



4th European Otolaryngology-ENT Surgery Conference

&

3rd International Conference on **Craniofacial Surgery**

August 15-17, 2019 Rome, Italy

Keynote Forum

Day 1

ENT 2019 & Craniofacial Surgery 2019

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Stella Maris Cuevas

Cuevas Hospital de Clínicas José de San Martín, Argentina

Olfactory Function on patients with CRS

Hyposmia and anosmia are frequent conditions related to rhinosinusal conditions. Some events as nasal polyposis, mechanical obstruction and degenerative disturbances as smoking, recurrent infections, healing, chronic drug use are other associated.

The approach of patients with these conditions should pursue the etiology, clinical evolution, onset of symptoms, fiberoptic examination, imaging and the performance of olfactory test. Others as rhinomanometry as useful on the initial study of the patients with olfactory disturbances. The main management of hyposmia and anosmia after a conscious study includes corticosteroids used to eliminate and improve air, flow and permeability. But medical treatment is not only the unique management, surgery is used on the improvement in patients with previous disorders.

The adequate knowledge of approach to olfactory function by ENT professionals is the aim of this panel

Recent Publications

1. Mosaicism of Alpha-Synuclein (SNCA) Gene Rearrangements in unrelated cases of Multiple System Atrophy with Predominant Parkinsonism (MSA-P): a Link between Parkinson's Disease (PD) and Multiple System Atrophy? JUNE 2014. Stockholm, Sweden. Daniela S Calvo, Claudia Perandones, Gabriela B Raina, Juan C Giugni, Luis A Pellene, Ricardo Maiola, MD1, Stella M Cuevas
2. Book Chapter: "Tratado de ORL Pediátrica" Author: Profesor Dr Enrique Mansilla. Capítulo Olfacción en Pediatría. Abril 2014.
3. Book Chapter: Co - Author Libro Pediatría Autores: Dr Luis Voyer - Raúl Ruvinsky - Carlos Cambiano Tomo II sección 11 3ra Edición " Enfermedades respiratorias " VAS . 11.1 Capítulo Rinitis alérgica pág 821 - 822. Publicado Junio 2011.
4. Mansilla.E, Cuevas. S. Avances en el Tratamiento de la Rinitis Alérgica". Revista F.A.S.O (2001) 8;3
5. Castillo-Bustamante.M, Tapia.L, Ricardo.MA, Cuevas.S Epidemiología de la poliposis nasal *Revista Fronteras en Medicina* 2018;(1): 0018-0021 | Doi: 10.31954/RFEM/201801/0018-0021

Biography

Dr Stella Maris Cuevas is specialized in Smell disorders and has experience in Chronic Rhinosinusitis treatment and BAST- 24 management for the evaluation of Smell Disorders in Latin America. She has participated in several events in Europe, United States and South America being one of the referents in her area. President of Buenos Aires ENT Society. Currently she is working at Hospital de Clinicas Jose de San Martin in Buenos Aires, Argentina

dra.stellacuevas@gmail.com

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Sekhar Bandyopadhyay

N.B. Medical College & Hospital, India

Paediatric Aero digestive Foreign Bodies: 10 Year Retrospective Study in a Tertiary Care Hospital

Introduction: Foreign bodies in the aerodigestive tract in children pose serious challenge to an otolaryngologist. Clinical assessment, proper instruments, early intervention, surgical skill are the key words for success.

Methods: A retrospective study was done in the otolaryngology department, North Bengal Medical college, Darjeeling between 1st October 2008 to 30th September 2018.

Inclusion Criteria : All children below 12 years of age, with history of suspected foreign body ingestion or inhalation. Foreign bodies of posterior nares, hypopharynx, oesophagus, tracheobronchial tree were included.

Exclusion criteria were foreign bodies of Tonsil, oropharynx and anterior nasal space.

Results of 160 patients were analysed with reference to age, sex, investigation, atypical presentation, retrieval and complications.

