in the imaged brain than a vestibular schwannoma itself.

Aim: To determine the frequency of these incidental findings and to determine the best next steps in counseling and investigations when they arise.

Materials & Methods: We retrospectively reviewed all MRI IAM scan reports during a 3 month period at the Radiology Department at Blackpool Victoria Hospital, Blackpool, Lancashire, UK, noting relevant IAM and incidental findings.

Results: Out of the 109 scans, eight scans were reported to have abnormal IAM; one was found to have a small vestibular schwannoma (0.9%) and seven had vascular loops (6.4%). The remaining 101 scans were reported as having normal IAM (92.7%). However, two scans needed further action as a deep lobe parotid tumor and an empty sella with benign intracranial hypertension were found (1.8%). 45 of the 101 scans (41.3%) showed various incidental findings such as age related ischemic changes and small vessel disease, sinonasal disease and benign neurological pathologies. 54 of them (53.5%) were found to be entirely normal.

Conclusion: Our study demonstrated that almost half of the scans were reported with incidental findings albeit only two patients needed further action. Otolaryngologists should have a basic understanding of the significance of the most commonly encountered incidental findings and be able to appropriately counsel their patients with reassurance or an initial explanation of the implications of the finding and any onward referral.

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Endoscopic repair of anterior septal perforation using anterior ethmoidal artery flap

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Surgery for repair of a septal perforation is one of the most difficult, annoying, bad outcomes of surgery for an ENT surgeon. My objective is to let rhinologists know that there is a technique that may help with good results in certain types of perforations. Making a good surgery needs certain steps to get a great outcome: (1) Good infiltration with Xylocaine-adrenalin solution to get good decongestion and hydro dissection; (2) Refreshing the edges of the perforation all around; (3) Elevating the right nasal septal flap; (4) Freeing the lower edge of the flap, (5) Freeing posterior edge of the flap to create a superiorly based flap taking its blood supply from anterior ethmoidal artery, (6) Anterior rotation of the flap; and (7) Suturing the flap using 3/0 sutures; this procedure could be done under general anesthesia or local anesthesia with moderate sedation. Advantage of this technique is that you have vascular flap ensure good graft taking. On the other hand we face some limitations like that you should have a cartilaginous rim to get good fixation of the flap and good healing. Finally we can say that using anterior ethmoidal artery flap in repairing anterior septal perforation is a good option with good post-operative results.

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What is the future of minimally invasive sinus surgery: Computer assisted navigation, marker-based virtual reality simulation or 3D-surgical planner with remote visualization, 3D-navigation and augmented reality in the operating room?

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Do we need a new sinus surgery technique in a daily routine practice? Imagine that the perception system in humans could be deceived, creating an impression of another external world where we can replace the true reality with the simulated reality that enables precise/safer and faster diagnosis/surgery. Of course, we tried to understand the new, visualized virtual world (VW) 3 by creating an impression of virtual perception of the given position of all elements in the patient's head, which does not exist in the real world. This approach was aimed at upgrading diagnostic workup and endoscopic surgery by ensuring a faster and safer operative procedure, and represents a basis for realistic simulations, and can create an impression of immersion of a physician in a non-existing virtual environment. Every ENT specialist will be able to provide VR support in implementing surgical procedures, with additional correct control of all risks, without additional trauma, while having an impression of the presence in VW, navigating through it and manipulating with virtual objects (3DCA-navigation). Furthermore, when the 3D-surface with tissues arranged by objects is obtained, it is possible to derive spatial cross-sections at selected cutting planes, thus providing additional insight into the internal regions observed (osirix/leap motion and NES-3D-volume rendering models). A tele-presence system extends the operator's sensory-motor facilities and problem solving abilities to a remote environment, providing the local operator with necessary sensory information to simulate operator's presence at the remote location (3D-surgical planner with remote visualization). Generally speaking, fly-through techniques, which combine the features of endoscopic viewing and cross-sectional volumetric imaging, provide more effective and safer endoscopic procedures (marker-based VR-simulation), and use the corresponding cross-sectional image or multiplanar reconstructions to evaluate anatomical structures during the operation (3Dnavigation& augmented reality in the OR).

