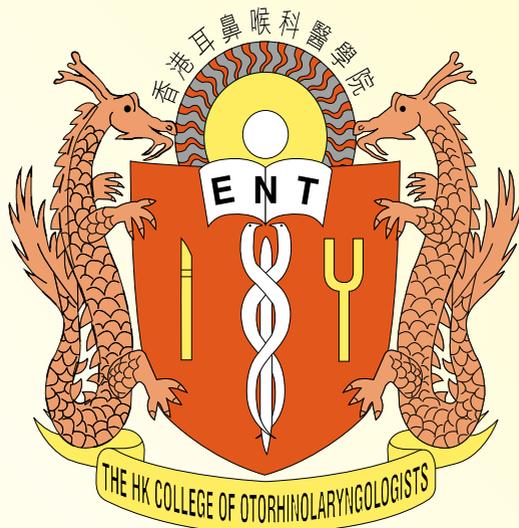


香 港 耳 鼻 喉 科 醫 學 院

The Hong Kong College of Otorhinolaryngologists



## *Annual Scientific Meeting 2016*

**Saturday, November 19, 2016**

*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**

# THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

## PROGRAMME

### 12:00 - 17:30 ANNUAL SCIENTIFIC MEETING

<b>12:00</b>	<b>REGISTRATION</b>	
<b>12:30</b>	<b>TRAINEE RESEARCH PRESENTATION COMPETITION 2016</b>	
<b>12:30 – 12:45</b>	<i>EffComparison between two Injection Laryngoplasty Techniques: Transcutaneous Approach vs Transoral Approach in Treatment of Unilateral Vocal Cord Paralysis</i> <b>Dr Walter Chin-Pang CHAN</b> ENT, Hong Kong West Cluster, Hospital Authority	<b>A1</b>
<b>12:50 – 13:05</b>	<i>Initial Management of Post-irradiated Nasopharyngeal Carcinoma Patients who presented with Epistaxis</i> <b>Dr Eric Hui-Lun LAU</b> ENT, New Territories East Cluster, Hospital Authority	<b>A2</b>
<b>13:10 – 13:25</b>	<i>Robotic Nasopharyngectomy – A prospective study</i> <b>Dr Leah Lai LAU</b> ENT, Hong Kong West Cluster, Hospital Authority	<b>A3</b>
<b>13:30 – 13:45</b>	<i>Antithrombotic Therapy and Post-operative Hematoma in Head and Neck Surgery</i> <b>Dr Iris Oi-Sum LEUNG</b> ENT, New Territories East Cluster, Hospital Authority	<b>A4</b>
<b>13:50 – 14:05</b>	<i>Adult acute epiglottitis: Review of 87 cases (2012-2015)</i> <b>Dr Wai-Shun NG</b> ENT, Kowloon Central Cluster, Hospital Authority	<b>A5</b>
<b>14:05</b>	<b>COFFEE/TEA BREAK</b>	
<b>14:30 – 14:45</b>	<i>Radiation-induced squamous cell carcinoma of the temporal bone after radiotherapy for nasopharyngeal carcinoma</i> <b>Dr Nikie Ho-Yee SUN</b> ENT, Hong Kong West Cluster, Hospital Authority	<b>A6</b>
<b>14:50 – 15:05</b>	<i>Quality of life outcomes following sialendoscopy for chronic sialadenitis</i> <b>Dr Zion Wing-Hei TO</b> ENT, Kowloon East Cluster, Hospital Authority	<b>A7</b>

**15:10 – 15:25** *Minimally Invasive Application of Botulinum Toxin A in Patients with Rhinitis* **A8**  
**Dr Andrew Chun-Lok WONG**  
*ENT, New Territories West Cluster, Hospital Authority*

**15:35 PRESENTATION BY THE WINNER OF THOMAS CHEUNG FUND 2015 OF THE HONG KONG SOCIETY OF OTORHINOLARYNGOLOGY, HEAD & NECK SURGERY**

*Head and Neck Dissection Training in Carver College of Medicine, University of Iowa, Iowa City, United States*  
**Dr Zenon Wing-Chi YEUNG**  
*ENT, Kowloon East Cluster, Hospital Authority*

