



ABSTRACT BOOK 2013

**The 9th South West ENT Academic Meeting,
Friday 3rd May 2013
Postgraduate Centre, Royal United Hospital, Bath**

www.sweam.org.uk

Welcome to



Dear delegates,

Welcome to SWEAM 2013! This meeting was set up by David Pothier and is now in its 9th year. Although this started as a regional meeting, we are fortunate to be able to attract presenters from all over the UK! This year we had 51 abstract submissions in total!

The aim of this meeting is to give people the opportunity to present their work in an unintimidating forum, and to encourage academia in ENT.

The meeting is free to delegates thanks to the generosity of our sponsors Allen & Hanburys, Reckitt Benckiser, Storz and Wesleyan. We are also grateful for the continued support of the Postgraduate Centre at Royal United Hospital, Bath for providing the venue free of charge. Please all make time to visit our sponsors as without them we would not be able to run this meeting!

We are fortunate to have Professor Hisham Khalil, consultant rhinologist at Deriford Hospital talking about medical education, and Mr Chris Potter, consultant ENT surgeon at Torbay Hospital talking about the problems with surgical research.

We hope you find the day to be enjoyable, useful and inspiring!

Best wishes,

A handwritten signature in black ink, appearing to be 'V. Reddy', enclosed within a circular scribble.

Mr Venkat M. Reddy, FRCS (ORL-HNS)

President of SWEAM 2013

Guest Speakers



Mr Chris Potter MA (Oxon) BM BCh, FRCS (ORL-HNS)

Chris Potter is a consultant Otolaryngologist at Torbay Hospital, appointed in 2009. He specialises in rhinology and day surgery, but has a background in head and neck surgery. He was Head & Neck Surgery Fellow at the Royal Brisbane Hospital and Interface Head and Neck Surgery Fellow in Oxford. Since starting at Torbay he has become an Academic Tutor, running an SSU in Complementary Therapies and Critical Thinking.



Professor Hisham Khalil MB ChB, MS, FRCSI, FRCS (ORL-HNS), MD, FHEA

Hisham Khalil is a Consultant ENT Surgeon at Plymouth Hospitals NHS Trust. He was appointed to this post in 2004 with a special interest in rhinology. He is the Director of Clinical Studies and Inter-professional Learning for the Plymouth University Peninsula School of Medicine. He is the academic lead for the Otolaryngology Training Programme in the Peninsula Deanery. Hisham also has a chair in Otolaryngology in Alexandria University, is an External Assessor for the Irish Medical Council and a fellow of the Higher Education Academy.

He has an interest in undergraduate and postgraduate medical education and outcomes research. His MD thesis in North Wales was on dizziness in miners with noise induced hearing loss. He completed his specialist training in North Wales, Plymouth, Bristol and Exeter in addition to a Rhinology Fellowship in Fulda, Germany. His current projects in medical education include virtual patients, quality of feedback to students and a randomised controlled trial on the use of an Ear Simulator to teach otoscopy skills.

- 09:30** Coffee & Registration
- 10:15** Welcome & Introduction
- 10:20** Free Papers (Session 1)
- 1 Shoulder morbidity following spinal accessory nerve preserving neck dissection
(Benjamin Stew)
 - 2 Using routine data to estimate survival and recurrence in head and neck cancer
(Zi Wei Liu)
 - 3 Inner ear damage following electric current and lightning injury: A literature review
(Gareth Lloyd)
 - 4 A human temporal bone histopathology study on cochlear otosclerosis: is cochlear implantation appropriate?
(Panagiotis Dimitriades)
- 11:00** Guest Speaker: Professor Hisham Khalil
- 11:30** Free Papers (Session 2)
- 1 Feasibility of smartphone speech recognition for communication with deaf patients
(Fiona Lyall)
 - 2 Mucous plugs causing severe respiratory compromise in laryngectomees – a case series and literature review
(Peter Thomson)
 - 3 Is the 2 week-wait referral system an efficient method of detecting head and neck cancer? (Hiten Joshi)
 - 4 Publication trends in Otorhinolaryngology journals in the United Kingdom (UK): A 20-year analysis (Wai Sum Cho)

- 12:10** Lunch, visit sponsors, poster exhibition
(prize poster presenters to stand by their posters from 13:00)
- 13:40** Free Papers (Session 3)
- 1 The impact of bone-anchored hearing aids (BAHAs) on patients with chronic otorrhoea: A retrospective case series
(Shaun Davey)
 - 2 Nasopharyngeal biopsy: is it always necessary?
(Richard Harris)
 - 3 Voice Symptoms in patients with Autoimmune disease: a cross sectional epidemiological study
(Zi Wei Liu)
 - 4 Application of the T-14 Paediatric Throat Disorders Outcome Measure for tonsillectomy and adeno-tonsillectomy
(Katarzyna Konieczny)
- 14:20** Free Papers (Session 4)
- 1 Can early second look tympanoplasty lessen the rate of conversion to modified radical mastoidectomy?
(Benjamin Stew)
 - 2 Operative documentation in paediatric microlaryngoscopy and bronchoscopy
(Adebayo Alli)
 - 3 The role of taurine, a free radical scavenger, that mitigates noise-induced hearing loss in mice.
(Raguwinder Sahota)
- 15:10** Guest Speaker: Mr Chris Potter
- 15:50** Presentation of prizes and certificates, coffee and close

FREE PAPERS—SESSION 1

Shoulder morbidity following spinal accessory nerve preserving neck dissection

Authors: B. Stew, S. Berry

Corresponding Author: stewb@doctors.org.uk

Institution: Royal Gwent Hospital, Newport

Introduction:

Head and neck cancer treatment is based on appropriate planning through a multidisciplinary team and includes surgical, radiotherapeutic and chemotherapeutic strategies aimed at both the primary site and the neck. Neck dissection (ND) has been shown to improve survival in cases of neck metastases, even if occult. The most significant functional impact following ND is impairment of shoulder function as a consequence of spinal accessory nerve injury.

Objective:

To assess the relationship between the level of neck dissection, with or without adjuvant radiotherapy and degree of post-operative morbidity.

Method:

All Head and Neck cancer patients who underwent neck dissection between March 2010 and October 2011 at the Royal Glamorgan Hospital were assessed. Prospective standardised quality of life questionnaire were used to assess morbidity subjectively. Physical examination of the shoulder, including range of motion with a goniometer and muscle strength using the Oxford scale, was performed to assess morbidity objectively.

Results:

In total 50 neck dissections were performed during this timeframe of which 44 were suitable for the study. All levels of neck dissection were associated with a degree of shoulder morbidity. Clearance of level V nodes was associated with the greatest degree of shoulder stiffness and weakness. Adjuvant radiotherapy did not influence patient outcome.