Results: In the present study Mean age was 3.8 yrs, Male : Female ratio was 5:3. Common sites of Foreign body impaction were Oesophagus 112 (70%), Tracheobronchial tree 20(12.5%). In digestive tract COIN was the commonest foreign body 96 (78.6%). Pea nut was the commonest in tracheobronchial tree 6(30%). Virtual Bronchoscopy CT scan was helpful in 4 case of Bronchoscopy. Oesophagoscopy was done in 108(67.5%) cases. Rigid Bronchoscopy was done in 19(11.8%).

Atypical presentations included one 11 month old child with two pieces of chicken bone one in the GLOTTIS, another in the OESOPHAGUS, was treated successfully. A case of broken tracheostomy tube in the right bronchus was removed by bronchoscopy. A metal piece in the subglottis of a 2 yr old child with stridor, was removed by bronchoscopy. Chicken bone in the glottis of a two year old child was successfully removed.

Successful retrieval was done in 150 (93.7%) cases. COMPLICATIONS included TRACHEAL INJURY 1(0.62%), OESOPHAGEAL RUPTURE 1(0.62%) DEATH 2(1.25%) cases.

Conclusion: Rigid endoscopy remains the treatment of choice in children with aerodigestive foreign bodies.

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Biography

DR. Sekhar Bandyopadhyay is working at Specialist Medical Officer, Deptt.Of Otolaryngology, N.B.Medical College & Hospital, Darjeeling, India. He completed his MBBS in Calcutta University in 1985. His special interest is Otology, Thyroid Surgery, Bronchoscopy & Oesophagoscopy.

sekharb3@gmail.com

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Kalpana Nagpal

Indraprastha Apollo Hospital, New Delhi, India

Challenges in initiation and running a ENT, head & neck robotic surgery program in our country

To initiate and run the robotic program successfully has been a very challenging task for us. This program at our hospital which is one of the largest corporate hospitals in India started two and half years ago. We have done 110 cases so far. In developing countries like India starting such a program involved high costs of training as there is no ENT, Head and Neck training program here and non-availability of trained surgeons is added disadvantage. Running the program successfully has also been met with challenges. There are various reasons or drawbacks here as to not having very large numbers in our series despite having excellent feedback from almost every patient that underwent robotic surgery at our setup.

Biography

Dr. Kalpana Nagpal is a senior consultant in Dept. of ENT, Head & Neck Surgery and Robotics at Indraprastha Apollo Hospital, New Delhi, India. She has 26 years of experience. Training for Robotics was from Yonsei University, Seoul, South Korea. She has worked in rhinology with Dr. Frederick Kuhn at Savannah, Georgia, USA. She is doing basic & advanced ENT, Head and neck surgeries.

kalps_apollo@yahoo.co.in

Notes:



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Vik Veer

Royal National Throat Nose & Ear Hospital, UK

The Role of Surgery in the Treatment of Sleep Apnoea – Evidence from 1000 patients

Obstructive Sleep Apnoea (OSA), has been traditionally managed by respiratory physicians with CPAP. The evidence for the diagnosis of OSA and treatment thresholds are discussed, particularly in relation to the validity of the Apnoea / Hypopnoea Index (AHI) and the Epworth Sleepiness Score (ESS). The evidence from over 1000 patients analysed at our institution suggests that these indicators of OSA severity are far from robust. The evidence from other measures of OSA severity are considered and linked to our patients symptoms and quality of life scores. There is emerging evidence that surgery has greater benefits than CPAP. The evidence for and against CPAP are discussed, along with a discussion of the role of surgery in this condition. Outcomes are provided from patients intolerant of CPAP and mandibular advancement devices from our institution.

