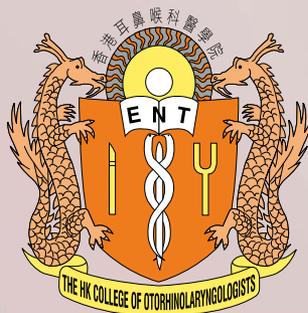


# 香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS



## ANNUAL SCIENTIFIC MEETING

Saturday, November 11, 2017

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 – 17:30 ANNUAL SCIENTIFIC MEETING

#### 12:00 REGISTRATION

#### 12:30 TRAINEE RESEARCH PRESENTATION COMPETITION 2017

- 12:30 – 12:45** Treatment of post-irradiation dysphagia in nasopharyngeal carcinoma patients: Balloon cricopharyngeus dilation  
**Dr Nikie Ho-Yee SUN**  
*ENT, Hong Kong West Cluster, Hospital Authority*
- 12:50 – 13:05** Application of Fibrin Sealant to Reduce Post-parotidectomy Wound Drainage and Length of Stay Compared with Wound Closure with Standard Method  
**Dr Nga-Sze WONG**  
*ENT, New Territories West Cluster, Hospital Authority*
- 13:10 – 13:25** Study of Effectiveness of Panendoscopy for Investigation of Idiopathic Vocal Cord Paralysis  
**Dr Walter Chin-Pang CHAN**  
*ENT, Hong Kong West Cluster, Hospital Authority*
- 13:30 – 13:45** Role of Narrow Band Imaging (NBI) in Post-radiotherapy Residual Nasopharyngeal Carcinoma (NPC) Detection  
**Dr Kai-Chuen WONG**  
*ENT, Hong Kong East Cluster, Hospital Authority*
- 13:50 – 14:05** Immunoglobulin G4-related disease of the Head & Neck  
**Dr Leah Lai LAU**  
*ENT, Hong Kong West Cluster, Hospital Authority*
- 14:10 – 14:25** Transoral laser microsurgery for glottic cancer, a 10-year experience  
**Dr Shi-Yeung HO**  
*ENT, Hong Kong West Cluster, Hospital Authority*

#### 14:30 COFFEE/TEA BREAK

#### 15:00 PRESENTATION BY THE WINNER OF THOMAS CHEUNG FUND 2016 OF THE HONG KONG SOCIETY OF OTORHINOLARYNGOLOGY, HEAD & NECK SURGERY

Milano Masterclass 2017, Italy

**Dr Andrew Chun-Lok WONG**

*ENT, New Territories West Cluster, Hospital Authority*

**15:20 PRESENTATION OF RESEARCH PROJECTS BY FELLOWS IN POST-FELLOWSHIP HEAD AND NECK SURGERY TRAINING OF THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS**

**15:20 – 15:40 Management of Sinonasal Malignancies: Experience in CUHK**  
*Dr Ryan Hung-Wai CHO*

**15:45 – 16:05 The Role of Human Papillomavirus in Laryngeal Cancer in Southern China**  
*Dr Eddy Wai-Hung LAM*

**16:10 – 16:30 3 Year Results of Endoscopic Nasopharyngectomy in Salvaging Locally Recurrent Nasopharyngeal Carcinoma**  
*Dr Stephen Wai-Yip LAU*

**16:35 COFFEE/TEA BREAK**

**17:00 GUEST LECTURE**

*Topic: Tongue tie and its effect on paediatric patients*

**Guest Speaker Mrs Sue CLARKE**

*ENT Surgeon*

*The Mid Yorkshire Hospitals NHS Trust, United Kingdom*

**Moderators Dr Birgitta Yee-Hang WONG**

*Consultant and Honorary Clinical Associate Professor*

*Department of ENT, Queen Mary Hospital, Hospital Authority*

*Council Member, The Hong Kong College of Otorhinolaryngologists*

**Dr Victor ABDULLAH**

*Consultant and Cluster Chief of Service*

*Department of ENT, Kowloon East Cluster, Hospital Authority*

*Honorary Clinical Associate Professor,*

*Chief of Paediatric Otorhinolaryngology*

*The Chinese University of Hong Kong*

*Censor-in-Chief, The Hong Kong College of*

*Otorhinolaryngologists*

**17:30 END OF PROGRAMME**

**17:45 ANNUAL GENERAL MEETING (for college fellows only)**

**ABSTRACT****A1****Treatment of post-irradiation dysphagia in nasopharyngeal carcinoma patients: Balloon cricopharyngeus dilation****Dr Nikie Ho-Yee SUN***ENT, Hong Kong West Cluster, Hospital Authority***Background**