Conclusion:

The study confirms that level V dissection is associated with greatest degree of shoulder morbidity.

FREE PAPERS—SESSION 1

Using routine data to estimate survival and recurrence in head and neck cancer

Authors: Zi-Wei Liu¹, Heather Fitzke², Matthew Williams^{2,3}

Corresponding Author: zwl20cam@gmail.com

Institution: 1. Broomfield Hospital, Chelmsford, 2. University College London Hospitals, 3. St Thomas' Hospital, London

Introduction:

For head and neck cancer patients, loco-regional disease control is a key clinical outcome. National audits of head and neck cancer report overall survival, but not relapse rates, although this has been identified as a priority. There are national, routinely collected data on hospital admissions, surgery, radiotherapy, chemotherapy and deaths.

Objective:

We conducted a pilot study to evaluate the use of routine data to estimate rates of recurrence in head and neck cancer patients.

Method:

We identified 20 patients with squamous-cell carcinoma of the head and neck and extracted treatment histories from hospital notes (manual dataset). We obtained routinely collected electronic healthcare data (routine dataset) on the same patients, and validated our approach by measuring comparative identification of healthcare events and time-to-event data.

Results:

The manual OS was 95% and 76% at 1 year and 3 years; median PFS was 9.6 months with a 2 year recurrence-free rate of 44%. Using the routine dataset, OS was estimated as 95% and 77% at 1 year and 3 years; median PFS was 12.5 months with a 43% 2 year recurrence-free rate. 10 out of 11 recurrences were correctly identified using the routine dataset. The manual and routine datasets demonstrated good correlation for OS and PFS. For OS, Kendall's tau was 0.87 (p-value <0.0001). For progression free survival Kendall's tau=0.78 (p value <0.0001).

Conclusion:

We have developed a method of assessing outcomes for patients with H&N cancers, using routinely collected data. This pilot study demonstrates in patients who initially receive radical treatment it accurately captures patterns of care.

FREE PAPERS—SESSION 1

Inner ear damage following electric current and lightning injury: A literature review

Author Names: P.C Modayil , G.W. Lloyd , A. Mallik, D.A. Bowdler

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Introduction:

Audiovestibular sequelae of electrical injury, due to lightning or electric current, are probably much more common than indicated in literature.

Objective:

To review the impact of electrical injury on the cochleovestibular system.

Methods:

Studies were identified through Medline, Embase, CINAHL and eMedicine databases. Medical Subject Headings used were: 'electrical injury', 'lightning', 'deafness' and 'vertigo'. All prospective and retrospective studies, case series and case reports of patients with cochlear or vestibular damage due to lightning or electrical current injury were included. Studies limited to external and middle ear injuries were excluded.

Results:

Forty-three articles met the inclusion criteria. Eleven studies reported audiovestibular damage following electric current injury (domestic or industrial), the remainder concerned lightning injuries. There were no histological studies of electrical current injury to the human audiovestibular system.

The commonest acoustic insult after lightning injury is conductive hearing loss secondary to tympanic membrane rupture and the most frequent vestibular symptom is transient vertigo. Electrical current injuries predominantly cause pure sensorineural hearing loss and may significantly increase a patient's lifetime risk of vertigo. Theories for cochleovestibular damage in electrical injury include disruption of inner ear anatomy, electrical conductance, hypoxia, vascular effects and stress response hypothesis.

Conclusion:

The pathophysiology of cochleovestibular damage following electrocution is unresolved. The mechanism of injury following lightning strike is likely to be quite different from that following domestic or industrial electrocution. The formulation of an audiovestibular management protocol for patients who have suffered electrical injuries and systematic reporting of all such events is recommended.

FREE PAPERS—SESSION 1

A human temporal bone histopathology study on cochlear otosclerosis: is cochlear implantation appropriate?

Author names: A. Ahmed¹, P. A. Dimitriadis¹, D. Bamiou¹, S. R. Saeed¹, A. G. Bibas^{1,2}.

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Institution: 1 UCL Ear Institute UK, 2 University of Athens, Greece

Introduction:

Cochlear otosclerosis is the occurrence of otosclerosis in the otic capsule involving the cochlear endosteum leading to a sensorineural or mixed-type hearing loss.

Objective:

The aim of this study was to describe the pathologic changes in temporal bones (TB) with cochlear otosclerosis that may have implications for cochlear implantation.

Method:

Fifteen human TB with otosclerosis from the archival library of the UCL Ear institute were used for this study. In each TB we studied: 1) Medial wall of the middle ear and in particular the horizontal segment of the facial nerve canal; 2) the round window niche and the corresponding part of the scala tympani; 3) the area of the labyrinthine segment and first genu of the facial nerve.

Result:

Six TB revealed otosclerotic pathology spanning the otic capsule between the cochlear endosteum and the facial nerve canal. The labyrinthine facial nerve was enveloped by otosclerosis in 2 cases, while the horizontal segment was involved in 4 TB. Complete obstruction of the round window niche was observed in 3 cases, while round window niche obstruction with concomitant thickening of the round window membrane was observed in 4 TB.

Conclusion:

High-resolution imaging studies would be advisable in advanced otosclerosis to look for possible round window and / or scala tympani obstruction by otosclerotic changes. The histology described underpins the need to counsel patients regarding the possibility of facial nerve stimulation and why it may occur.

FREE PAPERS—SESSION 2

Feasibility of smartphone speech recognition for communication with deaf patients

Author Names: [Fiona C Lyall](#), Philip J Clamp, Daniel Hajioff

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Institution: Southmead Hospital, Bristol

Introduction:

Visual communication aids, such as handwriting or typing, are often used to communicate with deaf patients in clinic. These tools may be impractical on hospital wards or recovery areas.

Objective:

This study aimed to establish the feasibility of communicating through smartphone speech recognition compared with writing or typing.

Method:

Thirty doctors and medical students were given a standard set of six sentences appropriate for a post-operative consultation. Subjects were timed writing the sentences on paper, typing on a computer, and dictating on a smartphone. Handwriting legibility was assessed by two independent readers. Accuracy of typed and dictated text was scored by percentage of words correct.

Results:

Mean time for smartphone dictation (17.8s, range 14.5-25.1s) was far lower than writing (59.2s, 42.2-81.6s) and typing (44.0s, 21.4-69.1s). Speech recognition was slightly less accurate (mean 92.5% words correct) than writing or typing (99.5 and 99.8% respectively). The accuracy of dictation increased with time spent dictating ($p < 0.01$). Students were faster at dictating than doctors ($r = 0.655$, $p < 0.001$), but less accurate ($p = 0.04$).

Conclusion:

Smartphone dictation is a feasible alternative to typing and handwriting. Slow speech may improve accuracy. Early clinical experience has also been promising.

