



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

Annual Scientific Meeting

Saturday, 26 November 2011

*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

ACKNOWLEDGEMENT

(In Alphabetical Order)

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TRAINEE RESEARCH PRESENTATION 2011

PROGRAMME

1:30 – 1:45pm	A1 <i>Cold dissection Vs Monopolar diathermy needle dissection in Tonsillectomy</i> Dr Yiu-Kei CHUNG, Queen Elizabeth Hospital
1:45 – 2:00pm	A2 <i>Hearing loss and aural symptoms of pilots in Hong Kong</i> Dr Nelson Yui-Cheung HUI, Yan Chai Hospital
2:00 – 2:15pm	A3 <i>Observational study on the preference of nasal tip bifidity in Asians</i> Dr Kwong-Lun LAI, United Christian Hosp/ Tseung Kwan O Hosp
2:15 – 2:30pm	A4 <i>The outcome of myringotomy with ventilation tube insertion in pre-treatment nasopharyngeal carcinoma patients presented with otitis media with effusion - A prospective randomized controlled study</i> Dr Jacky Wai-Kei LAM, Queen Mary Hospital
2:30 – 2:45pm	A5 <i>Comparison of the surgical outcomes between endoscopic thyroidectomy done via bilateral axillo-breast approach (BABA) and conventional open neck approach.</i> Dr Jonathan Kai-Yum LAU, Queen Mary Hospital
2:45 – 3:00pm	A6 <i>Laryngopharyngeal reflux: A prospective cohort study to evaluate the efficacy of empirical proton pump inhibitor therapy and the role of pH study</i> Dr Natalie Moon-Wah LEUNG, Prince of Wales Hospital
3:00 – 3:15pm	A7 <i>A prospective randomized controlled study on vitalstim therapy and traditional swallow therapy for improving early dysphagia in patients with nasopharyngeal carcinoma after radiotherapy</i> Dr Hok-Nam LI, Prince of Wales Hospital
3:15 – 3:30pm	A8 <i>Functional assessment after external vocal fold medialization thyroplasty with titanium vocal fold medialization implant</i> Dr Pui-Yee LO, Queen Elizabeth Hospital
3:30 – 3:45pm	A9 <i>Clinical audit on the day care treatment pathway for patients with peritonsillar abscess</i> Dr Alice Kwai-Yee SIU, United Christian Hospital
3:45 – 3:55pm	Presentation by the winner of Thomas Cheung Fund 2010 <i>Dr Joseph Chun-Kit CHUNG, Queen Mary Hospital</i>
3:55pm – 4:15pm	TEA BREAK
4:15pm – 5:00pm	Lecture on "Parotidectomy For Non Salivary Gland Disease" delivered by <i>Professor Claudio R CERNEA</i> <i>Department of Head and Neck Surgery</i> <i>University of São Paulo Medical School, São Paulo, Brazil</i>

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

TRAINEE RESEARCH PRESENTATION 2011

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Lecture delivered by Dr Professor Claudio R CERNEA

Department of Head and Neck Surgery
University of São Paulo Medical School
São Paulo, Brazil

A1

Cold dissection Vs Monopolar diathermy needle dissection in Tonsillectomy

Dr Yiu-Kei CHUNG

Department of ENT, Queen Elizabeth Hospital

Objective: to compare intraoperative efficiency, postoperative recovery and complication between the two methods.

Methods: A prospective, randomized, single-blind trial of patients aged from 4 to 58 years old undergoing tonsillectomy was conducted. Patients were randomized into either cold dissection or hot dissection group. Measured intraoperative parameters included surgical duration and intraoperative blood loss. Measured postoperative parameters included a 14 day postoperative questionnaire that recorded a daily pain rating using the Wong-Baker FACES pain scale, pain medication use, days to return to a normal diet, and days to return to a normal life. Postoperative complications were also recorded. Intraoperative and postoperative measures were statistically compared between groups.

Results: A total of 30 patients, with 15 patients in each group. Indications for tonsillectomy include chronic tonsillitis, tonsillar hypertrophy. The patients were randomized into each group. The operative time, intraoperative blood loss, postoperative analgesic requirement, degree of pain, time to return to normal diet, time to return normal daily activities, complication were measured.

