



Abstract Booklet

2015

The South West ENT Academic Meeting 2015,
Post Graduate Centre,
Royal United Hospital, Bath

www.sweam.org.uk



Welcome

Dear Delegates,

Welcome to SWEAM 2015 in its 10th year! The South West ENT academic meeting was founded in 2005 by David Pothier as an unintimidating forum for junior doctors and trainees to present their projects. Initially it was a regional meeting but we now have abstracts submitted and presented from all around the UK, with over 45 submissions this year.

This meeting has always been free to attend and this is only possible due to the generosity of our sponsors over the years. Today the meeting is being sponsored by Karl Storz, Blink Medical, MEDA, Reckitt Benckiser and Wesleyan Medical Sickness. Please spend some time during the day to speak to them, as they are the reason you can all enjoy this meeting for free.

We are delighted and honoured to welcome our three guest speakers today. Mrs Emma King, Consultant Head and Neck Surgeon at Poole Hospital and Cancer Research UK Senior lecturer at the University of Southampton, Mr Chris Burgess, a newly appointed consultant at Musgrove Park Hospital, and Mr Stuart Burrows a newly appointed consultant at Norfolk and Norwich University Hospital.

Today would not have been possible without the help and support of Mr Jonathan Bird and Dr Wanding Yang, I am very grateful for their assistance. I must also thank Mr Stuart Gillett, a past presidents for his support.

We hope you find the day enjoyable, educational and inspiring.

Keep up the good work.

Mr Warren O. Bennett MA(Oxon), MBBS, MRCS, DOHNS
President of SWEAM 2015

Guest Speakers



Mrs Emma King BSc (Hons), MBChB, PhD, FRSC-ORLHNS

Emma King is an Academic Head and Neck surgeon. Her PhD and specialist training were completed in the UK before travelling to Toronto for a 2 year fellowship in both ablative and reconstructive Head and Neck surgery. Her time is now divided between Poole Hospital as an NHS Consultant and the University of Southampton as the Cancer Research UK Associate Professor in Head and Neck Surgery.



Mr Chris Burgess MA (Cantab) BM BCh FRCS (ORL-HNS) MEd

Chris Burgess is a final-year ENT Registrar in the Oxford region and will shortly be starting as the Head and Neck Surgery Fellow at the Royal Melbourne Hospital. He has an interest in medical education and was awarded a Masters in Surgical Education from Imperial College in 2012. His MEd thesis explored the role of simulation in airway foreign body retrieval scenarios. He is looking forward to starting as a Consultant in Musgrove Park Hospital, Taunton next year.



Mr Stuart Burrows MBBS, DOHNS, FRCS (ORL-HNS)

Mr Stuart Burrows has been recently appointed as a consultant ENT Surgeon at Norfolk and Norwich University Hospital. He has a special interest in Head and Neck Surgery and has completed a fellowship in Cape Town. He Trained in London, and completed his basic surgical training and ENT specialist training in the South West.

Timetable

- 9.30 Registration and Coffee
- 10.00 Introduction and Welcome
- 10.20 Free Papers Session 1
1. A spontaneous Pneumocephalus and Hyperpneumatisation of occipital bone and atlas vertebra : a case report.
 2. Paediatric inflammatory neck abscess: Who is likely to undergo surgical drainage?
 3. Assessment of Laryngectomy practice in the South West Region and a proposal for standard setting for Laryngectomy practice.
 4. Chronic Rhinosinusitis and The Sunshine Vitamin: A Systematic Review
- 11.00 Guest Speaker - Mrs Emma King
- 11.30 Free Papers Session 2
1. Clinical outcomes following surgical treatment of chronic parotid sialadenitis
 2. How reliable is preoperative CT scanning in patients with chronic otitis media? A prospective, comparative review of otologists and radiologists predictive accuracy
 3. Accuracy of drain readings by surgical healthcare professionals
- 12.10 Lunch

13.40

Free Papers Session 3

1. Cervical fine needle aspiration cytology: how reliable is it at diagnosing lymphoma?
2. Extra-capsular dissection for benign parotid tumours: Our experience in 100 patients
3. An Algorithmic Approach To Branchial Cysts In The Over Forties
4. Quantifying Recurrent Acute Otitis Media in Children Using a Contemporary UK Electronic Health Records Cohort

14.20

Free Papers Session 4

5. Management of Oro-antral fistulae – a Team effort.
6. Who is the ENT acute clinic run by best?
7. A Survey to Assess the Availability and Use of YouTube as an Educational Resource.

15.10

Guest Speakers - Mr Chris Burgess and Mr Stuart Burrows

15.50

Presentation of Prizes, Certificates and close

16.00

Drinks at local venue!

Free Paper Session 1

A spontaneous Pneumocephalus and Hyperpneumatisation of occipital bone and atlas vertebra : a case report.

Author Names: R.Sawant, A.Trinidade, T.Das

Corresponding Author: rupalirns@yahoo.co.in

Institution: Addenbrooke's Hospital, Cambridge

Introduction:

Pneumocephalus is the presence of air or gas within cranial cavity. It is caused by craniofacial trauma, tumours of skull base, after neurology or otolaryngology surgeries, occasionally noted in scuba diving and rarely it is spontaneous. Rarely, there can be hyperpneumatisation of skull as well as vertebra which is a rare benign condition can be related to elevated middle ear pressure.

Case Report:

A 62 years old fit and healthy gentleman presented with sudden, severe headache without any history of head injury or surgery. He did not have any focal neurological signs. On CT scan of head, he was found to have pneumocephalus and hyperpneumatisation of occipital bone and atlas vertebra. There wasn't obvious tegmen defect on CT scan. Therefore, Myringotomy and grommet insertion was done to help decompression of pneumocephalus. He symptomatically improved after surgery and analgesia.

Discussion:

Spontaneous pneumocephalus is a rare condition. Only 24 cases are reported with spontaneous onset of pneumocephalus. It should be considered even if there is no focal neural deficit.

Hyperpneumatisation of skull and vertebra is a rare condition as well. It is embryological developmental anomaly. There are 125 such cases reported, but only 5 of them are related with spontaneous pneumocephalus.

One condition could lead to other, which is discussed only in 2 articles.

Most of the pneumocephalus cases were treated with surgery to repair the dural defect, only 2 cases were managed conservatively.

We have treated our case with minimal surgical intervention to decompress the pneumocephalus.

Free Paper Session 1

Paediatric inflammatory neck abscess: Who is likely to undergo surgical drainage?

Author Names: Y. Kamhieh, N. Doddi

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Introduction

Inflammatory cervical lymphadenitis is common in the paediatric population. Some cases progress to abscess formation. In this antibiotic era, small abscesses are being treated conservatively. However the criteria to determine who will need surgical drainage have not been well established. The aim of our study is to determine the factors that would necessitate surgical drainage.

Methods

This is a retrospective study of all children up to 16 years with ultrasound diagnosis of cervical lymph node abscess, from 2004 - 2014. Suspected cold abscesses and non-lymph node abscesses were excluded. In total 34 patients had a confirmed 'hot abscess'; 24 patients (70%) required surgical excision.

Results

Comparing patients treated conservatively or surgically yielded no significant difference in gender distribution (P 0.7), mean age (P 0.5), inflammatory markers or length of admission. However abscess size approached a significant difference; 21mm in patients managed conservatively vs. 27mm in patients requiring surgery [P .095]. Abscesses bigger than 10mm were nine times likelier to necessitate surgery. [OR 9, P 0.075].

Conclusion

We propose that there is a quantifiable abscess size below which non-surgical therapy is preferable. Our preliminary results reflect our experience with lymph node abscesses over ten years, and suggest that the likelihood of successful medical management is lower if the abscess size exceeds 10mm.

Free Paper Session 1

Assessment of Laryngectomy practice in the South West Region and a proposal for standard setting for Laryngectomy practice.

Author Names: S. Hollis¹, S A Burrows¹, D L Baldwin², W.O. Bennett³, D Black⁴ G Barrett⁵, S Al-Zahid⁶, E Toll⁷, V Reddy⁸

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Institutions: 1. Gloucester Royal Hospital 2. North Bristol NHS Trust 3. Musgrove Park Hospital 4. Royal United Hospital Bath 5. Royal Devon and Exeter Hospital 6. Torbay Hospital 7. Derriford Hospital, Plymouth 8. Royal Cornwall Hospital, Truro.