Recent Publications

1. Veer V, Zhang H, Beyers J, Vanderveken O, Kotecha B. The use of drug-induced sleep endoscopy in England and Belgium. *Eur Arch Otorhinolaryngol*. 2018 May;275(5):1335-1342.
2. Introducing a New Classification for Drug Induced Sleep Endoscopy (DISE): The PTLTbE System – Submitted to *Sleep & Breathing*
3. Guidelines on the surgical management of sleep disorders: a systematic review – revising article for acceptance with *Laryngoscope*
4. Developing a Validated Patient Reported Outcome Measure (PROM) for Obstructive Sleep Apnoea: Symptoms Tiredness Alertness Mood Psychosocial (STAMP) – Submitted to *Sleep journal*
5. Measurement properties of patient-reported outcome measures in adults with OSA: a systematic literature review - Abma IL, Van der Wees PJ, Veer V, Westert G, Rovers M – *Sleep Med Rev*. 2016 Aug;28:18-31

Biography

Dr Vik Veer works at the Royal National Throat Nose & Ear Hospital, Central London, UK. He works alongside with Professor Kotecha at the Sleep Medicine Department. He is a co-founder of the British Association of Sleep Surgeons and works solely with OSA patients in his NHS practice at the RNTNE hospital. He has developed a new classification and technique for Drug Induced Sleep Endoscopy to improve its reliability and validity. The STAMP score is a new patient reported outcome measure for OSA developed by Mr Vik Veer.

vikveer@gmail.com

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Debashis Acharya

Primary Health Care Corporation(PHCC), QATAR

Allergic Rhinitis: Pearls of wisdom

This provides an overview of Allergic Rhinitis and its management. It is very useful for students of Rhinology and clinicians managing this disease. It introduces them to a systematic approach of assessing allergic rhinitis patients which is very commonly found in most populations and causes considerably morbidity. Allergy per se is a very difficult subject to master and it is with great perseverance one can treat patients suffering from this condition. The cornerstone of managing a patient of allergic rhinitis is first and foremost obtaining a good history. This is to be followed by a thorough examination and investigations. The general practitioner is the first expert to be involved in management of allergic rhinitis patient followed by specialists in particular otorhinolaryngologists, and finally by allied healthcare personnel. Inflammation of nose and paranasal sinuses are characterized by two or more symptoms—namely, either nasal blockage / obstruction / congestion or nasal discharge. Associated symptoms include facial pain / pressure and either reduction or loss of smell. Certain diagnostic endoscopic signs of nasal polyps and or mucopurulent discharge and or mucosal oedema in the middle meatus and or CT changes of mucosa within the ostoemeatal complex, and or sinuses are seen. Definitions, aetiologies, clinical presentations, diagnosis / prognosis and management of allergic rhinitis is dealt with. Common allergens causing the disease are mentioned, pathophysiology and classification of allergic rhinitis is discussed in detail. Different types of allergen testing are highlighted along with their specific role and uniqueness. Principles of immunotherapy in treatment of allergic rhinitis are discussed here. Health effects of allergic rhinitis along with its impact on physical quality of life is mentioned. The basic idea of this presentation is to improve diagnostic accuracy by promoting appropriate use of ancillary tests like nasoendoscopy, allergy testing, computed tomography etc. and reduce inappropriate antibiotic use. The basic treatment plan of allergic rhinitis is according to the severity and duration. It consists of allergen avoidance, pharmacotherapy, allergen immunotherapy and surgery which has limited role.

Biography

Dr. Debashis Acharya is passionate about Otorhinolaryngology (E.N.T.), being more than 25 years in the field. He trained at India's premiere defence medical establishment Army Hospital (Research & Referral), New Delhi affiliated to the University of Delhi. An ex- Indian Army Medical Corps officer (Lieutenant Colonel) served as E.N.T. Specialist in the forces for approx. 12 years until 2008 when he left the services. He has worked as Medical Superintendent in a private Medical College Hospital at Gujarat, India after that for almost one year. Subsequently held the appointment as H.O.D. & Associate Professor at Ahmedabad, Gujurat, India. for approx. two years before moving to Qatar in 2011. Presently working as Consultant E.N.T. in PHCC (Primary Health Care Corporation) - QATAR since 2014.

dracharyad@yahoo.co.in