Joint Scientific Meeting

The Hong Kong College of Otorhinolaryngologists

and

The Hong Kong Society of Otorhinolaryngology, Head and Neck Surgery

Trainees' Presentations

8th December 2007
3:30 pm
Regal Kowloon Hotel

Trainees' Presentation 2007

Board of Adjudicators: **Dr. Albert Wai Sing Luk (Chairman)**
Dr. Chan Kung Ngai
Dr. Tang Kwong Chi

Programme	
3:30 pm – 3:45 pm	**Evaluation of the effectiveness of Neomycin cream and Nisita ointment in the treatment of recurrent epistaxis in children (A prospective, double-blind, randomized clinical trial)** *Dr. Chow Siu Wah Jennifer* *Department of ENT, Tuen Mun Hospital*
3:45 pm – 4:00 pm	**A Randomized Clinical Trial to Compare Endoscopic Resection of Inferior Turbinate with Powered Instruments versus Conventional Turbinectomy** *Dr. To Shing Howe* *Department of ENT, Tuen Mun Hospital*
4:00 pm – 4:15 pm	**Sudden sensorineural hearing loss – treatment outcome and prognostic factors** *Dr. Amy Cheung* *Division of Otorhinolaryngology- Head and Neck Surgery, Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital*
4:15 pm – 4:30 pm	**Surgical Management Outcome of Earlobe Keloid** *Dr. Fung Tai Hang Thomas* *Department of ENT,* *Pamela Youde Nethersole Eastern District Hospital*
4:30 pm – 4:45 pm	**A 10 year Review of Tonsillectomy in Queen Mary Hospital** *Dr. Ng Yiu Wing* *Division of Otorhinolaryngology- Head and Neck Surgery, Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital*

A 10 year Review of Tonsillectomy for Children in Queen Mary Hospital

Dr. Ng Yiu Wing
Division of Otorhinolaryngology-Head & Neck Surgery, Department of Surgery , University of Hong Kong Medical Centre, Queen Mary Hospital

Objectives: To audit on epidemiological and clinical data about tonsillectomy in paediatric patients in the past 10 years in Queen Mary Hospital, so as to evaluate the current indications and complications of tonsillectomy in the paediatric patient group.

Methods: Medical records of patients under 18 years of age undergoing tonsillectomy at Queen Mary Hospital from January 1996 to December 2006 were retrospectively reviewed. Demographic data, clinical indications, operative details, pattern of resumption of diet, duration of hospital stay and postoperative complications were studied and analysed.

Result: Of 329 children who had undergone tonsillectomy, there were 209 male and 120 female. The median age at tonsillectomy was 6.8 years. 41% was below the age of 5 and 17% below the age of 3. Indications for tonsillectomy were : 260 (79%) children had surgery for treatment of sleep breathing disorder; while 69 (21%) was for recurrent tonsillitis. All operations were performed under general anaesthesia. The average operative time was 1 hour and 4 minutes. Intraoperative complication included 1 dislodged endotracheal tube upon manipulation of the mouth gag. Postoperative complications included 8 (2.4%) secondary bleeding. All required surgical haemostasis. There was no hospital mortality.
The average length of stay in hospital was 2.5 days. The average time to resume soft diet was on day 2 after surgery.

Conclusion: Tonsillectomy for children in QMH is a safe procedure and the rate of complications corresponds to current international standards. Nowadays, the most common indication for tonsillectomy for children in Queen Mary Hospital is sleep disordered breathing.

Surgical Management Outcome of Earlobe Keloid

Dr. Fung Tai Hang Thomas

Department of ENT

Pamela Youde Nethersole Eastern District Hospital

Background: Keloids are benign skin lesion that is caused by excessive collagen synthesis and deposition. Keloid scar of the ear commonly occur after trauma e.g. ear piercing. Many treatment methods have been applied alone or in combination, including surgical excision, steroid injection, compression and so on. Management of keloid scars remains controversial.

Method: We have made a retrospective analysis of 40 patients with a total of 51 keloid scars of the ear that were managed in our unit over 8 years (from Oct 1999 to Oct 2006). 40 keloids were excised primarily and the other 11 were cases of revisional excision. 21 cases had adjuvant steroid injection given. Patient's demographics, nature of the keloid, follow up duration, operative complications and the severity of recurrence were analyzed.

Result: The range of follow up was from 1 week to 5 years. Complete remission of primary excision was 62%. Small recurrence rate (defined as <1cm) was 20% whilst significant recurrence rate (defined as >=1cm) was 18%. The average time of detection of recurrence was 6.6 months. 18 cases received post- operative steroid injection of variable duration, in which 16 of them had no response or partial response. In terms of complications, one case developed wound dehiscence whilst another one had wound infection in which the full thickness skin graft that intended to cover the skin defect failed to take.

Conclusion: The result of the study indicated that there is a high recurrence rate of surgically excised ear keloid. Further trials of other means of management or adjuvant treatment could be sought by further research.

