



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

Scientific Meeting

27 November 2010, Saturday

Pao Yue Kong Auditorium, Ground Floor
Hong Kong Academy of Medicine Jockey Club Building
99 Wong Chuk Hang Road, Aberdeen, Hong Kong

ACKNOWLEDGEMENT

ASTRAZENECA HONG KONG LTD
THE HEARING CLINIC (ASIA) LIMITED
KARL STORZ ENDOSCOPY CHINA LTD
MERCK SHARP & DOHME (ASIA) LTD
NYCOMED, DIVISION OF ZUELLIG PHARMA LTD HONG KONG

Trainee Research Presentation 2010

<u>Programme</u>	
1:30 – 1:45pm	Correlation between abscess size and management of parapharyngeal abscess <i>Dr CHEUNG Kwan Ling Kelvin, Department of ENT, YCH</i>
1:45 – 2:00pm	Efficacy of salvage neck dissection for isolated nodal recurrences in early carcinoma of oral tongue with watchful waiting management of initial N0 neck <i>Dr CHUNG Chun Kit Joseph, Department of ENT, QMH</i>
2:00 – 2:15pm	Treatment of Sudden Sensorineural Hearing Loss with Intratympanic Steroid <i>Dr KAN Winnie, Department of ENT, UCH</i>
2:15 – 2:30pm	Parotidectomy: 10-year experience in a tertiary referral centre <i>Dr LAM Wai Kei Jacky, Department of ENT, QMH</i>
2:30 – 2:45pm	Radiation-induced Sarcomas of the Head and Neck; A Ten-year Experience <i>Dr LAU Kai Yum Jonathan, Department of ENT, QMH</i>
2:45 – 3:00pm	Squamous Cell Carcinoma of the Tongue in young Asian Patients: A matched-pair Analysis <i>Dr NG Yiu Wing, Department of ENT, QMH</i>
3:00 – 3:15pm	Injection Laryngoplasty with Hyaluronic Acid for Unilateral Vocal Cord Palsy in Chinese Patients: Voice Outcome Measures <i>Dr YU Suet Ying Sylvia, Department of ENT, QMH</i>
3:15 – 3:30pm	<i>Presentation by the Winner of Thomas Cheung Education Fund Scholarship 2009</i> <i>Dr LAM Wai Hung Eddy, Department of ENT, YCH</i>
<u>Tea Break</u>	

Lecture by Dr TSANG Shiu Chung Jeffery

Specialist in Nephrology

4:00pm – 4:45pm	Photography in Digital Era
-----------------	----------------------------

Trainee Research Presentation

Board of Adjudicators:

Chief Adjudicator Dr LUK Wai Sing
Adjudicators Dr CHU Tsun Cheong
 Dr FUNG King Hay
 Dr TONG Fu Man
 Dr YEUNG Kong Wah

Lecture by Dr TSANG Shiu Chung Jeffery

Chairman Dr FUNG King Hay
Vote of Thanks Dr LAM Tai Yiu

Correlation between management and size of parapharyngeal abscess

Dr CHEUNG Kwan Ling

Department of ENT, Yan Chai Hospital

Parapharyngeal abscesses are dangerous disease and they can potentially cause life-threatening complications. A literature review shows that the recommended treatment is surgical drainage with intravenous antibiotic therapy. Some papers have reported successful conservative treatment with antibiotic therapy alone for small abscesses.

Objective: To review cases of parapharyngeal abscesses and to analyse factors for successful conservative management

Study design and methods: A retrospective review was conducted for patients with the diagnosis of parapharyngeal abscess in Yan Chai Hospital from 2000 to June of 2010. Patient medical records were retrieved to confirm diagnosis and computed tomography films were traced to measure the size of abscess. Patients with obvious presence of pus in other spaces (retropharyngeal, submandibular, or parotid spaces), with descending infection, or with head and neck tumors were excluded. Clinical parameters and size of abscess limited to parapharyngeal space were analysed between surgical and non-surgical groups.