FREE PAPERS—SESSION 2

Mucous plugs causing severe respiratory compromise in laryngectomees – a case series and literature review

Author Names: A Mitchell-Innes, PM Thomson, NC Molony

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Institution: Russells Hall Hospital, Dudley, West Midlands

Introduction:

Patients with permanent tracheostomies are prone to mucous plugging and tracheal crusting. Methods for removal include the use of forceps and nebulisers. Although well recognised, there is a paucity of information in the literature on the incidence, complications and management of severe airway obstruction due to mucous plugging.

Objective:

Over one month, our department admitted four patients with mucous plugs causing near total airway obstruction in laryngectomees. The need for alternative removal methods prompted us to review the relevant literature and suggest an algorithm for management.

Method:

Case series and literature review with recommendation of an algorithm.

Results:

The first patient had an obstructing mucous plug 2cm above the carina. After unsuccessful attempts at extraction, the plug was pushed into the right main bronchus to enable ventilation via the left lung. The second and third patients had mucous plugging near the stoma removed with Tilley's forceps. The fourth patient developed stomal narrowing due to skin overgrowth, and presented with a within-reach mucous plug, removed only after breaking up the plug with forceps. He underwent subsequent surgery to widen the stoma. The anaesthetic literature suggests the use of adjuncts in airway emergencies, including small tracheostomy tubes, Aintree catheters, bougies, fiberoptic scopes and airway exchange catheters.

Conclusion:

Mucous plugging is a potentially fatal complication of permanent tracheostomy. It can present late as an emergency. ENT surgeons should be aware of alternative techniques for plug removal if standard techniques fail. After literature review we suggest a new algorithm to guide emergency treatment.

FREE PAPERS—SESSION 2

Is the 2 week-wait referral system an efficient method of detecting head and neck cancer?

Author Names: Hiten Joshi, David McPartlin

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Institution: Queen Elizabeth Hospital, King's Lynn

Introduction:

Head and neck cancers are rare malignancies with many symptoms being the same for both benign and malignant conditions. Some malignancies present with vague symptoms leading to potential late referral and diagnosis.

Objective:

We aimed to identify the efficacy of the 2 week-wait (2WW) referral system in the detection of head and neck cancer in patients attending a district general hospital in rural England.

Method:

A retrospective audit was carried out looking at all 2WW referrals in a period from August 2010 to July 2011. The number of malignancies were identified and also those malignancies identified that were not referred under the 2WW system. The notes of all cases were reviewed.

Results:

A total of 362 patients were referred with 98.70% being seen within the 14 day target. 8 malignancies were identified in this group giving a pick-up rate of 2.2%. A further 9 malignancies were diagnosed in the same time period that were referred to the clinic as either routine or urgent referrals. Analysis of these notes showed that 89% of cases had symptoms indicating referral under the 2 week-wait system would have been appropriate. All patients were referred by a general practitioner.

Conclusion:

The 2WW system is not an efficient means of detecting head and neck cancer in our population group. Failure to recognise symptoms or poor understanding of the referral guidelines are possible reasons for delayed diagnosis of these conditions which can possibly be addressed by further education of primary care doctors.

FREE PAPERS—SESSION 2

Publication trends in Otorhinolaryngology journals in the United Kingdom (UK): A 20-year analysis.

Author Names: Wai Sum Cho¹, Raguwinder Sahota¹, Robert Peters², Javed Uddin¹

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Institution: 1. Leicester Royal infirmary, University Hospitals Leicester. 2. Royal Manchester Children's Hospital, Central Manchester University Hospitals

Introduction:

Traditionally the UK, Europe and North America have been the major contributors for published medical research. More recently, it is apparent that published research is increasingly originating from elsewhere around the world.

Objective:

To look for trends in the country of origin of papers published by UK Otorhinolaryngology journals over the last twenty years.

Method:

All articles published in Clinical Otolaryngology (CO) and the Journal of Laryngology and Otology (JLO) in 1992, 2002 and 2012 were analysed and the country of origin of the lead author recorded. The number of contributions from UK authors was compared to those from the Rest of the World using Fisher's exact test giving a two-tailed P value.

Results:

The absolute numbers of articles for each time period studied are shown in the tables below as well as the split between UK and Rest of the World authors. For both JLO and CO there was a statistically significant increase in the proportion of contributions from the Rest of World compared with UK contributions from 2002 to 2012. For each journal there was no difference between 1992 and 2002.

Conclusion:

An increasing proportion of articles in both JLO and CO, traditionally UK based journals, are originating abroad, likely due, in part, to the influence of the internet. It may become harder for UK based trainees and surgeons to have their work published.

FREE PAPERS—SESSION 3

The impact of bone-anchored hearing aids (BAHAs) on patients with chronic otorrhoea: A retrospective case series

Author Names: S. Davey, S. Patil, P. Prinsley, J. Hanif

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Institution: Norfolk and Norwich University Hospital, Norwich

Introduction:

BAHAs are now a well-established alternative to behind-the-ear (BTE) hearing-aids. When they were first utilised they were used in patients with aural deformities, these included canal stenosis, atresia and microtia. BAHAs are now an established treatment for conductive and mixed hearing loss.¹ BAHAs are being used increasingly in patients who find it difficult to tolerate BTE hearing-aids due to persistent otorrhoea.

Objective:

BAHA outcomes have been tested using audiometric analysis, subjective quality of life (QOL) outcome questionnaires, and their cost-effectiveness has also been analysed.¹ There is however sparse objective data on whether BAHAs reduce incidence of otorrhoea. Our aim was to see if patients given BAHAs had a reduction in clinic visits, requiring aural toilet and/or topical treatment.

Method:

Retrospective case series of all BAHAs over a 17 year period at our tertiary referral centre. All patients who were given a BAHA for the indication of hearing-aid associated otorrhoea were included. Clinic encounters requiring treatment for a period of 1 year pre- and post-BAHA were recorded.

Results:

37 patients were given a BAHA specifically for hearing-aid associated otorrhoea. The mean number of treatments pre- and post-BAHAs were 1.43 and 0.14 respectively over 12 months. A paired t-test for parametric data resulted in a p value of $P < 0.0001$.

Conclusion:

BAHAs result in a statistically significant reduction in outpatient visits for aural toilet and/or provision of topical medication. BAHAs decrease morbidity and increase QOL. A further benefit is to reduce long-term costs and improve clinic efficiency.

FREE PAPERS—SESSION 3

Nasopharyngeal biopsy: is it always necessary?

Author Names: R. Harris, M. Hilton

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Institution: Royal Devon and Exeter Hospitals NHS Foundation Trust, Exeter, UK

Introduction:

Biopsy of the nasopharynx is recommended for a number of clinical findings in order to exclude malignancy. Is it necessary in an era of less invasive diagnostic techniques?