**15:55 Presentation of Research Project Outcome of Second Head and Neck Malignancy after Treatment for Nasopharyngeal Carcinoma**

**Dr Joseph Chun-Kit CHUNG**  
*Fellow, Post-Fellowship Training Program in Head & Neck Surgery*

**16:15 COFFEE/TEA BREAK**

**16:45 GUEST LECTURE**  
**ENT and Sleep Medicine - a close partner**

**Guest Speaker Professor Yun-Kwok WING**  
*Professor, Department of Psychiatry and Associate Dean (Student affairs), Faculty of Medicine, The Chinese University of Hong Kong*  
*Director of the Sleep Assessment Unit, Shatin Hospital*  
*Honorary Chief of Service (Department of Psychiatry), Shatin Hospital and Prince of Wales Hospital*

**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**

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*The Shrewsbury and Telford NHS trust*

*United Kingdom*

# **Efficacy Comparison between two Injection Laryngoplasty Techniques: Transcutaneous Approach vs Transoral Approach in Treatment of Unilateral Vocal Cord Paralysis**

**Dr Walter Chin-Pang CHAN**

*ENT, Hong Kong West Cluster, Hospital Authority*

## **Introduction:**

Unilateral vocal cord paralysis is not an uncommon finding. Several procedures are available to manage glottic insufficiency, such as transcutaneous or transoral approach. A retrospective cohort study was conducted to evaluation the outcomes of the two approaches.

## **Material and methods:**

Hyaluronic acid (Restylane) was injected in to the paralyzed vocal cord for augmentation in 18 patients with unilateral vocal cord paralysis. Clinical follow-up after injection was carried out. The vocal elements were analyzed preoperatively and postoperatively.

## **Result:**

Acoustic and perceptual parameters (MPT, jitter, shimmer and Harmonics-to-noise ratio) were significantly improved after the injection. There was no significant different between the transoral and transcutaneous approaches in the view of Acoustic and perceptual parameters.

## **Conclusion:**

Injection laryngoplasty using transcutaneous or transoral approach was a safe, simple and effective for patient with unilateral vocal cord palsy. There is no significant difference of the outcome between different approaches for injection laryngoplasty. The choice of approach is more dependent on patient's preference and the experience of the surgeon.

## **Initial Management of Post-irradiated Nasopharyngeal Carcinoma Patients who presented with Epistaxis**

**Dr Eric Hui-Lun LAU**

*ENT, New Territories East Cluster*

**Chief Author: Eric HL LAU**

**Study Supervisors: Jason YK CHAN, FRCSEd; Eddy WY WONG, FRCSEd; Michael CF TONG, MD, FRCSEd**

### **Background:**

Nasopharyngeal carcinoma is the 10<sup>th</sup> most common malignancy in Hong Kong with close to one thousand new cases per year. First line treatment, which includes radiation therapy, results in favorable long-term survival. It is not uncommon for these post-irradiated patients to present to ENT with epistaxis. While most bleeding may be minor, certain vascular complications of radiation therapy can be fatal. Successful management relies on correct identification of such major complication events hence to act promptly in securing airway and haemostasis via intervention radiology.

### **Hypothesis:**

We review individual patient's radiation history and presenting factors to identify their respective predicting value on a major event of post-irradiation vascular complication.

**Study Design:** retrospective data analysis

### **Methods:**

Retrospective collection and analysis of clinical records of patients with history of nasopharyngeal carcinoma post-irradiation who presented with epistaxis and was admitted to Prince of Wales hospital, a local Head and Neck oncology center.

Factors analyzed include years from radiation, dosage of radiation, previously documented significant soft tissue injuries, presenting haemoglobin level, and endoscopic findings including site of definite bleeder and presence of osteoradionecrosis. Outcomes analyzed include tracheostomy surgery, angiogram findings of pseudoaneurysm, increase in vascularization, and active extravasation, and death.

### **Results and Conclusions:**

One hundred and eighty patients were included in the analysis. Statistical results and interpretations are pending.