Introduction

With the introduction and advancement of radio-oncological techniques the number of laryngectomy procedures has decreased. The reduction of numbers has raised questions regarding the maintenance of standards and training. The Government has proposed that there should be centralisation of major head and neck services. The South West is a very spread out region with a comparatively sparse population in comparison to other areas of England and Wales. We undertook an appraisal of laryngectomy practice and outcomes around the region to look at possible variations in outcomes and to propose standards for practice.

Methods

A retrospective analysis of the 10 last Laryngectomy Procedures undertaken by each unit in the South West region. We assessed the spread of time that 10 were undertaken, their indications, the patient's pre-operative morbidity, surgical techniques, 30 day morbidity & mortality and oncological outcomes.

Results

It is apparent that there is wide variation in MDT preference for surgery both as primary treatments and in recurrent disease. There was a range of 80/20% primary surgery to salvage to 80/20% the other way around. This significantly affected the patient's outcome. A multivariate analysis was performed that showed the need for transfusion and positive margins significantly affected outcome. All departments within the region had fistula rates comparable to those reported in the literature.

Discussion

Although the departments had outcomes that were comparable or better than those published it was felt that we could propose standards to enable ongoing audit. We are in the early stages of setting up an ongoing regional audit to enable suitable comparisons and feedback to be given to the departments.

Conclusion

Despite the current drive for centralisation, in rural communities travel distances are an important consideration. Our region's departments all performed within expected standards drawn from the literature suggesting that departmental throughput may not have a significant bearing on outcome. More work is required to allow

Free Paper Session 1

Chronic Rhinosinusitis and The Sunshine Vitamin: A Systematic Review

Author Names: G.Chawdhary¹, R. Schlosser²

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Institution: 1.Great Western Hospital, Swindon, UK; 2.Medical University of South Carolina, USA

Introduction

Vitamin D3 (VD3) is classically known for its actions in bone and calcium homeostasis. Recently, it has also been shown to be a potent immunomodulatory steroid hormone, prompting studies on its potential role in chronic rhinosinusitis (CRS), especially CRS with nasal polyps (CRSwNP), the eosinophilic, Th2-skewed form of the disease.

Objective

To review the literature on the role of Vitamin D3 in CRS

Methods

Systematic search of the following databases limited to English language: Ovid MEDLINE (R) (1947-July 2014), EMBASE (1974- July 2014) and Cochrane Review databases. Reference lists of all identified studies examined for further relevant papers.

Results

The literature on the role of VD3 in Chronic Rhinosinusitis is limited to case series, case control and in vitro studies. A series of case control studies have found no significant difference in circulating VD3 level between Chronic Rhinosinusitis without Nasal Polyposis (CRSsNP) and controls. In contrast, case control studies have found significantly lower VD3 level in patients with Chronic Rhinosinusitis with Nasal Polyposis (CRSwNP) than in controls. Additionally, in vitro studies have shown that CRSwNP epithelial cells have impaired ability to convert VD3 into its active form and addition of VD3 acts to suppress pro-inflammatory cytokines.

Conclusion

The current evidence suggests that low Vitamin D3 level may play a role in the pathology of CRSwNP. Further work would seek higher level evidence in this area and is important because if proven, may open up a new therapeutic modality for this as yet incurable condition – that of Vitamin D3 supplementation.

Free Paper Session 2

Clinical outcomes following surgical treatment of chronic parotid sialadenitis

Author Names: A. Goomany, D. Waterhouse, S. Sood

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Introduction

Chronic parotid sialadenitis (CPS) is an uncommon inflammatory disorder which can cause intractable symptoms and significant morbidity. Patients who fail conservative treatment may require surgical intervention. Controversy exists regarding the most appropriate pre-operative investigations and surgical management.

Objective

To analyse the clinical outcome of patients treated with parotidectomy for chronic sialadenitis.

Methods

A retrospective review of patients treated surgically for CPS between 2007 and 2014. Seventeen patients (11 female, 6 male) were identified of which 16 had a superficial parotidectomy and 1 total parotidectomy. Clinicopathologic data, treatment morbidity and outcome were analysed.

Results

Average age at presentation was 52 years (range 19 to 72 years). Periprandial pain or swelling and parotid mass were the presenting features in 14 (82.4%) and 3 (17.6%) patients respectively. Pre-operative investigations included 10 ultrasound scans, 6 MRI's, 4 sialograms and 3 fine-needle aspirations. Three patients had multiple imaging investigations. Average symptom duration was 7.28 months (range 0.17 to 24) with no cases of pre-operative facial nerve palsy. Bilateral gland involvement occurred in 3 patients (2 post radio-iodine therapy and 1 non-specific chronic inflammation). Nine patients (52%) had complications (3 with multiple complications), including Frey's syndrome (4 patients), neuropathic pain (2), keloid (1), infection (1), seroma/haematoma (2), and collapse of the EAC (1; total parotidectomy). Two (11.8%) patients had House Brackmann grade II facial nerve palsy at 6 months postoperatively. Complete symptom resolution was achieved in 16 (94.1%) patients.

Conclusion

Superficial parotidectomy is an effective treatment for CPS but has a high complication rate.

Free Paper Session 2

How reliable is preoperative CT scanning in patients with chronic otitis media? A prospective, comparative review of otologists and radiologists predictive accuracy

Author Names: A. Mowat, R. Kayarkar

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Institution: Mid Yorkshire NHS Trust.

Introduction

The development of high resolution CT (HRCT) represented a significant advance in temporal bone imaging. Its value lies in the detailed assessment of the erosion and obliteration of middle ear structures.

Objective

This study assessed the accuracy of prospective predictions made by consultant radiologists and otologists, when compared with intraoperative findings.

Methods

Sixteen HRCT scans were included. These were taken after 01/01/2013, from a single surgeon before mastoidectomies, for chronic otitis media.

Consultant radiologists, aware of the ongoing audit, routinely reported on these scans. Absence of comment was considered indicative of normal findings.

The operating surgeon completed a proforma making thirteen predictions. Six related to the erosion of the middle ear structures e.g. stapes. Seven related to anatomical variants, e.g. mastoid pneumatization.

Results

Intraoperatively: Cholesteatoma was confirmed in 81% of cases. The incus was the most eroded ossicle (88%), followed by the malleus (56%), and stapes (31%). The scutum was the most common, non-ossicular, bony erosion (69%).

Comparatively: Both groups had near identical predictive accuracy. (Otologists 90.6%, radiologists 90.1%) There was strong agreement on the position of the jugular bulb, dura, and mastoid pneumatization.

There was poor agreement on erosion of the scutum, malleus, and facial nerve dehiscence in the transverse plane.

Conclusion

There was no statistically significant difference between the predictive accuracy of consultant radiologists and otologists. HRCT generally underestimated the extent of ossicular erosion, and overestimated facial nerve dehiscence. Otologists should be prepared to encounter conditions not predicted by the radiologists, or themselves, and modify their strategy accordingly.

Free Paper Session 2

Accuracy of drain readings by surgical healthcare professionals

Author Names: S. Shankla, T. Biggs, H. Cox, E. King

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Institution: Poole General Hospital and the Royal Bournemouth Hospital

Introduction

Redivac drains are commonly used in a variety of ENT procedures. It is standard practice for these to be removed when drainage reaches $\leq 30\text{ml/day}$, therefore accurate reading is essential. Underestimation increases infection risk, pain and impacts upon hospital admission duration, which is a significant factor with the NHS facing intense financial pressures.

Objective

Our aim was to assess the ability of surgical healthcare workers to read simulated drain volumes, utilising both the main ($>50\text{mls}$) and corner measurement ($\leq 50\text{mls}$) scales.

Methods

Drains were injected with 25ml and 60ml aliquots of red wine (simulating blood) and milk (simulating chyle). Users were asked to read drains and were observed for technique and accuracy.

Results

In total 30 healthcare workers were assessed (doctors and nurses of varying grades). The median assessment for the 25ml simulated blood drain was 45mls (range of 10 to 60). Only one person correctly identified the volume as 25mls. 25 of 30 healthcare workers assessed the volume of the 25mls simulated blood drain bottle to be $\geq 30\text{mls}$.