Objectives:

1. To identify the proportion of nasopharyngeal biopsies containing malignant tissue over a 10 year period.
2. To ascertain if less invasive techniques could have obviated the need to perform a nasopharyngeal biopsy

Method:

Retrospective analysis of patient records.

Results:

Eighty nine patients underwent nasopharyngeal biopsy. Five malignancies were identified. All patients with malignant disease had abnormal findings on fibreoptic nasoendoscopy (FNE) pre-operatively. In total, 59 patients had a preoperative FNE; 24 of which demonstrated a normal nasopharynx. Of these 24 patients, none had malignant disease found on biopsy. Of the 35 patients with abnormal findings on FNE (or in whom an adequate view could not be obtained), 5 were found to have a malignant lesion on biopsy. 26 patients did not undergo preoperative FNE. Malignancy was not found in any of these patients.

Conclusion:

In this series:

1. The rate of nasopharyngeal malignancy was low (5.62%).
2. All malignant disease was identified as suspicious preoperatively on FNE.
3. FNE was reliable at excluding nasopharyngeal malignancy.
4. FNE could potentially have obviated the need for biopsy in up to 56% of patients.

FREE PAPERS—SESSION 3

Voice Symptoms in patients with Autoimmune disease: a cross sectional epidemiological study.

Author Names: Z. W. Liu¹, L. M. Masterson¹, I. A. Srouji¹, P. Musonda², D.G. I. Scott³
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Institution: 1. Ear, nose & Throat Department, Cambridge University Hospitals NHS Trust, UK, 2. Medical Statistics Dept, University of East Anglia, Norwich, UK, 3. Rheumatology Dept, Norfolk & Norwich University Hospitals NHS Trust, UK

Introduction:

It has been noted patients with autoimmune symptoms also tend to complain of voice symptoms, which affects quality of life. Study participants were recruited for a cross sectional study from a rheumatology tertiary referral clinic at a teaching hospital.

Objective:

To assess the prevalence and severity of voice symptoms in individuals with a diagnosis of autoimmune disease.

Method:

A questionnaire analysing 109 patients with autoimmune disease (rheumatoid arthritis, seronegative spondyloarthritis, connective tissue disease) and a control group of 41 patients with non-autoimmune disease (osteoarthritis/osteoporosis). Main outcome measures were the Voice Handicap Index-10 (VHI-10); Xerostomia scale; Reflux Symptom Index; Anxiety/Depression Scale.

Results:

Patients with autoimmune disease were more likely to experience voice symptoms as assessed by the VHI-10 questionnaire ($p=0.0035$). Subgroup analysis showed autoimmune patients were more likely to report voice symptoms regardless of whether they are on a Disease Modifying Anti-Rheumatic Drug (DMARD $p=0.0010$) or Non-Disease Modifying Anti-Rheumatic Drug (non-DMARD $p=0.017$), suggesting autoimmune disease is an independent risk factor from pharmacotherapy. Xerostomia was more common in an autoimmune population compared to control ($p=0.02$). A positive correlation between xerostomia and VHI-10 scores was found for the DMARD group (Spearman rank coefficient=0.49, $p<0.001$). No significant difference was found when comparing the autoimmune and control group reflux symptom index ($p=0.44$) or anxiety/depression scale ($p=0.36$).

Conclusion:

Patients with autoimmune disease have increased likelihood of voice symptoms when compared to a control population with non-autoimmune disease. Further prospective studies to elucidate the cause of voice disorder would be valuable.

FREE PAPERS—SESSION 3

Application of the T-14 Paediatric Throat Disorders Outcome Measure for tonsillectomy and adeno-tonsillectomy

Author Names: K. Konieczny¹, T. Biggs TC¹, S. Caldera²

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Institution: 1. University Hospital Southampton NHS Foundation Trust, Southampton, 2. Portsmouth Hospitals NHS Trust, Portsmouth

Introduction:

In March of 2009, tonsillectomy appeared to top the list of 'relatively ineffective interventions', suggesting that this procedure could be reduced by between 10-90%, resulting in a maximum saving of £45 million. Currently there is a distinct lack of evidence within the literature assessing the value of paediatric tonsillectomy from the patient's perspective. Tonsillectomy is a procedure under threat; therefore this study is vital in providing additional evidence of its value.

Objective:

To evaluate the benefit of tonsillectomy on patient reported outcome measures (PROMS), using the validated T-14 questionnaire.

Method:

A prospective uncontrolled observational study was undertaken. Parents of 54 paediatric patients undergoing tonsillectomy at Portsmouth Hospitals NHS Trust were invited to complete a T-14 questionnaire pre-operatively, as well as 3 and 6 months post-operatively.

Results:

52 of 54 patients completed questionnaires pre-operatively and at 3 and 6 months post-operatively (96% response rate). The mean difference between the pre-operative and 6 month T-14 score was 31.8 ($p < 0.0001$). T-14 scores at 3 months were also significantly improved compared to those taken pre-operatively (mean difference 29.9, $p < 0.0001$).

Conclusion:

This is the first study within the literature to assess T-14 questionnaires at 3 and 6 months following paediatric tonsillectomy, providing evidence of the early benefit on patient reported outcome measures. Tonsillectomy is the most common surgical procedure performed within the UK, highly regarded by patients and Otolaryngologists alike. This study provides significant evidence that tonsillectomy improves patient reported outcome measures, thereby demonstrating its on-going clinical value as a funded NHS procedure.

FREE PAPERS—SESSION 4

Can early second look tympanoplasty lessen the rate of conversion to modified radical mastoidectomy?

Author Names: B. Stew, S.J.C Fishpool, J. Clarke, P. Johnson

Corresponding Author: stewb@doctors.org.uk

Institution: Royal Gwent Hospital, Newport

Introduction:

Traditionally combined approach tympanoplasty (CAT) or canal wall up surgery has been associated with greater rates of recurrent and residual disease when compared to canal wall down procedures. With the advent of otoendoscopes and improved imaging, diagnosing recurrent/residual has become easier lessening the need for a second look procedure in all cases.

Objective:

The aims of the study were to report the rate of recurrent and residual cholesteatoma following primary combined approach tympanoplasty surgery and report the rate of conversion to a modified radical mastoidectomy.

Method:

A retrospective review of a single surgeon series between 2006 and 2012.

Results:

In total 132 second look operations were undertaken with a mean interval between primary surgery and second look procedures of 6 months. The rate of cholesteatoma at second look surgery was 19.7%, which was split into residual disease (10.6%) and recurrent disease (9.09%). New tympanic membrane defects with cholesteatoma were considered as recurrent disease. Residual disease was defined as cholesteatoma present behind an intact tympanic membrane. The majority of recurrent and residual disease was easily removed at second look (73.1%). Only four cases were converted to a modified radical mastoidectomy (3%) and three cases required a third look procedure.

