

IOS 64th Meeting, 13-14 October 2023

Irish Otorhinolaryngology / Head & Neck Surgery Society

**Wilde Discourse to be delivered by
Prof. Claire Hopkins**



Radisson Blu Hotel, Rosses Point Road, Ballincar, Sligo

**Sixty Fourth Annual Meeting
of the
Irish Otorhinolaryngology / Head & Neck Society**

Radisson Hotel, Sligo
Friday 13th & Saturday 14th October 2023

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Wilde Discourers

1961	Terence Cawthorne	1992	William Panjee
1962	Ian Simpson Hall	1993	Tony Bull
1963	C.P. Wilson	1994	Richard Ramsden
1964	Ronald Macbeth	1995	David Kennedy
1965	W.H. Struben	1996	L. Ryan
1966	Angell James	1997	Ugo Fisch
1967	Michel Portmann	1998	R. Goody
1968	Howard House	1999	E. McKay
1969	Joseph Ogura	2000	J. Fredrickson
1970	J.P. Hood	2001	Patrick Gullane
1971	Harold F. Schucknecht	2002	William Coman
1972	Donald F.N. Harrison	2003	Thomas McDonald
1973	Stuart Strong	2004	Trevor McGill
1974	Douglas Bryce	2005	Gilbert Nolst Trenite
1975	John Ballantye	2006	George Browning
1976	Claus Jansen	2007	Kevin Gibbin
1977	Gabriel Tucker	2008	Max McCormick
1978	L.B.W. Jongkees	2009	Peter Wormald
1979	Robert Pracy	2010	Fred Owens
1980	George Nager	2011	John Watkinson
1981	R.B. McDowell	2012	Richard Canter
1982	R. Wentges	2013	Gerard O'Donoghue
1983	Victor Goodhill	2014	Janet Wilson
1984	Douglas Ranger	2015	Robin T.Cotton
1985	H. Spondalin	2016	Jatin Shah
1986	P. Alberti	2017	Valerie Lund
1987	Tauno Palva	2018	Blake Papsin
1988	Philip Stell	2019	Johannes Zenk
1989	Dietrich Plester	2020	<i>Covid-19</i>
1990	Arnold G. Maran	2021	Milind V. Kirtane
1991	David Brain	2022	John Rutka

Invited Speakers

The president has chosen a Rhinology emphasis for this year's meeting which is reflected in the choice of invited speakers. The Irish Otolaryngology Society is delighted to welcome Professor Claire Hopkins as our 64th Wilde Discourser. Professor Hopkins, together with Sean Carrie, Louise Melia and Professor Stephen Lane will deliver state-of-the-art updates in a variety of Rhinology and anterior skull base areas.



Claire Hopkins is a Consultant Rhinologist at Guy's Hospital, a large tertiary referral centre in London, UK, with a clinical practice covering the breadth of rhinology including sinusitis, anterior skull base work and facial plastics. She is a Professor of at King's College London. She is the Secretary General of the European Rhinological Society, President of the Royal Society of Medicine's Section of Laryngology and Rhinology and Past-President of the British Rhinological Society. She is co-author of the European Position Statement on Rhinosinusitis and Nasal Polyps and the International Consensus on Rhinosinusitis. She has a large research program covering all aspects of medical and surgical management of rhinitis and sinus disease, with a focus on improving outcomes in the management of nasal polyps. She has recently been involved in highlighting the link between COVID-19 and loss of smell and taste.



Sean Carrie has been a Consultant Rhinologist at the Freeman Hospital and Honorary Senior Lecturer at Newcastle University since 1999. His particular interests are skull base surgery, office-based surgery and surgical outcomes. He is Past President of the European Rhinologic Society (ERS) and Past President of the British Rhinological Society (BRS). He is Chairman and convenor of the Newcastle Sinus Surgery courses. He was Chief Investigator of the National Institute of Health Research (NIHR) funded "NAIROS" multicentre RCT of septoplasty (£1.16million). He has research interests in the growth of nasal mucosal cell cultures in vitro.

Invited Speakers



Professor Stephen Lane PhD, FRCPI, FRCP (London), FCCP, FAoP (GB & Ire) is Consultant Respiratory Physician at Tallaght University Hospital since 1998; Consultant Respiratory Physician at Peamount Healthcare, Co Dublin since 2004 and Professor of Respiratory Medicine, Trinity College Dublin, since 2008. He currently Chair of the Clinical Advisory Group of the National Clinical Program for Respiratory Medicine and is a member of its constituent Severe Asthma Advisory Group. He has a longstanding interest in severe asthma and its underlying mechanisms. He runs Severe Asthma Centre based at TUH and Peamount for such patients in conjunction with his colleagues in a multidisciplinary setting where patients with severe asthma are comprehensively investigated as to their asthma endotype and recently has begun working with the International Severe Asthma Registry. The Centre provides the following treatments for appropriate patients with severe asthma: α -IL5s (reslizumab, mepolizumab, benralizumab); α IgE (omalizumab); sublingual allergen immunotherapy; aspirin challenges & desensitisation; has carried out several bronchial thermoplasties; is eagerly awaiting imminent access for the α IL4/13 agent, dupilumab. Professor Lane, conjunction with colleagues, has set up the multidisciplinary Dublin Vasculitis & Allergy Group based at TUH, which collaborates closely with the on-site Severe Asthma Centre and our ENT colleagues. Prof. Lane, and his colleagues within the National Clinical Program, continue to work closely with State agencies to procure access protocols for expensive modern life-changing biologic therapies in patients with severe asthma and, in this regard, are interested in pursuing collaborations with colleagues in the vasculitis and ENT fields.



Ms Louise Melia completed her training and fellowship in 2019 and worked as a Rhinologist and Anterior Skull Base Consultant Surgeon in Glasgow, Scotland for four years. She has recently moved to the South West of England. She specialises in advanced open and endoscopic sinus surgery with a specialist interest in sinonasal malignancies. She has a keen interest in training and is faculty member on a variety of courses including the Advanced Sinus Surgery Course and Neurosurgical Approaches to the Cranial Cavity run through the Royal College of Surgeons, Edinburgh, as well as the Endoscopic Skull Base Course in Bristol. She was co-founder of the West of Scotland Mentorship Programme for Trainees as well as the Programme Director for the Advanced Medical Training Fellowship in Advanced Rhinology and Skull Base Surgery in the West of Scotland. She is a Council member for the British Rhinology Society and Programme Director for the BRS-Advanced Training Fellowship.

