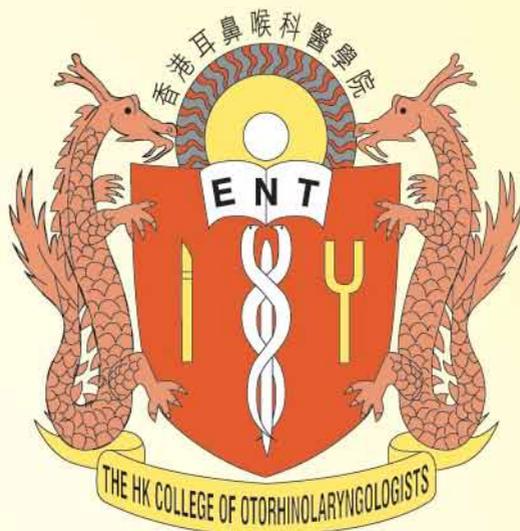


香港耳鼻喉科醫學院
The Hong Kong College of Otorhinolaryngologists



Annual Scientific Meeting 2014

Saturday, November 22, 2014

*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

AERIUS[®]
desloratadine



FAST ONSET¹
OF ALLERGIC RHINITIS
AND SKIN URTICARIA
SYMPTOMS RELIEF² WITH
27-HOUR HALF-LIFE³

- ✔ *Non-sedating & drowsy²*
- ✔ *No Interaction with food, juice or alcohol^{2,4,5,6}*
- ✔ *Convenient formulation for 6-month-old patients⁵*



References:

1. Bachert C, Maurer M. Safety and Efficacy of Desloratadine in Subjects with Seasonal Allergic Rhinitis or Chronic Urticaria Results of Four Postmarketing Surveillance Studies 2. AERIUS[®] Tablets Package Insert 3. F. Esteve R, Simons, M.D. Drug Therapy Advances in H1 – Antihistamines 4. MIMS Hong Kong Annual 23rd Edition 2012/2013 5. MIMS Hong Kong 2014 issue 2 ; P347 6. Bar_eld et al. Clin Pharmacokinetics 2002 ; Dresser et al. Clin Pharmacol Ther 2005 ; Glaesse et Clin Pharm Ther 2007

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

PROGRAMME

13:00 - 17:15 ANNUAL SCIENTIFIC MEETING

12:30 – 13:00 Registration

13:00 – 16:00 Trainee Research Presentation Competition 2014

13:00 – 13:15 *Predicting factors for successful clinical outcome after radiofrequency ablation (RFA) of inferior turbinates* A1

Dr Cole Ho-Yin CHAN

ENT, Kowloon West Cluster, Hospital Authority

13:20 – 13:35 *Dexamethasone eardrop with grommet placement vs intratympanic steroid injection for patient with sudden sensorineural hearing loss: A randomized prospective clinical trial* A2

Dr Wai-Tsz CHANG

*ENT, New Territories East Cluster,
Hospital Authority*

13:40 – 13:55 *The Role of Narrow Band Imaging In Diagnosis of Nasopharyngeal Carcinoma* A3

Dr Terrie Dick-Wai HO

ENT, Kowloon West Cluster, Hospital Authority

14:00 – 14:15 *Second Primary Tumor Incidence, Risk Factors and Survival in Head and Neck Squamous Cell Carcinoma* A4

Dr Ka-Lun IP

*ENT, New Territories West Cluster,
Hospital Authority*

14:20 – 14:35 *Hypocalcaemia in total laryngectomees* A5

Dr Calvin Chee-Fung LAI

ENT, Hong Kong West Cluster, Hospital Authority

14:40 – 15:00 TEA BREAK

15:00 – 15:15	<i>Tinnitus after Translabyrinthine Vestibular Schwannoma Excision</i> <i>Dr Leah Lai LAU</i> <i>ENT, Hong Kong West Cluster, Hospital Authority</i>	A6
15:20 – 15:35	<i>Risk factor for Nasal polyposis in asthma patients</i> <i>Dr Julian Kay-Chung YAU</i> <i>ENT, Kowloon West Cluster, Hospital Authority</i>	A7
15:40 – 15:55	<i>Intratympanic steroid injection for sudden sensorineural hearing loss: comparison of 2 regimens</i> <i>Dr Sylvia Suet-Ying YU</i> <i>ENT, Hong Kong West Cluster, Hospital Authority</i>	A8
16:00 – 16:15	<i>Presentation by the winner of Thomas Cheung Fund 2013</i> <i>Dr Sylvia Suet-Ying YU</i> <i>ENT, Hong Kong West Cluster, Hospital Authority</i>	

16:15 – 16:45 TEA BREAK

16:45 – 17:15 CME Lecture

“Building an Anterior Skull Base Team”