Conclusion:

Combined approach tympanoplasty allows for successful treatment of cholesteatoma with rates of recurrent and residual disease comparable to open mastoid surgery. Early timing of second look procedures allows easier removal of any recurrent or residual disease, which lessens the conversion rate to open mastoidectomy.

FREE PAPERS—SESSION 4

Operative documentation in paediatric microlaryngoscopy and bronchoscopy: An audit of practice at Great Ormond Street Hospital for Children

Author Names: A Alli, RJ Hewitt, CG Jephson, LA Cochrane, ME Wyatt, BEJ Hartley, DM Albert

Corresponding Author: bayoalli@doctors.org.uk

Institution: Great Ormond Street Hospital for Children, London

Introduction:

Microlaryngoscopy and bronchoscopy (MLB) is one of the most routinely performed procedures for the paediatric otorhinolaryngologist. The non-paediatric ENT surgeon, however, should also be able to perform this procedure. Thorough documentation of intraoperative findings is important for continuity of care.

Objective:

In 2006, an MLB operative record pro-forma was established at Great Ormond Street as an aide-memoire for surgeons. We audited our department's MLB records to determine how well we were complying with our own set standards.

Method:

36 pieces of key data were identified from the pro-forma. In the first cycle we assessed 50 MLB operative records from before the pro-forma was introduced (pre-2006) plus 50 records from after the pro-forma was well established (January 2011 – July 2012) to determine its impact on current practice. First cycle results were fed back to the department by email and with a presentation. An updated pro-forma was placed in the ENT operating theatre. In the second cycle, 30 randomly selected MLB operative records were assessed during September 2012.

Results:

There was an increase in recording for 35 of the 36 data points between the first and the second cycle.

Conclusion:

The use of the Great Ormond Street Hospital MLB operative record pro-forma improves the recording of intra-operative findings of MLB in this institution. It is a useful device for ENT surgeons that routinely perform paediatric MLB and is recommended as a reference tool for ENT surgeons that may not perform this procedure on a regular basis.

FREE PAPERS—SESSION 4

The role of taurine, a free radical scavenger, that mitigates noise-induced hearing loss in mice.

Authors: RS Sahota^{1,2}, AA Borecki¹, JAM Allen¹, K Hoehn³, H Pau¹, DK Ryugo^{3,4}, S Oleskevich¹

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Institutions: ¹ Hearing Research Group, Neuroscience Program, Garvan Institute of Medical Research, Sydney, NSW, Australia. ² ENT Department, University Hospitals of Leicester, Leicester Royal Infirmary, Infirmary Square. ³ Department to Pharmacology, Jordan Hall, 1340 Jefferson Park Avenue, University of Virginia Health System, Charlottesville, VA, USA. ⁴ Department of Otolaryngology-HNS, John Hopkins University, Baltimore, MD, USA

Introduction:

Exposure to acoustic trauma causes an increase in metabolic activity in the inner ear, resulting in free radical production. Free radicals such as nitric oxide (NO•) can cause cellular damage, which in turn can cause apoptosis and necrosis.

Objective:

For this animal study, we tested the effect of taurine, a potent NO• scavenger, to mitigate noise-induced hearing loss (NIHL).

Method:

Male CBA mice aged 4-10 weeks were randomised into six groups treated with 0.9% saline (control) or taurine (50, 100, 200 or 400 mg/kg) via daily IP injections over 14 days (7 days before and after acoustic trauma). Acoustic trauma was 8-24 kHz banded noise at 110 dB SPL for 2 hrs. Auditory brainstem responses (ABR) were tested at 8, 16 and 24 kHz, and collected one week before, one week after, and one month after acoustic trauma to represent pretreatment thresholds, temporary threshold shifts (TTS), and permanent threshold shifts (PTS), respectively.

Results:

Our results show that taurine significantly attenuated the effects of noise trauma as shown by ABR threshold shifts when compared to saline controls in all groups ($P < 0.05$ at 8, 16 kHz for TTS and 8, 16, 24 kHz for PTS). Thresholds shifts were on average 13.2 dB better in all taurine treated mice compared to the saline control group. Taurine improves hair cell survival for both inner and outer hair cells when compared to controls using cytochrome analysis.

Conclusion:

Our future studies will investigate taurine as a potential therapeutic agent to prevent and/or treat NIHL.

Poster shortlisted for the Poster Prize (1 of 6)

A prospective two-cycle audit of acute otitis externa management in primary and secondary care

Author Names: Zi-Wei Liu, Albert Pace-Balzan

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Introduction: Acute otitis externa (AoE) is a common condition. Topical antibiotics, microsuction, analgesia and aural hygiene form the mainstay of treatment. Delayed or inappropriate treatment of acute otitis externa can lead to drug resistance, poor patient experience and increased workload in secondary care.

Objective:

A prospective two-cycle audit on the quality of AoE diagnosis and management was carried out in a regional ENT centre.

Method:

Data on treatment of AoE and quality of patient advice was prospectively audited over a 8-month period against American Academy guidelines. After the first cycle, interventions were introduced including staff education and dissemination of a patient information leaflet^[2]. A second cycle was carried out.

Results:

23 patients with AoE were audited in cycle 1. 65% were correctly diagnosed with AoE in primary care. 35% were not given any topical antibiotics prior to ENT assessment. 39% were inappropriately started on oral antibiotics in primary care. Topical antibiotics were commenced by ENT in 100% of cases. 30% of patients received documented aural hygiene advice; only 13% received drop administration advice. 38 patients were audited in cycle 2. 80% received topical antibiotics in primary care ($p=0.006$), however 42% received oral antibiotics without clear indication ($p=0.35$). 61% received aural hygiene ($p=0.0008$) and drop administration advice from ENT ($p<0.0001$).

Conclusion:

Over-prescription of oral antibiotics and poor patient advice remain significant challenges in AoE management.

Poster shortlisted for the Poster Prize (2 of 6)

Management of Nasal Fractures in a rural district general hospital: A completed loop

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Introduction:

Suspected nasal fractures following nasal injury are a common presentation to the accident and emergency department. These patients are frequently managed by inexperienced junior doctors often leading to incomplete examinations, incomplete documentation and inappropriate facial x-rays. This can lead to a delay in specialist referral with the potential of complex surgery being performed when simple manipulation may have sufficed.

Objective:

To determine if those patients referred to the ENT casualty clinic with suspected nasal fracture were all being managed correctly, with appropriate examination findings documented and appropriate examinations requested; and to set up an agreed protocol in nasal fracture management.

Method:

A two cycle prospective audit was performed. Data was collected when patients were reviewed in the casualty clinic over a 3 month period. Clinical teaching was provided to junior A&E doctors after cycle 1 and the process repeated.

