



Abstract Booklet 2014

The South West ENT Academic Meeting 2014,
Post Graduate Centre,
Royal United Hospital, Bath

www.sweam.org.uk



Welcome

Dear Delegates,

Welcome to SWEAM 2014. 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 project. 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, Reckitt Benckiser and Wesleyan Medical Sickness. Please spend some time in 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 two guest speakers today. Professor Hisham Khalil, Consultant Rhinologist at Derriford Hospital and Plymouth University Medical school, will be talking about Clinical education research in ENT. Mr Robin Youngs, Consultant ENT surgeon at the Gloucestershire Royal Hospital and editor of the Journal of Laryngology and Otology, will be speaking on how to get your paper published.

The running and preparation for the day has also been due to the assistance of Mr Jon Bird, Mr Chris Foxton and Mr Stuart Burrows for which I am very grateful. I must also thank Mr Venkat Reddy and Mr Stuart Gillett, both Past Presidents for their 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 2014**

Guest Speakers

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.

Mr Robin Youngs MB BS MD FRCS



Mr Robin Youngs is a Consultant ENT surgeon at the Gloucestershire hospital NHS foundation Trust. He became a Fellow of the Royal College of Surgeons of England (FRCS, Otolaryngology) in 1984 and undertook higher specialist training at St.Bartholomew's Hospital, London and The University of Toronto, Canada.

He has been a pioneer of "minimally invasive" endoscopic sinus surgery in the UK and organises the University of Cambridge Sinus Surgery Course for trainee surgeons from around the world. He is a recognised national expert in endoscopic sinus surgery, endoscopic tear duct surgery (DCR), and balloon sinuplasty. In addition, he has expertise in the medical and surgical treatment of chronic middle ear disease, deafness, tinnitus and dizziness. He also has an interest and training in the treatment of ENT problems in scuba divers. He has also been President of the Otology Section of The Royal Society of Medicine.

He is the Editor of The Journal of Laryngology and Otology, one of the world's foremost ENT Journals. He finds time to practice in poorer countries as a Director of the Britain Nepal Otology Service and coordinator of a link between the ENT Department of Gloucestershire Royal Hospital and the ENT Teaching Hospital in Yangon, Myanmar.

Timetable

- 9.30 Registration and Coffee
- 10.00 Introduction and Welcome
- 10.20 Free Papers Session 1
- 1.Sestamibi scintigraphy for parathyroid localization: a reminder of the dangers of false positives **(Whitcroft)**
 - 2.Don't be a clot – an anticoagulant guide for ENT surgeons **(Bajalan)**
 - 3.A pilot study into the prevalence of ear disease and hearing loss in HIV positive children in the paediatric clinics of Queen Elizabeth Central Hospital, Blantyre, Malawi **(Harris)**
 - 4.Indications for tonsillectomy : closed-loop audit **(Menon)**
- 11.00 Guest Speaker - Mr Robin Youngs
- 11.30 Free Papers Session 2
- 1.Investigating the parotid tumour: Are Magnetic Resonance Imaging (MRI) scans more accurate in diagnosing malignant parotid tumours than Fine Needle Aspiration Cytology (FNAC)? **(Bajalan)**
 - 2.LAUP: a review of clinical practice and outcomes against defined standards **(Cheung)**
 - 3.The Nasogastric Tube Passport **(Hampton)**
 - 4.Patient satisfaction with post aural incision site **(Barrett)**
- 12.10 Lunch

- 13.40 **Free Papers Session 3**
1. Quality of Life After Orbital Exenteration (**McIntyre**)
 2. Improving the utilisation of follow up appointments for patients with BPPV (**Ronan**)
 3. Vocal Process Granulomas: A Systematic Review of Treatment (**George**)
 4. Consultant Perceptions of Workplace-Based-Assessment Training (**Hampton**)

14.20 **Guest Speaker Prof Hisham Khalil**

- 15.00 **Free Papers Session 4**
1. Post-operative calcium management in Thyroid surgery (**Field**)
 2. Speech and Swallowing Outcomes Following Pharyngolaryngectomy: Systematic review and case series (**Mahalingam**)
 3. Rare cause of nasal obstruction and rhinorrhoea in a 12 year old child (**Nemeth**)

15.50 **Presentation of Prizes, Certificates and close**

Free Paper Session 1

Sestamibi scintigraphy for parathyroid localization: a reminder of the dangers of false positives

Author Names: Whitcroft KL, Sharma A

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Institution: St George's Hospital, London

Introduction:

Primary hyperparathyroidism is an increasingly diagnosed endocrinopathy for which surgical parathyroidectomy is curative. As minimally invasive parathyroidectomy gains popularity, so does reliance on pre-operative parathyroid localization techniques, in particular, sestamibi scintigraphy. We report a case of false positive sestamibi scintigraphy caused by follicular variant papillary thyroid carcinoma.

Case Report:

A 65-year old woman presented to clinic with symptoms of hypercalcaemia and investigations in keeping with a diagnosis of primary hyperparathyroidism. Dual phase sestamibi scintigraphy showed delayed washout over the left inferior pole. Ultrasound showed a 2.6cm partially intrathyroidal nodule in this position, with echogenicity and vascularity typical of a parathyroid adenoma.

These results were inconsistent with intraoperative findings where a right enlarged parathyroid and left lower pole thyroid nodule were removed via parathyroidectomy and hemithyroidectomy respectively. Histological analysis confirmed right parathyroid adenoma and left thyroid follicular variant papillary thyroid carcinoma

Subsequent completion thyroidectomy and level VI neck dissection was abandoned due to extensive post-operative fibrosis. The patient is currently undergoing TSH suppression and a watch and wait policy.

Discussion:

This case highlights the danger of false positive sestamibi scintigraphy due to thyroid carcinoma. Where minimally invasive parathyroidectomy techniques are used, it may be difficult to identify thyroid abnormalities. This is particularly relevant given an increasingly acknowledged association between parathyroid and thyroid pathology. It is therefore important that pre-operative parathyroid localization scans are interpreted carefully and that any potentially ambiguous lesions are adequately investigated. In doing so, and through informed intra-operative decision making, patient outcomes can be optimised.

Free Paper Session 1

Don't be a clot – an anticoagulant guide for ENT surgeons

Author Names: Bajalan M, Biggs T, Jayaram S

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Institution: University Hospital Southampton NHS Foundation Trust, Southampton

Introduction:

Anticoagulant medications are commonly used in the management of numerous cardiovascular diseases. Furthermore, many newer anticoagulant agents are now licensed for use in the UK. Surgeons will encounter patients' on anticoagulants; therefore, a thorough knowledge of these will be essential for managing acute and pre-operative cases.

Objective:

1. Ascertain ENT clinicians' current knowledge surrounding new (e.g. apixaban, rivaroxaban) and old (e.g. aspirin and warfarin) anticoagulant medications, and 2. Provide an educational overview of anticoagulants for use by surgeons.

Method:

A questionnaire survey was distributed across the Wessex region (November 2013) to ascertain levels of knowledge and confidence in managing patients taking various anticoagulants. In total 50 questionnaires were completed (41 trainees and 9 consultants), following which an educational article on managing anticoagulants for surgeons was produced.

Results:

Results highlighted poor clinical and pharmacokinetic knowledge of newly licensed anticoagulant medications. Confidence in managing older anticoagulants was better than newer forms, across all grades of doctors, particularly at the senior level. Many clinicians suspected that the newer anticoagulant medications needed 5-7 days abstinence for reversal prior to surgery. No-one identified that <5 days would be sufficient.

Conclusion:

Our results highlight the sensitivity of MRI as a diagnostic tool in differentiating malignant parotid lesions. FNAC demonstrates moderate accuracy in benign lesions but is grossly limited for malignant pathology. There may be a substantial role for MRI that we would like to explore by analysing a larger cohort of malignant parotid tumour data, the outcomes of which may have a potentially significant impact on changing current recommended practice in the UK.