Program

Thursday 12th October

- 18:00 - 18:40 IOS Council Meeting Dartry, Radisson Hotel
- 19:30 - 22:00 President's Dinner (by invitation only) Knocknarea 1&2, Radisson Hotel
for drinks reception, followed by dinner 8pm

Friday 13th October

08:00 - 09:00 Registration

09:00 - 09:10 Welcome by Mr. Robin Adair (President) / Announcements

09:10 - 09:30 CME 1 – Head and Neck

Chairpersons – Prof. Con Timon and Mr. Barry Devlin

Predicting response in head and neck cancer – Mr. Conall Fitzgerald

09:30 - 10:34 Free Paper Session 1 – Head and Neck

Chairpersons – Prof Con Timon and Mr Barry Devlin

09:30 - 09:38 Evaluating Recurrent Hypercalcaemia after Parathyroidectomy: a single-centre study

L. Peeperkorn, N. O’Keeffe, Prof. P. Sheahan

South Infirmary Victoria University Hospital, Cork

09:38 - 09:46 Retrospective Evaluation of complications of extracapsular parotidectomy versus superficial parotidectomy

L. Cornett, D. McCrory, J. Smith, E. Reddy.

Craigavon Area Hospital, Southern Health and Social Care Trust

0946 – 0954 Intra-oral Parotid Duct Exploration and Ductoplasty for Large Parotid Duct Stones:

How we do it

NJ McInerney, F Timon, N O’Keeffe, A Nae, CVI Timon

Department of Otolaryngology, Royal Victoria Eye and Ear Hospital, Dublin

09:54 - 10:02 Head and Neck Red Flag Referral Pathway

A. Clarke, C. Soony, C. Smyth

WHSCA

10:02 - 10:10 The effectiveness of Laryngeal Botulinum Toxin injection in Essential Voice tremor:

A systematic review and meta-analysis

Tamer El Natout¹, K Bennett¹, A. Hamdan²

RCSI, Ireland 2: American University of Beirut, Lebanon, Beaumont Hospital.

10:10 - 10:18 Characteristics of Patients with Unresectable Hypopharyngeal and Upper Oesophageal Cancer

JM Hintze, I O’Riordan, E Cleere, C Timon, J Kinsella, P Lennon, C Fitzgerald

St. James Hospital, Dublin

Program

- 10:18 -10:26 Topical Anaesthetics in Cutaneous Head and Neck Surgery: a Randomized Controlled Trial
O'Neill RJ, Affendi A, McHugh N, Skinner L
Waterford University Hospital
- 10:26: 10:34 A single centre experience of the changing face of oropharyngeal squamous cell carcinoma in Ireland: 10 years of data in the HPV era
E Cleere, T. Crotty, J. Murphy, C. Timon, J. Kinsella, C. Fitzgerald, P. Lennon
Department of Otolaryngology, Head and Neck surgery, St. James's Hospital, Dublin,
- 10:40 - 11:15 Coffee Break with exhibitors (Benbulbin 1)**
- 11:15 - 11:30 CME 2 – Otology.**
Chairpersons – Mr Guan Khoo, Ms Cathy Smyth
- Preventing Disasters in Otolaryngology: Back to the beginning
Emma Keane, Sligo University Hospital
- 11:30 - 12:45 Free Paper session 2: Otolaryngology**
- 11:30 - 11:38 Antibiotics versus non-antibiotic treatments for acute otitis externa: A systematic review and meta-analysis
Rosalind Di Traglia, Ben Tudor-Green, Jameel Muzaffar, Daniele Borsetto, Matthew E Smith
University of Cambridge, UK
- 11:38 - 11:46 An audit of the Beaumont Hospital ENT Physiotherapy Led Vestibular Clinic.
R. Tattersall, I Clancy, F. Glynn, PD Lacy, S. Mamdouh, D. Murray, A. Naude, C. Ni Chearbhaill, JP. O'Neill, N. Shine, P. Walshe, R. Woods, RM. Walsh
Beaumont Hospital Dublin
- 11:46 - 11:54 Spontaneous Involution of Vestibular Schwannoma
Tamer El Natout, M. Javadpour, D. Rawluk, G. Zilani, S. Houston, RM. Walsh,
Beaumont Hospital Dublin
- 11:54 - 12:02 Acute Vertigo in the Emergency Department
J. Wauchope, M. Feenan, M. McCormack, E. Devlin, B. Rea, D. McShane, N Thompson, J. Dennison, EK Reddy
Southern Health and Social Care Trust, UK
- 12:02 - 12:10 Through the lens - a 10 year retrospective review of an endoscopic approach to cholesteatoma management
L. O'Byrne, M. Corbett, V. Marceliano, M. Ullah, SG. Khoo.
St. Vincent's University Hospital, Dublin.
- 12.10 - 12.18 Training in endoscopic ear surgery: a scoping review
E.J Kennedy, E.F Cleere, T.J Crotty, I.J Keogh
University of Galway, Galway
- 12.18 - 12.26 Exploring the Microbiome of Otitis Externa and Antimicrobial Resistance.
L. O'Byrne, B. Reynolds, M. Cormican, C. Fleming, IJ Keogh
University of Galway, Galway, Ireland.