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Imaging in cochlear implants

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Preoperative Computed Tomography (CT), scan evaluation of the temporal bones and MRI brain in cochlear implant candidates play a crucial role in determining candidacy and side of implantation. The CT scans allow the surgeon to carefully review the anatomy of the inner ear and mastoid cavity in order to predict any potential difficulties or complications that may be encountered during implant insertion. We retrospectively reviewed 200 preoperative CT scans, of the temporal bones in children who have been successfully implanted and also those difficulties faced during surgery. In these scans, we assessed the degree of mastoid pneumatization, cochlear anatomy, and patency, size of vestibular aqueduct, cochlear aqueduct and internal auditory canal, jugular bulb, 7th/8th nerve thickness. Findings were analysed and difficulty encountered in insertion of the implant and electrodes in each case, CSF leak, facial nerve trauma were compared with imaging findings. We believe, it is important to recognize the key features in the imaging of temporal bone for planning in preoperative evaluation of cochlear implant candidates.

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July 06-08, 2017 Kuala Lumpur, Malaysia

Osteotomy in rhinoplasty

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Osteotomy is required in most rhinoplasties because most standard rhinoplasties require the movement or alteration of the osseocartilaginous vault. In general, indications for osteotomies in rhinoplasty are open roof after the hump has been removed and a wide nasal base or correction of twisted nose. The steps of mobilizing bony pyramid include mobilizing and correcting the septum, outlining osteotomy, mobilizing the bony pyramid. Types of osteotomies include paramedian, lateral, transverse and intermediate osteotomies. Surgeons try to select the most precise technique; one that is safe and easy to perform while providing a good control of the osteotomy line. Traditionally, lateral osteotomies have been used to narrow the lateral walls of the nose, close an open-roof deformity after dorsal hump reduction and create symmetry by allowing for straightening of the nasal bony framework. Various types of osteotomy techniques, complications predictability are compared with our preferred external osteotomy technique.

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Rhinophotodynamic therapy in the treatment of sinonasal polyposis

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Aim of Study: To assess the mechanisms, therapeutic efficacy and potential effect of rhinophotodynamic therapy (RPDT; per viam terminal deoxynucleotidyl-transferase/dUTP nick end labeling/TUNEL-assay), for detection of epithelial/inflammatory cell apoptosis in light-exposed control and sinonasal polyps (SNp) tissue samples, as well as the role of inflammatory mediators (AAM/ELISA test) in the development of SNp.

Presumption: Based on the nasal/sinus mucosa hypertrophy in CRS (chronic rhinosinusitis), we expected preoperatively an elevated concentration of AAM in biopsy specimens of chronically altered sinonasal mucosa, as compared with normal mucosa, as well as to find a significantly lower concentration of AAM in biopsy specimens of chronically altered SNpmucosa, and absent or substantially reduced mass in RPDT treated-SNp.

Study Design: UV/VIS-RPDT uses a mixture of the light of visible and UV-wavelength ($\lambda=310-650$ nm). The UV-wavelength light significantly reduces the number of T-memory-cells, in particular T-cells responsible for the production of IL-5, and via the mechanism of apoptosis, also directly reduces eosinophil/Eo-count and the Eo-cationic-protein-activity (these cells directly influence reduction in the number of Eo-cells, as one of the most active effector cell lines in allergologic reaction). UVA-light blocks the release of histamine from basophilic/mast-cells, while UVB-light has the same additive effect on mast-cells. The SNp-specimens, collected upon FESS, were cut into pieces, *in vitro* irradiated with various doses of UV/VIS, and then selectively with UV&VIS. Histopathologic diagnosis was made by SNp-specimen treatment with 5-delta-aminolevulinic-acid/DALA, followed by irradiation with VIS light. Upon final SNp-tissue storage paraffin blocks, TUNEL-assay was performed to detect apoptosis on epithelial and inflammatory cells in the irradiated and control SNp-tissue specimens.

Conclusion: intranasal RPDT has proved efficacious in SNp-therapy (sinus and nasal SNp-mass significant reduction), as confirmed by determination of induced epithelial cell and subepithelial leukocyte apoptosis, followed by significant reduction of synthesis of AA-metabolites.