Results: A total of forty-nine patients were identified with clinical and radiological diagnosis of parapharyngeal abscess, with thirty-two male and seventeen female patients. Thirty-six patients required surgical drainage in the operating theatre, and thirteen patients could be treated with antibiotics alone with complete remission. Size of abscess was the only one statistically significant factor ($p=0.019$) for successful conservative treatment, and the upper limit of size was 4cm. Other features not statistically significant included gender, presence of diabetes mellitus and smoking habit. Three patients required further surgical drainage for residual abscesses and there was no mortality.

Conclusion: Although the mainstay of treatment of parapharyngeal abscess is surgical drainage with antibiotics therapy, our results confirm that small abscess less than 4cm may be treated with antibiotics alone.

Efficacy of salvage neck dissection for isolated nodal recurrences in early carcinoma of oral tongue with watchful waiting management of initial N0 neck

Dr CHUNG Chun Kit Joseph

Department of ENT, Queen Mary Hospital

Background: Recent study had showed that salvage treatment was effective for early tongue (T1 and T2) carcinoma with nodal failure after watchful waiting policy. We would like to assess its efficacy and find out the clinical characteristic of these patients with isolated nodal recurrence.

Method: Retrospective review of all Ca tongue patients who have undergone surgical treatment of early (pT1-pT2) carcinoma of the tongue without any neck surgery.

Results: Out of 70 patients with N0 disease who received transoral glossectomy only as primary treatment, 20 patients (28.6%), 7 pT1 and 13 pT2, developed isolated nodal failures after watchful waiting policy. The median time of nodal recurrence for T1 and T2 disease were 7.6 months and 6 months respectively. Apart from the initial T stage which found to have significant difference in 5-year disease specific survival rate (100% vs 46%, $p=0.023$), other parameters including age, sex, tumour thickness, adjuvant RT and rN stage showed no different in survival.

Conclusion: Salvage neck dissection provides good survival to T1 diseases who underwent close surveillance. However it may not be effective for controlling nodal recurrence in T2 patients.

Treatment of Sudden Sensorineural Hearing Loss with Intratympanic Steroid

Dr KAN Winnie

Department of ENT, Prince of Wales Hospital

Objectives:

To compare the outcome of intratympanic steroid injection against oral steroid for treatment of sudden idiopathic sensorineural hearing loss.

Method :

A retrospective review of all patients who underwent intratympanic dexamethasone treatment between 2006 and 2010 at a tertiary care Otorhinolaryngology department. Sixty-two patients were identified, of which forty-seven met inclusion criteria for having an idiopathic hearing loss and was given intratympanic steroid. They were compared to a matched group of patient treated with oral steroid. Pretreatment and post-treatment pure-tone audiograms were compared.

Surgical management of primary parotid carcinoma: a 10-year experience in a tertiary institute

Dr LAM Wai Kei Jacky

Department of ENT, Queen Mary Hospital

Objective: To evaluate the survival outcome and to identify the prognostic factors in patients with primary parotid gland carcinoma receiving surgical treatment

Design: A single-centre retrospective study

Patients: Patients diagnosed with primary parotid gland carcinoma in the Division of Otorhinolaryngology, Department of Surgery of Queen Mary Hospital between July 2000 to June 2010

Methods: Retrospective review of the clinical data and pathological report of surgically treated patients

Results: Forty-five patients were identified in the database (26 men and 19 women), and their mean age was 53 years (14 – 82 years). Their median follow-up time was 48 months (6 – 117 months). Mucoepidermoid carcinoma was the commonest malignant tumour in our study population (24%), followed by acinic cell carcinoma (20%). The distribution of T stages was as follow, T1 (15%), T2 (36%), T3 (9%) and T4 (40%). Thirty-five patients (78%) had pN0 disease, while the remaining 10 (22%) had positive nodal disease. Pre-operative facial nerve palsy was associated with poorer survival.

Conclusion: The prognosis of advanced primary parotid carcinoma is poor. The study showed that radical surgical management such as facial nerve excision and neck dissection still resulted in dismal long term survival for this group of patients.