Operative time and intraoperative blood loss were significantly lowered in diathermy needle dissection method. There were no statistical difference in terms of analgesic requirement, pain scores, time to return to normal daily activities and time to return to normal diet. There was one case secondary bleeding in the diathermy needle dissection group.

A2

Hearing loss and aural symptoms of pilots in Hong Kong

Dr Nelson Yui-Cheung HUI

Department of ENT, Yan Chai Hospital

Abstract

Noise induced hearing loss is a common but less attended topic among public and health care professionals in Hong Kong. Pilots are consistently and continuously exposed to occupationally related noise. Hearing loss and aural symptoms such as tinnitus, aural blockage, otorrhoea, otalgia and vertigo are very common among pilots. Currently there is no local published study assessing hearing loss and aural symptoms among pilots. In this study pilots of one commercial airline of Hong Kong were recruited to evaluate the hearing level among the high noise exposed pilots. The presence of aural symptoms were assessed subjectively by designated questionnaires. Other information including demographic data, personal medical history and family history were collected as well. Objective assessment of hearing level was achieved by pure tone audiogram in a sound-proofed booth. The data collected was analysed and correlated. The preliminary results of this study is presented.

A3

Observational study on the preference of nasal tip bifidity in Asians

Dr Kwong-Lun LAI

United Christian Hospital / Tseung Kwan O Hospital

Background: Naturally, the nasal tip can appear as single or double. It varies between different races and different individuals. During rhinoplasty, the nasal tip can be modified according to the patient's preference. However, there is so far no study in previous literature discussing the preferences of the tip in general population.

Methods: Photographs of volunteers' faces will be taken and modified, using computer software. A pair of modified photographs from the same volunteer will be shown to a group of subjects who will be asked to choose the preferred face in the pair, and the data will be used to analyse the aesthetic sense of our local population.

Results: 80 subjects were recruited. 80% of them do show a preference. The difference between proportion of those with preference and that of those with no preference is statistically significant. For those with preference, 90.6% prefer a single nasal tip. Also, there is statistically significant difference between proportion of those preferring single tip and that of those preferring double tip. However, there is no gender difference.

Conclusions: Although there is no such study in the Caucasian population, most of them would prefer keeping their ethnic double tip. To my knowledge, this is the first observational study about nasal tip preference in the literature. It demonstrated that there may be difference in the nasal tip preference between Asians and Caucasians, and that the rhinoplasty techniques in the western countries may not be totally applicable to Asian population.

A4

The outcome of myringotomy with ventilation tube insertion in pre-treatment nasopharyngeal carcinoma patients presented with otitis media with effusion - A prospective randomized controlled study

Dr Jacky Wai-Kei LAM

Department of ENT, Queen Mary Hospital

Objective: To evaluate the use of pre-treatment myringotomy with ventilation tube insertion for nasopharyngeal cancer (NPC) patients presented with middle ear with effusion (OME).

Design: Prospective randomized study in an university hospital

Methods: Pre-treatment NPC patients suffered from OME were recruited from January 2001 until December 2010 and were randomized for either myringotomy and ventilation tube insertion or observation. Only patients treated with Intensity Modulated Radiotherapy (IMRT) with or without chemotherapy were included. Radiotherapy using 2-Dimensions radiotherapy (2D-RT) or treatment with palliative intent were excluded from the current study. Otoscopy, pure-tone audiogram and tympanogram were performed at diagnosis and prospectively at 6 months, 1 year and 3 years after treatment.

Results: 45 patients were randomized to the myringotomy with ventilation tube insertion group and 25 patients to the observation group. At 6 months after treatment, OME persisted in 60% of patients in the observation group, whereas about 53% of patients remained asymptomatic in myringotomy plus ventilation tube insertion group. OME still persisted in 4 (25%) patients in the observation group at 3 years after treatment whereas 21 (70%) patients remained asymptomatic in the myringotomy plus ventilation tube insertion group. Advanced cancer staging was associated with more otologic complications in myringotomy plus ventilation tube insertion group.

Conclusion: Pre-treatment myringotomy with ventilation tube insertion for NPC patients with OME provides immediate symptomatic relief. This procedure may be indicated in certain subgroup of NPC patients before treatment.