Program

12:45-14:00 Lunch (Main Restaurant)

13:45 -14:00 **AGM of Irish Otolaryngology Society**

14:00 - 15:15 **CME Session 3 – Paeds/General ENT**
Chairpersons – Mr. Keith Trimble and Ms. Eimear Phelan

Panel Discussion – Paediatric ENT ‘Menagerie’
C Heffernan, C Jackson, S Kieran, R Mehanna, B Speaker

15:15-15:50 Coffee Break (Poster Adjudication) (Benbulbin 1)

15:50 - 16:40 **Free Paper Session 3 – Paediatric/General ENT**
Chairpersons – Mr Keith Trimble and Ms Eimear Phelan

15:50 - 15:58 Knot tie or do not tie: a systematic review and meta analysis of lower tonsillar pole ties and bleeding rates
M. Corbett, E. O’Mathuna, M. Aly, L O’Byrne, V. Marcelino, G. Khoo
St. Vincent’s University Hospital, Dublin

15:58 - 16:06 Deep neck space infection surge in Northern Ireland – was Group A Strep to blame?
S Moore, J Smith, C Jackson, K Trimble
Royal Belfast Hospital for Sick Children, Belfast

16:06 - 16:14 Respiratory Complications following Tonsillectomy for paediatric severe obstructive sleep apnoea: Is ICU worthwhile?
R Hill, L Woods, R Mehanna, J Russell
CHI Crumlin, Dublin

16:14 - 16:22 A review of post tonsillectomy discharge guidelines in a district general hospital
S. Kirk, R. Stewart, L. Zygan
Altnagelvin Hospital, Londonderry, UK

16:22 - 16:30 Intracapsular Tonsillotomy: Review of post-operative pain and recovery in single tertiary centre
Dorris C, McCrory D, McNulty L, Jackson C
Royal Belfast Hospital for Sick Children, Belfast

16:30 - 16:38 Button battery ingestion in children is potentially fatal. Assessing and raising community awareness of a decades old problem.
A Mahesh, K Majeed, IJ Keogh
University of Galway, Ireland.

19:00 – 19:30 Drinks Reception

Radisson Hotel

19:30 – 20:00 Wilde Discourse: Professor Claire Hopkins

Benbulbin 2

Discourse / Gala Dinner (Black Tie) / President’s speech – advance ticket only**

Program

Saturday 14th October

08:00 - 09:30 Registration

08:30 - 09:40 Meeting - Irish Institute of Otorhinolaryngology/Head + Neck Surgery (IIOHNS)
Meet in Room Radisson Hotel

09:00 - 10:05 **Free Paper Session 4 - Rhinology**
Chairpersons – Brendan Hanna and Brendan Fennessy

09:30 - 09:38 Assessment of Community Care Management of Allergic Rhinitis, a Quality Improvement Initiative
S Boyle, M. Fitzsimons, J. Hourihane, J. Fitzsimons, K. Sheehan, E. Phelan, C. Heffernan
Children's Health Ireland at Temple Street.

09:38 - 09:46 Long-Term Outcomes of LATERA – A Bioabsorbable Nasal Implant
L. Peeperkorn, A. Quinn, M. Walsh, B. Mahesh
University Hospital Waterford and RCSI Dublin

09:46 - 09:54 Transsphenoidal pituitary surgery for Acromegaly: A single centre's experience over 15 years.
M. Al Khalifa, S. Garry, R. Woods. M. Sherlock, DF. O'Brien, M. Javadpour, P.D Lacy
Beaumont Hospital, Dublin

09:54 - 10:02 Topical Furosemide as a treatment modality in patients with Chronic Rhinosinusitis with Nasal Polyps (CRSwNP) pre and post operatively
M McFadden, J Smith, B Hanna
Royal Victoria Hospital, Belfast

10:05 - 11:00 **Coffee Break with exhibitors**
 Medtronic Mini Symposium 'Propel Device Placement'

11:00 - 12:00 **CME 4 – State of the art Rhinology**
Chairpersons – Shawkat Alaa, Neil McCluney

11:00 - 11:15 Septoplasty - results of the NAIROS trial
Mr. Sean Carrie, Newcastle, UK

11:15 - 11:30 Optimising Management of Patients with CRSwNP
Professor Claire Hopkins, Guys and St. Thomas' Hospitals, London

11:30 - 11:45 Biological Agents, severe asthma and patients with CRSwNP
Professor Stephen Lane, Dublin University, Trinity College and Tallaght University Hospital, Dublin

11:45 - 12:00 Limitations of Skull Base Approaches
Ms. Louise Melia, Queen Elizabeth Hospital, Glasgow, UK.

12:30 - 12:45 Closing Speeches / Best Paper / Poster Prizes
Best Paper Judges – Prof. Peter Walshe / Mr. Luke McCadden
Poster judges – Ms. Cathy Smyth / Mr. Guan Khoo

1245 - 1330 **Lunch & Meeting Concludes**

See below for exhibitor information and abstracts for oral presentations

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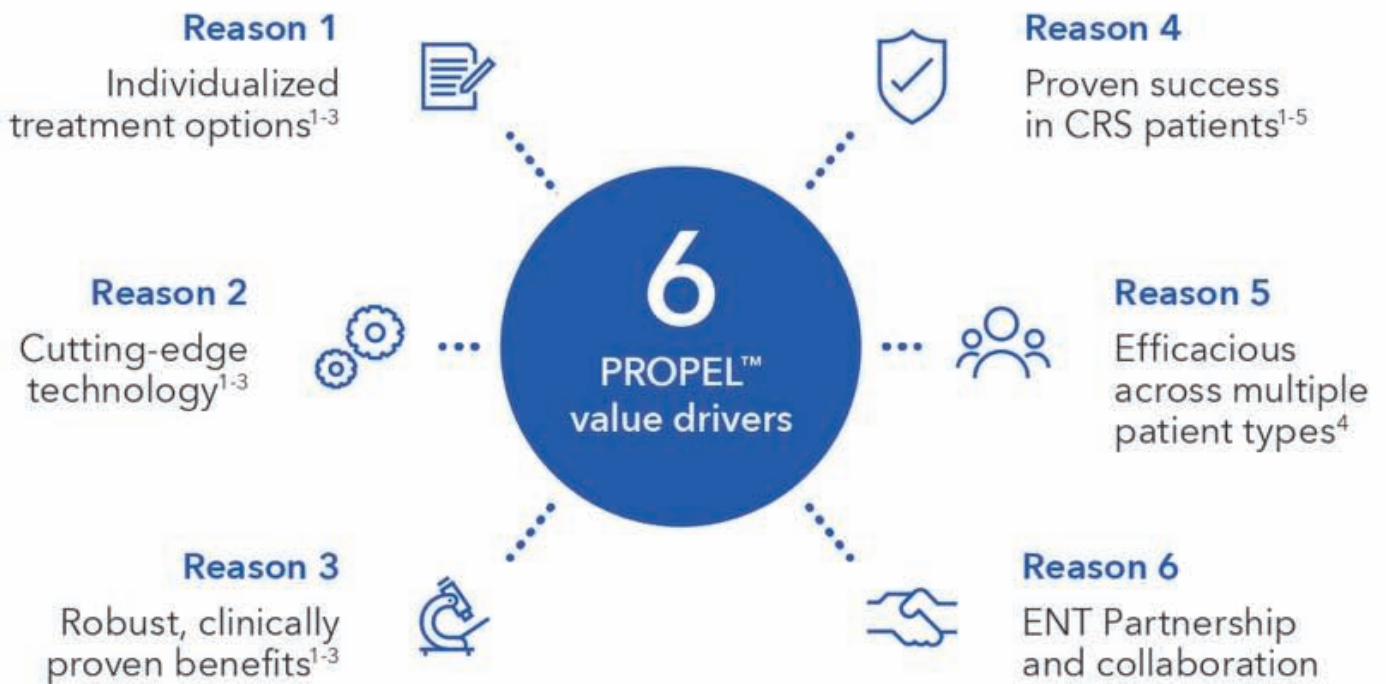
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 - **PROPEL™ Mini**: the need for postoperative interventions, surgical interventions, and oral steroids, occlusion/restenosis
 - **PROPEL™ Contour**: the need for postoperative interventions and surgical interventions, occlusion/restenosis, inflammation