Free Paper Session 1

A pilot study into the prevalence of ear disease and hearing loss in HIV positive children in the paediatric clinics of Queen Elizabeth Central Hospital, Blantyre, Malawi

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Institution: Blackpool Victoria Hospital, Blackpool

Introduction:

Since widespread availability of HAART, 30% of children who acquire HIV perinatally can expect to live until they are 16 years. This has led to an awareness of chronic conditions such as hearing impairment.

Objective:

The object of this pilot study was to identify if there's evidence of chronic ear disease in HIV seropositive children in Malawi and document demographic, aetiological and audiological information to help us understand the burden of this aspect of HIV disease in Malawi.

Method:

The cross-sectional study included HIV-infected children aged 4 -16 yrs who attended the Queen Elizabeth Central Hospital HIV clinic over a 2 week period. A focused history was obtained with an interpreter and review of medical notes. Pure tone audiogram and tympanometry were performed. Ethics approval was obtained from the University of Malawi and written consent was given by the guardian of each child.

Results:

104 seropositive children were included in the study. 45% had active ear disease and HIV carries a relative risk of 1.72 for causing developmental delay. 51% of children reported an improvement in symptoms after ARTs were commenced.

Conclusion:

There is a high prevalence of ear discharge and conductive deafness in this group of children. HAART has considerably extended the lives of those with HIV in Malawi and we must now address the behavioral, educational and socio-economic issues that present in patients with long-term survival.

Free Paper Session 1

Indications for tonsillectomy: closed-loop audit

Author Names: Menon E, Mahmud A, Rejali D

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Institution: University Hospitals of Coventry and Warwickshire, Coventry

Introduction:

Management of tonsillitis is the bread and butter of an ENT clinician. Tonsillectomy, as one of the most common ENT procedures is generally safe, however complications are possible and can be, although rarely, life threatening. It is therefore essential to adhere to recommended Tonsillectomy guidelines. According to local commissioning, tonsillectomy falls into the category of low priority treatments and therefore will only be funded when clearly indicated.

Objective:

The aim of this audit was to ensure that national and/or local guidelines are met and the indication for tonsillectomy was clearly documented.

Method:

A retrospective closed- loop audit was conducted. In the first cycle we looked at 45 case notes and/or clinical letters and compared the documented indication with national guidance and local CCG recommendations. After implementing changes to current practice a re-audit was undertaken. This looked at 47 patients' clinical letters.

Results:

In the first cycle only 49% of cases complied with local CCG guidelines. We suspect that such suboptimal results were partly due to poor documentation. To improve current practice we placed printouts of indications for tonsillectomy in all clinical rooms and introduced an approval form. This was developed together with the local clinical commissioning group. In the second cycle of the audit 91% of patients were meeting set criteria and an appropriate indication for tonsillectomy was clearly documented in the notes.

Conclusion:

Using simple methods such as printouts and approval forms can significantly improve documentation and ensure that only patients with clear indications are listed for tonsillectomy.

Free Paper Session 2

Investigating the parotid tumour: Are Magnetic Resonance Imaging (MRI) scans more accurate in diagnosing malignant parotid tumours than Fine Needle Aspiration Cytology (FNAC)?

Author Names: Bajalan M, Biggs T, Jayaram S, Pracy P

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Institution: University Hospital Birmingham NHS Foundation Trust, Birmingham

Introduction:

The key step in the evaluation of Parotid lumps is to differentiate benign lesions from malignant ones. ENT UK guidelines advocate the use of FNAC. Minimal evidence based data regarding alternative diagnostic tools exists.

Objective:

We decided to investigate the accuracy of MRI versus FNAC in correctly diagnosing malignant parotid tumours.

Method:

All patients from Jan 2012 to June 2013 who had undergone a parotidectomy were identified. Histology findings were used as the definitive diagnosis for the tumour in question. Only parotidectomies carried out for primary tumour removal were considered. Retrospective analysis identified the investigations that took place prior to surgery. The results of each test were compared to the definitive pathology result as the 'gold standard'.

Results:

	Path				
	Malignant	Benign			
MRI	Malignant	7	1	100%	positive predictive value
	Benign	1	19	95%	negative predictive value
		88.00%	100%		
		sensitivity	specificity		

	Path				
	Malignant	Benign			
FNA	Malignant	4	0	100%	positive predictive value
	Benign	3	19	86%	negative predictive value
		43.00%	100%		
		sensitivity	specificity		

Conclusion:

Our results highlight the sensitivity of MRI as a diagnostic tool in differentiating malignant parotid lesions. FNAC demonstrates moderate accuracy in benign lesions but is grossly limited for malignant pathology. There may be a substantial role for MRI that we would like to explore by analysing a larger cohort of malignant parotid tumour data, the outcomes of which may have a potentially significant impact on changing current recommended practice in the UK.

Free Paper Session 2

LAUP: a review of clinical practice and outcomes against defined standards

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Institution: Frimley Park Hospital NHS Trust, Frimley

Introduction:

Snoring is a common presenting complaint and is on the rise. Surgery for snoring, such as laser uvulopalatoplasty (LAUP) is often reserved as a last resort treatment. There are no established long-term effectiveness rates available in the literature. The National Institute for Health and Care Excellence (NICE) and the American Association of Sleep Medicine (AASM) have issued guidelines relevant to patients undergoing LAUP for snoring.

Objective:

Ensure personal practice adheres to guidelines outlined by NICE and AASM, and evaluate the success of surgery regarding surgical outcome and resolution of snoring.

Method:

Retrospective casenote review of military patients who underwent LAUP for snoring between 2011 and 2012.

Results:

Twenty-one casenotes were reviewed. Male to female ratio was 20:1. Pre-operative sleep studies were performed in 71% (n=15). Only 43% (n=9) patients had a documented verbal discussion about the unpredictable risks of surgery and 52% (n=11) received a written leaflet. Follow up range was between 7-43 weeks (median=9). Ten patients still snored at follow up and 2 patients still felt their snoring was significant (follow up interval ≥ 5 months). Three patients had mild throat discomfort or nasal regurgitation at 8-11 weeks. The workup of a snoring patient within our otolaryngology department is discussed.

Conclusion:

A proposed diagnostic and treatment pathway for snoring patients is presented. Recommendations to improve documentation of clinical examination, consent and follow up for future research are suggested.

Free Paper Session 2

The Nasogastric Tube Passport

Author Names: Hampton T, Gabriel J, Pelser A

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Institution: Royal Sussex County Hospital, Brighton.

Introduction:

Guidelines exist to clarify indications, insertion and confirm placement prior to use for nasogastric tubes (NGT). In a regional centre, the multidisciplinary team (MDT) identified head and neck cancer patients faced clinical equipoise regarding NGT management; specifically re-insertion and protocols for NGTs in the community.

Objective:

A committee was formed including surgeons, oncologists, speech and language therapists, dieticians and Macmillan nurses who outlined these steps:

- 1) audit current practice
- 2) proposal for new insertion document and patient held "NG passport" for ENT department (document detailing community plans i.e. who needs to reinsert and when patients need to come to A+E)

Method:

We have completed a full audit cycle comparing existing trust wide NGT document with NPSA guidelines and clarifying

- 1.Summary of Indications (and Contraindications)
- 2.Equipment list
- 3.Guidance for placement
- 4.Guidance/ flow diagram/ protocol to check position

Results:

NPSA guidelines are now followed on the ward regarding insertion flowchart, decision tree and NPSA safety bulletin present in clinical areas. A new nursing Practice educator was clarified and after re-audit, nurse competency to place NGT was vastly improved. All incoming ENT SHOs, had NGT teaching at departmental induction or had previously received on-line NG positioning-check teaching

Conclusion:

This ongoing project will be implemented in Head and Neck Surgery before attempts to roll-out to other specialities and subsequently to other types of feeding tubes. The eventual aim is for a Region Wide policy and adoption for patients in the community.