### **Keywords:**

nasopharyngeal carcinoma, epistaxis, complication of radiotherapy, carotid pseudoaneurysm

**Level of Evidence:** 4

## Robotic Nasopharyngectomy – A prospective study

**Dr Leah Lai LAU**

*ENT, Hong Kong West Cluster, Hospital Authority*

### **Background:**

Nasopharyngectomy with the da Vinci surgical robot has been one of the methods used as salvage for recurrent nasopharyngeal carcinoma since 2010. This study presents the updated result of robotic nasopharyngectomy.

### **Method:**

A prospective series of patients who underwent robotic nasopharyngectomy, with or without combination of transnasal endoscopic surgery, was conducted.

### **Results:**

24 patients received 26 robotic nasopharyngectomy operations. 1 patient had a second robotic operation for resection of positive margin 4 weeks after the initial surgery. 1 patient received a second robotic nasopharyngectomy 18 months later for local recurrence. The median operating time is 232 minutes. The median follow-up time is 32 months. 6 patients had positive margin. The 2-year local control rate is 77%. The estimated mean local control is 52.8 months. The estimated mean overall survival is 57.8 months.

### **Conclusion:**

Robotic nasopharyngectomy is a practical salvaging surgical option for local recurrent nasopharyngeal carcinoma. The results are comparable to endoscopic nasopharyngectomy.

## Antithrombotic Therapy and Post-operative Hematoma in Head and Neck Surgery

**Dr Iris Oi-Sum LEUNG**

*ENT, New Territories East Cluster, Hospital Authority*

### **Background:**

Oral antithrombotic agents are commonly prescribed to patients at risk of arterial or venous thromboembolism. However, these agents increase the risk of bleeding, but if stopped, the patients are at risk of a thromboembolic event, such as acute myocardial infarction or cerebrovascular accident. A balance needs to be achieved between thromboembolic event and post-operative bleeding.

### **Study objective:**

To determine the risk of developing post-operative hematoma and the risk of developing a thromboembolic event in patients on oral antithrombotic agent as compared to a control group

### **Design:**

Retrospective, cohort study

### **Subject and methods:**

A total of 388 patients underwent major head and neck cancer requiring surgery by the Department of ENT at Prince of Wales Hospital in Hong Kong from January 2008 to June 2016. Among them, 49 patients were prescribed at least one oral antithrombotic agent. The patients are stratified by risk of thromboembolic event, and the antithrombotic agents were either withheld or continued or a bridging therapy was initiated in the perioperative period. The incidences of developing hematoma or a thromboembolic event postoperatively were compared to matched controls, by age, sex, site of tumour, stage of tumour, and method of reconstruction.

**Results:**

Of the 49 patients taking at least one antithrombotic agent who underwent major head and neck operations, postoperative hematoma developed in 6 (12.2%) patients, compared to 1 (2.0%) patients in the matched control group. There was no statistical difference between the two groups ( $p = 0.11$ ). Among the 50 patients on antithrombotic agent, 2 (4.1%) developed a thromboembolic event post-operatively, while none in the control group was affected. The difference was not shown to be statistically significant ( $p = 0.49$ ).

**Conclusion:**

Oral antithrombotic agents are not uncommon in patients with head and neck cancers undergoing major resection operations. A balance has to be achieved between bleeding and thromboembolism. Our data showed that the risk of developing a hematoma and the risk of developing an antithrombotic event post-operatively was not significantly increased in the group of patients taking antithrombotic agents by careful risk stratification.

## Adult acute epiglottitis: Review of 87 cases (2012-2015)

**Dr Wai-Shun NG**

*ENT, Kowloon Central Cluster, Hospital Authority*

### **Background and objective:**

Acute epiglottitis is a potentially fatal emergency ENT condition. Some patients could be managed conservatively with antibiotics. However, some cases were more serious, requiring airway intervention and developing parapharyngeal or epiglottic abscess. This study aims to evaluate the clinical parameters associated with serious cases.

