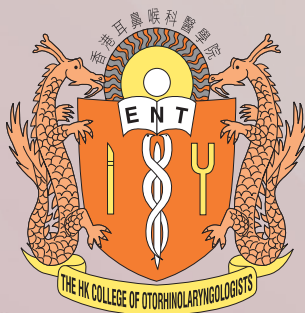


香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS



ANNUAL SCIENTIFIC MEETING

13th March 2021, Saturday

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

PROGRAMME

12:00 REGISTRATION

12:30 POSTER PRESENTATION / VISIT EXHIBITION BOOTHS

13:30 TRAINEE RESEARCH PRESENTATION COMPETITION 2021

13:30 – **Sensorineural Hearing Loss in Nasopharyngeal Carcinoma Survivors in**

13:45 **Modern Treatment Era**

Dr Jason Kar-cheong MOK

ENT, New Territories West Cluster, Hospital Authority

A1

13:50 – **Treatment of Frey's Syndrome with Botulinum Toxin Type A Injection**

14:05 Dr Alan Tsz-lun LAU

ENT, Hong Kong West Cluster, Hospital Authority

A2

14:10 – **Pilot Study to Assess the Potential of Oral Myofunctional Therapy for**

14:25 **Improving Sleep Disordered Breathing In Adult Patients**

Dr Marco Tat-lam LUK

ENT, Kowloon West Cluster, Hospital Authority

A3

14:30 – **Effect of Taping on Post-rhinoplasty Oedema in Hong Kong Patients**

14:45 Dr Jason Siu-shan LAW

ENT, Hong Kong East Cluster, Hospital Authority

A4

14:50 – **Diagnosis and Localization of Cholesteatoma by Colour Matched Fusion**
15:05 **of Computer Tomography and Diffusion-Weighted Magnetic Resonance**
Imaging (CMCTDWIMRI)

Dr Kary Choi-mui LUI

ENT, Kowloon East Cluster, Hospital Authority

A5

15:10 POSTER PRESENTATION / VISIT EXHIBITION BOOTHS

16:00 GUEST LECTURE

Guest Speaker Dr Vincent Chi-chung CHENG

Chief of Service

Consultant Microbiologist

Infection Control Officer

Queen Mary Hospital, Hospital Authority

Topic Strategic response to minimize the risk of COVID-19 transmission in Hong Kong

Moderator Dr Birgitta Yee-hang WONG

Honorary Secretary

The Hong Kong College of Otorhinolaryngologists

16:45 PRESENTATION OF RESEARCH PROJECTS BY FELLOWS IN POST-FELLOWSHIP HEAD AND NECK SURGERY TRAINING OF THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS

16:45 – **Salvage Surgery and Post-operative Brachytherapy for Advanced Cervical Recurrence in Previously Irradiated Neck**
17:00
Dr Wilson Wai-shun NG
ENT, Kowloon Central Cluster, Hospital Authority

17:05 – **Retrospective Review on the Role of Elective Neck Dissection and Thyroidectomy in Laryngectomy Patients with NO Carcinoma of Larynx**
17:20
Dr Stephanie Nga-sze WONG
ENT, New Territories West Cluster, Hospital Authority

17:20 ANNOUNCEMENT OF RESULTS

17:30 END OF PROGRAMME

CME accreditation: 5 points (Cat 2)

POSTER PRESENTATION

LOCATION	CORRESPONDING AUTHOR	TITLE OF PRESENTATION
P01	Dr Trevor Tsun-to CHAN	REMNANTS OF A REMNANT – DIAGNOSTIC DILEMMA OF A CASE OF RECURRENT TYPE 1 BRANCHIAL CLEFT FISTULA
P02	Dr Catherine Po-ling CHAN	ENHANCED RECOVERY AFTER SURGERY IN HEAD AND NECK SURGERIES
P03	Dr Leon Tsz-man CHU	LARYNGOPLASTY FOR SEVERE LARYNGOMALACIA IN HONG KONG, REPORTS FROM A TERTIARY REFERRAL CENTER
P04	Dr Peter Ku-ming KU	ORO-PHARYNGO-ESOPHAGEAL RADIONUCLIDE SCINTIGRAPHY (OPERS) IN PREDICTING RISK OF ASPIRATION PNEUMONIA AND SURVIVAL PROGNOSIS IN POST-IRRADIATED PATIENTS WITH NASOPHARYNGEAL CARCINOMA (NPC).
P05	Dr Edward Hong-ming KWOK	A CASE REPORT ON SUBGLOTTIC LYMPHOEPITHELIOMA-LIKE CARCINOMA (LELC)
P06	Dr Hilary Hil-ching KWOK	COAGULOPATHY, NECK HEMATOMA AND UPPER AIRWAY OBSTRUCTION IN A PATIENT WITH COVID-19: A CASE REPORT
P07	Dr Suki Sze-man LAM	SUCCESSFUL MANAGEMENT OF RECURRENT PHARYNGOCUTANEOUS FISTULA WITH SERIES OF PEDICLED FLAPS: A CASE REPORT
P08	Dr Christopher Ian LAM	A NOVEL AUGMENTED REALITY NAVIGATION SYSTEM FOR FLEXIBLE ENDOSCOPIC SINUS SURGERY
P09	Dr Iris Oi-sum LEUNG	EFFECT OF WEARING N95 RESPIRATOR ON INTERNAL NASAL VALVE AND ASSOCIATION WITH EXTERNAL NASAL ANATOMY – A COHORT STUDY
P10	Dr Jing-woei LI	DISTINCT MICROBIAL CONSORTIA ARE ASSOCIATED WITH ORAL CAVITY SQUAMOUS CELL CARCINOMA WITHOUT TRADITIONAL RISK FACTORS
P11	Dr Justin Tze-tao WONG	AN UNUSUAL CASE OF PAPILLARY THYROID MICROCARCINOMA
P12	Dr Birgitta Yee-hang WONG	EARLY DETECTION AND TREATMENT OF CONGENITAL VALLECULAR CYST