Evaluation of the effectiveness of Neomycin cream and Nisita ointment in the treatment of recurrent epistaxis in children

(A prospective, double-blind, randomized clinical trial)

Dr. Chow Siu Wah Jennifer

Department of ENT, Tuen Mun Hospital

Epistaxis in children is an extremely common condition, occurring in up to 56% of children. Neomycin cream treatment was shown to have a significant increase in resolution. However, Neomycin used topically is not without risk. Patients can still suffer from devastating allergy reaction and rarely from the ototoxic effect. We wish to know whether Nisita ointment is as effective as Neomycin cream in treating childhood recurrent epistaxis. 54 children were recruited in our study. They were randomized into 2 treatment groups and were instructed to continue the treatment for 4 weeks. They were being reassessed in 8 weeks interval. The main outcome measure is the proportion of children in each group with no epistaxis in the 4 weeks before reassessment. 15 out of 27 (55.5%) of the Neomycin group and 9 out of 27 (33.3%) of the Nisita group did not bleed in the 4 weeks before clinical review (chi-square test, P >0.05). We concluded that there is no significant difference between Neomycin cream and Nisita ointment in the treatment of recurrent childhood epistaxis

A Randomized Clinical Trial to Compare Endoscopic Resection of Inferior Turbinate with Powered Instruments versus Conventional Turbinectomy

Dr. To Shing Howe

Department of ENT, Tuen Mun Hospital

Objective: This study compares the efficacy and morbidity of the newer endoscopic resection of inferior turbinates with powered microdebrider versus conventional turbinectomy in patients with nasal obstruction caused by inferior turbinate hypertrophy in the local population.

Study Design: Randomized single-blinded prospective clinical trial

Methods: Patients with the symptom of nasal obstruction associated with chronic rhinitis and inferior turbinate hypertrophy despite optimal medical therapy were recruited. The lack of response to medical therapy is defined as persistent nasal obstruction despite continuous treatment with nasal steroid spray and oral antihistamine for 3 months. The exclusion criteria were the presence of coexisting nasal pathology including deviated nasal septum, nasal polyps, infective rhinitis, or sinusitis. Patients with previous nasal surgery and those who were not fit for surgery were also excluded. The enrolled patients were then randomized into 2 groups: the turbinectomy group and the endoscopic microdebrider resection group. Subjective outcome measure using the validated Rhinoconjunctivitis Quality of Life Questionnaire (RQLQ) was used. Objective outcome measure of nasal mucociliary transport time was recorded with the saccharine test. These outcome measures were recorded preoperatively and then post-operatively at 2 weeks, 6 weeks, and 12 weeks. The operating time, operative blood loss, duration of hospital stay, the need for nasal packing, and occurrence of post-operative complications for each surgery were also recorded.

Results: A total of 22 patients participated in the trial. 10 were randomized to the turbinectomy group and 12 were randomized to the microdebrider group. RQLQ scores demonstrated a statistically significant improvement for both treatment groups starting from post-op 2 weeks which was maintained up to post-op 12 weeks. Both treatment groups had similar operating time, while the microdebrider group had less operative blood loss and shorter duration of hospital stay. Post-op complications including bleeding and crusting were fewer in the microdebrider group.

Conclusion: Our results suggest that endoscopic resection of inferior turbinates with microdebrider is effective for improving the quality of life in patients with nasal obstruction caused by inferior turbinate hypertrophy. It is a safe alternative to conventional turbinectomy with patients needing shorter duration of hospital stay and experiencing fewer complications such as postoperative bleeding and crusting.

Sudden Sensorineural Hearing Loss – Treatment Outcome and Prognostic Factors

Dr. Amy CS Cheung

Division of Otorhinolaryngology-Head & Neck Surgery, Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital

Objectives: To compare the efficacy of various treatment regimes for sudden sensorineural hearing loss, and to identify prognostic factors associated with hearing recovery.

Study design and methods: A prospective study was conducted from 2002 to 2005. Patients were recruited from the public and private sectors in Hong Kong. Treatment regimes included systemic steroid, vasodilator, antiviral agent and carbogen. Change in pure tone threshold was used as outcome measure. Pure-tone average was measured pre-treatment, immediately post-treatment, and at 1 month after treatment. Hearing improvement was defined as >15 dB improvement in pure tone average (500 Hz, 1 kHz and 2 kHz).

Results: A total of 225 patients were recruited. Hearing improvement was found in 48% of patients immediately after treatment. A further 18% of patients achieved >15 dB hearing improvement 1 month later. Hearing outcome between different treatment groups were not statistically significant. The presence of vertigo was associated with a poorer outcome. Patients who improved had a better initial threshold at high frequency (average of 4 kHz and 8 kHz) than those who did not improve.

Conclusion: Within the paradigm used in this study, there is no difference in hearing outcome between various treatment groups. Prognosis of hearing recovery is associated with initial threshold at high frequency and the presence of vestibular symptom.