Guest Speaker Mr John HILL
Consultant Otolaryngologist and Skull Base Surgeon
Newcastle upon Tyne, United Kingdom

Chairman Dr Victor ABDULLAH
Consultant and Cluster Chief of Service
Dept. of Otorhinolaryngology, Head & Neck Surgery
Kowloon East Cluster, Hospital Authority
Censor-in-Chief
The Hong Kong College of Otorhinolaryngologists

17:15 End of Programme

Board of Adjudicators (2014)



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Consultant Otolaryngologist and

Skull Base Surgeon

Newcastle upon Tyne, United Kingdom

Mr Derek SKINNER

Consultant ENT Surgeon

Nuffield Health Shrewsbury Hospital

A1

Predicting factors for successful clinical outcome after radiofrequency ablation (RFA) of inferior turbinates

Dr Cole Ho-Yin CHAN

ENT, Kowloon West Cluster, Hospital Authority

Background:

Radiofrequency ablation (RFA) is a relatively new method for the reduction of submucosal tissue. The overall reduction and stiffening of the treated area and partial resorption of scar tissue eventually improve nasal obstruction symptom. Some patients had significant improvement in nasal obstruction after RFA inferior turbinates while some did not. The aim of the study is to determine the factors which can predict the successful clinical outcome after radiofrequency ablation (RFA) of inferior turbinate.

Method:

This study was a prospective non-randomised unblinded clinical trial. Patients aged over 18 suffered from nasal obstruction and planned for radiofrequency ablation of inferior turbinates in Yan Chai Hospital from 1 July 2012 to 31 December 2013 were recruited. Pre-operative questionnaire and assessment, including visual analog score (VAS) and acoustic rhinometry (AR) before and after application of afrin was performed 2 weeks before RFA. All patients had standard procedure of RFA inferior turbinates performed with identical post-operative management. Nasal obstruction was evaluated post-operatively with VAS at 4th, 8th, 12th and 26th weeks after RFA and acoustic rhinometry at 8th weeks after RFA.

Outcome measures:

Correlation between acoustic rhinometry findings and visual analog score before and after nasal decongestant pre-operatively and after radiofrequency ablation of inferior turbinates.

Results:

The study group included 31 (16 men and 15 women; minimum age, 18 years; maximum age, 64 years; mean age 37 years) patients suffering from nasal obstruction. VAS showed a significant decrease after afrin spray and RFA inferior turbinates up to 26 weeks postoperatively ($p < 0.01$). Post-operative VAS showed no significant difference from VAS after afrin spray ($p > 0.1$). In addition, early postoperative VAS had significant positive correlation with pre-operative VAS and post-afrin VAS. Patients with significant improvement in nasal obstruction after

afrin has significantly lower VAS ($p=0.05$) at early postoperative period but no significant difference from 8th week onwards ($p>0.1$). History of smoking, atopic diseases and skin prick test result did not significantly correlate with the success of RFA inferior turbinates. Total minimal cross-sectional area (MCA) and volume increased significantly after afrin spray and RFA ($p<0.001$). However, there is no correlation between acoustic rhinometry findings and visual analog score ($p>0.1$).

Conclusion:

Radiofrequency ablation of inferior turbinates is an effective procedure to improve the nasal obstruction symptom as shown in both subjective and objective assessments. Late postoperative outcome after 8th week had no significant correlation with preoperative and post-afrin obstruction symptom. VAS after afrin spray is not useful to predict the long term outcome after RFA inferior turbinates. On the other hand, acoustic rhinometry is not useful to predict the improvement in nasal obstruction after RFA inferior turbinates.

A2

Dexamethasone eardrop with grommet placement vs intratympanic steroid injection for patient with sudden sensorineural hearing loss: A randomized prospective clinical trial

Dr Wai-Tsz CHANG

ENT, New Territories East Cluster, Hospital Authority

Objective:

The purpose of this study was to compare different means of intratympanic steroid delivery in the treatment of patient with idiopathic sudden sensorineural hearing loss.

Study Design:

Prospective, multi-centered, randomized controlled trial.

Subject and Methods:

Forty-four patients who met the inclusion criteria for idiopathic sudden sensorineural hearing loss who failed or contra-indicated for oral steroid were included in this study. Patients were randomly divided into 2 groups according to delivery methods: group A received 4 sections of intratympanic dexamethasone injection and group B receive grommet placement with dexamethasone delivery followed by 3 sections of dexamethasone ear drop application. Self-administered paper-based questionnaires were filled to measure subjective pain scores; vertigo; anxiety and overall satisfaction immediately after each procedure. Hearing threshold was measured with pure tone audiogram in the follow up.