Results:

66 patients were reviewed in total. Causes of nasal injuries were accidental (46%), assault (41%) and, sporting related (13%). In cycle 1, 30% of patients had correct nasal examination performed and documented and 16% of patients had facial radiographs performed despite no clinical indication. In cycle 2, 97% of patients had correct documentation of nasal examination and no patients underwent inappropriate imaging. All patients were seen within the recommended timeframe.

Conclusion:

The use of departmental guidelines and appropriate education to inexperienced juniors can result in a more effective and efficient use of resources when dealing with nasal fractures and improve patient care.

Poster shortlisted for the Poster Prize (3 of 6)

Preservation of greater auricular nerve during parotidectomy: sensation, quality of life and morbidity issues. A systematic review

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Introduction:

Parotid surgery is commonly performed for benign and malignant neoplasms, inflammatory and autoimmune conditions. The main concern for the surgeon is preservation of the facial nerve, but the most common patient reported postoperative complaint is sensory disturbance around the post auricular, pre auricular and lobular areas.

Objective:

To assess the evidence regarding greater auricular nerve preservation versus sacrifice in parotidectomy and the impact on sensation, quality of life and overall morbidity.

Method:

Systematic review. *Inclusion criteria:* English literature, prospective and retrospective studies. *Exclusion criteria:* single case reports, "teaching" reviews. *Outcome measures:* tactile sensation, pain, thermal sensitivity, quality of life and mean operative time.

Results:

Although quality of life does not seem to be adversely affected when the greater auricular nerve is sacrificed, preservation of the posterior branch was recommended in eight studies. Mean operative time when preserving the nerve is not an issue.

Conclusion:

There is level Ib evidence that preservation of the posterior branch of the great auricular nerve minimizes the postoperative sensory disturbance and should be considered whenever tumour clearance is not compromised. There is no evidence that overall quality of life is affected when the greater auricular nerve is sacrificed.

Poster shortlisted for the Poster Prize (4 of 6)

Provision of a dedicated ENT admissions unit within a multi-specialty hospital

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Introduction:

Specialist patients are often outlied from their parent ward in the NHS due to an increasing medical-emergency workload and finite bed availability. ENT is a specialty in which post-operative care is often specific and not generic to the other surgical specialties, e.g. nasal packing. Outlying has previously been shown to lead to suboptimal specialist care.

Objective:

A ward round audit was performed to identify the proportion of ENT patients that were being outlied.

Method:

Data were collected for ENT inpatients over one month. We recorded: 1. Number of patients reviewed. 2. Number of wards visited. 3. Patient location- ENT ward or outlied. Following the first audit cycle, the ENT ward was designated as an ENT admissions unit to try to protect the ENT bed-base on that ward. We then re-audited the proportion of outlying patients.

Results:

Our primary audit recorded 48 ward rounds. Patients were spread out over many wards, 58% of which were not in the designated ENT ward. After implementation of an ENT admissions unit, 41 ward rounds were recorded. This time 29% of patients were not in the designated ENT ward.

Conclusion:

The introduction of a designated ENT admissions unit was shown to reduce the number of outliers. This often translates to better patient care due to the specialist experience of the nursing staff on these wards, particularly their ability to deal with emergencies. The next step in this project would be to measure patient satisfaction levels to assess whether this intervention has a positive impact on patient care.

Poster shortlisted for the Poster Prize (5 of 6)

Syndromic Hearing Loss Website

Author Names: Ms. Fatima Mallick, Professor Henry Pau

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Introduction:

It is estimated that at least 50% of early-onset hearing loss has a genetic cause, which can be classified into syndromic or non-syndromic. Approximately 30% of these patients have syndromic hearing loss i.e. hearing loss associated with manifestations in other organs or systems with a common aetiology. Easily accessible and user-friendly computerised approaches for analysing dysmorphic traits are needed to aid genetic evaluation and the diagnostic process.

Objective:

To develop a unique website which diagrammatically represents the various clinical syndromes associated with hearing loss.

Method:

Data collected from the OMIMTM website (www.omim.org, John Hopkins University).

Website designed and developed by Medical Websites UK.

Results:

The home page will consist of a rotating model of the head and neck.

The user will be able to roll over an anatomical feature, displaying a list of associated syndromes.

The user will be able to click on a syndrome, linking through to the OMIMTM (Online Mendelian Inheritance for Man) website for more information.

This concept will eventually be extended to the entire human body.

Conclusion:

The purpose of the website is to aid clinicians in performing initial dysmorphic evaluations. We envisage that this will promote early investigation and more accurate diagnoses. This has important implications for genetic counselling of families with hereditary hearing loss. Early detection and pre-symptomatic treatment are necessary to avert serious clinical harm and may prevent permanent disabilities. This website will make information available via OMIMTM more accessible to clinicians, as well as serve as an educational resource for trainees.

Poster shortlisted for the Poster Prize (6 of 6)

Improving the Quality of Consent

Authors: B.Spargo, I.McKay-Davies, M.Harrison, M.Saunders

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Introduction

Consenting for common paediatric ENT procedures such as tonsillectomy can be performed in advance by suitably trained SHOs in pre-assessment clinics. Whilst intended to optimise efficiency, this process can however yield a variable quality of consultation which could lead to misinformed and anxious parents, duplication of consent on the day, and increased risk of litigation.

Objectives

To identify whether the introduction of a consenting proforma (guidance sheet) increased the number of correct complications and reduced the number of incorrect complications listed on the consent form.

Methods

A retrospective casenote review of consent forms completed by SHOs in three consecutive pre-assessment clinics before the introduction of a consenting proforma and instruction in its use, and six weeks afterwards was performed. The listed complications were compared with the consent proforma (the gold standard).

Results

Before the introduction of the consent proforma 41% of the complications listed were correct, whilst 18% were incorrect. After the introduction of the consent proforma, these figures improved to 63% and 3% respectively.

Conclusions

Introduction of consenting guidance improved the quality and consistency of consent forms, whilst potentially reducing the risk of complaints, litigation, and parental anxiety. In addition, SHOs reported improved consenting confidence, and the guidance also reduced the need for re-consenting on the day of surgery.

Posters (1 of 9)

The man who swallowed Joss's stone

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Introduction:

We report a rare case of ingestion of a large stone necessitating open removal via oesophagotomy.