### **Study design:**

Retrospective, case review study in a tertiary hospital

### **Method:**

Patients admitting to Queen Elizabeth Hospital for adult acute epiglottitis from 2012 to 2015 were included to this study. Patient's demographic data, symptoms, radiology findings, flexible laryngoscopy findings, laboratory data on admission and outcome (including airway intervention, abscess formation and death) were recorded and analyzed using IBM SPSS statistics version 21. Chi-square test and T-test were used to evaluate the significance of factors associated to serious cases.

### **Result:**

From 2012 to 2015, there were 87 patients admitted to our hospital for adult acute epiglottitis. 39 patients required intubation (44.8%) and 16 patients had parapharyngeal or epiglottic abscess formation (18.4%). No patient required crash tracheostomy and there was no mortality. Factors associated with intubation included pulse rate  $\geq 120/\text{min}$  ( $P=0.038$ ), respiratory rate  $\geq 20/\text{min}$  ( $P=0.033$ ), white cell count  $\geq 13.0 \times 10^9/\text{L}$  ( $P=0.042$ ) and more severe flexible laryngoscopy finding (Katori's scope classification) ( $P<0.001$ ). Factors associated with abscess formation included white cell count  $\geq 13.0 \times 10^9/\text{L}$  ( $P=0.024$ ), C-reactive protein  $\geq 50.0\text{mg}/\text{L}$  ( $P=0.028$ ) and more severe flexible laryngoscopy finding ( $P<0.001$ ).

### **Conclusion:**

Patient with pulse rate  $\geq 120/\text{min}$ , respiratory rate  $\geq 20/\text{min}$ , white cell count  $\geq 13.0 \times 10^9/\text{L}$  and severe laryngoscopy finding may need airway intervention. While patient with white cell count  $\geq 13.0 \times 10^9/\text{L}$ , C-reactive protein  $\geq 50.0\text{mg}/\text{L}$  and severe laryngoscopy may have abscess formation. Proactive airway intervention and imaging for neck abscess may be needed in these groups of patients.

## Radiation-induced squamous cell carcinoma of the temporal bone after radiotherapy for nasopharyngeal carcinoma

**Dr Nikie Ho-Yee SUN**

*ENT, Hong Kong West Cluster, Hospital Authority*

### **Introduction:**

Squamous cell carcinoma (SCC) temporal bone is a rare malignancy with incidence of around 1.2 per million population per year. Risk factors included chronic otitis media and chronic irritation of the skin and mucosal of the external and middle ear. A rare but important aetiology is radiation to the external auditory canal from treatment of head and neck malignancies. The current study compares the presentation, treatment and prognosis of de-novo temporal bone SCC and radiation induced temporal bone SCC.

### **Material and Methods:**

From 1995 to 2016, 30 cases of temporal bone SCC were treated at Queen Mary Hospital for squamous cell carcinoma of the temporal bone, of which 16 (53.3%) occurred after prior radiotherapy for nasopharyngeal carcinoma. Comparisons were made on the stage at presentation, disease free survival and overall survival. The modified Pittsburgh staging is used for staging. Kaplan Meier plot and log rank test are used for survival analysis.

### **Results:**

All patients who had prior radiation had radiation treatment for undifferentiated carcinoma of the nasopharynx. There are 23 male and 6 female patients. One male patient who had prior radiation treatment suffered from sequential SCC of the left and right external auditory canal. Median age on presentation was 66.1 (range 46-84.5 years). There was no difference in the age of presentation between patients with de-novo disease (mean 65.5 years) and radiation induced SCC (mean 65.3,  $p=0.97$ , t-test). There is also no difference in the gender distribution between de-novo and radiation induced SCC of the temporal bone ( $p=0.63$ , chi-square). 27 cases were treated with surgery with 11 cases treated with radical mastoidectomy, 11 cases treated with lateral temporal bone resection and 5 cases underwent subtotal temporal bone resection. Post-operative radiotherapy was given to 14 cases. 2 patients received radiotherapy alone and 1 patient received chemo-radiation alone. Majority (85%) of the de-novo cancers received post-operative radiotherapy but only 21% of the radiation-induced cancer had adjuvant radiotherapy. Radiation-induced cancer presented significantly earlier with lower T-stage ( $p=0.028$ , Mann-Whitney U test) and overall staging ( $p=0.019$ , Mann-Whitney U test).