Free Paper Session 2

Patient satisfaction with post aural incision site

Author Names: Barrett G, Koecher S, Ronan N, Whinney D

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Institution: Royal Cornwall Hospital, Truro

Introduction:

Controversy exists over the optimum incision placement when performing ear surgery via the postauricular approach. The incision should provide access to the mastoid for safe drilling, whilst minimising postoperative morbidity. Many patients requiring mastoid surgery will require hearing aids or glasses at some stage, but little is known about the benefit of incision placement on future comfort wearing these aids.

The function of the minor postauricular muscles disrupted during the soft tissue approach is not clear, but may be an evolutionary feature allowing pinna movement to localise sound. The impact of surgery on this rudimentary function is unknown.

Objective:

1. To establish patient satisfaction with their postauricular surgical incision, and to establish the impact on comfort wearing hearing or visual aids.
2. To establish whether patients ability to "wiggle" their ears was affected by surgery.

Method:

Questionnaires were sent to 81 patients who underwent mastoid surgery requiring a post auricular incision between 2004 - 2012. The incision placement was broadly the same for all patients as they were operated on by the same surgeon (or under his supervision). The incision is sited far posteriorly at the hairline.

Results:

42 (52%) of the patients contacted responded within 3 months. 80% of patients wearing glasses reported no discomfort or problems associated with their incision. 82% of patients who wear hearing aids were comfortable. Only 1 of the 5 patients who could wiggle their ears preoperatively noticed a change afterwards.

Conclusion:

A hairline incision is well tolerated by most patients.

Free Paper Session 3

Quality of Life After Orbital Exenteration

Author Names: McIntyre CM, Allen JLY, Nash R, Clarke PM

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Institution: Charing Cross Hospital, London

Introduction:

Orbital exenteration is an infrequently performed operation involving the surgical excision of the globe, extraocular muscles and orbital fat. The most common indication within the UK is for the surgical management of locally advanced sinonasal malignancy. For patients with intraorbital tumours it may offer the greatest chance of cure. However, it is a disfiguring operation, and the loss of an orbit is understandably difficult for a patient to contemplate. Nevertheless, modern prosthetics provides innovative ocular rehabilitation.

Objective:

There is little objective data on the quality of life in this patient group and we therefore conducted a study to examine quality of life measures.

Method:

A retrospective review of internal operative and prosthetic databases between 1996-2013 identified patients who had undergone orbital exenteration at Charing Cross Hospital. Identified patients were sent the University of Washington Quality of life questionnaire (UW-QOL).

Results:

We were able to contact 25 living patients who had undergone orbital exenteration. The mean age of this group was 55 years, with a male to female ratio of 15:7. The most common indication was T4N0 maxillary squamous cell carcinoma. All of our patients were referred to our specialist prosthetist. Our study details the quality of life in these patients.

Conclusion:

Orbital exenteration may offer the greatest chance of cure in a select population. Although the cosmetic rehabilitation is long, with multiple postoperative visit and relies heavily on patient motivation, modern prosthetics can provide good psychological outcomes in these patients.

Free Paper Session 3

Improving the utilisation of follow up appointments for patients with BPPV

Author Names: Ronan N, Gogh C, Barrett G, Prior M

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Institution: Derriford Hospital, Plymouth

Introduction:

Literature suggests that 70% of patients diagnosed with BPPV have symptomatic resolution after just one Epley Manoeuvre, with only the minority requiring further treatment. However, current protocol at Derriford Hospital dictates that all BPPV patients receive routine follow up with the Nurse, where further treatment can be administered if necessary. This approach suggests that many appointments are made unnecessarily and could be better utilised elsewhere.

Objective:

We instigated a change in protocol whereby patients made their own follow up if their symptoms had not resolved, with the intention of reducing unnecessary appointments.

Method:

We performed a complete audit loop, first with a retrospective review of case notes to see whether further treatment was required at follow up or not, then implementing our change as described above. Next we performed a prospective audit via telephone questionnaire to see how many patients had improved symptomatically, how many had booked further follow up, and whether they were satisfied with the service.

Results:

The retrospective review found that 43% of patients who attended for follow up were no longer symptomatic. The prospective audit found that 48% had complete resolution of symptoms and did not book a follow up appointment. 100% were satisfied with the service.

Conclusion:

With these new guidelines, we reduced the number of BPPV follow up appointments by almost half without impacting upon patient satisfaction. Many BPPV follow up slots now have the potential for reallocation to oversubscribed services such as aural care, allowing for a more effective and streamline service.

Free Paper Session 3

Vocal Process Granulomas: A Systematic Review of Treatment

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Institution: Queen Alexandra Hospital, Portsmouth

Introduction:

Vocal process granulomas (VPGs) are benign laryngeal lesions with controversial treatment and a tendency to recur. There are several treatment options with unpredictable results, high recurrence rates, and disappointing long-term outcome

Objective:

The aims of this article are to focus on evidence-based current treatment strategies for primary lesions and recurrences

Method:

Main outcome measures were recurrence rate, reduction, and/or complete resolution. Inclusion criteria included English literature, randomized and nonrandomized trials, prospective and retrospective studies, and primary and recurrent cases. Exclusion criteria included case reports, teaching reviews, and papers not focusing on treatment

Results:

The time frame of the included studies was from 1997 to 2012. There are 6 different treatment options (single or combined) for VPG. Antireflux medication is the mainstay treatment and when combined with lifestyle changes and voice therapy results in the lowest recurrence rate. "Bloodless" in-office or in-theater laser techniques appear to have lower recurrence rates when compared to traditional cold steel microlaryngoscopy techniques, especially for recurrences.

Conclusion:

There is level 2A evidence that antireflux treatment is the main treatment strategy for vocal process granulomas with surgery reserved only for failures of medical treatment or airway obstruction or when diagnosis is in doubt.

Free Paper Session 3

Consultant Perceptions of Workplace-Based-Assessment Training

Author Names: Hampton T, Fu B, Das P

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Institution: Royal Sussex County Hospital, Brighton.

Introduction:

In 2010, the Academy of Medical Educators (AME) was commissioned to review national guidance on the competencies required of postgraduate medical/educational supervisors. Implementation of a switch from a single consultant assessing the overall competency of a trainee to a more broad based assessment shared between numerous consultants has been supported by the use of electronic workplace-based-assessments (WBAs), the framework being the online Intercollegiate Surgical Curriculum Programme (ISCP) for surgical trainees. In response to this paradigm shift, The Royal College of Surgeons of England offers *Training and Assessment in the Clinical Environment (TrACE)*, a course offered to senior clinicians with the aim to explain the roles and responsibilities of a trainer/supervisor.

Objective:

We conducted this study to assess the awareness, uptake and thoughts of the changes in surgical supervision to identify whether the guidelines discussed are being implemented.

Method:

Anonymous electronic survey was circulated to consultant surgeons who are Educational Supervisors within a large South England University Teaching Hospital.

Results:

30 consultants were identified, 26 responded (87%) . All 26 consultants used ISCP for assessing their trainees. Only 1 supervisor had heard of TrACE and 23% said they had not received any formal ISCP training. Despite this 44% of consultants welcomed the opportunity to receive formal ISCP training with the remainder happy to self-certify their competency.

Conclusion:

We recommend an increased publicity for TrACE and similar courses. The alternative is a formal adoption of current status quo whereby consultants appointed as supervisors and assessors 'self-certify' their competency in supervising juniors.

Free Paper Session 4

Post-operative calcium management in Thyroid surgery

Author Names: Field SM, Tornari C, Krishan Ramdoo S, Tatla TS

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Introduction:

Guidelines from the Society for Endocrinology for post-thyroidectomy recommend calcium replacement with Sandocal and alfacalcidol. This is consistent with our local guidelines, which also suggest that if PTH >2pmol/L there is low risk of post-operative hypocalcaemia and empirical calcium replacement is not necessary.

Objective:

We aimed compare methods of calcium replacement post-operatively, and assess the appropriateness of replacement.

Method:

A retrospective record of total/completion thyroidectomies carried out between October 2012 and December 2013 was collated. Patient records were reviewed for demographics, blood results and post-operative management.