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Application of advanced virtual reality and 3D-computer assisted technologies in NESS

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In the modern-day world medical technology, NESS-systems represent the technique with highly precise, extremely small navigation instruments which guides the surgeon through the software, provides the most flexible or-setup, with automatic recognition of the surgeon's intent during the procedure, and with no need to press a button, but with some functional limitations. If surgeons would need additional information (e.g., how deep, and where the pathologic process invaded standard normal mucosal layer inside the sinus" etc.), do they have appropriate, and sufficient support given by NESS, just even in very simple cases? The answer is "no"! But with additional application of several (semi) automatic tools (e.g. wave-propagation, skeleton-based approaches, and methods based on depth-maps), developed as simulated spaces (artificial reality), it is possible to provide appropriate support in OR (detection of regions of interest, structural and functional analyses, data-driven visualization techniques for data exploration). From the very beginning of my 3D-CA-NESS/1994, and tele3D-CA-NESS/1998, 3D-image analysis and processing, tissue modeling, and virtual endoscopy/surgery, represented a basis for various realistic simulations in standard-FESS. The possibility of exact preoperative, non-invasive visualization of the spatial relationships of anatomic and pathologic structures, including extremely fragile ones, size and extent of pathologic process, and of precisely predicting the course of surgical procedure, allowed me considerable advantage in the preoperative examination of the patient and to reduce the risk of intraoperative complications (all this by use of different VR-methods). Real-time-VR-technology will update the 3D-graphical visualization of the patient's anatomy, providing a highly useful and informative visualization of the regions of interest, thus bringing advancement in defining the geometric information on anatomical contours of 3D-humanhead models by the transfer of so-called image pixels to contour pixels.

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Auditory brainstem response improvements in hyperbilirubinemic infants

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Background & Objectives: Hyperbilirubinemia in infants have been associated with neuronal damage including in the auditory system. Some researchers have suggested that the bilirubin-induced auditory neuronal damages may be temporary and reversible. This study was aimed at investigating the auditory neuropathy and reversibility of auditory abnormalities in hyperbilirubinemic infants.

Subjects & Methods: The study participants included 41 full term hyperbilirubinemic infants (mean age 39.24 days) with normal birth weight (3,200-3,700 grams) that admitted in hospital for hyperbilirubinemia and 39 normal infants (mean age 35.54 days) without any hyperbilirubinemia or other hearing loss risk factors for ruling out maturational changes. All infants in hyperbilirubinemic group had serum bilirubin level more than 20 milligram per deciliter and undergone one blood exchange transfusion. Hearing evaluation for each infant was conducted twice: The first one after hyperbilirubinemia treatment and before leaving hospital and the second one three months after the first hearing evaluation. Hearing evaluations included transient evoked otoacoustic emission (TEOAE) screening and auditory brainstem response (ABR) threshold tracing.

Results: The TEOAE and ABR results of control group and TEOAE results of the hyperbilirubinemic group did not change significantly from the first to the second evaluation. However, the ABR results of the hyperbilirubinemic group improved significantly from the first to the second assessment ($p=0.025$).

Conclusions: The results suggest that the bilirubin induced auditory neuronal damage can be reversible over time so we suggest that infants with hyperbilirubinemia who fail the first hearing tests should be reevaluated after 3 months of treatment.

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Two year results of clinical efficacy of cisplatin in combination with sodium thiosulfate (STS) vs. cisplatin alone in a randomized phase III trial for standard risk hepatoblastoma (SR-HB) SIOPEL 6

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Background: A serious permanent side effect of cisplatin (Cis) therapy is bilateral high-frequency hearing loss which is particularly debilitating when it occurs at a young age. Sodium thiosulfate (STS) has been shown to dramatically reduce hearing loss in children treated with cisplatin containing chemotherapy without tumor protection in localized disease.

Methods: Newly diagnosed SR-HB patients were randomized to Cis or Cis+STS for 4 preop and 2 postop courses. Cis 80mg/m² was administered over 6 hrs. STS was administered exactly 6 hours after stop Cis over 15 minutes at 20 g/m². Tumor response was assessed after 2 and 4 cycles preop with serum AFP and liver imaging. In case of progressive disease STS was to be stopped and chemotherapy changed to combination therapy with Cis and doxorubicin 60mg/m². The primary endpoint of the trial is centrally reviewed absolute hearing threshold, at the age of ≥3.5 years, by pure tone audiometry. Secondary endpoints are event free (EFS) and overall survival (OS).