Radiation-induced Sarcomas of the Head and Neck; A Ten-year Experience

Dr LAU Kai Yum Jonathan

Department of ENT, Queen Mary Hospital

Objective: Radiation-induced sarcoma (RIS) is a well known complication of radiotherapy. Radical surgery is the treatment of choice, but prognosis after surgery is poor. We aim to review our centre's experience with patients with radiation-induced sarcoma of the head & neck region in period 1999 to 2009, and aim to investigate whether radical surgery is beneficial.

Method(s): Patients who were treated at Queen Mary Hospital, Hong Kong, in the period 1999-2009 were recruited to the study. Inclusion criteria included previous radiotherapy for head and neck malignancy, sarcoma arising within radiation field, and histological confirmation of sarcoma.

Result(s): A total of 16 patients were recruited. They all had radiotherapy for the treatment of nasopharyngeal carcinoma. Eight were male and eight were female. The median latency period for sarcoma to develop was 10.6 years (range 5.3-25.1 years). The most common site of sarcoma was the neck (n=8), followed by the nasal cavity and nasopharynx (n=2 each). Other sites included the mandible and maxilla. The most common histology was undifferentiated sarcoma (n=5), followed by osteosarcoma (n=4) and rhabdomyosarcoma (n=2). Eleven patients underwent surgical resection of the sarcoma with or without reconstruction. Eight patients received adjuvant therapy in the form of chemotherapy (n=4) or brachytherapy (n=4). Median survival from diagnosis of sarcoma after resection was 1.58 years (range 0.42-5.42 years). Of the 16 patients, 9 died of disease while 2 died due to complications of adjuvant chemotherapy and 2 due to unrelated causes. Three patients remain disease free to date.

Conclusion(s): Radiation-induced sarcoma is an aggressive complication arising from radiotherapy. The proximity of these head and neck sarcomas to critical structures often limits curative resection, and the prognosis is often poor. However, palliative surgery may allow improved quality of life, especially if disfiguring tumor growths and large ulcerating wounds can be tackled.

Squamous Cell Carcinoma of the Tongue in Young Asian Patients: A Matched-pair Analysis

Dr NG Yiu Wing

Department of ENT, Queen Mary Hospital

Conflicting studies and reports exist in the literature on the aetiology, natural history, and the prognosis of SCC in young patients. Small sample sizes and treatment over a lengthy period hindered the reliability of previous studies. Some studies in Caucasians suggested that young patients with SCC tongue had a worse prognosis. As a result, this study employed a matched-pair analysis between young patients and older patients with SCC of the tongue in Hong Kong Chinese, to determine whether young age has an adverse impact on prognosis. Our data together with other recent matched-control studies do not support the belief that a younger age is associated with a poorer outcome. These younger patients may have different etiologic factors other than smoking and alcohol.

Injection Laryngoplasty with Hyaluronic Acid for Unilateral Vocal Cord Palsy in Chinese Patients: Voice Outcome Measures

Dr YU Suet Ying Sylvia

Department of ENT, Queen Mary Hospital

Objectives: This study is to determine the efficacy and voice quality of injection laryngoplasty with hyaluronic acid in Cantonese-speaking patients with unilateral vocal cord palsy.

Methods: This is a prospective study conducted between November 2009 to October 2010 at Queen Mary Hospital. Chinese patients above 18 year-old diagnosed to have unilateral vocal cord palsy were recruited. Hyaluronic acid was injected transcutaneously with endoscopic guidance to medialize the paralyzed vocal cord under local anaesthesia in our Ear, Nose and Throat clinic. Speech performances and Voice Handicapped Index (VHI) were assessed on the day before the injection, 1-week, 1-month and 3-month post-injection. Clinical and stroboscopic examinations were also performed.

Results: Significant improvement in the Voice Handicapped Index was demonstrated. Speech performance in terms of acoustic and dynamic analysis also showed improvements. No complications were reported.

Conclusions: Injection laryngoplasty with hyaluronic acid has been shown to improve the voice outcome and Voice Handicapped Index in Cantonese-speaking patients