



2nd International Conference on

Ear, Nose and Throat Disorders

May 14-15, 2018 Osaka, Japan

Scientific Tracks & Abstracts (Day 1)

2nd International Conference on

EAR, NOSE AND THROAT DISORDERS

May 14-15, 2018 Osaka, Japan

Unilateral sensorineural hearing loss secondary to internal auditory canal stenosis in a 12-year old female: A therapeutic dilemma

Christen-Zen I Sison

University of Santo Tomas Hospital, Philippines

Unilateral hearing loss is a significant complaint that is often encountered in otolaryngology practice and if left uninvestigated, it may have dire consequences. In this case, we encountered a rare condition of a 12-year old girl who initially presented with progressive unilateral sensorineural hearing loss, with no evidence of facial palsy. Neuroimaging demonstrated stenosis of the internal auditory canal. Isolated cases of congenital primary stenosis of the internal auditory canal (IAC) is a rare condition although other temporal bone conditions may also accompany this condition. Even though most patients exhibit sensorineural hearing loss, there are also cases wherein the hearing is normal in patients with stenotic canals, leading several studies to investigate the causal link between this anatomic abnormality and deafness. Typical radiographic findings are described in this case and the relevant embryological origins of the ear are traced in detail. The association of isolated IAC stenosis and hearing loss in this case suggests a correlation between stenosis and deafness. Most of the literature is focused on the effect of IAC stenosis on the outcome of cochlear implantation. There is currently no consensus regarding the therapeutic management for these types of cases since there are only a few reports in literature.

Biography

Christen-Zen I Sison has received her BSc Degree Double Major in Biology and Kinesiology at the York University in Toronto, Canada in 2008. Later, she has completed her MD Degree from the University of Santo Tomas, Faculty of Medicine and Surgery in 2014. She is a Resident in the Department of Otorhinolaryngology, Head and Neck Surgery at the University of Santo Tomas Hospital in Manila, Philippines.

sison.christen@gmail.com

2nd International Conference on

EAR, NOSE AND THROAT DISORDERS

May 14-15, 2018 Osaka, Japan

Peripheral T-cell lymphoma: Unusually presenting as an auricle mass

Veronica Marie M Mendoza, Juan Ramon V Perez de Tagle and Adrian F Fernando
University of Santo Tomas Hospital, Philippines

To present a rare case of peripheral T-cell lymphoma in a 64-year old male presenting with an auricular mass on the right ear with a 7-month history of progressively enlarging mass on the auricle of the right ear accompanied by pruritus and yellowish discharge, initially treated as a case of Perichondritis which did not resolve. Initial biopsy showed fibro-collagenous tissue with chronic inflammation whereas repeat incision biopsy revealed atypical round cell lesion. Immunohistochemical study was consistent with peripheral T-cell lymphoma, not otherwise specified, stage II. The patient underwent 6 cycles of chemotherapy. When evaluating patients with a non-traumatic auricular deformity that presents like a soft tissue infection unresponsive to antibiotic therapy and progressively resembles a tumor, immediate biopsy and imaging should be instituted to obtain an accurate diagnosis and avoid unnecessary procedures. After all, not all head and neck masses are managed with surgery. This case of PTCL-NOS of the auricle, just like other reported cases of lymphoma arising from the external auditory canal appear to respond well with the standard CHOP regimen. Therefore, the favorable resolution in our case suggest that surgical resection of the auricle should be reserved for cases non-responsive to the standard treatment for lymphoma.

Biography

Veronica Marie M Mendoza has completed her Doctorate degree in Medicine at the University of Santo Tomas, Faculty of Medicine and Surgery. She is currently under residency training as Chief Resident of the UST Hospital Department of Otorhinolaryngology, Head and Neck Surgery. She has published a case report in one of the local journals and has presented several of her researched in various international conferences.

veronicamariemendoza@gmail.com

Notes:

2nd International Conference on

EAR, NOSE AND THROAT DISORDERS

May 14-15, 2018 Osaka, Japan

Surgical outcomes of type-1 tympanoplasty on microscopic technique post-auricular approach and endoscopic technique transcanal approach: A single surgeon experience

Escalderon Jenina Rachel D J

University of Santo Tomas, Philippines

Background & Aim: Conventionally, tympanoplasty is a surgical procedure that utilizes the microscope to visualize tympanic membrane and the middle ear. In years past, the use of endoscopes has been limited to paranasal sinus surgeries. Several reports have been made on endoscopic tympanoplasty worldwide. However, there is a scarcity of studies in the Philippines assessing the capacity for endoscopic techniques on micro-otologic surgery. This study aims to describe the surgical outcomes of patients who underwent endoscopic vs microscopic technique in tympanoplasty.