Reason 4

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Reason 5

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References:

1. PROPEL™ [Instructions for Use]. Menlo Park, CA: Intersect ENT.
2. PROPEL™ Mini [Instructions for Use]. Menlo Park, CA: Intersect ENT.
3. PROPEL™ Contour [Instructions for Use]. Menlo Park, CA: Intersect ENT.
4. Han JK, Marple BF, Smith TL, et al. Effect of steroid-releasing sinus implants on postoperative medical and surgical interventions: an efficacy meta-analysis. *Int Forum Allergy Rhinol.* 2012;2(4):271-279.
5. Data on file, Intersect ENT, Inc. Calculated Patients-PROPEL™ Family. Q2 2019.
6. In an animal study, mometasone furoate implants were able to provide local steroid delivery with negligible systemic absorption.

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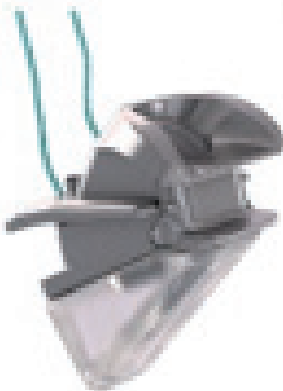
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Michael Gilmore
Operations Manager

Founded by BioInnovate Ireland Alumni Dr. Liz McGloughlin and Rory O'Callaghan, Tympany Medical have identified unmet needs in the visualisation of surgical sites using traditional endoscopy. The Solascope System will deliver the worlds' first single-use, panoramic, self-cleaning endoscope. Enabling surgeons to reduce from 4 scopes to 1 in complex Sinus Surgery, the first clinical indication.

Solascope has the ability to address needs in over 5 million procedures per annum in the US with a market opportunity of over \$2.5 billion per annum.

The company is based in Galway and have raised over €4m in seed investment led by Atlantic Bridge University Bridge Fund. Their first endoscope for ENT will be submitted to the FDA in Q4 2023. Key IP portfolio protecting rotating head and cleaning mechanisms established. Appointment of Charlie Wilhelm, former COO and President of Karl Storz USA to the Board in 2023.



ViatriS in Ireland is a healthcare company supplying medicines that have been helping patients in Ireland and around the world for nearly 40 years. Formed from the combination of Mylan and Upjohn, we work to empower people to live healthier at every stage of life and are proud to be one of the largest pharmaceutical employers in the country. We are also committed to strengthening the communities where we live and work

ABSTRACTS FOR ORAL PRESENTATION

HEAD AND NECK – FREE PAPERS 1

Evaluating Recurrent Hypercalcaemia after Parathyroidectomy: a single-centre study

L. Peeperkorn, N. O’Keeffe, Prof. P. Sheahan
South Infirmery Victoria University Hospital, Cork

Background:

Primary hyperparathyroidism (PHPT) is the most common cause of hypercalcaemia in the community setting. This is caused by autonomous overproduction of parathyroid hormone (PTH) from one or more parathyroid glands. Surgical excision, in the form of a focused parathyroidectomy or as part of a 4-gland exploration is the treatment. Recurrence rates of sporadic PHPT are approximately 1.56%, however, some recent studies have reported rates as high as 14.8%. The aim of this study was to determine if normal day one biochemical blood markers could indicate cure at 6 months.

Methods:

A retrospective review of all patients who underwent parathyroid resection in our institution over the last 13 years was undertaken. Clinicopathologic data was collected from the prospectively maintained parathyroid and thyroid database.

Results:

217 patients underwent parathyroidectomy between 2010 and 2023, 53 male and 164 female. 63% had calcium levels carried out 6 months post-operatively. Of these patients with a normal day 1 calcium result, 4.5% had elevated calcium’s at 6 months.

Conclusions:

Our study identified a cohort of patients with normal post operative blood results who had elevated bloods at 6 months indicating the possibility of underlying parathyroid hyperplasia.

Retrospective Evaluation of complications of extracapsular parotidectomy versus superficial parotidectomy

L Cornett, D McCrory, J Smith, E Reddy.
Craigavon Area Hospital, Southern Health and Social Care Trust.

OBJECTIVES: Our primary objective was to assess facial nerve palsy rates in superficial parotidectomy versus extracapsular parotidectomy. Our secondary objectives were to compare the frequency of other complications between the 2 techniques and to assess the histopathological results.

METHODS: We performed a retrospective analysis of 143 patients from our trust who underwent parotidectomy from January 2013 to December 2019. We examined patients’ Electronic Care Record to obtain clinic letters, histopathology results and records of any readmissions.

RESULTS: In our cohort 102 patients underwent superficial parotidectomy with 34 patients having extracapsular parotidectomy. Overall 78% of cases were benign and 22% were malignant. 30% of patients with extracapsular dissection had a post-operative complication recorded compared to 60% of those undergoing superficial parotidectomy. In extracapsular dissection only 1 patient had a transient facial palsy of the buccal branch (1/34: 2.9%) which fully recovered. In superficial parotidectomy 21.6% (22/102) had a documented facial palsy, with 2.9% (3/102) being persistent palsies. The marginal mandibular nerve was the most commonly affected branch (17/22: 78%)

CONCLUSIONS: Extracapsular dissection has lower total complications and less risk to the facial nerve. There will be a degree of selection bias as it is generally used for smaller, more mobile and typically benign lesions. When selecting method of excision the operator must ensure they can fully excise the lesion without rupture of the tumour.