Case Report:

A 29 year old male previously diagnosed with an underlying psychiatric disorder was listening to the artist Joss Stone and decided to swallow a stone. He presented to the Accident & Emergency department with pain and absolute dysphagia. The patient declined flexible nasendoscopy and presence of the foreign body was confirmed radiologically on plain film imaging. Surgical removal was attempted endoscopically using rigid oesophagoscopy with Foley catheters, Dormier basket, grasping forceps and other instruments. Due to size and surrounding mucosal oedema, the foreign body could not be dislodged or delivered retrogradely into the pharynx. Removal of the impacted stone necessitated retrieval by an open oesophagotomy. A stone measuring 3.6 x 3.1 x 1.8cm was tightly impacted in the oesophagus. A nasogastric tube was inserted and secured in position. Following manual removal of the stone, the oesophagotomy was repaired in two layers with Vicryl. Post-operatively, the patient was kept nil by mouth for a week prior to a soluble contrast swallow being performed.

Discussion:

Most objects that successfully traverse the oesophagus pass uneventfully (80-90%).¹⁻³ The remaining patients (10-20%) require conservative or surgical intervention. Impacted oesophageal foreign bodies are usually treated endoscopically. When this approach is either unfeasible or unsuccessful (which is rare), as in the case presented herewith, open surgical removal may be mandatory. This case highlights an important yet unusual presentation and management of an oesophageal foreign body.

Posters (2 of 9)

Disseminating the Lessons Learned from the Elaine Bromiley Case. An Audit of Recommendations from the Harmer Report

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Institution: Tameside Hospital, Ashton under Lyne.

Introduction:

The case of Elaine Bromiley resulted in the tragic death from hypoxic brain injury during anaesthesia for a routine procedure. Her case was widely publicised and led to the establishment of the Clinical Human Factors Group (1). A detailed report identified failure of situational awareness and breakdown in communication leading to multiple attempts at intubation and failure to establish a surgical airway as key factors in this case (2). The findings have been made public with the support of Mrs Bromiley's family so that lessons could be learnt and improvements in patient safety could be implemented.

Objective:

To audit the recommendations made in the report by Professor Harmer against the practice in our hospital. Implement changes and complete the audit loop.

Method:

The availability of the Difficult Airway Society (DAS) guidelines for the management of patients in the "can't-ventilate-can't-intubate" scenario in each anaesthetic room was audited along with the availability of an Aintree catheter (3).

Results:

The guidelines were not found to be available in the majority of anaesthetic rooms in the theatres. The findings were disseminated at the relevant clinical governance meetings. A copy of the guidelines was displayed in a prominent area of each of the anaesthetic rooms. On re-audit the availability of the guidance and staff awareness of their location improved significantly.

Conclusion:

The learning points of this case and the report are applicable to all areas of medical practice and the finding should be disseminated as widely as possible to improve patient safety.

References

1. Clinical Human Factors Group <http://www.chfg.org/>
2. Harmer M 2005 The Case of Elaine Bromiley <http://www.chfg.org/wp-content/uploads/2010/11/ElaineBromileyAnonymousReport.pdf>
3. Difficult Airway Society Failed Ventilation Guidelines 2007 <http://www.das.uk.com/files/cvci-Jul04-A4.pdf>

Posters (3 of 9)

Increasing the objectivity and efficacy of post-operative follow-ups: A 2 cycle audit

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Introduction:

The reasons for (monitoring, patient's choice, junior staff experience, etc) and against (expense, time, limited hospital resource, etc) routine post-operative follow up are many but currently follow up appointments constitute about three quarters of the patients seen in outpatient clinics.

Objective:

Monitor post-operative follow rate. Establish if patients are coded for the correct consultant clinic. Identify how many patients are followed up by the operating surgeon. Highlight post-operative follow up delays

Method:

Patients were identified using theatre logbooks and follow up information obtained from clinical letters and discharge summaries. The first cycle covered one month period which was repeated several months after the introduction of targeted post-operative follow up instructions (consultant specific clinic, follow up date, operating surgeon undertaking follow up) on operative notes.

Results:

Both cycles had a similar case mix/ load (1st cycle: 48 benign indication versus 31 malignancy or suspected malignancy; 2nd cycle: 42 benign cases versus 29 malignancy or suspected malignancy and follow up rates (72% in cycle 1 and 78% in cycle2).However following the intervention, there was an improvement in patient to operating surgeon match (54% to 70%),supervising consultant availability in clinic (77% to 95%) as well as a reduction in follow up delays (35% to 18%).

Conclusion:

We recommend adopting a similar approach to link the patient, operating surgeon and supervising consultant in order to optimize the objectivity of post-operative follow ups, trainee experience and continuity in patient care.

Posters (4 of 9)

Case Report: Paraneoplastic cerebellar degeneration secondary to thyroid papillary carcinoma

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Introduction:

Paraneoplastic syndromes arise as a consequence of the presence of cancer in the body. They are not due to the local presence of cancer cells but are mediated by humoral factors released by tumour cells or by an immune response against the tumour. Paraneoplastic cerebellar degeneration is a rare syndrome known to be associated with small cell lung cancer, Hodgkin's lymphoma, breast cancer, thymoma and gynaecological and testicular cancers. It has never been previously associated with thyroid papillary carcinoma. It presents with subacute onset of gait ataxia, followed progressively by limb/truncal ataxia and cerebellar dysarthria developing in less than twelve weeks. Often these symptoms predate the discovery of the tumour.

Case Report:

We present a 71-year old male patient: the first reported case of paraneoplastic cerebellar degeneration associated with thyroid papillary carcinoma, mediated by CRMP-5 antibodies, who exhibited rapid neurological improvement within four weeks of an uneventful tumour excision.

Discussion:

Crossveinless-2/Collapsin Response-Mediating Protein-5 (CV2/CRMP-5) antibodies are well recognised paraneoplastic antibodies against intracellular antigens which occur in association with small cell lung cancer and thymoma, and can cause cerebellar degeneration. It is rare for paraneoplastic syndromes to respond to treatment in the form of tumour removal or immunotherapy. However, our patient experienced almost complete resolution of symptomatology following surgery.

Posters (5 of 9)

Clinical litigation in Rhinology

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Introduction:

The number of claims for malpractice within the NHS rose by 6% between 2011-2012 at a cost of £1.2 billion. There is an inherent risk associated with practising specialities such as rhinology.

Objective:

To review trends in litigation relating to rhinology from 2005- 2010 and highlight areas of high risk.

Method:

Retrospective review of anonymous data held by the NHS Litigation Authority (NHSLA) relating to rhinology from 1st April 2005 to the 31st March 2010.

Results:

Of the 397 ENT claims over this period 18% were related to rhinology. Statistical analyses revealed that there was no significant difference in the annual number of claims over this period ($p= 0.415$ Fisher Exact Test). The operating theatre was the location in which 59% of claims occurred. Surgical complications were the 'perceived cause' of 55% of claims.