Results:

63 patients were identified. 57 patients (90%) underwent PTH measurement <24 hours post-operatively. There was a mean of 5.2 PTH measurements per patient. 23 (40%) had levels of >2.0pmol/L. One of these patients had mild hypocalcaemia (2.0-2.1) requiring calcium replacement. Four of these patients were empirically supplemented due to a concurrent neck dissection. 70% (n=16) were discharged on calcium replacement therapy. Therefore, 11 of these patients (48%) were given calcium replacement despite not meeting the criteria.

In total, 86% of patients (n=54) received calcium supplementation. 24% of these (n=13) were discharged with SandoCal and alfacalcidol as per guidelines. 3 patients were given this combination with additional supplements. The remainder (n=38) had other forms of calcium supplementation, most commonly Calcichew (54%, n=29).

Conclusion:

There is considerable variation in post-operative calcium replacement with high rates of unnecessary calcium replacement and unnecessary PTH measurements that are not being used to guide treatment. Further education is needed to ensure guideline implementation and optimal patient management.

Free Paper Session 4

Speech and Swallowing Outcomes Following Pharyngolaryngectomy: Systematic review and case series

Author Names: Mahalingam S, Seymour N, Shahsavari S, Currow C, Spielmann P, Lee M

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Institution: University of Edinburgh & St George's Hospital, London

Introduction:

The long-term prognosis of hypopharyngeal cancer is poor. Often pharyngolaryngectomy (PL) with flap reconstruction is indicated. For these patients it is important that their functional outcomes are preserved in order to maintain a respectable quality of life. Two very important outcomes that can be directly affected due to the anatomical changes from such surgery are speech and swallowing.

Objective:

To develop a better understanding of the true speech and swallowing outcomes following PL.

Method:

A systematic review of literature was carried out in order to determine the speech and swallow outcomes following PL. We also undertook a retrospective review of all patients who underwent PL at our local centre.

Results:

Part 1: Systematic Review. 13 eligible studies assessed speech and 10 assessed swallow outcomes. No large studies using objective speech outcomes have been carried out. Pooling of data suggested that 206/350 patients developed poor speech. Swallow outcomes varied significantly. Mean time to oral intake post-operatively was 14.3 days. Stricture incidence with different flaps varied between 11.3% and 20.5%.

Part 2: Case Series. 10 cases of PL were identified in our case series. Subjective speech outcomes for 8 patients were available. 7 patients were reported to be satisfied with their speech. All 10 patients reported long-term dysphagia, 8 of whom developed pharyngeal strictures requiring repeat endoscopic oesophageal dilatation, and 3 required permanent enteral feeding.

Conclusion:

This is the first systematic review of speech and swallow outcomes following PL to our knowledge. It is clear that the evidence varies considerably. This suggests the need for a large-scale multi-centre prospective study with uniform validated objective measures, so that comparisons can be made and cumulative outcomes determined.

Free Paper Session 4

Rare cause of nasal obstruction and rhinorrhoea in a 12 year old child

Author Names: Nemeth Z, Nash R, Sandison A

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Institution: Imperial College Healthcare NHS Trust, London

Introduction:

Nasal chondromesenchymal hamartoma is an exceptionally rare tumour most commonly reported in infants. There are only a handful of reports of this tumour in older children and no case has been reported in an adult.

Case Report:

A 12 year old boy presented with a history of nasal obstruction and rhinorrhoea refractory to medical treatment with topical nasal steroids. Examination revealed atypical anatomy in the right nasal cavity.

Imaging demonstrated a narrowly intranasal, expansile lesion on CT. The lesion was hyperintense on T2 and isointense on T1 MRI, extending up to the skull base but not through the cribriform plate. The right inferior turbinate appeared to be destroyed. The clinical differential included an aggressive benign process such as fibrous dysplasia and malignancy including rhabdomyosarcoma.

Histological examination of the excision biopsy showed a variably cellular tumour with mixed mesenchymal elements including nodular hyaline fibrous tissue, cartilage and bone. The initial impression was that the features could represent an osteosarcoma but specialist review resulted in the diagnosis of nasal chondromesenchymal hamartoma.

Following successful local excision, no further adjuvant treatment was recommended, and the patient is being followed up.

Discussion:

Benign nasal chondromesenchymal hamartoma presents a diagnostic challenge clinically and histologically. Although rare, it is an important tumour to recognise because it can be mistaken for high grade sarcoma. Whilst local recurrence of this lesion is a rare possibility, adjuvant treatment with chemotherapy or radiotherapy is not required.

Poster Prize Shortlisted

Carotid Sinus Syndrome following Total Laryngopharyngectomy: An Unusual Presentation of Syncope

Author Names: Vallabh N, Mirza O, Hussain J, Loughran S

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Institution: Salford Royal NHS Foundation Trust, Salford

Introduction:

Carotid sinus hypersensitivity is not an uncommon cause of syncope in the elderly. It has been described in association with malignant neck tumours in the literature.

Case Report:

We present a 78 year old male who presented with hoarse voice, bilateral vocal cord palsy and oedema. CT scan of neck and direct tissue biopsies were negative for malignancy and a vasculitis screen was normal. He underwent a therapeutic Hirano's procedure for debulking of Reinke's oedema. His symptoms mirrored syncopal events following this procedure. The patient remained well, but developed dysphagia a year later. Repeat CT scan and biopsy confirmed poorly differentiated supraglottic squamous cell carcinoma (T4 N0) and he underwent a total pharyngolaryngectomy, bilateral selective neck dissection and reconstruction with a tubed radial forearm free flap. His syncopal symptoms worsened following surgery and he suffered recurrent falls in the postoperative period associated with frequent loss of consciousness often precipitated by deep suctioning through the tracheostomy tube. He was diagnosed with vasodepressor carotid sinus syndrome. This was successfully treated with the implementation of non-pharmacological measures as well as starting Midodrine. He was followed up in clinic six weeks later and reported no further syncopal events.

Discussion:

This case represents a rare phenomenon of carotid sinus syndrome developing prior to the diagnosis of a malignant neck tumour being made. The vasodepressor response was severely exaggerated following neck surgery. To our knowledge precipitation of carotid sinus hypersensitivity following deep tracheal suction after neck surgery has not been described in literature before.

Poster Prize Shortlisted

Cochlear implantation in organ transplantation: a case report and review of literature

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Institution: St George's Hospital, London

Introduction:

Patients who have undergone organ transplantation are at increased risk of developing hearing loss and represent a cohort in whom cochlear implantation (CI) is likely to increase. We present the first reported case of CI in a patient with a successful multi-organ transplant and a related review of the literature.

Methods:

A literature search of MEDLINE and EMBASE was conducted for all articles in English relating to cochlear implantation in organ transplant patients.

Case Report & Literature Review:

A 73-year-old lady who had combined liver and kidney transplant presented with progressive and profound bilateral sensorineural hearing loss. The patient underwent uncomplicated right-sided CI. Post-operative audiological testing showed excellent outcomes.

A review of the literature revealed 8 other patients with organ transplant recipients who underwent cochlear implantation. This includes 5 patients with renal transplantation, 1 patient with a heart transplant and 1 patient with unsuccessful combined liver kidney transplant. In all cases CI was successful without significant complications. We present specific recommendations in transplant patients with respect to timing of surgery in relation to organ transplantation, meningitis vaccination, antibiotic prophylaxis and peri-operative steroids.

Discussion:

Cochlear implantation can be performed safely in organ transplant patients. However there are specific pre and peri operative considerations that should be considered in order to improve safety and achieve optimal outcomes in these patients.

Poster Prize Shortlisted

Management of CRSwNP: Adherence to EPOS Guidelines

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Introduction:

A retrospective audit was performed on patients with chronic rhinosinusitis with nasal polyposis (CRSwNP) undergoing endoscopic sinus surgery in the ENT department of the Queen Alexandra Hospital, Portsmouth.

Objective:

Our aim was to assess the management of patients with CRSwNP compared to the recommended guidelines based upon the European position paper on rhinosinusitis and nasal polyps (EPOS).