Results:

There was no statistical significance detected in hearing threshold improvement between both groups ($P=0.94$). The grommet placement followed by dexamethasone eardrop application demonstrated significant difference in shorter waiting time (20 min in Grommet group vs 52 min in injection group; $P<0.01$); less pain (pain score 1.5 in grommet group vs 2.6 in injection group; $P<0.05$); and better overall satisfaction (1.7 in Grommet group vs 2.8 in injection group; $P<0.05$). Intra-tympanic injection group spends four times higher administrative cost that the grommet group.

Conclusion:

Grommet placement followed by dexamethasone eardrop application is a good alternative for patient indicated for intra-tympanic steroid with less administrative cost, shorter waiting time, less pain and more satisfaction.

A3

The Role of Narrow Band Imaging In Diagnosis of Nasopharyngeal Carcinoma

Dr Terrie Dick-Wai HO

ENT, Kowloon West Cluster, Hospital Authority

Objective:

To compare the accuracy between conventional white-light imaging (WL) and narrow-band imaging (NBI) nasoendoscopy, in diagnosing nasopharyngeal carcinoma (NPC).

Design:

Prospective study

Setting:

Kowloon West Cluster Hospitals

Patient Selection:

During the period 01 January to 31 December 2013, 76 patients who were considered high risks of having NPC were recruited. All patients were subjected to endoscopic examination with a video system, utilizing both the WL and NBI mode during the same session

Outcome measure:

Nasopharyngeal lesions were classified into either 'benign.' or 'malignant' and the diagnostic accuracy of the two modes of endoscopy are compared with the pathological results.

Adverse events:

Nil

Results:

A total of 76 patients had at least one biopsy from the nasopharynx, depending on the location of lesions. The sensitivity (WL 90.9% vs NBI 90.9%) and negative predictive value (WL 98.3% vs NBI 98.3%) of the two tests were the same. The specificity of WL (92.3%) was slightly lower than NBI (93.8%) but the difference is not statistically significant. The positive predictive value of NBI (71.4%) was higher than WL (66.7%)

Conclusion:

Narrow band imaging conveys marginal benefit in terms of its higher positive predictive value, when compared to conventional white light imaging. However, its superiority in diagnosis of nasopharyngeal carcinoma in high risk group patients is not well demonstrated in this study.

A4

Second Primary Tumor Incidence, Risk Factors and Survival in Head and Neck Squamous Cell Carcinoma

Dr Ka-Lun IP

ENT, New Territories West Cluster, Hospital Authority

Objective:

Second primary tumors (SPT) are not uncommon in patients with head and neck squamous cell carcinoma (HNSCC). This study aimed to evaluate prevalence, risk factors for SPT occurrence and overall survival in these patients in Tuen Mun Hospital

Study Design:

A retrospective cohort study

Subjects:

Patients with HNSCC diagnosed in 2011-2013. Recurrence, History of previous malignancy and those not treated in Tuen Mun Hospital were excluded from the study.

Method:

Binary Logistic Regression was utilized to determine risk factors of SPT occurrence. Kaplan Meier Method was utilized to evaluate the overall survival of the patients

Result:

152 subjects were included in this study. Incidence of SPT was 13%. Synchronous tumor was 10% and metachronous tumor was 3%. Old age (≥ 65) was the only risk factor associated with SPT occurrence ($P=0.002$). Hypopharynx SCC patient with SPT was shown a significant decrease in the survival rate ($P=0.04$).

Conclusion:

Hypopharynx SCC patients with age ≥ 65 years need closely surveillance for the development of SPT.

A5

Hypocalcaemia in total laryngectomees

Dr Calvin Chee-Fung LAI

ENT, Hong Kong West Cluster, Hospital Authority

Background:

Hypocalcaemia is a common clinical and laboratory finding after total laryngectomies. The objective of this study was to evaluate the incidence of hypocalcaemia in post-total laryngectomy patients and determine the associated risks factors.

Methods:

A retrospective review of 74 patients with total laryngectomies performed in the past 5 years between 2009- 2013 at our institution. Biochemical hypocalcaemia was defined as having an adjusted Calcium level below reference range of the laboratory and significant hypocalcaemia as adjusted Calcium level ≤ 2.0 mmol/L. Time points of Calcium level studied were divided into 3 groups: immediate, within 48 hours after surgery; interval, by the end of 1st week post-op and long-term, at least 6 months after surgery. Risks factors, in particular, primary site of tumour, extent of resection (inclusion of partial or total pharyngectomy), extent of thyroidectomy (preserved, hemi- or total thyroidectomy), extent of neck dissection (uni- or bilateral, selective or radical), previous radiotherapy were studied.