Cumulated 5-year survival was 35%. Estimated median overall survival (OS) and disease specific survival (DSS) of the whole cohort after treatment was 43 and 48 months respectively. There was no difference in the OS and DSS between the de-novo cancers and radiation induced cancers ( $p=0.99$  and  $p=0.50$  respectively, log-rank test).

**Conclusion:**

To our knowledge, this is the largest study series to date that focus on radiation induced squamous cell carcinoma of the temporal bone in the literature. SCC of the temporal bone is a rare disease with poor prognosis despite treatment. Radiation induced cancer of the temporal bone is a rare but important complication of radiation treatment to the head and neck region. Radiation induced cancers presented earlier but prognosis is similar to de-novo cancers. Inability to prescribe further radiation to the temporal bone after surgery maybe a factor for poor prognosis in this group of patients.

## Quality of life outcomes following sialendoscopy for chronic sialadenitis

**Dr Zion Wing-Hei TO**

*ENT, Kowloon East Cluster, Hospital Authority*

### **Objectives:**

To evaluate the clinical and quality of life outcomes following gland preserving surgery with sialendoscopy for chronic sialadenitis.

### **Study Design:**

Cross sectional survey with retrospective cohort reviewed

### **Methods:**

All patients who underwent sialendoscopy for chronic sialadenitis at a tertiary, academic salivary referral center between September 2006 and January 2016 were included. A telephone interview survey was conducted with a standardized Chinese designed survey of salivary symptoms and a modified Chinese version of the Oral Health Impact profile-14 (OHIP-14) to assess the outcomes.

### **Results:**

A total of 132 patients had sialendoscopy for chronic sialadenitis with survey data obtained on 81 (61.4%) eligible patients. The mean age was 49.0 (38.5-59.0) years old. The median length of time from surgery to completion of the survey was 14.5(8.9-30.7) months. Up to 87.7% of the patients presented with recurrent salivary gland swelling. 69.1% of patients reported improvement after sialendoscopy with 71.6% of patients had no more salivary gland swelling during meals. 82.7% of the patients would recommend sialendoscopy to another patient. The mean OHIP-14 score is 9.5(4.0-14.0). Seven patients had gland excision with a high gland preservation rate of 91.4%.

### **Conclusion:**

Patients who have undergone gland-preserving salivary surgery with sialendoscopy for chronic sialadenitis showed promising results with acceptable symptoms improvements, an overall improved quality of life and high rate of gland preservation.

## Minimally Invasive Application of Botulinum Toxin A in Patients with Rhinitis

**Dr Andrew Chun-Lok WONG**

*ENT, New Territories West Cluster, Hospital Authority*

### **Background:**

Botulinum toxin A has been investigated in the treatment of rhinitis by injection into the nasal cavity for therapy-resistant rhinitis. The aim of this study is to evaluate the effectiveness of a novel minimally invasive topical application of intranasal botulinum toxin A in the subjective relief in the symptoms of rhinitis and quality of life.

### **Design:**

A prospective cohort study design

### **Methods:**

39 patients with rhinitis were studied from January 2016 to September 2016. A minimally invasive application of botulinum toxin A was investigated by applying ribbon gauze soaked with botulinum toxin A, 25 units in each nostril for 30 minutes. Visual Analog Scale (VAS) of symptoms scores (nasal congestion, rhinorrhea, post nasal drip, sneezing) and quality of life measured by Rhinoconjunctivitis Quality of Life Questionnaire Standard (RQLQ-S) were collected. The patients were followed up at weeks 1, 4, 8 and 12.

### **Results:**

VAS symptoms showed decrease of symptoms scores of nasal congestion, rhinorrhea, post nasal drip and sneezing. RQLQ-S showed clinically meaningful overall improvement in quality of life. In the separate domains of RQLQ-S, the domains of daily activities and nasal symptoms showed statistically significant changes.

### **Conclusion:**

In patients with therapy-resistant rhinitis, a minimally invasive application of topical intranasal botulinum toxin A with ribbon gauze can achieve long lasting improvement in symptoms and improvement in overall quality of life and daily activities.