Methodology: Review of charts from 2015 to 2017 were done. Patients who underwent type-1 tympanoplasty by a single surgeon via endoscopic or microscopic approach were included in the study. Tympanic membrane integrity, operative time and complications were noted.

Result: 19 patients were included in the study. The mean age of patients was 43 for Microscopic and 48 for Endoscopic Tympanoplasty. Mean operative time was 140.6 minutes (SD±43.3) for Microscopic and 86.7 minutes(SD=±13.0) for endoscopic tympanoplasty. Majority of patients were male. There was 100% tympanic membrane integrity on both techniques. Hearing results for air conduction pure tone average from 500, 1000, 2000 and 4000 Hz showed improvement in hearing with a gain of more than 10dB on 5 patients via endoscopic tympanoplasty. For bone conduction PTA, there was noted improvement among 5 patients via microscopic tympanoplasty. Change in air-bone gap showed improvement by more than 10dB on 5 patients via microscopic tympanoplasty.

Conclusion: Endoscopic Tympanoplasty is an alternative to microscopic tympanoplasty. It has a high success rate in closure of perforation and yields less operative time.

Biography

Jenina Rachel D J Escalderon is an MD has completed her medical degree from University of Santo Tomas, Manila, Philippines. She is currently an otorhinolaryngology- head and neck surgery resident at the same hospital.

jre_09@yahoo.com

Notes:

2nd International Conference on

EAR, NOSE AND THROAT DISORDERS

May 14-15, 2018 Osaka, Japan

Coorelation between serum squamous cell carcinoma antigen level and tumor volume in head and neck cancer**Teerapol Kotamnivates**

Prince of Songkla University, Thailand

Background: Tumor marker in head and neck cancer is one of the most investigated areas. Squamous cell produces squamous cell antigen(SCC-Ag) which is expected to be higher in cancer. Level of SCC-Ag associated to cancer prognosis has been shown in literatures. The investigators conducted the first study determining correlation between SCC-Ag level and tumor volume in head and neck cancer.

Materials and Methods : SCC-Ag level of the patients was measured from venous clotted blood. Tumor volume was calculated by the typical ellipsoid formula. The tumor width, length, and height were measured from CT scan. Correlation between SCC-Ag level and tumor volume was analyzed.

Results : Fifty-two patients, 50 male and 2 female, were studied. Mean age of patients was 62.4 year. Tumor subsites were oral cavity cancer 11 cases (21.6%), oropharyngeal cancer 21 cases (40.38%), hypopharyngeal cancer 8 cases (15.7%), and laryngeal cancer 12 cases (23.5%). Differentiation of tumors were well differentiated 20 cases (38.4%), moderate differentiated 27 cases (52.9%), and poorly differentiated 5 cases (9.8%). Mean of tumor volume was 20.013 mL³ with 0.02-91.46 mL³ in range. Critical point of tumor volume was 30.8 mL³. Mean of SCC-Ag was 2.69 ng/mL with 0.5-14.6 ng/mL in range. Critical point of SCC-Ag was 5.8 ng/mL. Tumor volume in head and neck cancer significantly related to SCC-Ag by Pearson's product-moment correlation with P value = 0.0002213 and 52.4% correlation (moderate level).

Conclusions : Study of head and neck tumor volume and SCC-Ag level demonstrated moderate correlation.