Head and Neck Red Flag Referral Pathway

A Clarke, C Soong, C Smyth

WHSC

Abstract

Introduction: NICE have developed guidelines for GP management of patients with neck lumps including red flag referral to ENT.(1) These patients require multiple clinic attendances for initial assessment, imaging and results/management which creates inefficient use of the Red Flag appointments.

Aim: To assess the neck lump red flag referral process and see how many referrals required imaging. Therefore, identifying if imaging prior to ENT assessment could reduce the amount of outpatient attendances.

Methods: We collected data on all red flag neck lump referrals to ENT in WHSC between 22/05/23 and 09/06/23. Using NIECR we retrospectively gathered data including age, sex, date of referral, first ENT contact, if imaging was ordered and its results.

Results: 31 red flag neck lump referrals were made to the ENT department. 26 (83.87%) referrals required multiple appointments to allow for imaging and results. 27 (87%) referrals resulted in benign pathology but still required multiple appointments.

Conclusion: 83% of referrals required imaging and multiple appointments. Gold standard practice is a red flag neck lump clinic with ENT surgeon, radiologist and pathologist present. Workforce resources for this are not currently available in WHSC. Therefore, allowing ENT consultant access to USS booking at triage could allow patients to be assessed and managed in one appointment.

References:

1. Scenario: Thyroid lump [Internet]. Org.uk. [cited 2023 Sep 8]. Available from: <https://cks.nice.org.uk/topics/neck-lump/management/thyroid-lump/>

Title: The effectiveness of Laryngeal Botulinum Toxin injection in Essential Voice tremor: A systematic review and meta-analysis

Tamer El Natout, Professor K Bennett, Professor A. Hamdan,

1: Department of Otolaryngology, Beaumont Hospital

2: Department of Data Science, of Royal College of surgeons in Ireland

3: Professor Head, Division of Laryngology Director of Hamdan Voice Unit

Otolaryngology Head and Neck Surgery American University of Beirut, Lebanon

Adjunct Professor Department of Otolaryngology, Head & Neck Surgery Drexel

University College of Medicine, USA

Abstract

Aim: To review the effectiveness of Laryngeal Botulinum Toxin injection in adult patients with Essential Voice Tremor (EVT).

Study design: Systematic Review and Meta-analysis.

Methods: Studies between 1968 and 2021 evaluating the effects of laryngeal botulinum toxin injection in adult patients with EVT were searched on 02/02/2022 in Medline, Cochrane and Embase. The goal of our systematic review is to report the effectiveness of Laryngeal Botulinum Toxin injection in patients with EVT. To assess the risk of bias, the same two reviewers assessed the risk of bias using Cochrane's Robin I assessment tool for non-randomized trials.

Results: Eight studies fulfilled our inclusion criteria and were included in this systematic review(Fig1). This meta-analysis showed improvement in Cape V score especially in strain and overall score (95% CI, [-10.11, -4.20]). In the narrative review, there was significant improvement in VHI-10 score, and other subjective measures using the VAS, in addition to selective improvement in VTSS depending on anatomical site.

Conclusion: There is a lack of uniformity across the outcome measures documented in the studies. Our systematic review was unable to find good high quality randomized controlled Trials (RCTs) to objectively support the subjective improvement following Laryngeal Botulinum Toxin injection in patients with EVT.

Characteristics of Patients with Unresectable Hypopharyngeal and Upper Oesophageal Cancer

JM Hintze, I O’Riordan, E Cleere, C Timon, J Kinsella, P Lennon, C Fitzgerald

Department of Otolaryngology – Head and Neck Surgery, St. James Hospital; Trinity College Dublin

Background/Aim: The aim of the present study was to examine pre-operative and intra-operative characteristics of patients undergoing curative-intent surgery of hypopharyngeal and upper oesophageal cancers that were deemed unresectable at the time of surgery.

Methods: All patients undergoing a laryngectomy with or without a pharyngectomy over a 2-year time-span were included for initial analysis. Patients deemed unresectable at the time of surgery were identified using operative notes and were then further examined.

Results: A total of 80 patients met initial inclusion criteria, 52 patients had a laryngectomy alone, 21 patients underwent either a pharyngo-laryngectomy or a pharyngo-laryngo-oesophagectomy, and 7 patients were identified as being unresectable. The mean age was 69 years. Of those 7 patients, 5 (71%) had hypopharyngeal cancer and 4 (57%) of these surgeries were performed in a salvage setting. There was radiological suspicion of pre-vertebral fascia invasion in 5 (71%) cases, tracheal involvement in 2 (28%) and carotid artery encasement in 1 (14%) case. Operative reasons for unresectability were pre-vertebral invasion in 5 (71%) of cases, carotid artery involvement in 3 (43%) and tracheal involvement in 1 (14%) case.

Conclusions: The most commonly identified cause for unresectability in hypopharyngeal and upper oesophageal cancer in this cohort was pre-vertebral fascia involvement. Imaging characteristics can be helpful in identifying the risk of involvement, but are often equivocal.

Intra-oral Parotid Duct Exploration and Ductoplasty for Large Parotid Duct Stones:

How we do it

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2. Royal College of Surgeons Ireland, Dublin, Ireland
3. School of Medicine, Trinity College Dublin

Background

Multiple methods have been employed for the removal of parotid duct stones, including but not limited to lithotripsy, sialoendoscopic retrieval and transcutaneous approaches. This study and associated video demonstrates our novel intra-oral parotid duct exploration and ductoplasty technique for large impacted parotid duct stones.

Methods

A retrospective review of the senior author's approach to parotid duct stones was performed over a three-year period. The attached video demonstrates the operative approach by a single surgeon at our institution.

Results

Over a three-year period, five patients have undergone a parotid duct exploration and ductoplasty for impacted parotid duct stones, which were not amenable to endoscopic removal. Median age was 48 years (range 68 to 37) with an equal gender distribution. Median length of procedure was 32 minutes (range 20 to 41 minutes). All patients were discharged the morning after surgery. All patients experienced complete resolution of their symptoms post procedure and reported minimal post-operative pain.

