

Joint Scientific Meeting
The Hong Kong College of Otorhinolaryngologists
The Hong Kong Society of Otorhinolaryngology, Head and Neck Surgery

22nd November 2003

Trainee Presentation:

Chairpersons: Dr Hui Yau
Dr Victor Abdullah

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|-------------------------------------|----------|
| 1. Chan, Wing Kwan Anthony, NTEC | 3:30pm |
| 2. Ho, Ambrose, QMH | 3:45pm |
| 3. Ho, Yee Man Osan, NTEC | 4:00pm |
| Tea Break | 4:15p.m. |
| 4. Wong, Han Qian, PYNEH | 4:30p.m. |
| 5. Wong, Tak Cheung Frederick, NTEC | 4:45p.m. |

Adjudicators

Dr Chow Chun Kuen

Dr Fung Hin Kwok

Dr Ng Tat Yuen

Dr Ngai Chi Man

Dr Soo Gordon

Dr Tong Fu Man

Anthony W.K. Chan, Gordon Soo, Phoebe Lo, Prof. van Hasselt
Division of Otorhinolaryngology, Department of Surgery, the Chinese University of Hong Kong.

[Objective] Retrospective review the epidemiological and microbiological information of neck abscess and quinsy. [Methods] Review of the admission of patient with the diagnosis code of 475, 478.22, 478.24, and 682.1, referring to the condition of peritonsillar abscess (quinsy), parapharyngeal abscess, retropharyngeal abscess; and neck cellulites/abscess respectively, between the period of 2 years, from 1st of January, 2001 to 1st of January, 2003. Basic epidemiological data and bacteriological results are collected for further data analysis and explanation. [Results] 158 cases found. Positive culture growth is found in 57.5% (73) of those with culture specimen taken. The commonest primary organism cultured is *Streptococcus milleri*, which accounts for 52.1% (38) of those with positive growth. *Streptococcus milleri*, up to 44.7% were found to be associated with another secondary pathogen. The commonest grown secondary bacterium in this case is *Bacterioides*. Among the positive culture with antibiotics sensitivities reported, 83.4% are sensitive to penicillin, 86.8% sensitive to cotrimoxazole, and 75% to erythromycin. [Conclusion] The commonest organisms in peritonsillar abscess and deep neck abscess are streptococcus species, in particular *Strept. milleri*. Many pathological organisms responsible are sensitive to penicillin. We suggest penicillin should be used as the first line antibiotics considered in the treatment of these patients. Further prospective randomized controlled trials may serve to confirm this statement.

(P.S. The additional analysis of some of the cost-effectiveness data is in progress.)

TIME COURSE IN THE RELIEF OF NASAL BLOCKAGE AFTER SEPTAL AND TURBINATE SURGERY – A PROSPECTIVE STUDY

Ambrose CW Ho, W.K. Ho, A.P.W. Yuen

Division of ORL/HNS, Department of Surgery, Queen Mary Hospital

Introduction:

Septal and turbinate surgery are common procedure to alleviate nasal obstruction. Information on the long-term efficacy of these procedures are not available. The aim of this study is to evaluate prospectively the serial change of efficacy in the relief of nasal blockage by septal and turbinate surgery at different post-operative follow up intervals.

Material and Methods:

Thirty-four patients with nasal obstruction undergoing septal and turbinate surgery were recruited for the study. The severity of nasal obstruction was assessed subjectively using Visual Analogue Scale (VAS) from 0 to 100mm and objectively using acoustic rhinometry. The total minimal nasal cross-sectional area (TMCA) was used by adding the nasal minimal cross-sectional areas from both nostrils. By using acoustic rhinometry, baseline rhinometric values were obtained from twenty-five normal subjects without nasal obstruction. A decrease of at least 50% in the pre-operative VAS score was chosen as the criterion of acceptable improvement.

Results:

There was a statistically significant decrease in the mean nasal blockage score at all intervals during the follow up period (paired *t*-test, all $p < 0.005$). The pre-operative TMCA values were significantly larger than the post-operative TMCA at 3months, 6months and 2.5 years only (paired *t*-test, $p < 0.05$). The probability of having at least 50% reduction in blockage decreased from 73%, 60%, 41% to 27% at 3 months, 6 months, 1 year and 2.5 years respectively (Kaplan-Meier's method).