Conclusion

This study has revealed a large inaccuracy in the reading of these simple and commonly used drains. Indeed, the majority (25/30) of healthcare workers overestimated the simulated 25ml blood volume, which would result in an increased hospital stay if occurring in a clinical setting. Furthermore, the majority of users were unaware of the smaller scale and its use. This study has highlighted a need for further education on the methods of accurate drain assessment.

Free Paper Session 3

Cervical fine needle aspiration cytology: how reliable is it at diagnosing lymphoma?

Author Names: M. Cherko, A. Salem, M. Millip, J. Ahmed, K. Ghufoor

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Institution: Royal London Hospital London

Introduction:

Fine needle aspiration cytology forms an integral part of the diagnostic panel used in the head and neck clinic. However, like many tests it can yield false results, and in the case of cancer this can create difficult challenges in patient management.

Objective:

To determine the positive predictive value of cervical fine needle aspiration cytology in diagnosing lymphoma; and detail cases that do not correlate with histology.

Method:

A retrospective analysis was performed of 150 consecutive cases of cervical fine needle aspiration cytology reporting lymphoma in our head and neck unit. Cytology results were compared with eventual histology diagnosis.

Results:

We found a 74% positive predictive value of cytology for lymphoma. Of the remainder, 9.3% were reported as reactive lymph nodes, 12% were other non-malignant pathologies and 4.7% were other malignant pathologies.

Conclusion:

We found that there were a significant number of non-lymphoma pathologies diagnosed from tissue biopsies in cases reported as lymphoma from cervical fine needle aspiration cytology. Notably, almost 1 in 20 cases in the group were eventually diagnosed with a non-lymphoma malignancy. This is crucial information needed to provide adequate patient care, especially when the optimal management differs significantly from that for a diagnosis of lymphoma. Therefore, head and neck clinicians must be vigilant to these discrepancies and act to swiftly confirm diagnosis with tissue biopsies.

Free Paper Session 3

Extra-capsular dissection for benign parotid tumours: Our experience in 100 patients

Author Names: M. Daoud, H. Merai, K. Ramachandran, N. Morgan

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Institution: Glangwili General Hospital, Carmarthen

Introduction:

For decades superficial parotidectomy has been widely accepted as the gold standard procedure for benign parotid tumours because of low recurrence rates (2%). However, studies have reported a higher incidence of temporary (8.8–76%) and permanent facial palsy (FP) (0–14%), questioning the necessity to remove the entire superficial lobe. More recently, studies have shown significantly reduced rates of temporary and permanent FP with extra-capsular dissection (ECD).⁽⁵⁾ ECD involves careful dissection around the tumour capsule without prior identification of the facial nerve.

Objective:

To report outcomes of ECD for benign parotid tumours in a single centre and compare results with published data.

Method:

Our cohort consisted of the first 100 patients who underwent ECD parotid surgery at Glangwili General Hospital between April 2004–August 2013, 41 of whom were female and 59 male with a mean age of 54. All masses were clinically benign and investigations revealed no features suggestive of malignancy.

A modified Blair incision was used in all cases and intraoperative facial nerve monitoring was performed.

Results:

None of the patients developed a permanent FP. One developed a temporary partial FP (involving the marginal mandibular nerve), which recovered completely within 20 months. None of the 39 pleomorphic adenoma patients have developed recurrence so far. Six developed a haematoma but only one needed surgical evacuation. There was one case each of Frey's syndrome, sialocele and periauricular numbness.

Conclusion:

Extra-capsular dissection of parotid tumours should be advocated for discrete, mobile masses <4cm as our study, in addition to others, demonstrates a decreased incidence of facial palsy.

Free Paper Session 3

An Algorithmic Approach To Branchial Cysts In The Over Forties

Author Names: H. Turner, K. Shah, S. Winter

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Institution: Oxford University Hospitals NHS Trust

Introduction:

Branchial cysts usually present as a cystic lateral neck mass. However, with increasing age, cystic metastasis to nodes, predominantly from primary head and neck cancers remains a differential. It is therefore imperative to exclude malignancy prior to surgical excision but no clear guidelines exist for this patient group.

Objective:

To propose an algorithm for clinicians seeing patients with lateral cystic neck lumps.

Method:

Retrospective case note analysis of all histologically confirmed cases of branchial cysts excised between 2007-2014 at Oxford University Hospitals. A literature review was undertaken alongside the results of this study.

Results:

Twenty one patients were included in the study, with an average age of 52 years. 95% of patients (20/21) had fine needle aspiration cytology. All 21 patients underwent pre-operative imaging with at least one modality of USS, CT, MRI and PET-CT. The majority of patients under the care of an otolaryngologist underwent examination of the aero-digestive tract under GA prior to excision of the branchial cyst. Frozen section analysis of the neck mass at the time of surgery was performed in 48% of patients (10/21).

Conclusion:

We have identified many approaches to diagnosis and treatment of these patients and we propose a unifying algorithm of FNAC and PET-CT scan. Surgically, we advocate a pan-endoscopy followed by excision biopsy of the mass. When malignancy at any point, the algorithm is aborted and patients are referred to the MDT.

Free Paper Session 3

Quantifying Recurrent Acute Otitis Media in Children Using a Contemporary UK Electronic Health Records Cohort

Author Names: M. Verkerk¹, H. Evans¹, S. Denaxas^{2, 3}, H. Blackshaw¹, A. Schilder¹

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Institution: 1. evidENT, UCL Ear Institute, London 2. Farr Institute of Health Informatics Research, UCL, London 3. Institute of Health Informatics, University College London, London

Introduction:

The incidence of recurrent acute otitis media (AOM) in UK children is as yet unquantified, despite a known effect on quality of life comparable to asthma.

Objective:

Using NHS electronic health records (EHR) we aimed to estimate the proportion of UK children that develop recurrent AOM to enable future studies into the most effective management strategies for these children.

Method:

We performed a retrospective analysis of a primary care EHR database (CALIBER, Clinical Practice Research Datalink) over the period 01/1997 to 03/2010. Incident AOM episodes in children <16 years old were defined using Read codes. Recurrent AOM was defined by international consensus as 3 or more episodes of AOM in 6 months or 4 or more episodes in 12 months.

Results:

95,699 children were identified as having their first AOM recorded in the study period. 10,594 (11.1%) of these children received a second coded AOM diagnosis within 6 months. For 1,689 (1.8%) of these children, this AOM episode represented the first episode in a period of recurrent AOM as defined by international guidelines.

Conclusion:

More than 1 in 10 UK children receive a second AOM diagnosis within 6 months of a first episode. Almost 1 in 50 develop "recurrent AOM", according to international criteria, within the next year. EHR analysis offers the unique opportunity to estimate the burden of ENT conditions, but is currently underutilised. Our next step will link primary and secondary care data to study how management strategies (antibiotics, grommets, adenoidectomy) affect AOM recurrence rates.

Free Paper Session 4

Management of Oro-antral fistulae – a Team effort.

Author Names: S. Healy, V. Singh, K. Smart, S. Mustafa

Corresponding Author: drsarahhealy@gmail.com

Institution: Royal Glamorgan Hospital, Llantrisant, South Wales

Introduction:

An oro-antral fistula (OAF) is an abnormal communication between the maxillary sinus and oral cavity. It typically occurs following dental extraction and is managed by dentists or Maxillo-facial surgeons. OAF also presents after infection and radio-therapy. Patients complain of fluid entering the nose when drinking and a sensation of air rushing into the tooth socket. Diagnosis is made on examination and imaging. Pain and discharge suggests secondary sinusitis.

One study of 86 patients with OAF found 100% had antral infection, and 49% had polyps or mucosal thickening in the maxillary sinus. Defects greater than 5mm diameter or present for more than 3 weeks are referred to our Maxillo-facial colleagues for surgical closure. Techniques include buccal flaps, palatal flaps and a buccal fat pad. It is recognised that management of co-existent sinus disease is important. The use of antibiotics and nasal decongestants is well established, and some studies have used antral washouts in addition to flap closure.

Case Report:

A series of four cases of OAF associated with chronic maxillary sinusitis will be presented with CT imaging. Each patient underwent a single procedure with simultaneous oral closure of the OAF performed by a Maxillo-facial Consultant and functional endoscopic sinus surgery (FESS) performed by an ENT Consultant. At follow-up all patients achieved successful closure of their OAF.