A5

Comparison of the surgical outcomes between endoscopic thyroidectomy done via bilateral axillo-breast approach (BABA) and conventional open neck approach

Dr Jonathan Kai -Yum LAU

Department of ENT, Queen Mary Hospital

Background: Various endoscopic techniques have been introduced for thyroidectomy over the past decade. They offer a distinct advantage over the conventional open operation by leaving no visible scar over the neck.

Objective: To compare the surgical outcomes between thyroidectomy done via bilateral axillo-breast approach (BABA) and conventional open neck approach.

Method: Between January 2011 and October 2011, 20 patients with thyroid diseases underwent BABA endoscopic thyroidectomy. This group was matched to a historic cohort of patients who underwent conventional open thyroidectomy, and comparison was made. The criteria analyzed include patients' demographics, operating times, intra-operative blood loss, hospital stay and complication.

Results: The mean operation time and hospital stay were longer in the BABA group than in the open thyroidectomy group. However, the intra-operative blood loss was lower in the BABA group. There was no difference in surgical complications.

Conclusion: Endoscopic thyroidectomy via bilateral axillo-breast approach (BABA) is a safe method for surgical treatment of thyroid disease. The main advantage of BABA thyroidectomy is its significantly better cosmetic outcome when compared with open thyroidectomy.

A6-1

Laryngopharyngeal reflux: A prospective cohort study to evaluate the efficacy of empirical proton pump inhibitor therapy and the role of pH study

Dr Natelie Moon-Wah LEUNG

Department of ENT, Prince of Wales Hospital

Background: Laryngopharyngeal reflux (LPR) is considered as the most common extraesophageal manifestation of gastroesophageal reflux disease (GERD). It may account for 10% of ENT out-patient consultations. However, LPR symptoms are non-specific and there exist no definite diagnostic criteria for this disease.

Objectives: We evaluated the percentage of patients who presented with laryngopharyngeal reflux symptoms suffering from acid reflux. We further evaluated the use of pH study in the diagnostic process and the applications of Reflux Symptom Index (RSI) and Reflux Finding Score (RFS) in our clinical practice. Response of the patients to empirical proton pump inhibitor treatment was examined.

Methods: We recruited 40 adult patients presented with symptoms suggestive of laryngopharyngeal reflux in the ENT clinic of United Christian Hospital to participate in this study between July and December 2010. The severities of the disease were scored with the RSI and RFS. All patients underwent a flexible endoscopic examination, image recording of their laryngopharynx, and a dual-probe 24-hour ambulatory pharyngoesophageal pH study. Regardless of the pH study results, all of them were prescribed with an empirical proton pump inhibitor trial, which was oral Pantoloc 20mg bd for 8 weeks. The patients were also advised for lifestyle modifications. They were reassessed at ninth week and their RSI and RFS were scored again. Either normalization of the RSI or RFS values, or the global symptom reduction greater than 50% as reported by patients was defined as positive response. Patients showing positive response were told to continue their treatment up to twelfth week. For those with unsatisfactory improvement, their dosage of Pantoloc was increased to 40mg bd. Patients displaying unsatisfactory response or having pH-documented GERD were referred to gastroenterologists for follow up or further investigations.

Results: 38 patients completed this study. There were 13 (34%) and 9 (24%) pH-documented GERD and LPR, respectively. 19 (50%) of the patients demonstrated positive response after eighth week of treatment, and there were 11 more patients (total 30 patients, 79% of the study samples) reported positive response by the end of twelfth week. Among these 30 patients, 14 (47%) of them had pH-documented GERD or LPR. The difference in RFS before and after treatment was significant ($t=2.229, p=0.032$). We found no statistical significant associations between the pH study results and the treatment response. Significant associations between the RFS and GERD ($p=0.004$), between obesity and GERD ($p=0.015$), and between psychiatric history and LPR ($p=0.007$) were observed. There were 22 medical referrals. 11 patients were diagnosed of other associated upper gastrointestinal diseases by gastroenterologists.

Conclusions: 12 weeks of treatment with Pantoloc is effective to improve symptoms in 79% of our sample patients. However, we found no statistical significant association between the pH study results and the treatment response from our study samples.