The two most common perceived injuries were the need for unnecessary and/ or additional surgeries (32%) and complications from the original procedure (29%). Litigation regarding fatalities and the delayed diagnosis of malignancy account for less than 10% of all claims

Conclusion:

Less than a third of all claims related to ENT surgery are related to rhinology. Despite commonly held perceptions there is no evidence that litigation in this area is increasing. The operating theatre remains an area of high-risk in rhinology and minor complications account for a significant proportion of litigious claims.

Streamlining of the consent process and improving patient awareness of the risks inherent with surgical procedures may help decrease this risk and improve the patient experience.

Posters (6 of 9)

Necrotising Otitis Externa – Should We Be Worried?

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Introduction:

Necrotising otitis externa (NOE) is a potentially fatal condition, affecting elderly and diabetic patients. We are acutely aware of an increase in the elderly population in the UK. Additionally, the proportion of obese and diabetic patients is predicted to rise significantly. We believe the change in the population demographic, and its accompanying disease burden will have an impact on the incidence of NOE in years to come.

Objective:

To project the incidence of NOE based on the predicted changes in population and its associated demographics in the UK.

Method:

Office of National Statistics (ONS) data was utilised to project NOE incidence, based on projections of population, migration, obesity, and diabetes.

Results:

Evaluation of the ONS data to estimate the disease burden from NOE suggests an average 72.4% increase in the coming 20-25 years. We feel that there is a risk of significant morbidity in the future, from NOE which may be exacerbated by a lack of education in ENT.

Conclusion:

We suggest several recommendations to establish the incidence of NOE in the UK population, utilising a similar format to the national prospective tonsillectomy audit conducted by ENT UK. Ideally, this should contain: Demographic details, Symptoms and signs on initial presentation, Investigations and results eg bloods, imaging, and microbiology, Management eg antibiotic regimen, need for surgery and Outcome, follow-up, and recurrence.

National data acquisition would help quantify the burden of NOE, and allow for further projections to be made, thus indicating whether increased awareness and education is necessary to reduce morbidity and mortality.

Posters (7 of 9)

Nodular Fasciitis of the External Auditory Meatus

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Introduction:

Nodular fasciitis is a benign reactive myofibroblastic proliferative condition that can be a diagnostic challenge. It was first described by Konwaller et al (2005) as 'a subcutaneous pseudosarcomatous fibromatosis (fasciitis)', highlighting its susceptibility for misdiagnosis as a sarcoma. Although nodular fasciitis is commonly found in the head and neck region, involvement in the auricular region is rare. A case of external auditory meatal nodular fasciitis is presented.

Case Report:

A 66 year old lady presented with a 6 day history of a rapidly enlarging mass within her left external ear. She had no other otological complaints. Examination revealed a polypoidal mass situated in the left external auditory meatus. Cranial nerve and audiometric testing were normal. Computed tomography demonstrated a contrast enhancing mass arising from the cartilage of the pinna, with destruction of the cartilage and obliteration of the external auditory meatus. This was confirmed on MRI. The lesion was suspected to be a chondrosarcoma and excision biopsy performed. Histological assessment revealed a myofibroblastic proliferative process with metaplasia, cytological atypia and destructive growth. Thus, the diagnosis of nodular fasciitis was ascertained.

Discussion:

This case illustrates a typical presentation of nodular fasciitis found in a rare location, the external auditory meatus. Furthermore, it highlights the need for recognition of this benign condition that can mask as a malignant mass, as it can be managed with simple excision only thus avoiding unnecessary aggressive resections.

Posters (8 of 9)

Pharyngoplasty for Nasopharyngeal Stenosis in Mucous Membrane Pemphigoid

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Introduction:

We describe our experience of pharyngoplasty for nasopharyngeal stenosis (NS) in mucous membrane pemphigoid (MMP), a rare blistering condition affecting mucous membranes.

Case Report :

A 29-year-old female with biopsy-proven MMP causing supraglottic stenosis was successfully treated with microlaryngoscopy and laser dilation. However, she developed worsening purulent nasal discharge, anosmia and epistaxis over the course of the following months. Nasoendoscopy revealed the development of complete NS involving the soft palate and posterior pharyngeal wall (Figure 1). Due to the severity of her symptoms, pharyngoplasty was offered.

A combined approach with endonasal and trans-oral rigid endoscopes were used to visualise the stenosis. Complete division of the adhesions was undertaken using a keratome transorally and endoscopic scissors. Silastic nasopharyngeal airway stents covered with paraffin gauze and superficial skin grafts were placed in each nasal airway (Figure 2,3) and secured with a 1.0 silk tie to the columella. Post-operative saline irrigation and antibiotics were given. The stents were removed three weeks post-operatively (Figure 4). The result was immediate symptomatic relief, with significant improvement of nasal patency, maintained at three months post-operatively.

Discussion:

We found two papers describing surgery for nasal/ nasopharyngeal MMP. The use of adhesiolysis, temporary silastic stents, mucosal advancement flaps, Kazanjian palatoplasty and pharyngeal flap repair for NS were described by Hanson et al ⁽¹⁾. Whiteside et al ⁽²⁾ described repeated division and insertion of splints. We present our surgical technique for a rare condition, which has not been previously described. Its use in our present patient has made a dramatic improvement to her quality of life.

Posters (9 of 9)

A Case Series of Lower Cranial Nerve Tumours Presenting as Shoulder Pain

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Case Reports:

A 61y.o. lady had an 11-month history of pain and stiffness in her left shoulder. Initially treated as bursitis, the pain worsened and she developed shoulder droop. Examination revealed a smooth 1cm left level five neck lump, trapezius atrophy and painful arm abduction. Radiology showed left trapezius atrophy and a necrotic left level five "lymph node" but nothing else. Panendoscopy was negative. During selective neck dissection, a lesion related to cranial nerve (CN) XI was noted. Histology revealed a malignant schwannoma.

A 41 y.o. lady with a two-year history of right shoulder pain was initially treated as frozen shoulder. She subsequently developed right-sided otalgia, hearing loss, pulsatile tinnitus, hoarseness and dysphagia. Examination revealed she had a rising sun mass in her right middle ear, right CN V₁, VI, VIII, X and XI palsies. She had a 5cm glomus jugulare with intracranial and jugular foramen extension and petrous temporal bone erosion (Figure 1). It was treated with radiological embolisation and resection.

A 43 y.o. lady had a six-month history of left sided shoulder pain and a two-month history of a hoarse voice and dysphagia. Examination revealed left trapezius wasting and ipsilateral CN IX and X palsies. MRI revealed an 18mm lesion in the jugular fossa (Figure 2, 3). Radiological diagnosis was a paraganglioma, with schwannoma as a differential. She received cyberknife surgery.

Discussion:

Our case series serves to remind Otolaryngologists of this unusual presentation of lower CN tumours. Diagnostic delay can lead to progressive tumour size and the morbidity associated with surrounding CN palsies.

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