Discussion:

Although not routinely seen in ENT clinics, maxillary sinusitis is a common finding in OAF. Our experience suggests a combined procedure with FESS is an effective approach to managing persistent cases of OAF.

Free Paper Session 4

Who is the ENT acute clinic run by best?

Author Names: A. Mowat, V. Ward

Corresponding Author: andrewmowat@live.com

Institution: Mid Yorkshire NHS Trust

Introduction:

The ENT emergency service varies significantly between trusts. There is no gold standard. Nationally, a majority of acute clinics are SHO led. Most SHOs are in their first ENT job, and begin running clinics without training.

Objective:

Mid Yorkshire Trust is relatively unique in conducting staff grade registrar led clinics. The objective was to establish whether this is justified.

Methods:

A retrospective notes audit of 100 patients, was conducted between 01/06/2014 and 31/08/2014. The electronically documented clinic letter was used to ascertain the relevant information. A subjective judgment was made in each case as to whether the consultation could have been conducted by an SHO with the knowledge and practical skills required to pass both components of the DOHNS examination.

Results:

60% of appointments were otological, 36% were rhinological. 15% required the interpretation of an audiogram, 1% needed admission, 2 MRIs were ordered.

37 procedures were performed, 36 of which could have been performed by a competent SHO.

Despite registrar review follow up rates were high (48%). Important diagnoses were made following investigation, including a rhinological malignancy and necrotising otitis externa.

Conclusions:

The majority of the service (82%) can be safely run by an SHO, with appropriate senior and nursing support. The acute clinic is also an excellent training facility.

However, it is inappropriate for SHOs, new to the specialty, to be expected to run the acute service without thorough induction including practical skills. A prolonged period of observation is suggested, before new SHOs are left alone to lead the acute service.

Free Paper Session 4

A Survey to Assess the Availability and Use of YouTube as an Educational Resource.

Author Names: D. Black, A. Jardine

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Institution: Royal United Hospital, Bath

Introduction:

YouTube is generally regarded as not work appropriate and is often blocked from hospital computers. We propose that YouTube contains a large amount of useful medical content, although the quality is variable and could be improved.

Objective:

Firstly, to demonstrate that YouTube contains content of educational value and should be more available in hospital. Secondly that there is a need to collate high quality material into an accessible peer-reviewed format.

Method:

A questionnaire was constructed to assess attitudes towards YouTube and its current use in a district general hospital. This was distributed to Doctors and other health care professionals using pre-existing hospital email lists.

Results:

Responses were collected from 107 Doctors and 176 other health care professionals. A large majority (75.5% Doctors, 68.6% other) already used YouTube for their own education. A significant minority referred patients to YouTube (24.5% Doctors, 19.3% other). Most responders had encountered problems accessing YouTube in hospital (81.4% Doctors, 72.4% other). An even greater majority thought a peer-reviewed YouTube channel would be beneficial (95.2% Doctors, 94.6% other).

Conclusion:

YouTube is used extensively as an educational resource. It is currently difficult to access in hospital. Previous research found variability in the quality of medical videos on YouTube. A peer-reviewed channel would address this and provide a single platform from which to access the best quality videos. The authors are in discussions with management to make access to YouTube more widely available in hospital as well as proposing to YouTube the equivalent of a Google Scholar service.

Poster Prize Shortlisted

A Systematic review investigating Role of Intraoperative use of Narrow Band Imaging (NBI) in management of Laryngeal Malignancy.

Author Names: R.Sawant

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Institution: Addenbrooke's Hospital, Cambridge

Introduction

On the basis of previous studies, NBI is proved to be efficient diagnostic tool to detect early malignant lesions. We propose a Pilot study to investigate its potential intraoperative use during Laryngeal surgery, on the basis of systematic review.

Objective

To determine current evidence base relating to use of NBI in management of Laryngeal malignancy. The secondary objective is to determine the current deficiency in knowledge relating to intraoperative use of NBI in Laryngeal malignancy cases.

Methods

Articles searched via Pubmed using key word NBI, resulted finding 1359 articles. The search was narrowed down to NBI and Larynx, with which 28 articles were found. Amongst them, the articles related to Hypopharyngeal, Oropharyngeal, Laryngeal malignancy were included. Exclusion- NBI used elsewhere in body other than head and neck region.

Results

The articles are mostly case series done on different number of cases, from 1,2 till 320. One of them describes the characteristic appearance of different stages of malignant lesions, visualised by NBI. These case studies suggest that NBI can detect early malignant lesions more efficiently than conventional White Light Imaging (WLI).

Conclusion

This novel technology can be used for excision of early stage laryngeal malignant lesions accurately. We also discuss how some limitations of this technique can be avoided by modification of surgical instruments.

Poster Prize Shortlisted

A comparison of VHI-10 scores, pre and post intervention, in patients with benign laryngeal disease

Author Names: E.Molena, M. Harries

Corresponding Author: Emma.molena@googlemail.com

Institution: Brighton and Sussex University Hospitals

Introduction

VHI-10 is a validated patient reported measure of voice handicap.

Objective

To compare pre and post intervention VHI-10 scores in patients undergoing intervention for benign laryngeal disease including polyps, papillomas, Reinke's oedema and vocal cord paralysis.

Methods

A retrospective analysis of the VHI-10 scores of patients presenting to voice clinic in Brighton and Sussex University Hospitals. A comparison of pre and post intervention VHI-10 scores. Interventions included both speech and language therapies as well as surgical intervention. Patients with a variety of benign laryngeal diseases were included. Patients with vocal cord paralysis were assessed separately.

Results

69 patients were assessed. There was significant improvement in scores post treatment in the benign and vocal cord paralysis groups, with a decrease of 6.96 ($p < 0.01$) and 4.95 ($p < 0.05$) respectively.

Conclusion

Intervention, both surgical and speech and language therapy, showed a significant improvement in patient perceived voice handicap in both benign laryngeal disease and vocal cord paralysis. VHI-10 can be a useful tool both at initial presentation and at follow up to help quantify patients' perceptions of the benefit of treatment.

Poster Prize Shortlisted

Re-audit: ENT Foreign Body in the A&E department

Author Names: K Davies, L Roche, N Waghorne

Corresponding Author: Davieskl13@gmail.com

Institution: Glangwili Hospital, Carmarthen

Introduction:

Foreign bodies in the ears, nose and throat commonly present to accident and emergency and also contribute to the ENT emergency work load. It has been discussed within the ENT department whether patients should be assessed by the ENT team only in order to reduce the distress caused by multiple removal attempts, increasing the chance of success.

Objective:

Re-audit of A&E practice to determine if guidelines suggested by the first audit cycle are followed.

Method:

Retrospective data collection of patients presenting with suspected ENT foreign body to two local A&E departments 1 year apart. The case notes were analysed of 51 and 45 patients.

Results:

Ear: Over ¾ attempted removal by A&E, 68%-82% successful. Appropriate reasons for not attempting removal. 100% success rate by ENT senior, usually on a different day (5/7)

Nose: More attempted removals by A&E during second cycle (75% compared with 25%). However, 50% less successful compared to first audit cycle. ENT able to resolve, unless no foreign body present

Throat: 15% visualised in A&E with 100% removal success. A&E poor at requesting chest and neck x-rays (16%). 47% referred to ENT, but FB never visualised on Nasendoscopy.

Conclusion: Appropriate removal attempts in A&E. Appropriate and fewer referrals to ENT (29% compared with 47%). Foreign body removal by an ENT doctor successful despite A&E activity. The current management pathways are suitable and have been distributed to medical staff working in A&E via algorithmic pathways

Poster Prize Shortlisted

Glue Ear or No Glue Ear – Diagnosis on Otomicroscopy

Author Names: V. Harries, P. Bowles, M. Harries

Corresponding Author: Victoria.harries@bsuh.nhs.uk

Institution: Royal Sussex County Hospital, Brighton

Introduction:

Glue ear is the most common cause of deafness in children and has a prevalence of approximately 20% during childhood. Otomicroscopy is a recognised tool for the diagnosis of glue ear and is commonly performed by GPs, ENT trainees of all grades and ENT consultants alike.