Results: 109 patients (52 Cis and 57 Cis+STS) were recruited at trial closure in December 2014. The combination of Cis+STS was generally well tolerated. The median follow up is 32 months and provisional 2 years EFS is Cis 86.3% and Cis+STS 89.0%; 2 years OS is Cis 91.4% and Cis+STS 97.7%. Treatment failure defined as PD at 4 cycles was equivalent in both arms (3 Cis; 3 Cis+STS). As of February 2016, 5 patients had died (4 Cis; 1 Cis+STS), 1 had relapsed (Cis+STS) and 1 was still in PR (Cis+STS). Interim results of centrally reviewed and Brock graded audiograms for 68 patients at age >3.5yrs are encouraging. Definitive results will become available end 2017.

Conclusion: This randomized phase III trial in standard risk hepatoblastoma of cisplatin alone vs. cisplatin plus the otoprotectant STS shows comparable 2 years EFS and OS with no evidence of tumor protection.

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July 06-08, 2017 Kuala Lumpur, Malaysia

Knowledge, attitude and practice of life style modification in the management of hypertension

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Hypertension remains as one of the most important public health challenges worldwide because of the associated morbidity, mortality and the cost to the society. Despite the availability of safe and effective antihypertensive medications and the existence of clear treatment guidelines, hypertension is still inadequately controlled in a large proportion of patients worldwide. Unawareness of lifestyle modifications and failure to apply these were one of the identified patient-related barriers to blood pressure control. This cross sectional study was conducted to assess knowledge, attitude and practice of life style modification in the management of hypertension among 100 conveniently selected study subjects. Average age of the patients was 36.96 ± 13.04 years. More than half of the respondents (56%) passed SSC level of education. Almost 99% of the study subjects knew that smoking is associated with hypertension. About 94% respondent told excessive salt intake is bad for health. Almost all of them knew that excessive salt intake results high blood pressure. About 93% told that physical exercise has effect on blood pressure. Three-fourth of the study subjects told that physical exercise decrease cholesterol. About 40% took part physical exercise regularly. The study found levels of knowledge on non-drug control of hypertension was quite good but practice level was poor.

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July 06-08, 2017 Kuala Lumpur, Malaysia

The use of modified bespoke nasal splints to treat an infected pinna collection

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Background: An infected pinna collection is a serious otological condition that can lead to cosmetic and audiological sequelae. They are often secondary to a piercing. *Pseudomonas aeruginosa* has been found to be the most common pathogen. There is no general consensus in the literature regarding management. The use of modified nasal splints has been described to treat a perichondria hematoma and we describe a similar technique to treat an infected pinna collection

Technique: The ear should be prepared with appropriate antiseptic solutions and injected with Lignospan Special® (2% Lidocaine hydrochloride with 2% Adrenaline 1: 80 000). A full-thickness 2-3cm skin incision should be made along the helical crease on the lateral aspect of the pinna. The pus must be irrigated with copious sodium chloride solution. Necrotic tissue should be debrided. The incision should not be closed. Exmoor® nasal silicone splints should be cut to fit under the helix. These should be used to sandwich the pinna with the use of 3 non-absorbable monofilament mattress sutures to prevent further infection. We recommend the use of Jelonet® in between to prevent excessive pressure. The patient should continue on anti-pseudomonal intravenous antibiotics until improvement is seen, when they can be converted to an appropriate oral equivalent. The patient should be reviewed in one week to remove the splints. We have had good outcomes for two patients treated this way at one month after the intervention

Discussion: Modified nasal splints act as a mould by providing firm even pressure to the pinna thereby preventing recollection. This reduces fibrosis leading to a 'cauliflower ear'. In addition the splints look clean throughout their use.