Conclusion

The intra-oral parotid duct exploration and ductoplasty technique is a safe and effective treatment option for large, impacted parotid duct stones. It has a high success rate for stone retrieval and resolution of symptoms, and avoids the potential adverse effects of more invasive procedures.

Topical Anaesthetics in Cutaneous Head and Neck Surgery: a Randomized Controlled Trial

O'Neill RJ, Affendi A, McHugh N, Skinner L

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Background

Surgery on cutaneous lesions of the head and neck can frequently be safely, effectively and efficiently performed under local anaesthetic(LA). However, administration of LA is painful and can sometimes be a traumatic experience for patients. EMLA and ethyl chloride(EC) spray are two commonly used types of topical anaesthetic with extensive use in paediatric populations. We aimed to assess their effectiveness in reducing pain from LA in cutaneous head and neck surgery.

Methods

An randomised controlled trial was performed on patients attending our unit for cutaneous head and neck surgery. Participants were allocated to: EMLA, EMLA placebo (aqueous cream), EC or a control group (no treatment). Numeric rating scores for pain and patient satisfaction was recorded. Confounding factor analysis was performed.

Results

121 patients were included in the final analysis. The median pain score was 5/10 for all groups. No statistically significant differences in pain scores were detected between groups by Kruskal-Wallis analysis ($p=0.19$) for groups. Patients receiving operations on the scalp($p=0.01$) and malignant lesions ($p<0.01$) frequently experienced higher pain scores.

Conclusions

Topical anaesthetic does not appear to significantly reduce pain in patients undergoing cutaneous head and neck surgery. Patient satisfaction was excellent with or without topical anaesthetic

A single centre experience of the changing face of oropharyngeal squamous cell carcinoma in Ireland: 10 years of data in the HPV era

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Introduction: The incidence of oropharyngeal squamous cell carcinoma (OPSCC) is increasing, driven by HPV associated disease. We wished to evaluate whether this was associated with changes in our OPSCC patient cohort.

Methods: A STROBE compliant, retrospective evaluation of patients with OPSCC at St James's Hospital between 2012-2022 was performed.

Results: We included 294 patients with a mean age of 60.4 years, 175 (59.5%) patients had HPV+OPSCC. Patients with HPV+OPSCC had improved 2-year Overall Survival (OS) (83.2%vs.55.5%; $p<0.05$) and Disease-Free Survival (DFS) (72.6%vs.46.2%; $p<0.05$). The number of new OPSCC diagnoses increased from 115 patients between 2012–2016 to 179 patients between 2017–2021. This was associated with an increased proportion of HPV+OPSCC (50.4% HPV+ 2012–2016 vs. 65.4% HPV 2017-2021; $p<0.05$). Patients diagnosed between 2017-2021 were more likely to have an ASA grade >2 (32.9%vs.23.5%; $p=0.01$) with no other clinicopathologic differences between groups. Despite an increase in HPV+OPSCC, patients diagnosed between 2017–2021 did not have improved 2-year OS (76.5%vs.66.9%; $p>0.05$) or DFS (64.2%vs.60.8%; $p>0.05$).

Conclusions: In our institution the incidence of OPSCC is increasing largely due to HPV+ disease. Despite the increased proportion of HPV+OPSCC, the 2-year OS and DFS has not improved which may reflect the increased comorbidity burden within our patient population.

OTOLOGY ABSTRACTS

Antibiotics versus non-antibiotic treatments for acute otitis externa: A systematic review and meta-analysis

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Background: otitis externa is a condition causing inflammation of the outer ear canal, which presents with itching, discharge and pain. Most cases of acute otitis externa are caused by bacterial infection and are thus treated with antibiotics. This systematic review and meta-analysis of randomised controlled trials aims to assess the effectiveness of topical non-antibiotic treatments compared to topical antibiotic treatment for the treatment of acute otitis externa.

Methods: systematic review and meta-analysis databases searched: Cochrane Library including ClinicalTrials.gov; MEDLINE; World Health Organisation International Clinical Trials Registry Platform and Web of Science to identify randomised clinical trials evaluating topical antibiotics and topical non-antibiotic agents in adults and children with acute otitis externa. Non-antibiotic therapeutics for comparison with topical antibiotics included antiseptics, steroids, non-pharmaceuticals and astringents.

Results: seventeen trials were eligible for inclusion, with 10 combined in meta-analysis. Data could be pooled comparing antiseptic and steroid monotherapies with topical antibiotic agents. There were no significant differences in cure rates in any pairwise comparisons. Individually, the majority of studies favoured topical antiseptics or steroids over antibiotics, however these differences were not significant when pooled in meta-analysis.

Conclusion: overall, antiseptic, steroid and antibiotic monotherapies are all effective for the management of acute otitis externa.

An audit of the Beaumont Hospital ENT Physiotherapy Led Vestibular Clinic.

R. Tattersall, Ivan Clancy, Mr. Fergal Glynn, Mr. Peter Lacy, Mr. Sherif Mamdouh, Dr. Deirdre Murray, Ms. Anel Naude, Catriona Ni Chearbhaill, Prof. James O'Neill, Mr. Neville Shine, Mr. Peter Walshe, Mr. Robbie Woods and Prof. McConn Walsh.

Aim: The aim of this audit is to evaluate the Physiotherapy led triage service for patients referred to ENT with dizziness and balance problems.

Methods: This audit (Registration number CA2023/012) is a prospective review of patients referred to the Physiotherapy Led Vestibular Triage Service in the ENT outpatients. All patients referred to the Physiotherapy Led Vestibular Triage Service and reviewed from the 26/09/2022 to the 6/9/23 were included.

Results: Over 11 months 6.5% (n=276) of patients were removed from the ENT waiting list. Attendance rate was 73% (n=202). The average waiting time was 7 (0 - 24) months. Imaging was ordered for 26% (n=53) of patients, 98% (n=198) had a hearing assessment and videonystagmography studies were ordered for 21% (n=42). Diagnoses included vestibular migraine, Benign Paroxysmal Positional Vertigo, unilateral hypofunction, bilateral hypofunction, Meniere's disease, vestibular neuritis and Persistent Postural Perceptual Dizziness.