Method:

Consecutive patients between January 2012 and January 2013 undergoing endoscopic nasal surgery for CRSwNP were included. Patient data including age, gender, preoperative symptomatology and endoscopic findings, initial medical management, use of oral steroids, preoperative oral steroids, computerised tomography imaging, operative findings, and polyp histology were recorded.

Results:

All patients received intranasal steroids as part of their initial management, though the actual steroid constituents used varied, as well mode of administration and duration. Patients whose treatment was escalated to oral steroids amounted to 83% of patients (the remaining 17% who did not have oral steroids was due to contraindications to oral steroids and patients personal wishes against oral steroids). All patients underwent CT scan imaging prior to surgical intervention. 31% of patients were given preoperative oral steroids.

Conclusion:

Our results reflected tight adherence to the EPOS guidelines. However, there was much variance in the clinicians initial management of CRSwNP in the intranasal steroid used, mode of delivery as well as duration. We have used the results of this audit to compile a hospital protocol defining clinical assessment of CRS as well as specifying initial medical management, indications for oral steroids in the escalation of management, as well as for preoperative surgery.

Poster Prize Shortlisted

Facial extension of ear pathology: A case of an infected cholesteatoma causing a parotid abscess

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Introduction:

Adult patients commonly present to ENT departments due to facial swelling caused by infection. Though this is most commonly due to dental, paranasal sinus or external ear pathology, the close proximity of the middle ear and mastoid should prompt consideration of these sites as possible sources of infection. This is particularly relevant in the context of abnormal ear anatomy.

Case Report:

A 35-year-old male patient presented due to right facial swelling, pain, mild photophobia and vertigo. He had suffered an acid attack at the age of six for which he underwent ear surgery. This resulted in right pinna deformity and external auditory canal (EAC) closure. On examination, the parotid region was exquisitely tender, swollen and hot with associated erythema and nystagmus. Contrast CT showed a rim-enhancing fluid collection extending from the superior right parotid gland to the mastoid process and a previous right mastoidectomy.

The abscess was approached via a post-auricular incision that revealed a large cholesteatoma filling the right EAC. Following cholesteatoma removal, the parotid region collection was drained via a fistula tract that connected it to the EAC. The presenting symptoms settled post-operatively and the patient was well on follow-up.

Discussion:

In facial swelling that is associated with a significant otological history, a thorough ear examination is advised. However, some patients will not be amenable to this due to previous injury, surgery or other pathology. In these cases, imaging is the only means of making a robust diagnosis and definitive imaging (e.g. CT of the temporal bones) should not be delayed.

Poster Prize Shortlisted

Delayed diagnosis of pharyngeal perforation following exploding tyre blast barotrauma

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Introduction:

Pharyngoesophageal perforation secondary to barotrauma is a rare phenomenon that has serious complications if identified late. It is challenging to detect in the acute setting due to non-specific symptoms. We present a case in which its detection proved difficult and led to delayed diagnosis

Case Report:

A 27-year-old mechanic presented to A&E after a car tyre exploded in his face with minor respiratory difficulty, haemoptysis, bilateral corneal foreign bodies and dysphonia. Examination by the ENT team with Flexible nasoendoscopy (FNE) revealed blood in the posterior pharynx, thought to be secondary to mucosal haemorrhage. Initial treatment consisted of IV dexamethasone and antibiotics. Due to persistent odynophagia with normal repeat FNE, soft diet was commenced. However after 3 days, severe odynophagia persisted and a CT scan was performed, revealing a large defect in the posterior hypopharynx and extensive surgical emphysema in the deep neck tissues. A water soluble contrast swallow confirmed the posterior hypopharyngeal leak. The patient was commenced on NG feeding for 1 week and a subsequent repeat contrast swallow confirmed resolution of the defect.

Discussion:

Prompt non-surgical management of pharyngoesophageal perforation has good outcomes but untreated perforation can lead to serious complications. FNE should be performed as routine, but only a contrast swallow can diagnose a functional perforation. It is therefore essential to have a high index of clinical suspicion when a patient presents with barotrauma, odynophagia and blood in pharynx, and patients should be kept nil by mouth until a perforation has been excluded.

Poster Prize Shortlisted

Intra-operative recurrent laryngeal nerve monitoring in thyroid surgery

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Institution: New Cross Hospital, Wolverhampton

Introduction:

Several centres adopt intra-operative nerve monitoring (IONM) to assess integrity of recurrent laryngeal nerve (RLN) during thyroid surgery. NICE guidelines on IONM during thyroid surgery were issued in 2008.

Objective:

Our aim was to assess the usefulness of IONM during thyroid surgery in our centre.

Method:

A retrospective notes analysis of thyroidectomies performed over a two year period was carried out in a district general hospital and the use of IONM to identify the RLN analysed.

Results:

Of the 80 patients in the study IONM was used in 54 (67%). The incidence of immediate RLN nerve palsy in the IONM group was 9% (5/54) while it was 3.8% (1/28) in the non-monitored group. The long term RLN palsy in the non-monitored group was 0 while the long term follow up was not available in 2 patients (3.7%) in the IONM group; the remaining palsies recovered completely in 3 and partially in 1. Of the 5 palsies noted in the IONM group, the RLN was not identified intra-operatively in one while in the remaining 4, two nerves were stimlatable intra-operatively while two were not. Of note, the nerve palsies in the IONM group were primarily in large thyroids (size 6-9.5cm).

Conclusion:

Intra-neural nerve monitoring is feasible and safe in thyroid surgery. Our initial results do not show any significant difference in incidence of RLN palsy in the patients who underwent IONM versus those who did not. However familiarity with the IONM may improve identification of RLN in large/complicated thyroids.

Poster Prize Shortlisted

Patients' perspectives of the suitability of medication containing animal products for vegetarians: A survey of 80 patients in an otorhinolaryngology out-patient clinic

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Institution: Royal Sussex County Hospital, Brighton.

Introduction:

Many commonly used medications within otorhinolaryngology contain non-vegetarian products. Increasingly we are required to understand patient's beliefs and wishes and to incorporate these into their treatments.

Objective:

To find out the proportion of vegetarian patients in our otorhinolaryngology out-patient clinic. To explore both vegetarian and non-vegetarian patient views on medication that contains animal products and their suitability for vegetarians.

Method:

A face-to-face survey study was performed by a single researcher on 80 patients in an otorhinolaryngology out-patient clinic of a large South-East England teaching hospital over a 2-week-period in March 2014.

Results:

80 patients participated in the survey, 35% were vegetarians and 65% were not. The reasons given for being vegetarian were religious beliefs (22%), lifestyle choice (22%) and other reasons (56%). Only 15% of the whole study group would ask their doctor if their prescribed medication contained animal products, 79% would not, and 6 % did not give a response. 75% would still take the medication containing animal products if they were prescribed it by their doctors, 12% would not, 10% did not give a clear response and 3% gave no response. 94% of the whole study group felt that they should be offered a vegetarian alternative should they prefer it.

Conclusion:

Over one third of patients attending otorhinolaryngology clinic were vegetarian. Although only a small percentage of patients would ask whether medications contained animal products, 12% would not take medications containing animal products. An overwhelming majority of patients believe that a vegetarian alternative should be offered.

Posters

A novel simulator for neck examination

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Introduction:

Learning how to competently examine and report findings of neck examination is a key undergraduate and postgraduate skill. Whilst practice on fellow students and patients is a vital stage in development, there are no realistic neck simulators for practice or assessment.

Objective:

We wanted to design a realistic model that allowed students to practice a neck examination and present the relevant clinical findings.

Method:

We use a polystyrene life size shop display model and widely available synthetic skin. Materials of different densities can be inserted through incisions on the reverse surface of the skin at various depths and locations to represent pathology, before attachment with Velcro to the model.

Results and Conclusion:

Our model now gives students the option to practice their examination technique whilst assessing lumps in the neck and report their findings.

Posters

Are warfarinised epistaxis patients managed differently?