In Hong Kong, every 11.5 in 100,000 person each year was diagnosed with nasopharyngeal carcinoma (NPC)<sup>1</sup>. The number of NPC survivors post radiotherapy is progressively increasing because of the early detection and advances in medical treatment. Dysphagia is a late sequela affecting more than one fourth of long NPC survivors.<sup>2</sup>

Balloon dilation for cricopharyngeus dysfunction emerged as a safe option in patients with cricopharyngeus dysfunction<sup>3</sup>. There are 6 case series, a total of 113 patients reported in the literature. The overall success rate ranges from 64-100%.

Nevertheless, dysphagia in NPC survivors tends to occur at multiple levels<sup>2</sup>. Our study aims to derive a protocol for identification of NPC survivors with cricopharyngeus dysfunction associated dysphagia; and determine the efficacy of balloon dilation in this selected group of NPC patients suffers from dysphagia.

**Study design**

A prospective cohort study.

**Method**

14 patients were recruited during Jan 2016 to Aug 2017. Videofluoroscopic swallowing study (VFSS) and fiberoptic endoscopic evaluation of swallowing (FEES) were performed to accurately identify the level of dysphagia. Patient recruited then underwent balloon dilation under local anesthesia in an office setting under local anesthesia. The average procedure time is 25.4 minutes. One patient dropped out due to pain encountered during the procedure.

**Results**

Results of pre- and post- operative VFSS were analyzed by a senior speech therapist. Objective parameters were compared. Duration of cricopharyngeal

opening increased from 0.42s to 0.53s ( $p < 0.05$ ). The penetration-aspiration scale decreased by -2.220 ( $p < 0.05$ ). Swallowing associated quality of life (QOL) was analyzed with MD Anderson Dysphagia Inventory (MDADI). Patients reported significant improvement in QOL from 46.6 to 52.9 in a 100-point scale ( $p < 0.05$ ).

## **Conclusion**

In selected NPC patients with defective opening of UES or cricopharyngeus, balloon dilation could significantly improve swallowing mechanism. It is translated to reduce aspiration risk and improved quality of life. The procedure is safe and well tolerated by patients. Continuation of the current study and follow up of patients is essential to determine its long-term efficacy.

## **Reference:**

1. *Hong Kong Cancer Registry, Hospital Authority.*
2. *Wu, C., Ko, J., Hsiao, T., & Hsu, M. (2000). Dysphagia after Radiotherapy: Endoscopic Examination of Swallowing in Patients with Nasopharyngeal Carcinoma. Annals of Otolaryngology, Rhinology & Laryngology, 109(3), 320-325.*
3. *Kocdor, P., Siegel, E., & Tulunay-Ugur, O. (2016). Cricopharyngeal dysfunction: A systematic review comparing outcomes of dilatation, botulinum toxin injection, and myotomy. Laryngoscope, 126(1), 135-141.*

**ABSTRACT****A2****Application of Fibrin Sealant to reduce post-parotidectomy wound drainage and length of stay compared with wound closure with standard method****Dr Nga-Sze WONG***ENT, New Territories West Cluster, Hospital Authority*

Parotidectomy is a common procedure done in the field of otolaryngology. Suction drains are usually inserted after the operation and removed when drainage output is minimal. Percutaneous drains have a wide spectrum of associated complications. Fibrin sealant is a commercially available product that has been used previously to reduce or eliminate the need for percutaneous drain in facial cosmetic surgery. Application of fibrin sealant has been introduced in use of otolaryngologic surgery. Its application in parotidectomy in our cluster for help reducing drainage volume and duration with percutaneous drain and hence hospital stay are studied.

Patients underwent parotidectomy in Tuen Mun Hospital during the period of 1-5/2017 were recruited. Potential effect on drainage output, length of stay and associated complications concerning Tisseel application to the wound bed after parotidectomy were compared with retrospective cohort group of patients underwent surgery with conventional method.