Objective:

To determine the diagnostic ability of ENT trainees, GP trainees and ENT consultants in identifying glue ear on otomicroscopy.

Method:

An online test of diagnosing glue ear on otomicroscopy was constructed using eight videos obtained from paediatric operating lists. Participation was aimed at local ENT trainees, GP trainees and ENT consultants.

Results:

There were 24 responses in total. The average scores for each trainee grade were: CT1-2 = 62.5%, GPST1-3 = 62.5%, ST3-4 = 50%, ST5-7 = 62.5% and consultant = 62.5%. There was no significant difference in results when comparing GP trainees versus specialist trainees or the grade of trainee.

Conclusion:

Different grades of trainee showed no difference in diagnostic ability when identifying glue ear on otomicroscopy. Further evaluation is required. Participation through a national ENT forum has been developed using 20 video clips to assess this further, the results of which will be presented.

Poster Prize Shortlisted

Frenulotomy for Tongue-Tie: A Two-Cycle Audit in a Tertiary Referral Centre

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Institution: 1. Department of Otolaryngology, Head & Neck Surgery, St George's Hospital, London. 2. Department of Plastic & Reconstructive Surgery, St George's Hospital, London

Introduction:

Ankyloglossia, or tongue-tie, can be identified in 3-4% of babies and is associated with breastfeeding problems. Historically tongue-tie has been associated with speech, kissing and licking difficulties in later life, although this is not supported by evidence. NICE guidance supports frenulotomy for breastfeeding, although anecdotally in our department children are referred with a variety of other problems.

Objective:

We aimed to audit tongue-tie management in a large NHS tertiary centre against NICE guidance on indication for frenulotomy with a view to improving evidence-based practice.

Method:

A two-cycle audit was performed (retrospective: May-Sept 2014; prospective: Jan-Feb 2015) of all children referred to our department with tongue-tie. Based on our findings and a literature review, we instituted a grading system (mild-severe and restrictive/non-restrictive) and parental questionnaire to improve adherence to guidelines.

Results:

194 and 44 children were referred with tongue-tie in the retrospective and prospective cycles respectively. We found no recording of indication for frenulotomy or staff training in the retrospective audit. In the prospective audit, 30/33 confirmed cases underwent frenulotomy, and the parents of 22 cases (73%) reported breastfeeding problems. Non-operated cases were graded as either "mild" or "non-restrictive" or did not have breastfeeding problems. 8 operated cases without breastfeeding problems were graded as "severe" and "restrictive".

Conclusion:

A simple datasheet in the notes improved documentation in our department. We demonstrated good adherence to guidelines but frenulotomies were also performed for indications other than breastfeeding when the tongue-tie was graded as "severe" and "restrictive".

Poster Prize Shortlisted

Tuberculosis the great mimic, again? A report of TB with combined cholesteatoma

Author Names: P. Sethukumar, R. Cetto, S.Abramovich

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Institution: Department of Otorhinolaryngology, St. Mary's Hospital, London

Introduction:

Congenital TB is a seldom-reported multi-system disorder. In older children isolated middle-ear TB is usually characterised by painless otorrhoea and overt TB symptoms.

Case Report:

A 3-year old boy UK born from HIV+ Ugandan parents presented with one-day history of right VII palsy (grade IV), and intermittent right sided otalgia and otorrhoea during the last 2 years. He was treated with IV acyclovir for suspected Ramsey-Hunt, despite lack of vesicles. The child was HIV negative, had no known TB contact and 3 months prior had a right VII palsy, which resolved with steroids. Examination of right ear, revealed an attic defect with squamous debris consistent with cholesteatoma. Audiometry revealed a 50db threshold on the right, left ear was normal.

Radiology:

CT: opacification of right petromastoid air cells, complete opacification of the middle ear cleft with erosion of the long process of the incus and disruption of the incudostapedial joint consistent with cholesteatoma.

Intra-operative histology:

Multiple pale granulations were seen, a specimen macroscopically consistent with cholesteatoma was found to be squamous epithelium consistent with cholesteatoma and microbiology was positive for Tuberculosis.

Anti-TB therapy commenced immediately, and child was disease-free 1 year on.

Discussion:

The case has unusual elements; the presentation was with painful otorrhoea and late VII palsy. Macroscopic, radiological and histological findings were consistent with cholesteatoma and the child had no symptoms of pulmonary/extra-pulmonary TB. This highlights the need for higher index of clinical suspicion of TB in cases such as these, especially in our ethnically diverse inner city area.

Poster Prize Shortlisted

CT Findings Following Abdominal Fat Plug Repair for Inadvertent Skull Base Breach

Author Names: KL Whitcroft, M Guessoum, CY Eng

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Institution: Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY

Introduction:

Skull base breach with consequent CSF leak is a rare but recognised complication of functional endoscopic sinus surgery (FESS). Whilst intraoperative repair techniques are well described, postoperative CT findings after such repairs are not. We present a case in which imaging was undertaken after skull base repair and discuss the potential difficulties in interpreting such images.

Case Report:

A 76-year-old gentleman underwent routine FESS for chronic rhinosinusitis at our hospital. The surgery was complicated by skull base breach with CSF leak, which was repaired intraoperatively using an abdominal fat plug and 'nasopore' dissolvable packing. Postoperatively the patient became pyrexial and, amongst other investigations, a CT head was undertaken. The fat plug was seen on the images and erroneously interpreted by the reporting on call radiologist and neurosurgical registrar as showing evolving abscess.

Discussion:

To our knowledge, these are the first published postoperative CT images following fat plug repair for inadvertent skull base breach. Whilst this is a well-known surgical technique amongst ENT surgeons, the presence of the fat plug caused confusion amongst both radiologists and neurosurgeons in this case. Whilst the possibility of abscess formation should not be discounted, it is important that images are interpreted in clinical context and with appropriate knowledge of the surgical procedure performed.

Poster Prize Shortlisted

Sinonasal neuroendocrine tumour: too quick to catch

Author Names: Matthew Cherko, Amr Salem, Khalid Ghufour

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Institution: Royal London Hospital, London

Introduction:

We present a case which seemed at first to be a lymphoma, but rapidly progressed during workup and was ultimately diagnosed as a metastatic neuroendocrine carcinoma with limited treatment options.

Case Report:

A 54 year old lady presented to the ENT clinic with painful cervical lymphadenopathy increasing in size over a two month period. Examination also revealed an abnormal appearing left middle turbinate. Ultrasound findings and fine needle aspiration cytology (FNAC) were strongly suggestive of non-Hodgkin's lymphoma. During diagnostic workup, she rapidly deteriorated with epistaxis, back pain and left sided proptosis with visual loss.

CT revealed an aggressive vascular sinonasal mass with local bony invasion, metastatic nodal spread and metastatic lesions throughout the spine and in the liver (T4N2cM1). A craniofacial MRI showed interval progression with intracranial and left optic nerve involvement.

Urgent biopsies of the nasal mucosa, cervical lymph nodes and bone marrow were performed. Final histology revealed a neuroendocrine carcinoma with a locally invasive left sinonasal focus. Unfortunately, by the time tissue diagnosis was made, her pathology had sufficiently progressed despite an initial response to palliative chemoradiotherapy she did not survive beyond two months.

Discussion:

This case highlighted the aggressive nature of this rare head and neck cancer and the importance of being aware of the limitations of FNAC, especially with regards to the provisional diagnosis of lymphoma.

Posters

Synovial sarcoma of the cricoarytenoids – a case report and literature review

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Introduction:

Synovial sarcoma of the head and neck is rare; within that, there are to date only 17 reported cases arising from the larynx. As such diagnosis and management present significant clinical challenges. We report a synovial sarcoma arising from the cricoarytenoids, to our knowledge the first described, with a review of the literature.

Case Report:

A 77 year-old woman presented hoarse-voiced and dysphagic. Urgent CT showed a large cystic lesion of hypopharyngeal origin; however several biopsies showed spindle cells suggesting thyroid cancer. A bigger biopsy allowed FISH analysis, which showed epithelial markers diagnostic of synovial sarcoma. We compare the radiological and histological features of other reported cases, as well as the management and outcomes.

Methods:

The clinical presentation of our patient and the diagnostic difficulties experienced, represent valuable learning points across the disciplines involved. Previous reported cases were also reviewed to establish the more common presentations, radiological and histological findings, and compare treatment strategies and outcomes.