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Introduction:

Warfarinised epistaxis patients can be difficult to manage. Some ENT departments withhold anticoagulation until bleeding has resolved but this isn't always possible for high risk patients who must maintain their target international normalised ratio (INR).

Objective:

To compare the management of warfarinised and non-anticoagulated epistaxis patients by investigating differences in length of stay, treatment and readmission rates.

Method:

A retrospective review of ENT epistaxis admissions in 2013 was conducted. Post-operative bleeds and patients under joint care with other specialities were excluded.

Results:

There were 176 primary epistaxis admissions, of which 54 (31%) were warfarinised and 90 (51%) were not on any other anticoagulation. Of warfarinised patients, 7/54 had admitting INRs above their target therapeutic range and warfarin dose was omitted, 2 required INR reversal with Vitamin K. 33/54 had therapeutic INRs and no change was made to the daily dosage. 14/54 had sub-therapeutic INRs and had warfarin reloading. Within this time period, four patients required surgical intervention for epistaxis, of which none were warfarinised.

The average inpatient stay was similar in both groups; 2.6days for warfarinised and 2.4days for non-anticoagulated patients. The 30 day readmission rate for warfarinised and non-anticoagulated epistaxis patients was 7.4% and 4.4% respectively.

Conclusion:

The warfarinised epistaxis patient can be managed without stopping their anticoagulation provided their INR is sub-therapeutic or within therapeutic range. There is no significant difference in the length of stay of warfarinised and non-anticoagulated patients however warfarinised patients have a higher readmission rate.

Posters

A review of ENT emergency clinic provision in the Northwest of England

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Introduction:

The ENT emergency clinic is used to assess urgent referrals from Primary care and Emergency departments. Currently no set standard exist on how to deliver an acute ENT outpatient service. Anecdotal evidence suggests wide variation in practice across the region.

Objective:

This study aims to explore how emergency ENT services are delivered throughout the region and which factors may help deliver a more effective service.

Method:

A telephone survey was conducted of 13 ENT departments in Northwest England. The resident on-call F2-CT2 was asked a series of questions relating to emergency clinic, including slots available, next available appointment, method of booking, personnel in clinic and conditions seen.

Results:

9 of 13 departments had emergency clinics. Wide variations in clinic size, booking method and conditions deemed appropriate exist between units. There was a good correlation ($R_s=0.62$) between size of population served and number of appointments offered and moderate correlation ($R_s=0.53$) between next available appointment and population served per clinic slot. Units without emergency clinics managed acute outpatients by using reserved slots within routine Consultant clinic and reviewing patients in a ward treatment room.

Conclusion:

Emergency clinics offer an effective way to assess acute ENT outpatients. Clinic size should reflect the population served. The correlation between 'increased waiting times' and a high "population to clinic slots ratio" may be a consequence of over-booked clinics. Additional capacity may allow greater flexibility to maximise responsiveness. Improved communication with primary care, more effective data capture for Payment-by-Results and a safe learning environment for trainees are additional benefits.

Posters

Day Case Septorhinoplasty and Functional endoscopic sinus surgery

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Institution: New Cross Hospital, Wolverhampton

Introduction:

Septorhinoplasty and functional endoscopic sinus surgery (FESS) are considered by many to be an inpatient surgical procedure. An increasing number of surgical procedures are being performed on a day case basis as a method of improving efficiency and reducing expenditure.

Rhinology day case surgery is variable across NHS trusts and dependent on each surgeon's own practice. Rhinoplasty, septoplasty and functional endoscopic sinus surgery (FESS) in suitable patients are often day case procedures.

Objective:

Our aim was to assess the suitability of septorhinoplasty and FESS as day case procedures.

Method:

A two-cycle retrospective notes study was performed over a 2-year period. All patients who met day case criteria and underwent FESS, septoplasty, rhinoplasty and setorhinoplasty procedures were included.

A standard pro-forma was used for each patient to document patient demographics, co-morbidities, length of stay, reason for overnight stay, post-op complications and readmissions.

Results:

100 patients were included in each cycle. The first cycle revealed an overall day case rate of 84%. In 50% of patients who stayed overnight, a reason was not documented in the notes to explain the overnight stay. The remaining 50% stayed secondary to bleeding. 1% of patients had a readmission with infected haematoma, which required draining under general anaesthetic.

The second cycle revealed a 91% day case surgery rate with 0% readmissions.

Conclusion:

Many otolaryngology procedures are well suited to day case surgery. Day case rhinology surgery is safe in appropriate patients, where pre-operative assessment has deemed the patient fit for discharge on the day of surgery.

Posters

Improving Continuity of Care in Thyroidectomies: A closed audit cycle

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Institution: University Hospital Lewisham, London

Introduction:

Thyroidectomies require pre-operative investigations, intra-operative nerve monitoring and post-operative calcium checks. The importance of completing these and documenting is paramount to the continuity of patient care.

Objective:

To assess whether current practice meets the following standards: 1. All patients should have a TSH, ultrasound scan and fine needle aspirate prior to thyroidectomy. 2. Intra-operatively all patients should have a recurrent laryngeal nerve (RLN) monitor and the RLN should be identified in all cases. 3. All total thyroidectomy patients should have a calcium check within 24 hours.

Method:

We randomly selected 90 patients who underwent total thyroidectomy, hemithyroidectomy and completion thyroidectomy between 2010 and 2013 at University Hospital Lewisham.

Results:

We found that 94% had a pre-op TSH, 93% had a pre-op USS and 87% had a pre-op FNA on our system. Intra-operatively although 97% had the RLN identified only 66% had documented that a RLN monitor was being used. Post operatively 100% of the 21 thyroidectomy patients had post-operative calcium check with 24hrs.

Conclusion:

We have developed a single-paged thyroidectomy proforma to improve continuity of care within the ENT team and to ensure all appropriate investigations are completed and documented. Pre-operatively this includes the USS/FNA/TSH result, the vocal cords and calcium level. Intra-operatively, the use of a RLN monitor and its identification is noted. Post-operatively an assessment of the patients' voice, calcium level and discharge medications is specified. This proforma will allow continuity of care and documentation of the important aspects of surgery.

Posters

Atypical Fibroxanthoma (AFX): A case series of patients from a district general hospital

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Institution: Epsom & St Helier University Hospitals NHS Trust, Epsom

Introduction:

AFX is a rare cutaneous neoplasm, primarily affecting the head and neck region of elderly patients with previous sun exposure. Recognition is essential as it can mimic squamous cell carcinoma and malignant melanoma.

Objective:

To determine the key characteristics and management modalities of AFX.

Method:

Retrospective review of all patients diagnosed with AFX was carried out and following were assessed: patient demographics, presenting symptoms, clinical examination, management, excision margins, pathology reports, and progression during follow-up. Data was compared with previous literature.

Results:

7 patients were included (6 men and 1 woman, mean age 75.9 years, range 58 to 89). All patients presented with a solitary lesion: 5 on scalp, 1 on forehead, and 1 on cheek. Modes of treatment were curettage and cauterization (5 cases, of which one case had local recurrence); and complete excision (2 cases). Those excised had a clearance of 5mm in both cases, and developed no further recurrence. The most common positive immunohistochemical markers were smooth muscle actin and vimentin. There were no cases of metastases elsewhere.

Conclusion:

We report a series of patients with a greater male: female when compared to previous literature. Curettage and cautery offers a good prognosis with low risk of recurrence and excision with adequate clearance margins may offer a definitive management plan. Our immunohistochemistry is comparable to previous data. We aim to increase awareness of this condition, and highlight important characteristics in order for it to be accurately identified and managed by ENT trainees.

Posters

Does an integrated undergraduate ENT curriculum prepare students for foundation practice?

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Introduction:

ENT conditions making up to 25% of consultations in general practice and up to 50% in paediatrics. Powell et al showed that on average students receive only 8.4 days of formal ENT in their five or six year programme. The Peninsula Medical School provides its students with an integrated spiral ENT curriculum with increasing complexity. The programme has a blend of teaching and learning methods including a plenaries, tutorials, PBL sessions, clinical skills, life science resource centre sessions and clinical placements.