A Prospective Randomized Controlled Study on Vitalstim Therapy and Traditional Swallow Therapy for Improving Early Dysphagia in Patients with Nasopharyngeal Carcinoma after Radiotherapy

Dr Hok-Nam LI, Dr Eddy WONG, Ms Louisa Ng, Dr Peter KU, Prof Michael CF TONG, Prof CA VAN HASSELT

Department of ENT, Prince of Wales Hospital

Objective: To evaluate the efficacy of two swallowing therapy for early dysphagia in NPC patients after radiotherapy and to provide a scientific database for improving long-term dysphagia

Background: Nasopharyngeal carcinoma (NPC) is a common carcinoma in Hong Kong and radiotherapy is the mainstay of treatment. However, complications of radiotherapy are frequently observed and worsen the quality of life of patients, even though the cancer is cured. One of the common complaints is dysphagia. Patients will suffer from difficulty in swallowing, choking and oral retention of food residue. They need to avoid certain food or need fluid intake to facilitate swallowing. In severe cases, aspiration, pneumonia, malnutrition and dehydration can happen and this will increase burden to the healthcare system.

Early post-radiotherapy swallowing dysfunction is common in first year after radiotherapy. Up-to-date there is still no evidence-based management to improve dysphagia in NPC patients after radiotherapy.

Study Design and Method: This is a prospective randomized-controlled study on swallowing treatment therapy. Subjects recruited are newly diagnosed NPC patients from Prince of Wales Hospital and Queen Elizabeth Hospital. In this study, subjects will be randomized into two treatment groups: Vitalstim therapy and Traditional swallow therapy. Outcomes are measured subjectively by: 1) NPC specific quality-of-life questionnaire (FACT-NP); 2) Self-rated swallowing score; and also objectively by 3) 8-point Penetration Aspiration Scale on Fiberoptic Endoscopic Evaluation of Swallowing (FEES). Patients will be assessed before and after two treatment approach in time intervals.

A8

Functional assessment after external vocal fold medialization thyroplasty with titanium vocal fold medialization implant

Dr Pui-Yee LO

Department of ENT, Queen Elizabeth Hospital

Objective: Unilateral vocal cord paralysis can result in incomplete glottal closure that can lead to voice, breathing and swallowing impairments. Therefore a functional surgery is necessary in order to improve quality of life. This is a prospective study with an aim to assess the functional improvement after external vocal fold medialization thyroplasty with titanium vocal fold medialization implant (TVFMI).

Method: Apart from being examined endoscopically, functional assessments of their voice were performed before and after operation. Subjective questionnaire was carried out by the same doctor. Speech therapists were invited to execute perceptive voice sound analysis. Objective test including computerized speech lab with Multidimensional Voice Program (MDVP) was also used. Moreover results in the past were also included for comparison. The data was statistically analysed using computer statistical program SPSS.

Result: There were improvement in voice and breathing function in all patients. From 2009 to 2011, an external vocal fold medialization thyroplasty using titanium implants was performed on 7 patients. They were in the age range of 39 to 75 years. Endoscopic glottic closure was achieved in every case. According to the objective and subjective evaluation, improvements were found in voice parameter and maximum phonation time.

Conclusion: TVFMI can be used to achieve optimal result in voice and breathing improvement in those without adequate glottic closure. It can be performed easily without complications and is individually adjustable.

A9-1

Clinical Audit on the Day Care Treatment Pathway for patients with peritonsillar abscess

Dr Alice Kwai-Yee SIU

Department of Ear, Nose and Throat, United Christian Hospital Authority

Peritonsillar abscess is the most common form of deep neck abscess and is accountable for a significant portion of emergency admissions in otorhinolaryngology worldwide. The conventional treatment of peritonsillar abscess is in-patient basis, for worry about complications and the potential need for operation. Yet increasing evidence suggested that these patients can be safely managed as out-patients. From January 2009, we adopted a Day Care Treatment Pathway for patients with peritonsillar abscess. All patients with quinsy were stratified into “Low Risk” and “High Risk” groups, and low risk group would be managed as day cases. Total 121 patients were encountered in 30 months for peritonsillar abscess, and 47 patients were treated successfully as day cases. Three (6.4%) day case patients required hospital admission eventually, and none required unexpected medical attention or emergency operation. We concluded that low risk peritonsillar abscess patients can be managed as day case safely and effectively.