Conclusion:

In this described case the rare pathology led to diagnostic difficulty. This review of our case and the 17 previously reported serves to raise awareness and share the diagnostic learning points from clinical, radiological and histological assessments. It also combines experiences of managing these rare but devastating tumours.

Posters

Role of Surgery in the management of anaplastic thyroid cancer: a presentation of 2 cases and a review of literature.

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Institution: Glan Clwyd Hospital, Rhyl, North Wales

Introduction:

Anaplastic thyroid cancer is rare but one of the most aggressive malignancies. It has a very poor prognosis with a survival is limited to months. It usually affects elderly patients and has a rapid local infiltration and invasion. It could present with neck mass, hoarseness of voice, dysphagia or dyspnea. Half the patients would have distant metastases.

There has been a debate regarding the role of surgery in the management of anaplastic thyroid cancer.

Case Report:

We present our experience of management of 2 patients with anaplastic thyroid cancer. Both of them have finished the radical treatment of radio and chemotherapy. After MDT meeting, total thyroidectomy, bilateral selective neck dissection +/- tracheostomy was done. We present the outcomes of surgery together with a review of the literature of the role of surgery in the management of anaplastic thyroid cancer.

Posters

The importance of nasendoscopy and lateral soft tissue neck films in posterior pharyngeal wall trauma

Author Names: S. Lawday, H. Wilson, S. Frampton, H. Cox

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Institution: Poole Hospital NHS Foundation Trust

Introduction:

Nasendoscopy and lateral soft tissue neck films (LSTN) are often not performed in cases of mild posterior pharyngeal wall trauma. Nasendoscopy allows for visualisation of the posterior pharyngeal wall and while an assessment can be performed on the nasal cavity, supraglottis and larynx. LSTN is used for foreign body identification and to access results of trauma to the posterior pharyngeal wall.

Case Report:

46 year-old lady presented to the emergency department after an alleged intra-oral assault where a fist was forced into her mouth. On examination, there was injury to superficial mucosa of the lips with buccal margin bruising. A well-opposed, apparently superficial laceration was observed on the posterior pharyngeal wall. Nasendoscopy was performed which more clearly identified an associated sub-mucosal swelling.

Blood tests revealed a mild leukocytosis and a slightly raised CRP indicated an early inflammatory response. A LSTN film was requested and demonstrated pre-vertebral air-tracking. A barium swallow revealed no associated fluid leak associated. A nasogastric tube was passed to reduce the risk of contamination while the pre-vertebral tissues healed. Intravenous antibiotics were used prophylactically and a soft diet was re-introduced after 7 days.

Discussion:

By examining the posterior wall from above, the nasendoscope facilitates better identification of posterior pharyngeal wall swelling which cannot be observed by intra-oral examination. The use of a LSTN film can be useful in differentiating some of the potential causes of prevertebral swelling and in this case identified prevertebral air. This significantly changed the patient's subsequent management and may have been life-saving.

Posters

Recognition and Management of spontaneous pneumomediastinum: a case report

Author Names: H. Wilson, S. Lawday, A. Brent, D. Tarver, A.Thomson, S.Frampton, K. Heathcote.

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Institution: Poole Hospital NHS Foundation Trust

Introduction:

Spontaneous pneumomediastinum (SPM) is a rare condition defined by the presence of free air in the mediastinum. It is caused by rupture of pulmonary alveoli or oesophageal perforation, enabling movement of air up the tracheobronchial tree into the mediastinum. It typically occurs in young adults after coughing or vomiting.

Case Report:

A 26 year-old lady presented to hospital with a one day history of increasing pain and a "crackling" sensation in her neck. She described feeling a lump in her throat, with increasing dysphagia and retrosternal pain. She was otherwise well with no history of trauma, coughing or vomiting. Clinical examination identified surgical emphysema in the soft tissues of the neck. Plain film, CT and barium swallow imaging revealed extensive pneumomediastinum extending inferiorly to the diaphragm and superiorly into the prevertebral space of the neck. She was managed conservatively with prophylactic intravenous antibiotics and kept nil-by-mouth for 24 hours. Bloods were normal and she remained afebrile throughout. Discussion with the upper GI, cardiothoracic and respiratory teams concluded the likely cause to be an oesophageal perforation. The patient was discharged after two days on a soft diet and 10 days oral antibiotics with follow up in 6 weeks.

Discussion:

The literature on SPM management is controversial. Whilst SPM is usually a benign and self-limiting disease, thorough investigation is crucial to rule out sinister causes and prevent complications including infection or tension pneumothorax. CT and plain films must always be performed. Symptoms usually improve gradually with conservative treatment and early discharge

Posters

Osteoma of the malleus: a rare elderly case presentation

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Institution: Medway Maritime Hospital. Gillingham, Kent

Introduction:

Osteomas of the ossicles are extremely rare benign neoplasms. We present the only elderly presentation of an osteoma of the malleus in the literature.

Case Report:

A 75-year-old female presented to the ENT Department with a two-year history of tinnitus and asymmetrical hearing loss (left>right). On first review, auroscopy appeared relatively normal, however, 11 months later, there was a lobulated swelling over the superior half of the left tympanic membrane. An audiogram confirmed a moderate left conductive hearing loss. A Computed Tomography (CT) scan of the temporal bone reported an osteoma of the left malleus measuring 6 x 6 x 4mm, which was attached to the scutum and tympanic membrane. Conservative approach was adopted with a hearing aid and regular monitoring with audiometry.

Discussion:

Osteomas of the middle ear are naturally slow growing with an unknown aetiology. They typically present with unilateral conductive hearing loss when there is disruption of the ossicular chain. The diagnosis can be based mainly on inspection and CT scanning. Exploratory tympanometry provides a histological evaluation, which would feature abundant fibrovascular channels surrounded by lamellated bone.

Osteomas of the malleus have only been described four times in the literature. These case reports cited one paediatric patient and 3 middle-aged patients. Three of these patients were underwent exploratory tympanometry with resection of the tumour and the remaining patient was managed conservatively.

We add to the current literature of an elderly presentation of an osteoma of the malleus managed in a conservative manner.

Posters

Deep Seated Otagia with Multiple Skin lesions in an Immuno-compromised Patient: Management Dilemma

Author Names: B. Yu, M. Khan, S. Cooper-Maidlow, V. Malik

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Institution: Blackpool Victoria Hospital, Blackpool

Introduction:

Patients with Chronic Lymphocytic Leukaemia (CLL) are at a higher risk for developing cutaneous malignancies, particularly squamous cell carcinoma (SCC). Cutaneous SCC in CLL tends to be multiple and aggressive, with a higher incidence of post-treatment recurrence and spread.

Malignant otitis externa (MOE) usually presents with severe deep-seated otalgia and otitis externa in an elderly, immuno-compromised patient. It is associated with a high morbidity & mortality if not treated early. When advanced, it can involve cranial nerves.

Case Report:

We present an unusual case of an elderly diabetic patient with CLL, multiple head & neck cutaneous SCCs, MOE and facial nerve paralysis.

A multidisciplinary team involving ENT surgeons, skull base team, oncologist, haematologist, radiologist, microbiologist and pathologist manage this patient. The patient previously received chemotherapy for CLL and was on a watch & wait treatment plan when his OME as treated with long-term antibiotics and surgical debridement. The patient had a relapse of CLL but chemotherapy was deferred due to contra-indications from OME treatment. Furthermore, treatment for multiple cutaneous SCCs also had to be deferred.

Discussion:

A multidisciplinary approach is vital for the treatment of such complex cases. One of the main differential diagnosis of malignant otitis externa is malignancy. Frequent assessment of the patient's acute problems alongside existing disease allows the most effective and appropriate treatment regimen to be devised. We discuss the challenges in managing this complex case including diagnosis, decision for antibiotics & surgical intervention, and timings for chemotherapy & radiotherapy.

Posters

Tuberculosis the great mimic, again? A report of TB with combined cholesteatoma

Author Names: P. Sethukumar, R. Cetto, S. Abramovich

Corresponding Author: Priya00sk@gmail.com

Institution: Department of Otorhinolaryngology, St. Mary's Hospital, London

Introduction:

Congenital TB is a seldom-reported multi-system disorder. In older children isolated middle-ear TB is usually characterised by painless otorrhoea and overt TB symptoms.