Objective:

The aim of the project is to evaluate final year students' perception of ENT teaching across the curriculum and how well this has prepared them for the foundation practice.

Method:

An online survey was created consisting of 10 questions regarding the different components of the ENT curriculum using a Likert scale. A free text box was available for students to highlight suggested areas for improvement.

Results:

82 students completed the survey. The following percentage of students agreed/strongly agreed that the teaching and learning ENT activity helped prepare them for foundation practice: Tutorials 89%, clinical placements 80% and small group activities 81%. Students suggested a need to revisit ENT clinical skills sessions in the third year of the programme and broaden the teaching in the fourth year from a focus on head and neck to include other ENT conditions.

Conclusion:

An integrated approach is well perceived by final year medical students. There is a requirement to reinforce the spiral nature of the curriculum and ensure better co-ordination of teaching and learning activities.

Posters

Meningioma mimicking a sinonasal mucocele- multidisciplinary management

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Introduction:

Meningiomas are usually benign and slow-growing tumours that are frequently encountered in the intracranial region. They represent 14.3-19.0% of the overall intracranial tumours. Its incidence peaks in the fourth and sixth decade of life. Less than 3% of the intracranial meningiomas extend to the sinonasal region. Main aim of this report is to describe the multidisciplinary management of meningioma and its varied presentation.

Case Report:

On the physical examination of the 31 year-old female who presented to emergency department with symptoms of intermittent swelling on the left side of her nasal bridge for nine months with no sinonasal symptoms or diplopia or visual disturbances; mild lateral and inferior displaced proptosis of her left eye noted. CT scan of sinuses and orbits revealed opacification of the ethmoid cells causing bony destruction in the ethmoid and medial wall of left orbit suggesting a sinonasal mucocele. MRI scan of head and sinuses revealed 3.1x2.4 cm extradural lesion with erosion of anterior skull base and extending to anterior ethmoids. On endoscopy of nose; a mass obliterating mainly the left nasal passage was detected. Subsequently she underwent limited functional endoscopic sinus surgery and histology of biopsies were consistent with meningioma with no malignant features. Patient is referred to neurosurgical team after discussion in MDT meeting for further management. The tumour is planned to be excised by a two staged resection both externally and then endoscopically by neurosurgeons.

Discussion:

In this present report, we are going to discuss a rare case with meningioma arising from the frontal fossa and mimicking frontoethmoidal mucocele, requiring multidisciplinary management.

Posters

“You’ve been framed” - Penetration of the neck by an unusual foreign body

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Institution: University Hospitals Birmingham NHS Foundation Trust, Birmingham & University Hospital Southampton NHS Foundation Trust, Southampton

Introduction:

Traumatic wounds are a common presentation to the Emergency Department. Appreciation of likely mechanism together with potential anatomical involvement is vital in order to plan definitive surgical management.

Case Report:

We present the extraordinary case of a 24 year old intoxicated male with a delayed presentation of a potential penetrating neck injury. The patient reported falling down a flight of stairs the previous evening, following alcohol consumption, and awaking with a sore throat and foreign body sensation. Clinical examination revealed normal observations, the patient speaking in full sentences, albeit hesitantly and a small 2x2cm entry wound in the left lateral neck, with the object palpable on the right lateral neck but with no exit wound. Pre-operative CT imaging revealed a large (11cm) foreign body of uncertain density, passing anterior and posterior to the left and right carotid sheaths respectively. Vascular imaging revealed no pathology. Exploratory surgery following difficult specialist anaesthesia revealed part of a picture frame which, remarkably, had not damaged any major structures. Police later found the remainder of the frame.

Discussion:

This case is a unique presentation of a foreign body but highlights the importance of: an objective history, a multidisciplinary team approach to understanding various mechanisms of injury, pre-operative and intra operative imaging, the role of antibiotics following foreign body trauma, the necessity of a tracheostomy to secure an airway in unusual circumstances, as well as the importance of foreign body analysis for police investigative purposes.

Posters

Leptomeningeal metastases: a differential for sudden onset bilateral sensorineural hearing loss.

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Introduction:

Leptomeningeal metastasis from solid tumours is an uncommon consequence of malignancy and carry a poor prognosis of less than six months survival with treatment. We report a case of leptomeningeal metastases from breast cancer presenting as bilateral sensorineural hearing loss, with hearing improvement on audiometry with radiotherapy and corticosteroid treatment.

Case Report:

A woman presented with sudden onset bilateral sensorineural hearing loss, tinnitus and imbalance. She had a history of invasive breast cancer treated with wide local excision, axillary dissection, chemoradiotherapy and tamoxifen. Initial investigations including CT, MRI head and spine, lumbar puncture, autoimmune screen and anti-neuronal antibodies were all negative. She subsequently developed visual disturbance and repeat MRI with contrast and lumbar puncture demonstrated leptomeningeal metastases. She received palliative radiotherapy and dexamethasone and experienced improvement in hearing which was demonstrated on audiometry.

Discussion:

Leptomeningeal carcinomatosis is a difficult diagnosis to make. Detection of meningeal metastases on contrast MRI depend both on tumour load and radiology expertise. CSF cytology is considered gold-standard.

It has not been previously reported that sensorineural hearing loss secondary to leptomeningeal carcinomatosis have any reversibility. Sensory deprivation impacts significantly on quality of life and possibility of symptomatic improvement may be a significant factor in the patient's decision whether to have treatment in the palliative setting.

Given the wide range of differential diagnoses that could result in bilateral sudden onset sensorineural hearing loss, early involvement of the multidisciplinary team is crucial in management of such cases.

Posters

Impacted denture in the oesophagus: a multi-disciplinary approach

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Institution: New Cross Hospital, Wolverhampton

Introduction:

Foreign body ingestion is a serious clinical condition in otolaryngology and carries significant morbidity and mortality due to possible complications. Adhikari et al study showed coins and dentures as a common foreign body in adults. A rapid and accurate diagnosis, together with subsequent treatment is necessary: in 20% of cases, endoscopic or surgical removal is promptly required.

We report a case of impacted artificial denture in the oesophagus.

Case Report:

A 36-year-old gentleman presented to the emergency department with a history of progressive dysphagia, odynophagia and neck pain after ingesting his artificial denture. 3 hours after presentation he was taken to the emergency theatre for oesophagoscopy and removal of foreign body. Unfortunately, the foreign body was not visualised.

The patient was discussed with the gastroenterology team and due to the risks associated with OGD; they advised organising a gastrograffin swallow. After discussion with a consultant radiologist, a CT scan was carried out. Subsequently, an OGD was carried out and revealed the impacted plate to be in the mid-oesophagus with mild oesophagitis. They were unsuccessful in removing the plate and therefore pushed it into the stomach.

After discussion with the general surgery team, a repeat gastroscopy was carried out, which revealed the plate to be wedged in the pylorus. A targeted laparotomy was carried out with successful extraction of the plate.

Discussion:

We have discussed an unusual presentation of an impacted denture. Management of oesophageal foreign body requires a multidisciplinary approach.

Posters

An unusual presentation of toxic multi-nodular goitre

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Introduction:

A toxic nodular goiter (TNG) is a thyroid gland that contains autonomously functioning thyroid nodules, with resulting hyperthyroidism. We report an unusual presentation of toxic multi-nodular goitre.

Case Report:

A 45 year old farmer presented to the emergency department with a 2 day history of sore throat, stridor and generally unwell. Examination revealed respiratory distress with stridor and a thickset neck. Whilst waiting for an urgent ENT opinion he had a respiratory arrest where the anaesthetic team were unable to intubate the patient due to an oedematous, erythematous epiglottitis. He subsequently had a tracheostomy under local anaesthetic, was ventilated with sedation and transferred to level 3 ITU care.