## ABSTRACT

A3

### Study of Effectiveness of panendoscopy for investigation of idiopathic vocal cord paralysis

**Dr Walter Chin-Pang CHAN**

*ENT, Hong Kong West Cluster, Hospital Authority*

#### Introduction

Vocal cord paralysis has variable etiology. The purpose of the study was to assess the relative accuracy of panendoscopy for investigation of the cause of vocal cord paralysis.

#### Material and Methods

We retrospectively identified 104 patients who have clinically diagnosed vocal cord paralysis and the cause of vocal cord paralysis was not definite at the time of presentation of vocal cord paralysis. The etiology was evaluation with panendoscopy, neck ultrasound scan, chest X-ray and computer tomography.

#### Result

The sensitivity and specificity of panendoscopy, chest X-ray and neck ultrasound scan were estimated.

#### Conclusion

The effectiveness of panendoscopy for investigating the cause of vocal cord paralysis was limited. Contrast enhanced computer tomography scan of the course of vagus nerve and recurrent laryngeal nerve should be the first line investigation for vocal cord palsy.

## Role of Narrow Band Imaging (NBI) in Post-radiotherapy Residual Nasopharyngeal Carcinoma (NPC) Detection

**Dr Kai-Chuen WONG**

*ENT, Hong Kong East Cluster, Hospital Authority*

### Introduction

Nasopharynx biopsy is the gold standard for the diagnosis of new NPC, residual disease and local relapse. The role of NBI for new disease screening was previously established. Its role in the diagnosis of persistent disease after radiotherapy was lacking. This is the first study to identify NPC post-radiotherapy NBI vessel pattern and to determine its role in post-treatment residual disease detection.

### Study Design

Prospective case series.

### Methodology

40 patients with NPC were assessed before and after radiotherapy. NBI image of the nasopharynx was taken before and after treatment. Nasopharynx biopsy was taken from all patients eight weeks after radiotherapy. The NBI images were analyzed and correlated with the biopsy results.

### Result

NBI vessel pattern in post-radiotherapy cases was found slightly different from those observed in pre-treatment cases in previously published study. A modified classification was proposed to categorize the NBI vessel pattern into high risk pattern and low risk pattern. Of the 40 cases, 36 (90%) had high risk pattern and 4 (10%) had low risk pattern. 2 cases of residual disease were confirmed in both high risk and low risk pattern groups. The sensitivity, specificity, positive and negative predictive values of NBI vessel pattern on the diagnosis of residual disease were 50%, 94.4%, 50% and 94.4% respectively.

### Conclusion

The NBI vessel pattern was slightly different from pre-treatment cases. A classification modified from the previous work was proposed. The low risk pattern in this post-treatment classification system was found to be associated with a lower risk of local residual disease with high specificity.

## ABSTRACT

A5

### Immunoglobulin G4-related disease of the Head & Neck

**Dr Leah Lai LAU**

*ENT, Hong Kong West Cluster, Hospital Authority*

Immunoglobulin G4-related disease is an under-recognized and evolving disease. The local data are sparse, with previous publications limited to individual case reports or case series only. This retrospective study reviews the clinical features and treatment practices of patients with immunoglobulin G4-related disease of the Head and Neck.

## Transoral laser microsurgery for glottic cancer, a 10-year experience

**Dr Shi-Yeung HO**

*ENT, Hong Kong West Cluster, Hospital Authority*

### **Background:**

Transoral laser microsurgery has gained wide acceptance as a treatment modality for early glottic cancer. The objectives of this study are to review the oncological outcomes, quality of life and voice outcomes of patients who had undergone transoral laser microsurgery in our institution in a 10-year period.

### **Design:**

A single-centre retrospective study

### **Patients:**

Patients with transoral laser microsurgery performed for glottic cancer in the Department of Otorhinolaryngology, Queen Mary Hospital between July 2007 - June 2017

### **Methods:**

34 patients were identified. Oncological outcomes such as disease free survival, overall survival and organ preservation rates were studied. Quality of life analyses were done using health related questionnaires (European Organization for Research and Treatment of Cancer Quality of Life questionnaire-Core 30-questions [EORTC-QLQ-C30] and European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Head and Neck 35-questions [EORTC-QLQ-H&N35]). Voice outcome measurements were done using acoustic voice assessments and voice handicap index (VHI) scores. Their results will be evaluated and correlated with clinicopathologic factors.