Conclusions: This audit demonstrates the impact of a physiotherapy led vestibular service in an ENT outpatient clinic. This service leads to the timely diagnosis and treatment of various vestibular disorders, reduces waiting times and is cost effective.

Spontaneous Involution of Vestibular schwannoma

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1: Department of Otolaryngology-Beaumont Hospital

2: Department of Neurosurgery-Beaumont Hospital

Aim: To determine the incidence of spontaneous involution of vestibular schwannoma.

Background:

Spontaneous involution of vestibular schwannoma is a rare occurrence where the tumor undergoes a process of natural regression without any medical intervention (1,2). While this phenomenon is not fully understood, it challenges the conventional understanding of tumor behavior and presents an intriguing subject for study.

Methods: A retrospective review of all patients who attended Beaumont hospital and diagnosed with vestibular schwannoma between 2002 and 2022 was performed.

Results: A total of 1600 patients with vestibular schwannoma were identified. Out of 1600 patients, 93 had spontaneous involution of vestibular schwannoma. (5%). 10 patients were discharged as the tumor has significantly regressed in size.

Conclusion:

Five percent of our Vestibular schwannoma patients had spontaneous involution. The spontaneous involution of Vestibular schwannoma is a rare and captivating occurrence that challenges our understanding treatment. (3,4)

The limited number of cases and lack of comprehensive research make it difficult to ascertain the exact mechanisms driving this phenomenon.

References:

- 1) Sterkers, JM, Perre, J, Viala, P, Foncin, JF. The origin of acoustic neuromas. *Acta Otolaryngol* 1987;103:427–31
- 2) Neff, BA, Welling, DB, Akhmametyeva, E, Chang, LS. The molecular biology of vestibular schwannomas: dissecting the pathogenic process at the molecular level. *Otol Neurotol* 2006;27:197–208
- 3) Stangerup, SE, Tos, M, Caye-Thomasen, P, Tos, T, Klokke, M, Thomsen, J. Increasing annual incidence of vestibular schwannoma and age at diagnosis. *J Laryngol Otol* 2004;118:622–7

Acute Vertigo in the Emergency Department

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2. Department of Emergency Medicine, Southern Health and Social Care Trust
3. Department of Geriatric and Stroke Medicine, Southern Health and Social Care Trust

Background

Dizziness is a common presenting symptom in the emergency department (ED). In the absence of a focused history and oculomotor examinations it can often pose diagnostic uncertainty differentiating between peripheral and central causes.

Methods

A retrospective audit of ED practice in the assessment, diagnosis and management of 100 consecutive patients presenting with vertigo was performed in the Southern Health and Social Care Trust². Data points collected included patient's documented history, examinations performed including Head Impulse, Nystagmus, Test of Skew (HINTS) and Dix-Hallpike, imaging performed and outcome on discharge.

Results

Mean age at presentation was 58, with 63% being female. HINTS examination was performed on 11%. Dix-Hallpike manoeuvre was performed on 23% of patients. Almost half underwent brain imaging. Benign Paroxysmal Positional Vertigo (BPPV) was diagnosed in 24 patients, however, 42% were diagnosed without confirmatory test and 63% did not have a repositioning procedure.

Conclusion

There remains a lack of understanding regarding the assessment and management of vertigo in ED. To improve understanding our team created a dizziness pathway and training to aid doctors in ED when assessing vertigo patients with an aim of improving diagnostic accuracy, treating patients with BPPV at diagnosis, reducing brain imaging and hospital admissions.

Through the lens – a 10 year retrospective review of an endoscopic approach to cholesteatoma management

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Department of Otorhinolaryngology/Head and Neck Surgery, St Vincent’s University Hospital, Dublin.

Background

Endoscopic ear surgery (EES) has increasingly been used as a primary modality for the management of cholesteatoma. Advantages include enhanced visualisation of difficult to view areas, however, drawbacks include a one-handed technique as well as concerns around higher rates of residual or recurrent disease. We audited our practice to determine rates of recurrence in cholesteatoma surgery using the endoscope compared with traditional microscopic techniques.

Methods

A retrospective review was undertaken of all otology cases performed by a single senior otologist at a tertiary referral centre.

Results

528 cases were reviewed, 351 (66.5%) microscopic and 177 (33.5%) endoscopic procedures. In total 94 procedures were carried out for cholesteatoma, 67 (71.3%) open and 27 (29.7%) endoscopic. In the endoscopic cholesteatoma cohort 4 patients recurred and had to have further open surgery, with a recurrence rate of 14.8% observed.

Conclusions

EES has a rapidly evolving role within the otology realm. Case selection is vitally important, particularly in complex cholesteatoma cases. Internationally reported rates of recurrence are lower than ours. In part, this is due to patient selection or combined approach techniques being employed. No clear guidelines exist to identify those cases amenable to total EES versus endoscope-assisted or open. As the field develops, so should guidance around suitability for a total endoscopic approach.

Training in endoscopic ear surgery: a scoping review

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Background: Despite the increasing popularity of Endoscopic Ear Surgery (EES), there is a lack of guidance for trainees as they introduce EES into their practice. This review evaluated training in EES including the optimal introductory procedures, training methods, the learning curve and the determination of competency in EES.

Methods: A scoping review was carried out in accordance with the Joanna Briggs Institute guidelines and reported according to PRISMA guidelines for scoping reviews. A search of Pubmed, Embase and the Cochrane Library was conducted in June 2022. A qualitative assessment of results grouped thematically was performed.

Results: Twenty-eight studies met the inclusion criteria, with 24 (85.7%) rating as 'fair' or 'good' on quality assessment. Surgical simulation was the most frequently described training method, utilised in 11 studies (39.3%) with associated trainee satisfaction. Tympanoplasty was the most frequently cited introductory procedure (n=5 studies). Heterogeneity existed in outcomes and methodologies used to measure EES learning curves, with an overreliance on surgical times. No robust definition of competency in EES exists at present.

Conclusions: Surgical simulation appears beneficial to trainees learning EES. However, future work should define optimal introductory procedures and the assessment of competency in EES.

Exploring the Microbiome of Otitis Externa and Antimicrobial Resistance.

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2. Department of Infectious Disease, Galway University Hospital, Galway, Ireland.
3. Department of Microbiology, Galway University Hospital, Galway, Ireland.