Conclusion:

Improvement in nasal blockage was found in patients after septal and turbinate surgery. However, gradual decrease in efficacy of the procedure with time was found. Patients should continue follow up for possible recurrence of symptoms

RHINOSINUSITIS IN PATIENTS WITH NASOPHARYNGEAL CARCINOMA POST-IRRADIATION---A CORRELATION OF SYMPTOMS WITH IMAGING FINDINGS

Osan YM Ho, Peter KM KU, Michael CF Tong, Jacqueline Kew, Andrew van Hasselt
Division of Otorhinolaryngology, Department of Surgery, The Chinese University of Hong Kong, Prince of Wales Hospital. Hong Kong

Objective: To correlate the rhinosinusitis symptoms with magnetic resonant imaging (MRI) findings of the paranasal sinuses in patients with nasopharyngeal carcinoma postirradiation.

Methodology: Fifty four patients with nasopharyngeal carcinoma who received radiotherapy as primary treatment were recruited. Symptoms of rhinosinusitis of the patients were scored using the criteria proposed by the Task Force on Rhinosinusitis (TFR). A thorough endoscopic examination of the nasal cavity was performed. All patients had MRI of the paranasal sinuses to evaluate the status of the sinuses according to the Lund-Mackay (LM) scoring system. The symptoms score of the rhinosinusitis of the patients were compared to the radiological grading of the MRI.

Results: Of the 54 patients, 18 patients were diagnosed to have rhinosinusitis base on TFR diagnostic criteria. All of them had a positive post-RT scan (Lund and Mackay score > 0). For the 36 patients did not have rhinosinusitis, 27 patients had a positive post-RT scan & 9 had a negative scan (Lund and Mackay score = 0). The p-value is 0.022 by using Fisher's exact test. Thus, there is association between post-RT symptom scores of rhinosinusitis and MRI findings.

Conclusion: The symptoms score of rhinosinusitis according to TFR did correlate with the MRI findings according to the LM radiological grading of sinusitis.

REDUCTIONS OF NASAL FRACTURES: AN OUTCOME STUDY

H.Q. Wong, S.K. Chow

Department of ENT,

Pamela Youde Nethersole Eastern Hospital

Fracture of the nasal bone is the third most common fracture of the human skeleton. Controversy existed regarding the best form of management of these patients with fracture nasal bones. The mode of anaesthesia used, timing of intervention, method of reduction varies in different hospitals even in our locality.

This prospective patient-based outcome study aims to assess the efficacy of nasal fracture reduction in our hospital using the current management protocol. Patient's acceptability of nasal fracture will be assessed. Incidence of revision surgery rate, persistent deformity and complications will be studied. Failed nasal fracture reductions will be analysed to identify factors that contribute to poor clinical outcomes.

A COMPARISON OF COCAINE WITH CO-PHENYLCAINE FORTE – A PILOT STUDY

Frederick WONG, Dr S K NG, Dr Victor J ABDULLAH, Prof C A van Hasselt

Cocaine, with its unique property of achieving combined anesthesia and vasoconstriction, has been widely used in daily clinical ENT practice. However, it is a controlled drug. As serious adverse effects of its usage had been reported, there is a call for alternatives with similar efficacy. A commercial preparation of mixed lignocaine and phenylephrine, known as Co-phenylcaine forte, is a possible option. Though it has a safer drug profile, its efficacy as compared to cocaine is uncertain. This study compared the degree of vasoconstriction and anaesthesia obtained with cocaine versus co-phenylcaine forte in healthy volunteers. This was a prospective double-blind cross over study. Anaesthesia in terms of sensation threshold and pain perception was measured with Semmes-Weinstein monofilaments. Effect on vasoconstriction was assessed with the use of acoustic rhinometry. The blood pressure, pulse rate and any discomfort sensations were monitored throughout the test. The results would be presented.