Case Report:

A 3-year old boy UK born from HIV+ Ugandan parents presented with one-day history of right VII palsy (grade IV), and intermittent right sided otalgia and otorrhoea during the last 2 years. He was treated with IV acyclovir for suspected Ramsey-Hunt, despite lack of vesicles. The child was HIV negative, had no known TB contact and 3 months prior had a right VII palsy, which resolved with steroids. Examination of right ear, revealed an attic defect with squamous debris consistent with cholesteatoma. Audiometry revealed a 50db threshold on the right, left ear was normal.

Radiology:

CT: opacification of right petromastoid air cells, complete opacification of the middle ear cleft with erosion of the long process of the incus and disruption of the incudostapedial joint consistent with cholesteatoma.

Intra-operative histology:

Multiple pale granulations were seen, a specimen macroscopically consistent with cholesteatoma was found to be squamous epithelium consistent with cholesteatoma and microbiology was positive for Tuberculosis.

Anti-TB therapy commenced immediately, and child was disease-free 1 year on.

Discussion:

The case has unusual elements; the presentation was with painful otorrhoea and late VII palsy. Macroscopic, radiological and histological findings were consistent with cholesteatoma and the child had no symptoms of pulmonary/extra-pulmonary TB. This highlights the need for higher index of clinical suspicion of TB in cases such as these, especially in our ethnically diverse inner city area.

Posters

Hard to Swallow: The intraoral excision of a pharyngeal synovial sarcoma

Author Names: V. Harries, A. Pelsler

Corresponding Author: Victoria.harries@bsuh.nhs.uk

Institution: Royal Sussex County Hospital, Brighton

Introduction:

Although common in the extremities, synovial sarcomas are extremely rare in the head and neck region, creating challenges in both diagnosis and management. Immunohistochemical analysis is essential for a definitive diagnosis.

Case Report:

A 46-year-old lady was referred to ENT with a 9-month history of progressive dysphagia and intermittent hoarseness of voice. An FNE showed a large pedunculated lesion in the hypopharynx. A CT scan confirmed an enhancing exophytic mass, measuring 38mm, arising from the right posterior and lateral pharyngeal walls and effacing the right retropharyngeal space. It encompassed the right piriform fossa and partially obstructed the supraglottis. Microscopy revealed a biphasic cellular neoplasm, composed of glandular and spindle cell components. On immunohistochemistry, the epithelial component was strongly positive for pancytokeratin stains and EMA. Both the epithelial and spindle cell components were diffusely positive for bcl-2 and CD99. The morphological and immunohistochemical features were entirely in keeping with a biphasic synovial sarcoma.

Discussion:

There are only 16 published case reports of pharyngeal synovial sarcomas worldwide. Adjuvant chemoradiotherapy is commonly recommended in spite of complete surgical excision. The patient underwent laser resection of the hypopharyngeal sarcoma via a transoral approach. Videos are available of the anaesthetic induction and surgical dissection. Biopsies from the margins were negative, confirming complete excision. Surgery was followed by chemoradiotherapy and there is no evidence of recurrence at the 6-month review. Long-term follow up is required to ensure no recurrence occurs.

Posters

CT Findings Following Abdominal Fat Plug Repair for Inadvertent Skull Base Breach

Author Names: KL Whitcroft, M Guessoum, CY Eng

Corresponding Author: k.whitcroft@gmail.com

Institution: Lincoln County Hospital, Greetwell Road, Lincoln LN2 5QY

Introduction:

Skull base breach with consequent CSF leak is a rare but recognised complication of functional endoscopic sinus surgery (FESS). Whilst intraoperative repair techniques are well described, postoperative CT findings after such repairs are not. We present a case in which imaging was undertaken after skull base repair and discuss the potential difficulties in interpreting such images.

Case Report:

A 76-year-old gentleman underwent routine FESS for chronic rhinosinusitis at our hospital. The surgery was complicated by skull base breach with CSF leak, which was repaired intraoperatively using an abdominal fat plug and 'nasopore' dissolvable packing. Postoperatively the patient became pyrexical and, amongst other investigations, a CT head was undertaken. The fat plug was seen on the images and erroneously interpreted by the reporting on call radiologist and neurosurgical registrar as showing evolving abscess.

Discussion:

To our knowledge, these are the first published postoperative CT images following fat plug repair for inadvertent skull base breach. Whilst this is a well-known surgical technique amongst ENT surgeons, the presence of the fat plug caused confusion amongst both radiologists and neurosurgeons in this case. Whilst the possibility of abscess formation should not be discounted, it is important that images are interpreted in clinical context and with appropriate knowledge of the surgical procedure performed.

Posters

Outcome after Coblation Assisted Uvulopalatoplasty (CAUP)

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Introduction

Sleep related breathing disorders refer to an abnormal respiratory pattern or reduction in gas exchange during sleep. Failure to relieve the symptoms medically, surgery is considered as last resort. CAUP is reported as one of the procedures for Sleep Related Breathing Disorders (SRBD). Aim was to evaluate improvement of symptoms in patients who had CAUP. The gold standard is 25% improvement in symptoms when comparing pre and post operatively, and investigating which survey is more effective in assessing improvements.

Objective

To investigate the number patients with a 25% improvements when comparing pre and post CAUP. Comparing the effectiveness of Epworth or Snoring Symptoms Index (SSI) in assessing improvement

Methods

Retrospective study

Study period: First audit - 2010. Second audit - 2014

Patients should have pre & post epworth and SSI surveys. All patients were operated using coblation under one surgeon. Pre-operative data was collected from hospital notes, and post-operative was evaluated by sending letter to patients containing both surveys within 12-month period of operation.

Results

First audit was inconclusive yielding only 3/10 patients with completed surveys. Second audit: 39 patients. 12/39 patients responded with completed surveys. Mean age was 46.5 ± 7.66 (32-59) Overall improvement of Epworth score was 24% post op, and 27% of SSI post op. As per gold standard, 58% of patients had >25% improvement using Epworth score and 67% using SSI.

Conclusion

Our results are similar to other literature review. SSI appears to be a more accurate tool for assessing snoring impacted on QoL.

Posters

Introducing a standardised method of communicating head and neck cancer diagnoses with GPs

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Institution: West Wales General Hospital, Carmarthen

Introduction

Head and neck cancers account for approximately 8,100 new cases diagnosed in England and Wales each year. According to the National Standards for Head and Neck Cancers 2005, a head and neck cancer diagnosis should reach GPs within 24-hours of the patient being informed. However, by the time the dictated letters have been typed and posted to GPs, the standard has already been breached.

Objective

To ensure that head and neck cancer diagnoses and management plans for patients seen in our department are communicated to the GP within the gold standard of 24-hours.

Methods

Letters from September 2013-May 2014 were reviewed for patients diagnosed with a head and neck cancer in our department. We looked at the date the letter was dictated and compared this to the date the letter was typed and whether the communication letter was faxed to the GP.

Results

22 letters were reviewed. The GP communication letter was introduced in February 2014; therefore, out of the 22 letters, 12 had been sent out before the letter was introduced. Out of the 10 letters that had been reviewed from February onwards, five GP communication letters were faxed through when the diagnosis was given.

Conclusion

The introduction of the GP communication letter has enabled the diagnosis to be conveyed to the patient's GP by the 24-hour standard. This practice needs to be consolidated within the department to achieve 100% compliance. The time taken for the GP to read the letter remains the limiting factor; however, we had no way of measuring this.

Posters

The Awareness of External Auditory Canal Exostosis And Its Preventability In Surfers In The UK: A Cross-Sectional Study

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Institution: University of Birmingham, Birmingham, England.

Introduction

External Auditory Canal Exostosis (EACE) is characterized by bony growths within the external auditory canal. Termed 'Surfer's Ear' due to the high prevalence in cold water sport participants: affecting 53% of surfers in the UK.