ABSTRACT

A1

SENSORINEURAL HEARING LOSS IN NASOPHARYNGEAL CARCINOMA SURVIVORS IN MODERN TREATMENT ERA**Dr Jason Kar-cheong MOK***Department of ENT, New Territories West Cluster, Hospital Authority***Background**

Nasopharyngeal carcinoma (NPC) is common in Hong Kong.

Radiotherapy (RT) is the mainstay of treatment and cisplatin has been used to improve treatment outcome in recent years. Toxicity of treatment would affect quality of life (QoL) of survivors.

Aim

This study aims to review the degree of hearing loss after treatment with RT and cisplatin, and to identify related risk factors. This is to facilitate counseling and follow-up.

Methods

Patients with NPC who received curative intent treatment during 2014—2016 in Tuen Mun Hospital were identified. Patients with incomplete PTA, recurrent or metastatic disease, severe hearing loss or worse and history of chemo-irradiation to head and neck were excluded.

All patients were treated with RT and some received cisplatin. Ototoxicity was measured using PTA comparisons.

Our primary outcome was defined as the degree of bone conduction (BC) threshold shift in PTA.

Results

A total of 304 patients, 608 ears were identified, 99 patients 190 ears were included. Patient characteristics: median age 52; 76.8% male; 97% undifferentiated carcinoma; median follow-up 53 months (range 8-76 months); median post-treatment PTA was 3.5 months.

Eighty-nine ears received concurrent chemo-RT, 38 had induction chemotherapy and 63 had RT only.

A significant BC threshold shift was noted in the patients receiving chemo-RT at 4kHz.

Conclusion

Patients with NPC receiving chemo-RT are at higher risk of developing more severe hearing loss. Regular audiological evaluation should be performed for this group of patients.

ABSTRACT

A2

TREATMENT OF FREY'S SYNDROME WITH BOTULINUM TOXIN TYPE A INJECTION

Dr Alan Tsz-lun LAU

ENT, Hong Kong West Cluster, Hospital Authority

Aim

To study the effect of Botulinum toxin A in terms of duration and improvement of symptoms of Frey's syndrome in the local population

Methods

7 patients who have received injections of Botulinum toxin A for treatment of Frey's syndrome, ranging from 1 to 3 times in the follow-up period (in total 12 injections), between 2014 to 2020 December in Queen Mary Hospital and Tung Wah Hospital were analyzed. In each injection, Minor's test was first performed using iodine solution and starch powder. The area with positive minor's test was marked and subdivided into boxes of 1cm². Botulinum toxin A was injected at each square intradermally. The dosage of Botulinum toxin A injected, the severity of symptoms before and after injection measured with Visual Analog Scale (VAS) and the duration of effect were analyzed.

Results

All patients have achieved a reduction in VAS score after each injection (2-10), with a duration of efficacy of at least 6 months. The area of positive Minor's test reduced between consecutive injections in the same patient (mean 38.1%; 0 – 80.0%). No significant side effects were reported from patients.

Conclusion

Botulinum toxin A is an effective and safe option of treatment for Frey's syndrome.

PILOT STUDY TO ASSESS THE POTENTIAL OF ORAL MYOFUNCTIONAL THERAPY FOR IMPROVING SLEEP DISORDERED BREATHING IN ADULT PATIENTS

Dr Tat-lam LUK

*The Department of Otorhinolaryngology, Head and Neck Surgery,
Kowloon West Cluster, Hospital Authority*

Aim

To evaluate the application of oral myofunctional therapy (OMT) to adult patients with sleep disordered breathing.

Methods

It was a prospective analysis of the effectiveness of the OMT program for adult patients with sleep disordered breathing.

Study was conducted in Kowloon West Cluster from 9/2018 to 9/2019.

This was a one-year training program.

Patients were recruited and went through an oral myofunctional therapy program which included at least 4 sessions of physiotherapy trainings and had regular follow-up and progress monitoring.

Each patient had pre and post therapy assessments by questionnaires and sleep studies.

The outcome measures included 1) Daytime sleepiness: Epworth Sleepiness Scale (ESS), 2). Sleep related quality of life : Functional Outcomes Sleep Questionnaire (FOSQ) and 3). Change in Respiratory Disturbance Index(RDI).

The pre- and post-therapy results including ESS, FOSQ and the change in RDI were compared using Wilcoxon Test.

Results

11 patients (3 females, 8 males) were recruited in the study with full completion of physiotherapy trainings and one year of follow-up. By comparing the pre- and post-therapy results, it was found that the value of RDI decreased from 19 to 13, the value of ESS decreased from 8.8 to 7.8 and the score of FOSQ decreased from 18.2 to 18. All the changes were not statistically significant.

Conclusion

The findings in this pilot study showed some positive effect from oral myofunctional therapy but did not demonstrate statistically significant results.

ABSTRACT

A4

EFFECT OF TAPING ON POST-RHINOPLASTY EDEMA IN HONG KONG PATIENTS**Dr Jason Siu-shan Law***Department of Ear, Nose & Throat, Hong Kong East Cluster, Hospital Authority***Background:**

Post-rhinoplasty edema is a common complaint which can lead to patient dissatisfaction and worsened outcome. Formation of dead space and filling of granulation tissue can cause prolonged chronic edema. Different techniques have been described to reduce post-rhinoplasty edema, including post-rhinoplasty taping (PRT). The evidence of benefit of PRT on early post-operative edema is limited, especially in Hong Kong.

Objective:

To investigate the effect of post-rhinoplasty taping on post-operative edema in Hong Kong patients.

Method:

This is a randomized controlled trial carried out in a single hospital in Hong Kong. Patients undergoing primary rhinoplasty were recruited from June 2018 to Dec 2019. Patients were randomized into 2 groups: post-rhinoplasty taping (PRT) for 2 weeks and without taping (control). Pre-operative skin thickness and post-operative edema were measured by ultrasonography and compared. 4 sites of measurement include nasion, rhinion, supratip and tip. Mean nasal skin thickness was calculated using average of the 4 measured sites.

Results:

26 patients were initially recruited and 2 were later excluded. 21 patients were male (87.5%); 3 patients were female (12.5%). Age ranged from 18 to 68 years old; mean age was 36 years old. Mean of surgery duration was 118 minutes. Mean of blood loss was 42ml. Comparing the post-op edema, MNST in PRT group took 6.0 weeks to settle compared with 7.8 weeks in control group. Nasion edema persisted for 3.3 weeks in PRT group and 7.3 weeks in control group. Rhinion edema lasted 6.1 weeks in PRT group and 5.9 in control group. Supratip edema in PRT group was 9.2 weeks and 15.8 in control group. Tip edema lasted 8.0 weeks

in PRT group and 10.4 weeks in control group. Age, surgery duration and blood loss do not show correlation with post-operative edema in this study.

Conclusion:

Post-rhinoplasty taping is an easy, economic and effective method to reduce post-operative edema in Hong Kong patients.

DIAGNOSIS AND LOCALIZATION OF CHOLESTEATOMA BY COLOUR MATCHED FUSION OF COMPUTER TOMOGRAPHY AND DIFFUSION-WEIGHTED MAGNETIC RESONANCE IMAGING (CMCTDWIMRI)

Dr Kary Choi-mui LUI

ENT, United Christian Hospital, Kowloon East Cluster, Hospital Authority

Introduction

Computer tomography (CT) is a traditional modality for cholesteatoma evaluation. It provides excellent spatial resolution and demonstrates clear bony anatomy. However, it is limited by low specificity. Therefore, diffusion weighted Magnetic Resonance Imaging (DWIMRI) has gained popularity in diagnosis of cholesteatoma with its unique feature of diffusion restriction. Sensitivity and specificity of DWI MRI in detecting cholesteatoma is up to 95%. Nevertheless, localization of cholesteatoma is challenging with DWIMRI due to poor spatial resolution. By combining the two modalities, fusion colour matched CT DWIMRI (CMCTDWIMRI) is developed, highly sensitive and specific diffusion restriction in DWIMRI is overlapped with clear bony anatomy from CT.

Aim

To evaluate if CMCTDWIMRI improves cholesteatoma detection and localisation compared with DWIMRI alone.

Methodology

A retrospective study including patients had mastoidectomy for cholesteatoma between 2014-2019 with pre-operative CT and DWIMRI done. Detection and localization of cholesteatoma by DWI MRI and CMCTDWIMRI were compared with operative findings. Sensitivity, specificity, positive predictive value and negative predictive value were compared.

Results

15 patients were included. CMCTDWIMRI has higher sensitivity than DWIMRI alone for cholesteatoma detection (0.85 vs 0.73) as well as higher localization rated across subsites across middle ear and mastoid.

Conclusion

CMCTDWIMRI improves detection and localization of cholesteatoma compared with DWIMRI alone. Possibility of replacing second look operation or down scaling conventional open mastoidectomy to endoscopic approach can be explored.

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