A6

Tinnitus after Translabyrinthine Vestibular Schwannoma Excision

Dr Leah Lai LAU

ENT, Hong Kong West Cluster, Hospital Authority

Tinnitus is a common symptom in patients with vestibular schwannoma. Tinnitus after surgical excision may have a profound effect on the patient's quality of life. The aim of this study is to determine and evaluate the changes in tinnitus in patients who underwent translabyrinthine excision of vestibular schwannoma.

Patients who received translabyrinthine excision of vestibular schwannoma between 2009 and 2014 were included in this retrospective study. Preoperative and postoperative state of tinnitus were measured using the Tinnitus Handicap Inventory (THI) and Visual Analogue Scale (VAS) scores. The differences in Tinnitus Handicap Inventory (THI) and Visual Analogue Scale (VAS) scores were analyzed. The result of the study is presented and can be used during preoperative patient counseling.

Risk factor for nasal polyposis in asthma patients

Dr Yau Kay Chung Julian

ENT, Kowloon West Cluster, Hospital Authority

Introduction:

Nasal polyp occurs in 1-4% of the general population and incident is even higher in asthmatic patients. Management of sinonasal disease can improve asthma status. This study aims to evaluate risk factors for nasal polyposis in asthmatic patients in order to facilitate referral of asthmatic patients for ENT assessment.

Method:

A total of 97 patients aged 21 to 76 with asthma were recruited from asthma clinic from medical department in Yan Chai Hospital in 6 months period in 2013-2014. All patients completed a questionnaire on their demographic data and Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ), assessment of asthma control according to the Global Initiative for Asthma (GINA) guideline, nasal endoscopy and skin prick test (SPT). The data collected were then analyzed by statistical methods.

Results:

In this study, 10 patients had nasal polyp. 69 patients have good asthma control, 21 patients have partial control of asthma and 7 patients have poor control. 3 (3.1%) asthma patients have Samter's triad. Partial or poor control asthma patients have a statistically significant association with nasal polyposis.

Conclusion:

Poor or partial control asthmatic patients are more likely to have nasal polyposis. Asthmatic patients shall be referred to ENT for assessment basing not only on nasal symptoms, but also on the condition of asthma control.

A8

Intratympanic steroid injection for sudden sensorineural hearing loss: comparison of 2 regimens

Dr Sylvia Suet-Ying Yu

ENT, Hong Kong West Cluster, Hospital Authority

Background and Objective:

Systemic steroid is widely used for treatment of idiopathic sudden sensorineural hearing loss. However, there are situations that some patients fail to recover after a course of systemic steroid or the use of systemic steroid is contraindicated. Some studies showed that the use of intratympanic steroid therapy may be of benefit. Yet, the ideal dosage and frequency of administration of intratympanic steroid therapy is controversial.

This study aim to investigate whether 4 doses of intratympanic steroid injection given twice weekly is more effective than 3 doses of intratympanic steroid injected weekly for primary and salvage treatment of sudden sensorineural hearing loss.

Study Design:

Retrospective, Case control study

Methods:

From April 2013 to July 2014, 33 patients with sudden sensorineural hearing loss were recruited to receive 4 doses of intratympanic steroid injection given twice weekly (Arm A). 19 of them had intratympanic steroid injection as primary treatment whereas 14 of them had it as salvage treatment after incomplete recovery from systemic steroid therapy. Data were also collected from a group of age- and sex-matched patients who received 3 doses of intratympanic steroid injection given weekly between March 2012 to March 2013 (Arm B). All patients received 0.5ml of 4mg/ml Dexamethasone for each intratympanic injection. The audiological outcomes of the two groups were compared. A significant hearing improvement is defined as at least 10 dB improvement in pure tone average of 500, 1000 and 2000 Hz.

Results:

The mean pure tone average improvement after intratympanic steroid injection for all patients was 18.35dB. For those who received intratympanic steroid injection as primary treatment, 16 patients (84.2%) in Arm A had significant hearing improvement compared with only 10 patients (52.6%) in Arm B ($p=0.036$). As salvage therapy, there was no significant difference in the pure tone average change between the two groups.

Conclusion:

As primary treatment of sudden sensorineural hearing loss, more patients had significant hearing improvement with 4 doses of intratympanic steroid given twice weekly than 3 doses given weekly.

ACKNOWLEDGEMENT

(In Alphabetical Order)



香 港 耳 鼻 喉 科 醫 學 院
The Hong Kong College of Otorhinolaryngologists

College Secretariat

Room 806, Hong Kong Academy of Medicine Jockey Club Building

99 Wong Chuk Hang Road, Aberdeen, Hong Kong

Tel: (852) 2871 8733 Fax: (852) 2904 5035 E-mail: info@hkcorl.org.hk

Website: <http://www.hkcorl.org.hk>