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July 06-08, 2017 Kuala Lumpur, Malaysia

An evaluation of post-operative management of children undergoing an adenotonsillectomy for obstructive sleep apnea

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Background & Objectives: Obstructive Sleep Apnoea (OSA) affects around 2% of children and is a result of partial or complete airway obstruction during sleep, which affects the child's ventilation and results in disordered sleep. This subsequently leads to increased metabolic, cardiovascular and neurogenic morbidity in these children. The gold standard for investigation is overnight polysomnographic (PSG) to identify the severity of the OSA however this can be difficult to obtain and most often a decision to proceed with an adenotonsillectomy is made by history and clinical examination without a sleep study. Post-operative respiratory complications are well recognized due to previous chronic nocturnal hypoxia and resultant depression of the central ventilator drive as well as the loss of the positive end expiratory pressure (PEEP) they experienced secondary to the airway obstruction. As a result post-operative high dependency unit (HDU) beds and short stay overnight beds are requested for these children. Specific guidance as to where exactly a child with varying OSA should be monitored post-operatively is lacking and often demands for valuable resources can sometimes be unnecessary and exceed availability. Our study evaluates the post-operative management of children undergoing adenotonsillectomy for OSA at a tertiary referral Centre.

Method: We performed a retrospective case note review of all patients identified to have been listed for an adenotonsillectomy plus a HDU or short-stay bed. This was for children fewer than 16 managed at a tertiary referral center over a one year period. We collected data on post-operative length of stay, oxygen desaturations, respiratory support, non-routine medications administered and transfer to higher level of care.

Results: We identified over 150 children who underwent an adenotonsillectomy for OSA. Of these children, oxygen was given to a small proportion of children and a much smaller proportion required respiratory support in a HDU setting. No child required admission longer than 24 hours. A significant proportion of children did not have a sleep study to accurately risk stratify them.

Conclusion: High dependency care may be necessary for children following an adenotonsillectomy following surgery for OSA. However the majority of children booked for a HDU bed have not been risk stratified appropriately pre-operatively and did not require any HDU resources. We discuss the benefits and cost of pre-operative sleep studies to aid utilization of HDU beds for these children and also discuss whether there is a case for adenotonsillectomy for OSA to be done as a day case.

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July 06-08, 2017 Kuala Lumpur, Malaysia

Oral submucous fibrosis, a mouthful of misery: Report of 3 unusual cases

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Objectives: Areca nut is the fourth most commonly used psychoactive substance, apart from being carcinogenic has diverse effects on almost all organs of the human body including the brain, heart, lungs, gastrointestinal tract, and reproductive organs. Oral submucous fibrosis is one of the most poorly understood and unsatisfactorily treated diseases. It often presents with vesicle formation, burning sensation, intolerance to hot and spicy food, and trismus, however the current paper flags novelty by portraying few rare clinical presentations of advanced stage of OSMF.

Materials & Method: 3 cases of advanced stages of OSMF were reviewed and their clinical characteristics were collected and analyzed.

Results: The paper highlights the synchronization of OSMF with oral cancer manifesting with perineural invasion, mandibular widening and widespread systemic effects of Areca nut causing generalized facial, cerebral atrophy and deafness.

Conclusion: There is a dire need for establishment of a preventive and intervention programme for the malicious habit that attracts young individuals with its euphoric and stress buster action. Further the individual mechanism of this intriguing condition manifesting at various stages of the disease-initial, intermediate advanced stages needs to be further explored.

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Dentofacial deformities: Case series

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Dentofacial deformities are a debilitating condition both functionally as well as aesthetically. Unfortunate victims of these deformities suffer from inability to close their mouths, severe gummy smile and long lower jaw, asymmetry of face, etc. They have functional deformities such as obstructive sleep apnea (OSA), snoring, inability to masticate properly and above all inferiority complex and often become a social recluse. Though effective treatment is available, many patients are unable to access surgical care due to lack of awareness, financial issues and a strange thinking that they are going against God who created them that way. Awareness is increasing now and also predictability of surgery and surgical options. Dentofacial deformities are corrected with multiple surgical techniques. Detailed evaluations of these patients are done and multiple surgical options are considered to arrive at the correct procedure for the patient. This paper provides a comprehensive analysis of Dentofacial deformities and their surgical correction with pictures of patients before and after surgery.

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