Biography

Teerapol Kotamnivates has completed his MD from Thammasat University. Currently he is during the residency program of Otolaryngology Head and Neck Surgery, Prince of Songkla University.

hankyent@hotmail.com

Notes:



2nd International Conference on

Ear, Nose and Throat Disorders

May 14-15, 2018 Osaka, Japan

Scientific Tracks & Abstracts (Day 2)

2nd International Conference on

EAR, NOSE AND THROAT DISORDERS

May 14-15, 2018 Osaka, Japan

Ossifying fibroma, bilateral- Management dilemma in a 16-year-old male: A case report**Valerie Kaye U Sison and Adrian F Fernando**

University of Santo Tomas Hospital, Philippines

Objective: To present a case of ossifying fibroma maxillary alveolar ridge presenting as upper gingival mass in a 16-year old male, extracted via partial excision (shaving) of maxillary alveolar mass, bilateral. Objective is to review the prevalence of ossifying fibroma. To know what are the other types of bony tumor which may present similarly with ossifying fibroma

Method: It was a case report in private division of a tertiary hospital. Patient is a 13-year old male presenting with bilateral upper gingival mass.

Result: Patient was initially diagnosed with benign fibrous lesion t/c fibrous dysplasia vs ossifying fibroma maxillary alveolar ridge, bilateral upon CT scan. He was then scheduled for partial excision (Shaving) of maxillary alveolar mass, bilateral intraoperatively, 0.5×1-2 cm bony fragments and 1-2 cm bony fragments were obtained from the left and right alveolar ridge were obtained, respectively.

Biography

Valerie Kaye U Sison is currently Resident at the Department of Otorhiolaryngology, Head and Neck Surgery at the University of Santo Tomas Hospital. She has completed her Bachelor of Science in Medical Technology and Doctor of Medicine degree at the University of Santo Tomas.

valeriesisonmd@yahoo.com

Notes:

2nd International Conference on

EAR, NOSE AND THROAT DISORDERS

May 14-15, 2018 Osaka, Japan

Short Term Management of Vocal Fold Paralysis**Matthew S Broadhurst**

MBBS, FRACS(ENT), Laryngology, Sleep Medicine, Australia

Vocal cord paralysis is commonly encountered by ENT surgeons. The standard management usually involves waiting for 6-12 months to assess for recovery or reinnervation. During this time, the patient usually experiences poor quality voice, ineffective cough, and aspiration which may result in pneumonia. Management of these patients includes a search for the aetiology and often requires speech therapy. In addition to this, a reversible, office-based early injection laryngoplasty can minimize the patient morbidity of impaired vocal fold mobility while maximizing glottal function and improving phonatory quality.

Methods: A retrospective study was conducted on consecutive patients with unilateral vocal cord paralysis. Voice handicap index, basic and aerodynamic/acoustic data were collected at the initial assessment and following intervention. Intervention consisted of an office-based, unsedated, paraglottic injection of hyaluronic acid to the effected side. All patients underwent videostroboscopy before, during and after office intervention and subjective assessment of these recordings was made. Patients also completed the voice related quality of life.

Results: All 185 patients tolerated office-based injection well with no adverse events. All patients experienced an improvement in glottal competency and this was reflected in the aerodynamic and acoustic data. Analysis of videostroboscopy before and after showed a similar outcome, as did patient questionnaire data.

Discussion: Office-based, unsedated paraglottic injection of hyaluronic acid is a safe and effective treatment option in the short term management of impaired vocal fold mobility. It improves glottal competency and vocal function while minimizing the risks associated with impaired vocal fold mobility. It allows rapid return to work/social functioning compared to the wait and see approach.

Biography

Dr Matthew Broadhurst is a fellowship trained laryngeal and upper airway surgeon specialising in laryngeal surgery, voice restoration and obstructive sleep apnoea. He returned to Brisbane, Australia from Boston, Massachusetts in 2007 having worked for 2 years at Harvard Medical School and Massachusetts General Hospital. He was the first fellowship trained laryngeal surgeon in Australia and now has a large tertiary referral practice in voice and larynx disorders and sleep apnoea. In his practice, he utilises state of the art techniques in surgery to the airway and is actively involved in clinical research and education both nationally and internationally. His areas of special interest and research include KTP laser for dysplasia and glottic cancer, short and long term management of vocal fold paralysis, phonotraumatic lesions in professional voice users and laryngeal papilloma.

mattbroadhurst@mac.com

Notes: