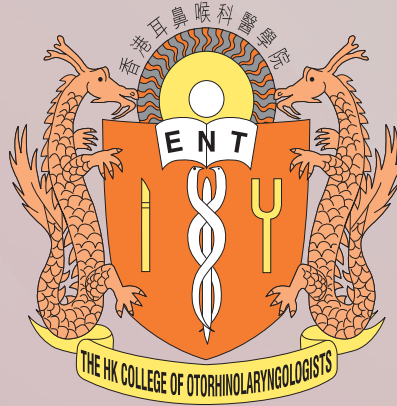


香港耳鼻喉科醫學院

THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS



ANNUAL SCIENTIFIC MEETING

7th November 2026, 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

11:00 – 17:50 ANNUAL SCIENTIFIC MEETING

10:30	REGISTRATION	
11:00	POSTER PRESENTATION / VISIT EXHIBITION BOOTHS	
13:00	TRAINEE RESEARCH PRESENTATION COMPETITION 2026	
13:00 – 13:15	BILAYER SYNTHETIC GRAFT VERSUS TRAGAL BUTTERFLY CARTILAGE GRAFT FOR ENDOSCOPIC MYRINGOPLASTY: A RANDOMIZED CONTROLLED TRIAL Dr Hilary Hil-ching KWOK <i>The Department of Otorhinolaryngology, Head and Neck Surgery, Yan Chai Hospital, Kowloon West Cluster, Hospital Authority</i>	A1
13:20 – 13:35	CONGENITAL VOCAL CORD PALSY IN HONG KONG KOWLOON CENTRAL CLUSTER: A RETROSPECTIVE REVIEW OF ETIOLOGY, ASSOCIATED AIRWAY ANOMALIES, AND LONG TERM OUTCOMES IN 2005-2025 Dr Mandy Chit-man CHAN <i>The Department of Otorhinolaryngology, Head and Neck Surgery, Queen Elizabeth Hospital, Kowloon Central Cluster, Hospital Authority</i>	A2
13:40 – 13:55	EFFECTIVENESS AND SAFETY OF EUSTACHIAN TUBE BALLOON DILATATION FOR POST-IRRADIATED OTITIS MEDIA WITH EFFUSION IN NASOPHARYNGEAL CANCER PATIENTS: A PROSPECTIVE OBSERVATIONAL COHORT STUDY IN A HONG KONG REGIONAL PUBLIC HOSPITAL Dr Jun LAU <i>The Department of Otorhinolaryngology, Head and Neck Surgery, Pamela Youde Nethersole Eastern Hospital, Hong Kong Island Cluster (East), Hospital Authority</i>	A3
14:00 – 14:15	SKIP THE QUEUE FOR PRESBYCUSIS: INTEGRATING ELDERLY HEARING NURSE-CLINIC RESULTS TO PRIMARY CARE Dr Trevor Tsun-to CHAN <i>Department of Ear, Nose and Throat, United Christian Hospital & Tseung Kwan O Hospital, Kowloon East Cluster, Hospital Authority</i>	A4
14:20 – 14:35	BLU LASER VS ENDOSCOPIC EXCISION – TREATMENTS FOR CHRONIC MYRINGITIS Dr Christopher Xian-yao LIAO <i>Department of Ear, Nose and Throat, Prince of Wales Hospital, New Territories East Cluster, Hospital Authority</i>	A5
14:40 – 14:55	TREATING INTRACTABLE RHINITIS WITH ENDOSCOPIC LASER POSTERIOR NEURECTOMY: AN OPEN-LABEL, RANDOMISED CONTROLLED TRIAL Dr Leon Tsz-man CHU <i>The Department of Otorhinolaryngology, Head and Neck Surgery, Pamela Youde Nethersole Eastern Hospital, Hong Kong Island Cluster (East), Hospital Authority</i>	A6
15:00 – 15:15	NASOPHARYNGEAL CARCINOMA COMPREHENSIVE RISK ASSESSMENT SCORING SYSTEM (NPC-CRASS) Dr Brian Chee-ho LAI <i>Department of Ear, Nose and Throat, Queen Mary Hospital, Hong Kong Island Cluster (West), Hospital Authority</i>	A7
15:15 – 15:45	BREAK / VISIT EXHIBITION BOOTH (30 minutes)	

PROGRAMME

15:45 PRESENTATION OF RESEARCH PROJECTS BY FELLOWS IN HEAD AND NECK SURGERY POST-FELLOWSHIP TRAINING

15:45 – **IMPACT OF POSTOPERATIVE ALBUMIN INFUSION ON PHARYNGOCUTANEOUS FISTULA INCIDENCE FOLLOWING TOTAL LARYNGECTOMY: A RETROSPECTIVE STUDY (2018–2025)**
 16:00 (via Zoom) **Dr Michael Tsz-chun LAM**
New Territories West Cluster, Hospital Authority



16:00 PRESENTATION OF RESEARCH PROJECTS BY FELLOWS IN FACIAL PLASTIC SURGERY POST-FELLOWSHIP TRAINING

16:00 – **QUANTIFYING THE THRESHOLD OF CLINICAL ACCEPTABILITY OF AURICULAR CONFIGURATION FOLLOWING MICROTIA RECONSTRUCTION IN THE CHINESE POPULATION**
 16:15 **Dr Eric Yuk-kwan NG**
Kowloon East Cluster, Hospital Authority

16:15 – **OUTCOMES OF FRACTIONAL CO2 LASER-ASSISTED STEROID THERAPY ON HYPERTROPHIC SCARS OF THE HEAD AND NECK**
 16:30 **Dr Antonia Genevieve CASTILHO**
New Territories West Cluster, Hospital Authority

16:30 PRESENTATION BY THE WINNER OF THE THOMAS CHEUNG EDUCATIONAL FUND

16:30 – **PRESENTATION BY THE WINNER OF THE THOMAS CHEUNG EDUCATIONAL FUND**
 16:40 **Dr Benien Jun-pian HAU**
Kowloon East Cluster, Hospital Authority

16:40 – **BREAK / VISIT EXHIBITION BOOTH (30 minutes)**
 17:10

17:10 – GUEST LECTURE 17:50

TOPIC: DEVELOPMENT OF THE HEARING IMPLANT SERVICE IN DUNDEE
delivered by
Mr Stephen JONES

17:50 **CLOSING REMARKS**

CME Accreditation: 6.5 points (Cat 2)

18:00 ANNUAL GENERAL MEETING (for College fellows only)



**THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH
 THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS**

Joint Conferment Ceremony
 7 November 2026, Saturday



18:00 Registration
 18:15 Cocktail Reception / Photo-taking
 18:50 Robing of Platform Party / Congregation to be Seated
 18:55 Procession of the Platform Party
 19:00 Commencement of the Conferment Ceremony
 20:30 Annual Dinner

GUEST LECTURE

The Development of the Hearing Implant Service in Dundee

Mr Stephen JONES



Mr Stephen JONES has been consultant ENT surgeon in Ninewells Hospital and Medical School, Dundee since 2006. His sub-specialty interests include otology and hearing implantation as well as in teaching and training in surgery. He is also an Honorary Reader at the University of Dundee and one of the Deputy Directors of Medical Education for NHS Tayside, with particular responsibility for many of the surgical specialties and for undergraduate medicine.

He is currently an examiner and assessor for the FRCS (ORL-HNS). From November 2026 he will become the JCIE Board Chair for the FRCS (ORL-HNS) exam. He is also one of the senior editors of the Journal of Laryngology and Otology.

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LIST OF MODERATORS

SESSION(S)	MODERATOR(S)
POSTER PRESENTATION COMPETITION	Professor Stephanie Nga-sze WONG Education Committee Member The Hong Kong College of Otorhinolaryngologists
TRAINEE RESEARCH PRESENTATION COMPETITION	Dr Kai-bun FUNG Former President (2005-2009) The Hong Kong College of Otorhinolaryngologists Dr Joseph Chun-kit CHUNG Censor-in-Chief The Hong Kong College of Otorhinolaryngologists
PRESENTATION OF RESEARCH PROJECTS BY FELLOWS IN HEAD AND NECK SURGERY AND FACIAL PLASTIC SURGERY POST-FELLOWSHIP TRAINING	Dr Eric Hui-lun LAU Chairman of the Head and Neck Surgery Board The Hong Kong College of Otorhinolaryngologists Dr Alvin Po-ngai CHU Education Committee Member The Hong Kong College of Otorhinolaryngologists
PRESENTATION BY THE WINNER OF THE THOMAS CHEUNG EDUCATIONAL FUND	Dr Wai-tsz CHANG President The Hong Kong Society of Otorhinolaryngology, Head and Neck Surgery
GUEST LECTURE ON DEVELOPMENT OF THE HEARING IMPLANT SERVICE IN DUNDEE	Dr Birgitta Yee-hang WONG Honorary Secretary The Hong Kong College of Otorhinolaryngologists

ABSTRACT

A1

BILAYER SYNTHETIC GRAFT VERSUS TRAGAL BUTTERFLY CARTILAGE GRAFT FOR ENDOSCOPIC MYRINGOPLASTY: A RANDOMIZED CONTROLLED TRIAL

Dr Hilary Hil-ching KWOK

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

Aim

To compare the efficacy of a novel bilayer synthetic graft versus the conventional tragal butterfly cartilage graft for incision-less endoscopic myringoplasty.

Methods

Prospective randomized controlled trial conducted at a regional hospital in Hong Kong. Twenty-six patients with dry tympanic membrane perforations were randomized to receive either a bilayer Biodesign graft (n=14) or a tragal cartilage graft (n=12). The primary outcome was graft success rate at six months. Secondary outcomes included operative time, pure-tone average (PTA) improvement, and air-bone gap (ABG) improvement.

Results

Graft success rates were 78.57% (Biodesign) and 91.67% (cartilage), with no significant difference ($p=0.359$). Operative time was significantly shorter for Biodesign (mean 27.86 minutes) than for cartilage (mean 44.67 minutes, $p<0.001$). Hearing improvement was comparable: median PTA improvement was 6.88 dB versus 6.25 dB ($p=0.751$), and mean ABG improvement was 5.86 dB versus 6.46 dB ($p=0.781$), respectively.

Conclusion

The bilayer synthetic graft provides a minimally invasive alternative with significantly reduced operative time and comparable anatomical and functional outcomes, representing a viable option for incision-less myringoplasty.

ABSTRACT

A2

CONGENITAL VOCAL CORD PALSY IN HONG KONG KOWLOON CENTRAL CLUSTER: A RETROSPECTIVE REVIEW OF ETIOLOGY, ASSOCIATED AIRWAY ANOMALIES, AND LONG TERM OUTCOMES IN 2005-2025**Dr Mandy Chit-man CHAN***The Department of Otorhinolaryngology, Head and Neck Surgery,
Queen Elizabeth Hospital, Kowloon Central Cluster, Hospital Authority***Aim**

This study evaluates the clinical profile and predictors of spontaneous recovery in pediatric vocal cord palsy within Hong Kong Kowloon Central Cluster, addressing the limitations of extrapolating Western cohort data to the local population.

Methods

A retrospective cohort analysis of 37 pediatric patients was conducted. Chi-square tests separately evaluated the association of full-term status and birth weight (BW >2.5kg vs. <2.5kg) with spontaneous recovery. Binary logistic regression calculated the odds ratio (OR) for birth weight. A Mann-Whitney U test compared recovery times between congenital and acquired etiologies.

Results

Primary presenting symptoms were predominantly stridor (54.1%) and abnormal cry (40.5%). Separately evaluated via Chi-square tests, both full-term status ($p = 0.04$) and birth weight >2.5kg ($p = 0.04$) were individually associated with significantly higher spontaneous recovery rates. Logistic regression revealed that infants with BW >2.5kg had 5.417 times higher odds of spontaneous recovery than those with BW <2.5kg, approaching significance (OR = 5.417, $p = 0.053$, 95% C.I. 0.981 - 29.917). The Mann-Whitney U test showed no statistically significant difference in recovery time between congenital and acquired cases ($p = 0.808$), as the numerical difference in mean time was statistically offset by high standard deviations and small sample size.

Conclusion

Spontaneous recovery in pediatric vocal cord palsy is individually associated with baseline infant maturity and birth weight as independent predictors. The strong trend toward a five-fold increase in recovery odds for infants over 2.5kg suggests these distinct parameters serve as meaningful indicators for clinical prognosis and conservative monitoring timelines.

ABSTRACT

A3

EFFECTIVENESS AND SAFETY OF EUSTACHIAN TUBE BALLOON DILATATION FOR POST-IRRADIATED OTITIS MEDIA WITH EFFUSION IN NASOPHARYNGEAL CANCER PATIENTS: A PROSPECTIVE OBSERVATIONAL COHORT STUDY IN A HONG KONG REGIONAL PUBLIC HOSPITAL

Dr Jun LAU

*Department of Otorhinolaryngology Head and Neck Surgery,
Pamela Youde Nethersole Eastern Hospital, Hong Kong Island Cluster,
Hospital Authority*

Aim

To assess and evaluate the treatment effect and safety of Eustachian tube balloon dilatation (BDET) for post-irradiated otitis media with effusion (OME) in nasopharyngeal cancer (NPC) patients in a Hong Kong regional public hospital.

Methods

In this prospective single-centre observational cohort study, patients with OME who had a history of NPC that completed radiotherapy (RT) within 30 years before onset of OME were recruited in this study. The BDET procedures were done using the Medtronic NuVent Eustachian Tube Dilatation Balloon device. Adverse events, complications and pain scores will be monitored. Subjective symptom scores using the Eustachian Tube Dysfunction Questionnaire (ETDQ-7), and objective assessment including otoscopic examination, pure tone audiogram (PTA) and tympanogram were performed and recorded pre- and post-operatively at follow-up intervals up to 6 months.

Results

9 patients with 12 sides of OME were recruited in total. There were overall improvement of ETDQ-7 symptom scores and air bone gap reduction on PTA post-operatively. No adverse events or complications were noted up to the latest follow ups.

Conclusion

Eustachian tube balloon dilatation is an effective and safe treatment option for post-irradiated otitis media with effusion in nasopharyngeal cancer patients.

ABSTRACT

A4

SKIP THE QUEUE FOR PRESBYCUSIS: INTEGRATING ELDERLY HEARING NURSE-CLINIC RESULTS TO PRIMARY CARE**Dr Trevor Tsun-to CHAN***Department of Ear, Nose and Throat, United Christian Hospital & Tseung Kwan O Hospital, Kowloon East Cluster, Hospital Authority***Aim**

To evaluate the efficacy of the otorhinolaryngology (ENT) elderly-hearing-nurse-clinic for presbycusis patients in the Kowloon East Cluster (KEC) in terms of waiting time, consultation productivity, clinical management accuracy, and its possible translation to the primary healthcare setting.

Methods

This retrospective cohort study analyzed the KEC electronic patient data records for adults aged 60 years-old and above, from January 1, 2018, to May 21, 2026, who suffer from presbycusis. Patients were classified into nurse-first, doctor-first, or doctor-only (prior to nurse clinic implementation in 2021) in accordance with their first ENT consultation.

Results

A total of 8,887 patients (mean age 72.3 years; 57.2% female), 1,450 nurse-first, 2,293 doctor-first, and 5,134 doctor-only were evaluated. Since the establishment of the nurse-clinic, the mean waiting time for first ENT-doctor consultation was reduced by 12 weeks, total doctor consultation time was significantly shortened, yielding a total of 48,606 minutes saved annually ($p < 0.001$). Amongst nurse-first patients, 45.2% were discharged after first ENT-doctor consultation, compared to 4.7% pre-implementation ($p < 0.001$). Nurse and doctor management plans were 86.3% concordant.

Conclusion

The elderly hearing nurse clinic has significantly improved the lives of presbycusis patients at KEC. The increased discharge rate at the first ENT-doctor clinic, increased physician time, shortened patient time to first clinical access, and accurate nursing clinical care are all evident. These findings demonstrate that trained nurses can safely and effectively manage presbycusis patients, supporting the feasibility of extending this model to a KEC pilot collaborative model with family medicine.

ABSTRACT

A5

BLU LASER VS ENDOSCOPIC EXCISION – TREATMENTS FOR CHRONIC MYRINGITIS

Dr Christopher Xian-yao LIAO

*Department of Ear, Nose and Throat, Prince of Wales Hospital,
New Territories East Cluster, Hospital Authority*

Aim

To evaluate efficacy of structured smell training program in adults with various causes of olfactory impairment at the Prince of Wales Hospital, Hong Kong.

Methods

A randomised control study conducted from 2023 to 2026, comparing the effects of laser ablation vs endoscopic excision of chronic myringitis. Patients are randomised into laser ablation and endoscopic ablation groups in a double blind manner. Patients are given a modified Zurich Chronic Middle Ear Inventory (ZCMEI) Questionnaires pre-operatively and post-operatively at 3, 6 and 12 months. The modified ZCMEI scores pre- and post-operatively were compared individually and as a total score. The objective of the study is to compare laser ablation vs endoscopic excision, and determine which option is superior in treating myringitis

Results

40 patients were included in this study. Endoscopic excision yielded significantly less otorrhoea and less itch post-operatively when compared to Blu laser ablation ($p = .005$ and $p < .001$ respectively). Endoscopic excision also resulted in more significant improvement in total modified ZCMEI score, averaging 4 points decrease 1 year post-operatively. There was no statistically significant difference in post-operative hearing outcomes when comparing the 2 modes of treatment.

Conclusion

Endoscopic excision of myringitis provides better symptomatic relief 1 year post-operatively when compared to Blu laser ablation. Hearing outcomes of both methods of treatment are comparable. Blu laser ablation offers shorter operating time and the benefit of repeatability. Both methods are viable treatments for myringitis that can be offered in local anesthetic setting.

ABSTRACT

A6

TREATING INTRACTABLE RHINITIS WITH ENDOSCOPIC LASER POSTERIOR NEURECTOMY: AN OPEN-LABEL, RANDOMISED CONTROLLED TRIAL**Dr Leon Tsz-Man CHU**

*Department of Otorhinolaryngology and Head & Neck Surgery
Pamela Youde Nethersole Eastern Hospital, Hong Kong Island Cluster,
Hospital Authority*

Aim

In Hong Kong, about 1 in 4 people suffer from allergic rhinitis. Nasal posterior neurectomy has been proven to be an effective surgical treatment. Several techniques have been described in the literature, each with its pros and cons. Endoscopic laser has been widely used in nasal surgery with various advantages. We aim to explore the benefits of endoscopic laser posterior neurectomy in this study.

Methods

Patients in our clinic with significant rhinorrhoea despite medical treatment for 6 months and fulfill other criteria were recruited. They were randomised into the Endoscopic Laser (EL) group or the conventional Dissection & Cautery (DC) group. The primary outcome was measured by comparing the pre- and post-treatment Total Nasal Symptom Score (TNSS). Secondary outcomes included frequency of medication use and operation time.

Result

Twenty patients were recruited to this study. The baseline mean TNSS was comparable between the two cohorts. At 8 weeks post-surgery, both techniques demonstrated major symptom reduction (68% in EL and 70% in DC), with a minimal difference of only 0.5 points on a 15-point scale of TNSS ($p=0.64$). The average operation time of the EL group is 14.3 minutes less than that of the DC group. Both groups demonstrate a reduction in medication use post-operatively.

Conclusion

Laser nasal posterior neurectomy is a simple procedure that appears to be an effective treatment for chronic rhinitis, with results showing outcomes comparable to the conventional technique.

ABSTRACT

A7

NASOPHARYNGEAL CARCINOMA COMPREHENSIVE RISK ASSESSMENT SCORING SYSTEM (NPC-CRASS)

Dr Brian Chee-ho LAI

*Department of Ear, Nose and Throat, Queen Mary Hospital,
Hong Kong West Cluster, Hospital Authority*

Aim

Epstein-Barr Virus (EBV) antibody or plasma EBV-DNA have been widely used as a screening tool for Nasopharyngeal Carcinoma (NPC). Nevertheless, the positive predictive value has remained low causing false positive referrals with increased healthcare burden.

We aim to design a risk assessment scoring system to predict probability of NPC by using a multivariate logistic regression with initial presentations for underlying NPC.

Methods

This is a retrospective cohort study of patients who attended NPC clinic in Queen Mary Hospital - Training cohort from January to April 2025 and validation cohort from May to August 2025. Data collected include demographics, clinical presentation, and laboratory tests. A multivariate logistic regression was used to identify independent predictors of NPC diagnosis and using the logistic function equation; a formula was derived using the information from the training group. This formula was revalidated with the validation group.

Results

Using a training cohort of 284 patients, univariate analysis identified 8 clinical characteristics that were significant predictors of NPC, including age, male gender, drinker, epistaxis, hearing loss, aural fullness, neck lump and EBV status. Multivariate analysis identified age, hearing loss and neck lump as statistically significant ($p < 0.05$) variables, from which an equation was devised to calculate the probability of NPC. Using a testing cohort of 363 patients, the model showed good discrimination with the area under the evaluated receiver operating characteristic curve yielding 0.79.

Conclusion

We designed an equation to calculate the probability of NPC based on 3 variables acquired through a multi-regression model which could potentially translate clinically as a risk stratification system to better predict the probability of NPC.

POSTER PRESENTATION



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Poster Abstracts

LOCATION	CORRESPONDING AUTHOR	TITLE OF PRESENTATION
P01	Mr Kevin Chun-hin CHAN	CAN LARGE LANGUAGE MODELS ACHIEVE EXPERT-LEVEL CLINICAL AGREEMENT? A BAYESIAN EVALUATION OF STRUCTURED INFORMATION EXTRACTION FROM OTORHINOLARYNGOLOGY LETTERS
P02	Dr Travis Yui-hei CHAN	RECONSTRUCTIVE STRATEGIES FOR SMALL TO MEDIUM INTRAORAL DEFECTS: A DECADE OF POSTERIORLY-BASED BUCCINATOR MYOMUCOSAL FLAP USE IN A TERTIARY REFERRAL CENTER
P03	Mr Cheuk-ting CHENG	ARTIFICIAL INTELLIGENCE FOR ADENOID HYPERTROPHY EVALUATION IN LATERAL CEPHALOGRAMS AND NASAL ENDOSCOPY: A SYSTEMATIC REVIEW WITH NARRATIVE SYNTHESIS
P04	Dr Tsz-ki KO	ENDOSCOPIC LARYNGO-PHARYNGEAL SURGERY AS A DIAGNOSTIC-THERAPEUTIC STRATEGY FOR HYPOPHARYNGEAL FIELD CANCERIZATION: ONCOLOGICAL OUTCOMES AND LARYNGEAL PRESERVATION
P05	Mr Ka-kit LEE	EVALUATING THE PREVALENCE OF DYSPHAGIA, ADHERENCE TO FEEDING RECOMMENDATIONS, AND PHYSICIAN PERCEPTIONS IN NASOPHARYNGEAL CARCINOMA SURVIVORS
P06	Miss Jenny Wing-lam LEE	UNRAVELLING THE RELATIONSHIP BETWEEN TISSUE EOSINOPHIL DENSITY AND OLFACTORY DYSFUNCTION IN CHRONIC RHINOSINUSITIS WITH NASAL POLYPS
P07	Mr Ming-ho LI	MIXED TYPE 2 CHRONIC RHINOSINUSITIS WITH NASAL POLYPS: DISTINCT INFLAMMATORY ASSOCIATIONS ACROSS SUBJECTIVE SYMPTOM DOMAINS
P08	Mr Tsz-hang MA	OPTIMIZING THYROID RADIOFREQUENCY ABLATION WITH CONTRAST-ENHANCED ULTRASOUND (SONOVUE): A NOVEL APPLICATION
P09	Dr Charlie NG	TREATMENT EFFICACY, SAFETY, AND FEASIBILITY OF ETHANOL ABLATION FOR THYROGLOSSAL DUCT CYSTS IN HONG KONG
P10	Dr Jonathan YEUNG	POSTOPERATIVE THREE-DIMENSIONAL SPECIMEN MAPPING TO FACILITATE ADJUVANT RADIOTHERAPY PLANNING IN ORAL CAVITY SQUAMOUS CELL CARCINOMA: A CASE REPORT

POSTER PRESENTATION

P01

CAN LARGE LANGUAGE MODELS ACHIEVE EXPERT-LEVEL CLINICAL AGREEMENT? A BAYESIAN EVALUATION OF STRUCTURED INFORMATION EXTRACTION FROM OTORHINOLARYNGOLOGY LETTERS

Aim

Routine otorhinolaryngology clinic letters contain valuable clinical information that remains embedded in free text, limiting its use for audit and research. We evaluated whether contemporary LLMs achieve clinician-level agreement in extracting structured information from otolaryngology clinic letters.

Methods

Ninety-eight anonymised otorhinolaryngology outpatient clinic letters were independently annotated by 14 ENT clinicians and eight contemporary LLMs. Seven clinically relevant information categories (sociodemographics, signs, symptoms, diagnoses, treatments, risk factors and test results) were extracted and mapped to Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT). Pairwise inter-rater agreement was quantified using Cohen's κ . Human–LLM agreement was compared with human–human agreement using Bayesian hierarchical modelling and non-inferiority analysis. GPT-4o additionally underwent error analysis using accuracy, precision, recall and F1-score.

Results

Human annotators demonstrated substantial inter-rater agreement ($\kappa = 0.752$), whereas overall agreement between clinicians and LLMs was only fair ($\kappa = 0.391$). Bayesian analysis demonstrated significantly greater agreement between clinicians than between clinicians and LLMs (posterior mean $\kappa = 0.813$ vs 0.659 ; mean difference -0.154), with non-inferiority rejected across all predefined margins. Although agreement varied across clinical information categories, no category achieved clinician-level reliability. GPT-4o demonstrated high overall accuracy (86.9%) and excellent precision (97.0%), but lower recall (84.9%), suggesting a conservative extraction strategy that preferentially omitted clinically relevant information rather than introducing hallucinated findings.

Conclusion

Current LLMs show considerable promise for transforming unstructured ENT clinic letters into structured data for clinician-supervised documentation, audit and population-level research. However, they have not yet achieved clinician-level reliability for autonomous clinical use. Clinician oversight remains essential before routine implementation.

POSTER PRESENTATION

P02

RECONSTRUCTIVE STRATEGIES FOR SMALL TO MEDIUM INTRAORAL DEFECTS: A DECADE OF POSTERIORLY-BASED BUCCINATOR MYOMUCOSAL FLAP USE IN A TERTIARY REFERRAL CENTER**Aim**

To assess the reliability, complications and functional outcomes of buccinator flap versus primary closure for intraoral soft-tissue defects at a tertiary referral center.

Methods

A retrospective cohort was conducted between April 2016 and May 2026. Patient identification was performed through an electronic search of the hospital's Operating Theatre Management System (OTMS) for small-to-medium sized intraoral defects with a preoperative plan incorporating buccinator flap as a potential option. Demographic, oncological, operative, functional, complication, and recurrence data were extracted. Postoperative function including trismus and an ordinal swallowing scale were assessed. Continuous and ordinal variables were compared using the Mann–Whitney U test, while categorical variables were analysed using Fisher's exact test.

Results

45 patients were included: 22 underwent buccinator flap reconstruction and 23 primary closure. Baseline demographics were comparable. Flap reconstruction was more frequently used in patients with previous radiotherapy (31.8% vs. 4.3%; $p=0.020$) and higher median AJCC stage (stage III vs. stage II; $p=0.016$). Swallowing outcomes were comparable, with both groups achieving a median score of 4 ($p=0.772$). Local complications were more frequent following flap reconstruction (27.3% vs. 4.3%; $p=0.042$), predominantly wound dehiscence. Recurrence rates were similar (18.2% vs. 21.7%; $p=0.530$).

Conclusion

The buccinator flap provides reliable reconstruction and preserves swallowing function despite increased minor wound complications. It is an effective locoregional option for selected defects, particularly with advanced disease or previous radiotherapy.

POSTER PRESENTATION

P03

ARTIFICIAL INTELLIGENCE FOR ADENOID HYPERTROPHY EVALUATION IN LATERAL CEPHALOGRAMS AND NASAL ENDOSCOPY: A SYSTEMATIC REVIEW WITH NARRATIVE SYNTHESIS

Aim

Persistent paediatric nasal obstruction from adenoid hypertrophy (AH) is associated with altered craniofacial growth and sleep-disordered breathing. Although lateral cephalogram (via Fujioka's adenoidal-nasopharyngeal [A/N] ratio) and nasoendoscopy are diagnostic mainstays, manual measurements are time-consuming and operator-dependent. This systematic review synthesised evidence on AI-based AH detection across both modalities to evaluate model performance, explainability, architectural trade-offs, and clinical utility.

Methods

Conducted per PRISMA 2020 guidelines, PubMed, Embase, IEEE Xplore, and Google Scholar were searched through February 2026. Dual reviewers independently screened classification, regression, and segmentation AI architectures applied to cephalograms or nasoendoscopy. Primary outcomes evaluated performance metrics; secondary outcomes appraised external validation, explainability, and clinician comparisons. Quality was assessed using QUADAS-AI. High study heterogeneity precluded meta-analysis.

Results

Fourteen studies were included: 11 on cephalograms (10,710 scans) and 3 on nasoendoscopy (30,739 scans). Classification architectures on cephalograms achieved diagnostic accuracy (89.5%–100%) and area under curve (AUC) (0.892–1.000) comparable to regression models (91.9%–95.6% accuracy; 0.946–0.987 AUC), though classification models operated as "black boxes." Two-stage frameworks combining region of interest localisation following by A/N ratio calculation or classification enhanced accuracy and explainability. Teacher-student knowledge distillation frameworks mitigated modality-specific artifacts, improving cross-device compatibility. External validation and explainability were reported in only 1 and 4 studies, respectively; clinician comparisons were heterogeneous.

Conclusion

AI models demonstrate high diagnostic ability for automating radiographic measurements and triaging high-risk cases, helping minimise missed AH and unnecessary invasive endoscopies. However, clinical translation remains constrained by study heterogeneity, rare external validation, and inconsistent explainability reporting.

POSTER PRESENTATION

P04

ENDOSCOPIC LARYNGO-PHARYNGEAL SURGERY AS A DIAGNOSTIC-THERAPEUTIC STRATEGY FOR HYPOPHARYNGEAL FIELD CANCERIZATION: ONCOLOGICAL OUTCOMES AND LARYNGEAL PRESERVATION**Aim**

While established literature is predominantly from high-volume Japanese expert centers, local and regional clinical data evaluating endoscopic laryngo-pharyngeal surgery (ELPS)—particularly across primary versus post-radiation salvage settings—remain scarce. This study evaluates ELPS as a comprehensive diagnostic-therapeutic strategy in a regional cohort.

Methods

A retrospective review of 30 unique patients undergoing 44 ELPS procedures was conducted. The cohort was stratified into a radiation-naïve primary cohort (N=22) and a salvage post-radiotherapy / chemoradiotherapy cohort (N=8), with secondary pathological stratification (high-grade dysplasia / carcinoma in situ N=14 vs. invasive squamous cell carcinoma N=16). Primary endpoints included laryngeal preservation rates, radiotherapy omission, resection margin status, and disease-free survival.

Results

In the primary cohort (N=22), ELPS successfully enabled complete omission of upfront radiotherapy in 77.3% (17/22) of patients and achieved a permanent laryngeal preservation rate of 90.9%. In the salvage post-radiation cohort (N=8), 100% (7/7) of patients presenting with an intact larynx successfully avoided radical salvage total laryngectomy, extending functional laryngeal preservation by a mean of 38.2 months. Deep margins were cleared in >90% of cases despite superficial mucosal margin involvement in 66.7% from broad field dysplasia. Median disease-free survival was 19.4 months.

Conclusion

ELPS is a safe, highly repeatable, and organ-preserving strategy for hypopharyngeal field cancerization in regional practice. By sparing upfront radiation in primary cases and preventing radical surgery in irradiated fields, ELPS offers a vital paradigm shift.

POSTER PRESENTATION

P05

EVALUATING THE PREVALENCE OF DYSPHAGIA, ADHERENCE TO FEEDING RECOMMENDATIONS, AND PHYSICIAN PERCEPTIONS IN NASOPHARYNGEAL CARCINOMA SURVIVORS

Aim

Nasopharyngeal carcinoma (NPC) treatment has pushed ten-year survival rates past 50%, but long-term survivors frequently face radiation-induced dysphagia. Weakened laryngopharyngeal sensation and social pressures lead many patients into “risk-feeding” against speech-language therapists’ (SLP) advice, increasing aspiration pneumonia risk. Because this lethal complication is often overlooked during routine follow-up, this study investigates the clinical risks and mortality rate associated with risk-feeding, alongside medical community awareness of these swallowing complications.

Methods

This retrospective analysis evaluated 80 adult NPC patients from the Hong Kong West Cluster, Hospital Authority, who underwent instrumental swallowing assessments, tracking dysphagia severity, feeding recommendations by SLPs, patients’ adherence, and survival data. Additionally, 43 specialists were surveyed regarding their perceptions of prevalence and patterns of dysphagia in NPC survivors.

Results

Instrumental evaluation performed by SLPs revealed that 65% (n=52) of the survivors were clinically unfit for oral consumption. Despite the recommendation, 73% (n=38) of those patients did not comply and continued oral feeding. This non-adherence directly correlated with significantly elevated chest infections (median: 2 vs. 1 episodes, $p=0.043$) and increased pneumonia-related mortality (12 vs. 0 deaths, $p=0.023$). Alarming, 88% of surveyed physicians underestimated this crisis, believing fewer than 60% of these patients faced severe aspiration risk, resulting in infrequent reinforcement of SLP guidance during clinical consultations.

Conclusion

Our findings highlight an important gap in NPC survivor care, driven by both patients’ non-compliance and physician underestimation of dysphagia severity. To improve outcomes, targeted physician education and evidence-based feeding protocols are needed to reduce morbidity and enhance survivors’ quality of life.

POSTER PRESENTATION

P06

UNRAVELLING THE RELATIONSHIP BETWEEN TISSUE EOSINOPHIL DENSITY AND OLFACTORY DYSFUNCTION IN CHRONIC RHINOSINUSITIS WITH NASAL POLYPS**Aim**

Olfactory dysfunction is one of the most disabling symptoms of chronic rhinosinusitis with nasal polyps (CRSwNP). In Western populations, smell loss is closely linked to type 2 eosinophilic inflammation. However, Asian cohorts often display heterogeneous or neutrophil-predominant inflammatory endotypes, and the association between tissue eosinophilia and olfactory dysfunction remains unclear. This study evaluated the relationship between tissue eosinophil burden and subjective olfactory dysfunction in CRSwNP patients in Hong Kong.

Methods

This prospective cross-sectional single-centre study included CRSwNP patients who underwent endoscopic sinus surgery at the Prince of Wales Hospital. Sinonasal tissue samples were stained with hematoxylin and eosin, and peak eosinophil density was quantified in the most cellular high-power field (400×). Subjective olfactory dysfunction was assessed using the Sino-Nasal Outcome Test-22 (SNOT-22) “decreased sense of smell or taste” item (0–5), with severe dysfunction defined as ≥ 4 . Associations were analysed using Spearman correlation and Mann–Whitney U tests.

Results

Thirty-seven patients were included; 59% reported severe olfactory dysfunction. Tissue eosinophil count was not correlated with symptom severity ($\rho = -0.23$, $p = 0.17$), and levels did not differ significantly between severe and non-severe groups (median 20 vs 50 cells/HPF, $p = 0.21$).

Conclusion

Tissue eosinophil burden was not significantly associated with subjective olfactory dysfunction in this Hong Kong CRSwNP cohort. Unlike Western findings linking eosinophilia to smell loss, olfactory dysfunction in Asian patients may be driven by mechanical obstruction or non-eosinophilic inflammation. Region-specific phenotyping and objective olfactory testing are warranted.

POSTER PRESENTATION

P07

MIXED TYPE 2 CHRONIC RHINOSINUSITIS WITH NASAL POLYPS: DISTINCT INFLAMMATORY ASSOCIATIONS ACROSS SUBJECTIVE SYMPTOM DOMAINS

Aim

Mixed type 2 (T2) endotypes are increasingly recognized in Asian chronic rhinosinusitis with nasal polyps (CRSwNP). However, their clinical significance remains unclear. We evaluated the 22-item Sino-Nasal Outcome Test (SNOT-22) domain burden and its relationships with sinonasal biomarkers in pure and mixed T2 CRSwNP.

Methods

Forty-eight CRSwNP patients undergoing sinus surgery were prospectively recruited. Nasal polyp tissue was collected intraoperatively for quantitative cytokine profiling. Type 1, T2 and type 3 inflammation were defined using control-derived 90th-percentile cytokine thresholds, with patients assigned to pure T2, mixed T2 or non-T2 groups according to inflammatory signatures. Clinical outcomes and inflammatory biomarkers were analysed across six SNOT-22 domains: nasal, extra-nasal, ear/facial, functional, sleep, and emotional.

Results

Total and domain-specific SNOT-22 scores were comparable between pure and mixed T2 endotypes. In patients with pure T2 endotype, ear and facial symptom burden was associated with interleukin-4. In contrast, the mixed T2 endotype showed broader eosinophilic relationships, with ear and facial symptom scores correlating with interleukin-5, interleukin-13, and tissue immunoglobulin E. Additionally, higher C-C motif chemokine ligand 3 (CCL3) levels were linked to lower nasal, extra-nasal, and emotional domains only in mixed T2 endotype.

Conclusion

Despite similar SNOT-22 burden, mixed T2 endotypes demonstrated broader inflammatory-symptom associations than pure T2. In mixed endotypes, ear and facial symptoms were associated with T2 biomarkers and cytokines, whereas higher CCL3 levels were linked to lower nasal, extra-nasal, and emotional domains. These findings suggest that domain-specific patient-reported outcomes may identify inflammatory subtypes, potentially refining endotyping strategies and supporting personalized treatment approaches.

POSTER PRESENTATION

P08

OPTIMIZING THYROID RADIOFREQUENCY ABLATION WITH CONTRAST-ENHANCED ULTRASOUND (SONOVUE): A NOVEL APPLICATION**Aim**

Radiofrequency ablation (RFA) is a well-established minimally invasive procedure to safely shrink benign thyroid nodules. We describe an application of Contrast-Enhanced Ultrasound (CEUS) using SonoVue during RFA of thyroid nodules. CEUS allows real-time visualization of microvasculature perfusion and facilitates identification of residual tissue during USG-guided ablation.

Methods

We describe a novel application of intravenous SonoVue in RFA of thyroid nodules at Prince of Wales Hospital. The contrast agent SonoVue (Sulfur hexafluoride 25 mg) is mixed with 5 mL of 0.9% sodium chloride via a Mini-spike transfer system and administered intravenously.

Results

Once in the circulation, microbubbles allow selective enhancement of ultrasound signals from perfused tissue to improve visualization. Before the procedure, CEUS provides precise target mapping by delineating nodule margins, parenchymal microvasculature, and adjacent cervical structures to guide needle placement. In conventional B-scans, post-ablation hyperechoic tissue necrosis and hyperemia obscure the residual tumour. SonoVue delineates the non-perfused area immediately after ablation, allowing real-time assessment of hypervascular marginal tissue and intraprocedural re-ablation.

Conclusion

Clinical application of SonoVue-assisted CEUS for thyroid RFA is a safe and novel technique to improve visualisation of thyroid nodules during RFA procedures. By enhancing real-time microvascular visualization, the contrast could potentially improve the accuracy of intraoperative targeted ablation, permit immediate intraprocedural re-ablation of marginal residual tissue, reduce secondary intervention rate and optimize patient outcomes.

POSTER PRESENTATION

P09

TREATMENT EFFICACY, SAFETY, AND FEASIBILITY OF ETHANOL ABLATION FOR THYROGLOSSAL DUCT CYSTS IN HONG KONG

Aim

To determine if ethanol ablation (EA) for Thyroglossal duct cyst (TGDC) is an effective and safe procedure using local data in a tertiary referral centre in Hong Kong.

Method

This is a retrospective case series of 10 patients who underwent EA for TGDC between May 2023 and February 2026 in Prince of Wales Hospital. The primary outcome was TGDC volume reduction, volume reduction rate (VRR) at the latest follow up as compared to baseline. Secondary outcomes included serial ultrasound measurements, proportions of patients achieving ultrasound, symptom, and clinical resolution, and an evaluation of safety and feasibility.

Results

10 patients were included in the study. The median age was 49 years, with a majority of male patients (M:F = 7:3). Median follow time was 10 months. At the latest follow up, the median TGDC volume showed a significant reduction from 7.49 mL to 0.19 mL, representing a median VRR of 97.86% ($p=0.005$). All patients achieved symptom resolution, and 90% achieved clinical resolution. Two patients (20%) experienced mild, self-limiting adverse events including one extravasation and one post-operative hematoma, which were both managed in an outpatient setting with no long term sequelae. The median procedural time was 30 minutes and all cases were performed on an outpatient basis. The median waiting time from booking to treatment was 42.5 days.

Conclusion

EA for TGDC is a safe, feasible, and highly effective alternative to traditional Sistrunk operation, providing substantial volume reduction and symptom resolution while enabling outpatient treatment with a short procedural time.

POSTER PRESENTATION

P10

POSTOPERATIVE THREE-DIMENSIONAL SPECIMEN MAPPING TO FACILITATE ADJUVANT RADIOTHERAPY PLANNING IN ORAL CAVITY SQUAMOUS CELL CARCINOMA: A CASE REPORT**Aim**

To demonstrate the feasibility of three-dimensional (3D) specimen mapping for documenting surgical margins and facilitating multidisciplinary planning of adjuvant radiotherapy in head and neck squamous cell carcinoma.

Methods

A 72-year-old man with cT4aN0M0 squamous cell carcinoma of the right lower alveolus underwent right segmental mandibulectomy, free fibular flap reconstruction, and selective right level I–III neck dissection. He presented with a 2-month history of a gingival mass. Magnetic resonance imaging demonstrated erosion of the right mandibular first-molar socket, while positron emission tomography–computed tomography showed mild fluorodeoxyglucose uptake in the right level Ib lymph nodes without distant metastases. Preoperative imaging was used to simulate the resection planes and assess reconstructive feasibility. After resection, the specimen was scanned and digitally mapped using the artificial intelligence–assisted mobile application Magiscan; scanning required approximately 5 minutes.

Results

3D scanning facilitated multidisciplinary communication among pathologists, oncologists, and head and neck surgeons, enabling more precise postoperative radiotherapy planning.

Conclusion

This case demonstrates the feasibility of generating a rapid, digital 3D model of a gross head and neck surgical specimen using a mobile scanning application. The resulting spatially oriented digital model may improve localization of histopathological findings, and support more anatomically informed adjuvant radiotherapy planning. 3D specimen mapping has been proposed as a visual supplement to conventional pathology reporting and may improve margin documentation and multidisciplinary communication.

POSTER DISPLAY SESSION

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Poster Abstracts



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P12	Miss Emily Yin-sing CHONG	THYROID METASTASIS FROM DISSEMINATED VAGINAL MELANOMA: A CASE REPORT
P13	Dr Anson KAN	THE POST-CO2 ERA: INITIAL HONG KONG EXPERIENCE WITH OFFICE-BASED 445-NM BLUE LIGHT LASER FOR PREMALIGNANT LARYNGEAL LESIONS
P14	Dr Asta Lok-ye LEE	TOTAL LARYNGECTOMY IN A PATIENT WITH OBSTRUCTING SUPRAGLOTTIC NEUROENDOCRINE TUMOUR
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POSTER DISPLAY SESSION

P11

SURGICAL OUTCOMES OF PRIMARY VERSUS STAGED OSSICULOPLASTY FOR CHOLESTEATOMA PATIENTS — A RETROSPECTIVE STUDY**Aim**

Cholesteatoma is an aggressive tumor that often erodes ossicles, necessitating ossiculoplasty. Traditionally, staged ossiculoplasty was preferred, but removing sound-transmitting cholesteatoma in the first stage may cause paradoxical hearing loss. This study compares hearing outcomes of primary versus staged ossiculoplasty to determine which is better.

Methods

Patients who underwent cholesteatoma-removal surgery in the New Territories East Cluster from July 2018 to 2023 were identified. Hearing data (air-bone gap, air conduction threshold) were obtained pre-operatively and post-operatively across 4 follow-up periods: immediate (0-6months), short-term (6months-2years), intermediate (2-5years), long-term (≥ 5 years). Revisions were excluded, and data entry ceased with ossicle manipulation. Statistical analysis was performed on SPSS.

Results

77 ears were included. Primary ossiculoplasty was performed in 47 (group A), and staged ossiculoplasty in 11 (group B). 19 ears were candidates for staged ossiculoplasty but had not yet undergone the second stage (group C). Hearing improved in group A and deteriorated in group C throughout follow-up. In group B, hearing improved if post-tumor removal hearing served as baseline, consistent with previous studies. However, when pre-tumor removal hearing was used as baseline, hearing worsened. Comparison of 2 approaches (group A vs B+C) revealed primary ossiculoplasty was consistently better, with number needed to treat < 6 . Hearing differences between groups were not statistically significant.

Conclusion

Hearing outcomes of staged ossiculoplasty may be overestimated previously due to assessment with different baselines. This cohort demonstrates that, under true clinical conditions, primary ossiculoplasty is a favorable alternative with better long-term hearing, and avoiding hearing loss associated with the first stage of staged ossiculoplasty.

POSTER DISPLAY SESSION

P12

THYROID METASTASIS FROM DISSEMINATED VAGINAL MELANOMA: A CASE REPORT

Aim

The overall incidence of metastasis of primary cancers to the thyroid gland is 2%, making it a rare site of metastasis. Vaginal melanoma is also an uncommon but aggressive subset of mucosal melanoma, representing only 3% of vaginal carcinomas. We report what appears to be the only documented case of disseminated vaginal melanoma with biopsy proven thyroid metastasis.

Methods

Clinical records, histopathology, molecular testing, imaging, and treatments were reviewed through the Hospital Authority Clinical Management System (CMS).

Results (Case)

This is a 51-year-old female with the initial presentation of a self-palpable bluish vaginal mass. Biopsy results diagnosed a malignant melanoma in November 2024. Positron emission topography-computed tomography initially revealed locally advanced disease without lymph node involvement. Over the course of 2 years, she received 6 cycles of nivolumab, palliative radiotherapy to the pelvis and stomach, and 6 cycles of paclitaxel and carboplatin. After her third course of chemotherapy, she started experiencing hoarseness of voice, dysphagia predominantly to fluids, and noticed a palpable right thyroid nodule. Bedside ultrasound revealed a suspicious 1.56cm x 1.41cm thyroid lesion and fine-needle aspiration cytology confirmed metastatic melanoma. In view of disseminated disease, the otorhinolaryngology team recommended non-operative management with close monitoring and continuation of systemic treatment.

Conclusion

Vaginal melanoma is an aggressive disease with propensity for rapid dissemination. New thyroid nodules in melanoma patients warrant prompt investigation, as early detection is critical for patient counselling, multidisciplinary interventions, and timely airway assessment and management.

POSTER DISPLAY SESSION

P13

THE POST-CO2 ERA: INITIAL HONG KONG EXPERIENCE WITH OFFICE-BASED 445-NM BLUE LIGHT LASER FOR PREMALIGNANT LARYNGEAL LESIONS**Aim**

To evaluate the efficacy of the 445-nanometer Blue Light Laser for the office-based treatment of premalignant laryngeal lesions in patients unfit for general anesthesia. While Transoral Laser Microsurgery (TLM) in the operating room is the traditional standard, office-based treatments reduce anesthetic risks. The 445-nm blue laser offers superior hemoglobin absorption and lower tissue penetration than older KTP and CO2 lasers, minimizing collateral thermal damage to the delicate vocal fold.

Methods

Four patients with premalignant laryngeal lesions who were non-surgical candidates and unable to tolerate general anesthesia were recruited at Queen Mary Hospital. Patients underwent un-sedated, office-based photoangiolytic ablation using the 445-nm Blue Light Laser.

Results

Two patients achieved complete lesion clearance following treatment. One patient required multiple reoperations due to disease persistence but successfully maintained clinical control. One patient died from unrelated comorbidities and was lost to follow-up. This series represents the first local territory experience employing the blue laser for premalignant laryngeal lesions.

Conclusion

The 445-nm Blue Light Laser serves as an effective, organ-preserving office-based option for managing premalignant laryngeal pathology in non-surgical candidates. By addressing the gap in non-invasive options, it prevents treatment delays while offering significantly lower morbidity than systemic or radiation therapies.

POSTER DISPLAY SESSION

P14

TOTAL LARYNGECTOMY IN A PATIENT WITH OBSTRUCTING SUPRAGLOTTIC NEUROENDOCRINE TUMOUR

Aim

To report a case of obstructing supraglottic neuroendocrine tumour (NET) requiring total laryngectomy with bilateral selective neck dissection, highlighting diagnostic and therapeutic challenges.

Methods

This is a single case report with literature review. Clinical data was retrieved from the Clinical Management System and retrospectively reviewed.

Results

A 65-year-old male initially presented 1 year ago with globus sensation, blood-stained sputum and hoarseness. Flexible laryngoscopy revealed an obstructive supraglottic mass. After refusing emergency tracheostomy and defaulting follow up, he returned one year later with progressive dysphagia and airway compromise, requiring emergency tracheostomy under local anaesthesia. Biopsy demonstrated NET G1 (Ki<20%), with no nodal involvement on imaging. Multidisciplinary discussion recommended total laryngectomy and bilateral selective neck dissection (level 2-4). Surgery was performed with final pathology upgrading the tumour to NET G3 (mitotic count 19.4/2mm², Ki-67 up to 35%) with clear margin and one positive node in right level II (1.2mm, staging pT3N1. Post-operatively, oncologist suggested chemoradiation but patient declined.

Conclusion

Laryngeal NETs are rare and challenging to manage. Grade discordance between biopsy and resection is common, mandating complete surgical resection for accurate classification. Bulky supraglottic lesions may cause airway obstruction requiring tracheostomy and total laryngectomy. Occult nodal metastasis can occur despite negative imaging, therefore elective neck dissection may be needed.

POSTER DISPLAY SESSION

P15

SAFETY AND FEASIBILITY OF DAY-CASE HEAD AND NECK SURGERY: A 7-YEAR COMPARATIVE COHORT STUDY AT UNITED CHRISTIAN HOSPITAL AND TSEUNG KWAN O HOSPITAL

Introduction

Head and neck surgeries in Hong Kong have traditionally been performed on an inpatient basis due to concerns regarding postoperative neck haematoma, airway compromise, drain management, and pain control. Rising healthcare demand and resource constraints have driven a global paradigm shift toward performing low-risk procedures in an ambulatory day-surgery setting with growing evidence that day-case head and neck surgery is cost-effective without compromising safety. Despite these advantages, comparative evidence evaluating safety and feasibility between day-case and inpatient cohorts in Hong Kong remains scarce, and locally validated patient selection criteria are lacking.

Objectives

This study aimed to evaluate the safety and feasibility of a standardized day-surgery program for elective head and neck procedures across the Kowloon East Cluster hospitals (United Christian Hospital and Tseung Kwan O Hospital). By comparing a 7-year day-surgery cohort (2020–2026) against a historical inpatient cohort (2015–2019), we seek to validate patient selection criteria and drive quality improvement in ambulatory surgical care.

Methodology

A retrospective cohort study was conducted at United Christian Hospital (UCH) and Tseung Kwan O Hospital (TKOH) evaluating patients who underwent elective head and neck procedures, including submandibulectomy, parotidectomy, hemithyroidectomy, thyroid isthmectomy, and Sistrunk operations, from January 2015 to June 2026. Outcomes were compared between a historical inpatient cohort (2015–2019) and a post-protocol day-surgery cohort (2020–2026). Day-surgery eligibility was restricted to head and neck procedures with low risk of airway compromise or neck hematoma, a favorable anesthetic profile (ASA Class I–II and selected controlled Class III) and reliable home caregiver support. Exclusion criteria included anticoagulation therapy, severe obstructive sleep apnoea, emergency operations, significant retrosternal extension, total thyroidectomy or simultaneous parathyroid surgery requiring Calcium level monitoring, locally advanced malignancies requiring extensive resections or flap reconstructions, end-stage kidney disease and severe cardiopulmonary disease. The primary outcome was the overall complication rate, graded by the Clavien-Dindo classification; post-parotidectomy facial nerve function was assessed using the House-Brackmann scale. Secondary outcomes included 30-day unplanned readmission and reoperation rates.

Results

A total of 279 patients were analyzed, comprising 117 day-case and 162 inpatient cases. Baseline characteristics were comparable between cohorts, with no significant differences in age, ASA physical status, tumor size, or surgeon experience across all procedure types ($p > 0.05$). No surgery-related mortality occurred in either cohort. Day-case management demonstrated no increase in minor complications, 30-day readmission or reoperation rates. Major complication rates were low in both groups (0.8% in day-case vs. 4.0% in inpatients), with no major complications observed following day-case submandibulectomy, parotidectomy, or hemithyroidectomy. Postoperative facial nerve outcomes after salivary gland surgery were comparable between groups; transient weakness was predominantly House-Brackmann Grade II, with minimal Grade III–IV deficits observed in either cohort.

Conclusion

Ambulatory head and neck surgery is safe and feasible, with complication, readmission, and reoperation rates comparable to inpatient care. With rigorous selection criteria, standardized perioperative protocols, and structured discharge planning, a cluster-wide day-surgery program optimizes hospital bed utilization and enhances healthcare system resilience without compromising clinical safety. Implementing this model across public hospitals offers a cost-effective solution to address growing healthcare funding and capacity pressures in Hong Kong.

POSTER DISPLAY SESSION

P16

A SYSTEMIC REVIEW AND META-ANALYSIS ON DIRECT COMPARISON BETWEEN TWO ETHANOL ABLATION TECHNIQUES FOR BENIGN THYROID CYSTS AND PREDOMINANTLY CYSTIC NODULES

Aim

Ethanol ablation (EA), as evident by its high effectiveness and good safety profile, has become a widely used procedure to treat benign thyroid cystic nodules. Two different techniques: the retention technique, where injected ethanol is retained within the cystic cavity of the nodule and the aspiration technique, where injected ethanol is completely aspirated after several minutes. This is the first available meta-analysis within the English literature to directly compare the efficacy of these two techniques.

Methods

EMBASE, PubMed, and Scopus were systematically searched for studies on EA for thyroid cystic nodules published until May 2026. Two authors independently (JL,TT) screened titles and abstracts, excluding irrelevant studies, with discrepancies resolved by a third author (DY). Data were extracted following PRISMA guidelines. The volume reduction ratio (VRR) is the primary outcome. Secondary outcomes included symptom relief, pain score, cosmetic outcome and complications.

Results

Of 1856 articles screened, two studies met the criteria for meta-analysis. Ethanol aspiration had a statistically significant higher pooled VRR (SMD, 3.60; 95% CI, 1.07 to 6.13) and lower pain score (SMD, -0.42; 95% CI, -0.54 to -0.29). The symptom relief score (SMD, -0.00; 95% CI, -0.23, 0.22) and cosmetic score (SMD, -0.12; 95% CI, -0.36, 0.12) showed no difference in the two groups. No major complication was reported in both papers.

Conclusion

Ethanol aspiration is superior to retention technique for treating benign thyroid cystic nodules with higher VRR and less pain with similar cosmetic and symptom improvement.



The College Council (2025-2027)

The Council of the Hong Kong College of Otorhinolaryngologists for the term 2025-2027 was established during the Thirty-first Annual General Meeting held on 8th November 2025. This Council will serve a duration of two years, concluding its current term on 8th November 2025.

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The Head & Neck Surgery Board of the Hong Kong College of Otorhinolaryngologists is responsible for promoting, developing and overlooking post-fellowship Head and Neck Surgery training in Otorhinolaryngology practice in Hong Kong. The Board gives advice to the Council on issues and programs related to Head & Neck Surgery training centres and trainers.

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ACKNOWLEDGEMENT (In Alphabetical Order)



1 BIOTHERAPY for 5 EOSINOPHILIC DISEASES¹

TAKE CONTROL OF RECURRENT NASAL POLYPS WITH NUCALA²



5X Reduction in Nasal Obstruction VAS Score vs. placebo²
p=0.0032



73% of Patients (N=407)
Met Responder Criteria
for a clinically important difference in SNOT-22 with Nucala²



73% Reduction in Need for NP Surgery
vs. placebo at Week 52 in patients who had only 1 prior NP surgery^{3,4}
HR=0.27 (95% CI: 0.10-0.69; *p*=0.006)



ONCE-MONTHLY BIOLOGIC APPROVED ACROSS 5 EOSINOPHILIC DISEASES¹

- ✓ Severe Eosinophilic Asthma
- ✓ CRSwNP
- ✓ EGPA
- ✓ HES
- ✓ COPD

THE ONLY ANTI-IL-5 APPROVED FOR NASAL POLYPS¹

CRSwNP: The recommended dose of Nucala for adults is 100 mg administered subcutaneously once every 4 weeks.¹

CI, confidence interval; COPD, chronic obstructive pulmonary disease; CRSwNP, chronic rhinosinusitis with nasal polyps; EGPA, eosinophilic granulomatosis with polyangiitis; HES, hypereosinophilic syndrome; HR, Hazard Ratio; IL, interleukin; NP, Nasal polyps; mg, milligram; SNOT-22, 22-item Sino-Nasal Outcome Test; VAS, visual analogue scale.

References: 1. Nucala (mepolizumab) 100mg solution for injection in pre-filled pen Hong Kong Full Prescribing Information. 2. Han JK, Bachert C, Fokkens W, et al. Mepolizumab for chronic rhinosinusitis with nasal polyps (SYNAPSE): a randomised, double-blind, placebo-controlled, phase 3 trial. *Lancet Respir Med.* 2021;9(10):1141-1153. 3. Walrave J, Han J, Mullol J, et al. Mepolizumab is efficacious in patients with chronic rhinosinusitis with nasal polyps (CRSwNP) with one or multiple prior nasal polyps (NP) surgeries: SYNAPSE outcomes. *J Allergy Clin Immunol.* 2025;155(2)(Suppl):AB300. 4. Han JK, Walrave L, Mullol J, et al. Mepolizumab is efficacious in patients with chronic rhinosinusitis with nasal polyps (CRSwNP) with one or multiple prior nasal polyps (NP) surgeries: SYNAPSE outcomes. Poster 920 presented at: American Academy of Allergy Asthma & Immunology & World Allergy Organization Joint Congress; February 28 to March 3, 2025; San Diego, CA, USA.

Important Safety Information • Nucala (mepolizumab) 100 mg solution for injection in pre-filled pen **Contraindications:** • Hypersensitivity to the active substance or to any excipients of Nucala solution for injection. **Warnings and Precautions:** • Not to be used to treat acute asthma or COPD exacerbations. Asthma-related or COPD-related adverse symptoms or exacerbations may occur during treatment. • Abrupt discontinuation of corticosteroids after initiation of Nucala therapy is not recommended. • Acute and delayed systemic reactions, including hypersensitivity reactions (e.g. anaphylaxis, urticaria, angioedema, rash, bronchospasm, hypotension), have occurred following administration of Nucala. • In the event of a hypersensitivity reaction, appropriate treatment as clinically indicated should be initiated. • Pre-existing helminth infections should be treated before starting Nucala. • Nucala has not been studied in patients with organ threatening or life-threatening manifestations of EGPA. • Nucala has not been studied in patients with life-threatening manifestations of HES. **Adverse Events: Most commonly reported adverse reactions in:** • Severe eosinophilic asthma: headache, injection site reactions and back pain • COPD: headache, back pain and arthralgia • CRSwNP: headache and back pain • EGPA: headache, injection site reactions and back pain • HES: headache, urinary tract infection, injection site reactions and pyrexia.

The material is for the reference and use by Hong Kong healthcare professionals only. Please read the full prescribing information prior to administration. Full prescribing information is available upon request. For adverse event reporting, please call GlaxoSmithKline Limited at (852) 3189 8989 (Hong Kong) or report via online Patient safety reporting form: <https://gsk.public.reportum.com/>. Trademarks are owned by or licensed to the GSK group of companies. ©2026 GSK group of companies or its licensor



Nucala prescribing information
HK66838 –
Nucala 100 mg
solution for injection
in pre-filled pen

NOW APPROVED

MANY MIGRAINE NEEDS ONE SIMPLE SOLUTION¹

Nurtec[®] 75mg
oral lyophilisate
(rimegepant)

NURTEC — the first and only medicine to **TREAT** and **PREVENT** migraine attacks^{1,4}

NURTEC is indicated for the:

- Acute treatment of migraine with or without aura in adults;
- Preventive treatment of episodic migraine in adults who have at least 4 migraine attacks per month.



Works Quickly Within an Hour^{1,2}

Significant improvement in:

- Percent of patients achieving pain freedom at 2 hours^{1*}
- Percent of patients with pain relief at 60 minutes^{2†}



Provides Sustained Relief for Up to 48 Hours²

Significant improvement in percent of patients with sustained pain freedom from 2 to 48 hours^{2‡}



Reduces Monthly Migraine Days³

Significant reduction in monthly mean migraine days at Weeks 9-12^{3§}



Adverse Event Profile Similar to Placebo²

The most common adverse reaction was nausea for acute treatment (2.0%) and migraine prophylaxis (2.7%)^{2,3}

Hypersensitivity to NURTEC was seen in less than 1% of subjects¹



With NURTEC, dosing is simple. Treat and prevent with the same NURTEC 75 mg orally dissolving tablet.¹

*21.2% of patients taking NURTEC achieved pain freedom at 2 hours vs 10.9% on placebo.¹

†36.8% of patients taking NURTEC had pain relief at 60 minutes vs 31.2% on placebo.²

‡42.2% of patients taking NURTEC had pain relief sustained up to 48 hours vs 25.2% with placebo.²

§Monthly migraine days (MMDs) for patients taking NURTEC reduced by 4.3 vs a reduction of 3.5 MMDs with placebo.³

1Acute treatment: taken as needed up to once daily. Preventive treatment: taken every other day. The maximum dose per day is 75 mg rimegepant.¹

References:

1. NURTEC (rimegepant) Prescribing Information. Pfizer Corporation Hong Kong Limited: Version June 2023. 2. Croop R, Goadsby PJ, Stock DA, et al. Efficacy, safety, and tolerability of rimegepant orally disintegrating tablet for the acute treatment of migraine: a randomised, phase 3, double-blind, placebo-controlled trial. *Lancet*. 2019;394(10200):737-745. 3. Croop R, Lipton RB, Kudrow D, et al. Oral rimegepant for preventive treatment of migraine: a phase 2/3, randomised, double-blind, placebo-controlled trial. *Lancet*. 2021;397(10268):51-60. 4. Lipton RB. The promise of dual treatment for migraine—use of 1 drug for preventive and acute migraine treatment represents a paradigm shift. *Practical Neurology: Headache Horizons*. Published October 2021. Accessed August 2025. <https://practicalneurology.com/articles/2021oct/headache-horizons-the-promise-of-dual-treatment-for-migraine>.

Scan the QR code or type the URL in your browser to find the full Prescribing Information of NURTEC:



www.pfi.sr/Ujh

The QR code/URL links to the latest Prescribing Information approved by the Department of Health in Hong Kong and may not be effective and the same as presented in the actual product package.

For healthcare professionals only

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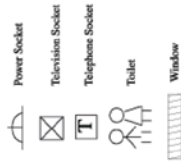
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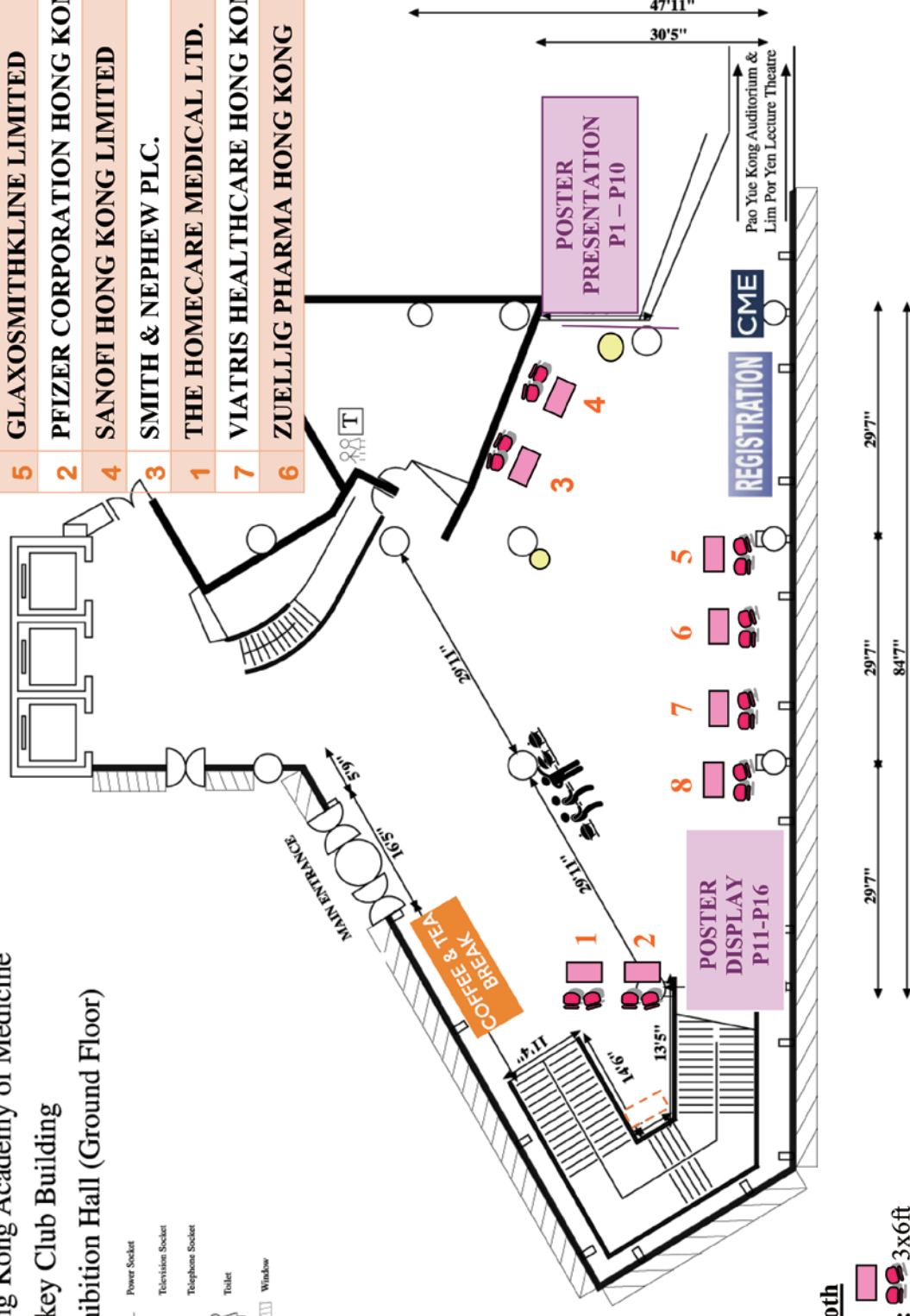


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