Objective

Primarily this study aims to determine the proportion of surfers who hold awareness of EACE. Secondly, the preferred methods to educate the wider surfing population will be determined to ensure public health advice is available and targeted at 'unaware' surfers in the future

Methods

A questionnaire was designed and distributed through surfing clubs and at popular surfing sites between February-March 2015. Surfers were asked to report awareness of EACE and complete knowledge statements with Likert scale responses. Data on demographics, surfing skill, distance from beach and preferred sources of information delivery were collected. Logistic regression was used to explore predictor variables of EACE knowledge.

Results

375 responses were included. 86.1% (95% CI 82.3-89.3%) of respondents reported awareness. The regression model classified 81.9% of cases: Distance from nearest surfing beach ($P=0.006$), surfing standard ($P=0.005$), earplug use ($p=0.018$) and GP diagnosis ($p=0.016$) were significant predictors of knowledge. 84% of respondents felt that delivery of surfing-health information should be improved.

Conclusion

Findings suggest that 13.9% of surfers are not aware of EACE and a further 23.5% have poor knowledge of this preventable condition. Strategies to increase knowledge and encourage earplug use by surfers are required to reduce the prevalence and burden of EACE. Utilisation of surfing clubs, magazines and social media pages should be considered.

Posters

Instagram, Facebook, Snapchat and endless Selfies: Are they contributing to a surge in cosmetic interventions?

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Institution: 1. Colchester General Hospital, Colchester. 2. Broomfield Hospital, Chelmsford

Introduction:

The last decade has seen an exponential rise in cosmetic procedures within the United Kingdom. Concurrently, there has been an explosion in the use of social media (Facebook™/ Instagram™/ Snapchat™/ YouTube™/ Twitter™) and a surge in the 'selfie' phenomenon. This study aims to assess the relationship between the increased use of social media platforms and the growing popularity and demand for cosmetic interventions.

Objective:

This study aims to assess the relationship between the increased use of social media platforms and the growing popularity and demand for cosmetic interventions.

Method:

An anonymised online survey consisting of 23 closed questions and a free-text response was made available via Facebook™ for a period of nine days. It assessed participants' use of social media, the effect of these channels on perceived body-image and their role in influencing respondents to pursue cosmetic procedures. The survey was open to 16-30 year-olds residing in the UK.

Results:

108 individuals participated (67.3% female). 55% were in the 19-24 age bracket. 83% use Facebook™ more than once daily. 90% actively post photos and 94% comment on others' photos/videos. 60% state that social media has affected their self-image, reporting feeling inadequate (58%) and envious (72%) of others. Though only 7% have undergone cosmetic procedures, 27% would pursue them if affordable.

Conclusion:

Access to social media has allowed widespread dissemination of unrealistic portrayals of beauty. In easily-influenced, vulnerable individuals, this can lead to feelings of low self-worth and inadequacy. In an industry that is ever-expanding, yet grossly unregulated, it is essential that the public, especially the young, are educated as to the risks of cosmetic interventions and that rigid regulations are implemented to protect those that are most susceptible.

Posters

Critical care admissions following total laryngectomy: Is it time to change our practice?

Author Names: H. Waljee, A. Morgan, B. Gibson, S. Berry, A. Jaffery

Corresponding Author: hwaljee@gmail.com

Institution: Royal Glamorgan Hospital

Introduction: Critical Care Unit (CCU) beds are in increasing demand, and historically major operations from other specialties have not required automatic CCU admission.

Objective:

To quantify CCU care received by patients following total laryngectomy at a South Wales DGH, and compare patient outcomes, in an attempt to change current practice and suggest a method to stratify patients according to post-op risk.

Method:

22 cases of total laryngectomy between 2009-2014 were identified from the electronic Theatre system. CCU data were compiled from CareView, and paper notes analysed to determine individual P-POSSUM risks. A telephone survey of all Welsh hospitals performing laryngectomies was performed to identify a consensus regarding post-operative practice. Local financial departments provided costing information.

Results:

77% of patients did not require specialist care or monitoring whilst in CCU. One patient suffered an immediate post-operative haemorrhage requiring a return to theatre. Three patients returned to theatre following discharge to the ward with haemorrhage one week post-op.

P-POSSUM >10% was assumed to require CCU admission independent of other factors.

Cost analysis showed a potential saving (CCU bed overnight vs ENT ward bed with special nurse) of approximately £9,000/year.

Conclusion:

The majority of patients did not require specialist care over that available on an ENT ward.

Validation evidence for the use of P-POSSUM for head & neck surgery is limited. In general surgery, it is becoming increasingly used as an aid to stratify and predict patient risk and guide CCU admission post-op.

An All Wales approach should be considered to reach a consensus regarding post-laryngectomy patients.

Posters

Outpatient Lingual Frenulotomy For Ankyloglossia

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Introduction: Ankyloglossia is characterised by an abnormally short lingual frenulum. The condition may cause problems with breast-feeding or with speech in later life. If identified early it can be treated by division in an outpatient setting without anaesthesia.

Objective: To determine the safety and efficacy of outpatient lingual frenulotomy.

Method: A retrospective case review of patients undergoing frenulotomy at the Bradford Royal Infirmary between May 2011 and May 2012. Seventy-five patients were identified. Frenulotomy was performed in the outpatient department using sterile tenotomy scissors without anaesthesia. All infants were fed immediately after and discharged the same day. Parents were later contacted by telephone to answer a questionnaire.

Results: 32 parents responded to the questionnaire. Feeding problems included poor latch, short suck, 'hungry baby' and 'wind' in 92%, 84%, 53% and 41% of infants respectively. Nineteen mothers complained of nipple pain and 5 developed mastitis. Seventy-eight percent (25/32) noticed an improvement in symptoms and in 72% this was immediate. There were no complications although 4 children required revision. 97% of parents would repeat the procedure if future siblings had ankyloglossia. Frenulotomy was perceived by parents as more distressing for them than for the baby.

Conclusion: Ankyloglossia is important in the differential diagnosis of infants with feeding difficulties. Frenulotomy in such cases is safe, effective and well tolerated by both parents and infants. Because of the high success rate and low complication rate, frenulotomy should be considered in infants with ankyloglossia presenting with feeding difficulties in the first few weeks of life.

Posters

Management of neck node - revisiting

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Introduction:

With the head and neck cancer team increasing in our district general hospital, we are assessing and treating more patients presenting with neck lumps. In each case, the guidelines adapted from ENT UK should be followed.

Objective:

To optimise the management of patients presenting to the ENT department with neck node.

Method:

Retrospective complete audit cycle of patient data from a health computer system identifying the investigations performed and the final diagnosis of the neck lump for each patient.

Results:

18 patients were audited in each cycle.

- First audit cycle
 - 12/18 patients had an FNA.
 - Imaging was done in 13/18 (Ultrasound), 1/18 (CT) and 1/18 (MRI) respectively.
 - Three histology results confirmed malignancy.
- Second cycle
 - 13 out of 18 patients in the second cycle had an FNA.
 - Fourteen, six and seven patients respectively had an ultrasound, CT and MRI scans.
 - Eleven patients had malignancy confirmed.

Conclusion:

- We have succeeded in bringing in uniformity in managing neck lumps within the health board.
- Core biopsy clinics have been introduced to improve compliance.
- Further audit of our practice is recommended.

Posters

Urgent suspected head and neck cancer. How appropriate are GP referrals

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Introduction:

- Diagnosis of any cancer on clinical grounds alone can be difficult.
- Primary healthcare professionals should be familiar with the typical presenting features of cancers, and be able to readily identify these features when patients consult with them.
- The National Institute for Health and Clinical Excellence (NICE) published updated guidelines in 2005.
- The South West Cancer network have online referral forms for urgent suspected patients.

Objective:

To assess if GP referrals to the ENT department in a district general hospital for head and neck cancer follow NICE guidelines, and to standardise urgent head and neck cancer referrals.

Method:

Prospective complete audit cycle of GP referrals for a two week period in September one year apart

Results:

- 19 out of 22 (76%) referrals were inappropriate in the first cycle with 11 referrals being upgraded and 6 referrals downgraded.
- Two referrals had insufficient information.
- Improvement was noted following intervention where letters were distributed to primary care highlighting inappropriate referrals.
- The second audit cycle showed 11 out of 25 (44%) referrals as inappropriate; four upgraded, six downgraded and one with insufficient information.

Conclusion:

- Although some improvement has been noted, more needs to be done to improve USC referrals from primary care.
- Arrangements for primary care lectures are in planning.

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