Intravenous Cefataxime and dexamethasone was given to treat the epiglottitis. Once stable, he was stepped down to the ward. The epiglottitis resolved with treatment and flexible nasoendoscopy was repeated down the tracheostomy. This revealed the tracheostomy to be in a false passage and was therefore removed.

3 days post removal; he again developed respiratory distress and stridor. An emergency tracheostomy was carried out under general anaesthetic, where the anaesthetists were only able to insert an LMA device to ventilate the patient. Post-operatively a CT neck and thorax was organised and revealed a multi-nodular goitre. Clinical chemistry revealed he was thyrotoxic and an endocrine review was organised.

An elective total thyroidectomy with tracheostomy refashioning was carried out and histology revealed multi-nodular hyperplasia.

Discussion:

Acute airway compromise coupled with a complex patient is rare and requires a multi-disciplinary team approach in management.

Posters

Nebulised N-Acetylcysteine used in acute tracheostoma obstruction

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Institution: University Hospital Lewisham, London

Introduction:

Patients with laryngectomy tracheostomas are at risk of developing acute airway obstruction due to mucus crusting. Current management relies on saline nebulisers, followed by suction and manual evacuation to remove the obstruction. We describe the first reported case of using N-Acetylcysteine nebulisers in addition to saline to adequately soften the mucus plugs to facilitate removal.

Case Report:

A 68-year-old female attended the emergency department with a partial obstruction of her laryngectomy tracheostoma as a result of mucus crusting. Saline nebulisers did not provide adequate softening to allow the obstructing mucus plugs to be removed. N-Acetylcysteine nebulisers were successfully used to further soften the mucus plugs which resulted in their removal.

Discussion:

N-Acetylcysteine (NAC) is the acetylated precursor of the amino acid L-cysteine. It has been used in clinical practice for several decades, principally as a mucolytic in chronic respiratory illnesses and in paracetamol overdose. Studies have assessed its use in cystic fibrosis and chronic obstructive pulmonary disease, both orally and as a nebuliser. This case suggests that NAC nebulisers can be used to assist in the removal of mucus plugs in saline-resistant obstruction.

Posters

New-onset Deafness due to Bilateral Haemotympani in a patient with CML

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Institution: University Hospital Lewisham, London

Introduction:

Chronic Myeloid Leukaemia (CML) is an uncommon malignancy of the myeloid progenitor cells. Although rare, there are several causes for deafness in this condition. This is the first report to describe bilateral haemotympani as the cause of deafness in a patient with CML.

Case Report:

A 43-year-old female with newly diagnosed CML was seen in the ENT emergency clinic with recent-onset bilateral hearing loss. On examination she had bilateral haemotympanum. An audiogram and tympanometry confirmed conductive hearing loss. She was managed conservatively and the haemotympani had resolved.

Discussion:

Deafness is a rare occurrence in CML. It is known to occur due to hyperviscosity, infection and blastic infiltration. These typically cause a sensorineural hearing loss.

Haemotympanum as a cause for deafness in CML is exceedingly rare. Haemorrhage despite thrombocytosis can occur due to platelet dysfunction. Platelet dysfunction is possible in the myeloproliferative disorders, such as CML.

A detailed history and examination is essential to differentiate between causes for deafness in CML and tailor the management accordingly.

Posters

Nasal septal pleomorphic adenoma: Caution advised in the management of suspected recurrence

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Introduction:

Pleomorphic adenomas are benign salivary gland tumours that most commonly arise in the tail of the superficial lobe of the parotid gland. They can also arise in other salivary glands and rarely present in the nasal cavity. Nasal tumours are known to have a high recurrence rate.

Case Report:

A 32-year-old female office worker presented to ENT clinic due to recurrent epistaxis. She was otherwise well and not on any regular medications. Nasal examination revealed a large ulcerated lesion on the right nasal septum which was excised under general anaesthetic. Unexpectedly, this was found to be a pleomorphic adenoma with an ill-defined border.

The patient was followed up approximately one year following initial resection. Nasal examination revealed a recurrent right nasal septum lesion without ulceration, epistaxis or nasal blockage. Given the high incidence of nasal pleomorphic adenoma recurrence, a wide local excision was carried out with excision of an underlying disc of cartilage and mapping biopsies.

Unexpectedly, the histology from these samples showed only granulation tissue due to healing of the initial excision.

Discussion:

Despite high recurrence rates, lesions at the site of nasal pleomorphic adenoma resection should not be assumed to be recurrences. In this case, concerning features were not present on follow-up though the appearance of the recurrent lesion was consistent with previous reports of nasal pleomorphic adenomas. Therefore, a less aggressive approach with repeat biopsy or cytology may be preferable as this would aid in averting the risks of extensive resections.

Posters

Money Down the Larynx: A Closed Loop Audit of clinical coding accuracy for flexible nasendoscopy in Otolaryngology.

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Introduction

The introduction of payment by results (PbR; 2005) has revolutionised the way funds flow through the health service. In the wake of the financial crisis some departments face in these austere times, it is more important than ever to be aware of potential shortfalls in departmental revenue and the responsibility for this lies with front line medical staff.

Flexible nasendoscopy (FNE) is a core diagnostic procedure in Otolaryngology that carries a tariff of £126. Those performed in the outpatient department are recorded using the outpatient coding form by the attending clinician.

Objective

This two-cycle audit examines the accuracy of clinical coding for FNE's performed outside of the outpatient department, by the on call doctor.

Method

1st Cycle: Retrospective review of clinical coding accuracy for 30 consecutive FNE's performed outside of the outpatient department.

Intervention: On Call ENT Procedure coding form.

2nd Cycle: Re-audit coding accuracy for 30 consecutive FNE's.

Results

1st Cycle: Coding concordance of 17% (5) and coding inaccuracy in 83% (25). Shortfalls in coding were due to coding error in 60%, while 40% of FNE's were uncoded as the patient was discharged from A+E.

2nd Cycle: 100% Coding concordance.

Conclusion

Coding inaccuracy in this single common procedure costs our department £5020/month: based on a conservative estimate of 12 FNE's/week. Improved accuracy in clinical coding using this simple intervention has addressed this and will contribute £60'238/year to departmental revenue that is otherwise lost.

This intervention could easily be implemented in other ENT departments in the UK.

Posters

Emergency ENT Clinic Service Provision: Audit of practice and Restructuring of a District General practice.

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Introduction

Current ENT UK guidelines exist on appropriate size of clinic for SHOs. This aids to ensure a manageable caseload for training and patient safety. In addition, our departmental policy is a maximum 2 follow-up reviews in the emergency clinic per patient prior to discharge or referral to routine ENT clinic.

Objective

Review current working structure of the ENT emergency clinic at a district general hospital. Explore the format of booking patients, review the services provided and identify areas of improvement.

Method

1st cycle: A retrospective review of ENT emergency clinic attendances over a 2 month period. ENT UK and departmental standards.

Intervention: Electronic booking calendar with set booking criteria. Introduction of a clerking proforma. Emphasis on the need for senior review if >3rd follow-up appointment.

2nd cycle: Re-audit of 23 consecutive clinics, bookings, attendances and outcomes.

Results

1st Cycle: 40 clinic sessions reviewed (379 patients). Mean 9.5 patients/clinic (6-11). 41% (156) follow-up and 59% (223) new cases. 24 patients (6% of the total patient number) accounted for 115 follow-up attendances. Booking diary very poorly compliant with information governance policy.

2nd Cycle: Total 82 patients. 23% follow-ups (19). Only 3/23 clinics were over booked (compared with 37/40). Reduced patient waiting times. 72% of patients safely discharged or placed into correct pathways.

Conclusion

Restructuring the ENT emergency clinic with emphasis on improved documentation, a centralised digital booking system and appropriate senior reviews has improved the service by reducing unnecessary follow-ups, waiting times and overbooking.

Thanks to the SWEAM team

Mr Jon Bird

Mr Chris Foxtton

Mr Stuart Burrows

Mr Venkat Reddy – Past President

Mr Stuart Gillett – Past President

Look forward to your submissions next
year!!!

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