Otitis externa(OE) accounts for approximately 25% of all urgent referrals to Otorhinolaryngology (ORL). It presents in acute, chronic and necrotizing forms, affecting up to 10% of the population. Antimicrobial therapy has been the mainstay of treatment, however, in recent years there has been emerging concern regarding antimicrobial resistance and a rise in necrotizing OE. This is partly attributed to inappropriate prescribing. To audit our practice we determined the current microbiome at our centre and the appropriateness of the antimicrobials prescribed.

Methods

Following ethical approval, we undertook a two year retrospective review of c/s swabs taken by the ORL department and correlated this to clinical findings, prescribing trends and treatment.

Results

200 individual swabs from 146 patients were reviewed. Staphylococcus Aureus was the most commonly isolated pathogen (27%), Pseudomonas Aeruginosa (26.5%), fungal infection was seen in 16%, Aspergillus being the most common isolate. Antimicrobial resistance was detected in 39 swabs (19.5%) including MRSA in 4%. 6 patients (4.1%) developed Necrotizing OE (NOE) 4 (66.7%) of these grew Pseudomonas Aeruginosa on culture.

Conclusions

Antimicrobial resistance is an evolving issue in the management of otological infection and can lead to the delayed initiation of appropriate treatment. Standardized treatment protocols may help.

PAEDIATRIC/GENERAL ENT

Knot tie or do not tie: a systematic review and meta analysis of lower tonsillar pole ties and bleeding rates

Mel Corbett, Euan O'Mathuna, Moustafa Aly, Lisa O'Byrne, Vianka Marcelino, Guan Khoo
Saint Vincents University Hospital, Ireland

Background

Tonsillectomy is one of the most common surgical procedures worldwide. Post operative haemorrhage may complicate the procedure. Bleeding can be reactionary, primary or secondary. Secondary haemorrhage rates range between 3 and 5% in published literature. Lower pole tissue may be ligated with ties in order to secure intraoperative haemostasis and this is presumed to reduce the risk of secondary haemorrhage. In patients undergoing tonsillectomy with any method we sought to examine whether tying the inferior tonsillar pole reduced the risk of post tonsillectomy haemorrhage.

Methods

Two independent reviewers performed a systematic review according to PRISMA guidelines. Studies comparing knot tying with any other form of tonsillectomy haemostasis were included.

Result

Six studies met inclusion criteria for meta analysis, comprising 1,764 patients. When comparing knot tying with other forms of haemostasis there was no difference in post-operative haemorrhage rates (odds ratio (OR): 2.31, 95% CI: 0.37-14.28, $P=0.005$, $I^2=81\%$). There was significantly less intraoperative blood loss when not using ties (OR: -1.93, 95% CI: -2.65- -1.22, $P<0.00001$). Total operation time was quicker when not using ties (OR: -1.93, 95% CI -3.63- -0.19, $P<0.00001$, $I^2=97\%$)

Conclusion

Our systematic review and meta analysis found no evidence to support tying the lower pole of tonsils to prevent post tonsillectomy bleeding compared to any other haemostatic intervention during tonsillectomy.

Deep neck space infection surge in Northern Ireland – was Group A Strep to blame?

Samuel Moore, Jonathan Smit, Conor Jackson, Keith Trimble

Department of Otolaryngology, Royal Belfast Hospital for Sick Children

Background

During November and December 2022, Group A Streptococcal (GAS) infections were highly prevalent within the paediatric population in Northern Ireland. This study aimed to observe any correlation between the Group A Strep prevalence and DSNI incidence.

Methods

A single-centre retrospective study was undertaken. All paediatric patients admitted under ENT between November and December 2022 and diagnosed with DSNI were included. Patient without cross sectional imaging were excluded. A 10 year retrospective observational study between 2007 and 2017 in the same unit was used for comparison.

Results

5 patients were included with an average age of 4yrs 3 months. 4 patients were treated conservatively with empirical antibiotics. 1 patient attended theatre and was subsequently treated conservatively. Average stay was 5.5 days. No patient yielded a positive blood culture/aspirate. Between 2007 and 2017, 8 patients were admitted to the same unit with DSNI with an average age of 4 years 11 months. 4 were treated conservatively and 4 treated with surgical drainage. Average stay was 7.75 days. Only one patient yielded a positive blood culture/aspirate.

Conclusion

Acknowledging that our data cannot demonstrate causation, we can conclude that there was a sharp surge in DSNI's in a paediatric population in line with an increasing prevalence of GAS.

Respiratory Complications following Tonsillectomy for paediatric severe obstructive sleep apnoea: Is ICU worthwhile?

Rhodri Hill, Lina Woods, Rania Mehanna, J Russell
CHI Crumlin, DUBLIN

Aims:

The aims of this study were firstly to assess the airway and pulmonary complication rates in patients electively transferred to the PICU following tonsil surgery for severe obstructive sleep apnoea. Secondly to determine if our indications for admission to PICU were satisfactory and matched International practice.

Methods:

A retrospective audit of a prospectively maintained database of paediatric intensive care unit (PICU) admissions over a thirteen year period was performed. Patient demographics, co-morbidities, and complications were recorded. All patients had severe OSA as defined by high oxygen desaturation index > 15 or SpO₂ nadir < 80% on overnight oximetry.

Results:

98 patients were included for final analysis with an average age of 4y6m, weight of 18.49kg, and a 1.525:1 M:F ratio. The majority of these patients had no other co-morbidities. Co-morbidities identified in our patients included Downs Syndrome, cardiac and neurological co-morbidities, and scoliosis. 9 patients required ventilatory support during their post-operative course. Endotracheal intubation was required in 3 patients, and CPAP in 6 patients.

Conclusions & Recommendations:

Our rates of severe respiratory complications are lower (8.8%) than the quoted rates in the literature (20%) for PICU admitted patients. The PICU is an expensive resource and our study has demonstrated that 90% of our patients did not need admission.

A review of post tonsillectomy discharge guidelines in a district general hospital

Siobhan Kirk, R Stewart, L Zygan
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Background:

Tonsillectomy is the most commonly performed operation within the Western Trust. Daycase discharge guidelines state patients should stay overnight if they live more than 30 minutes away from the hospital- this contributes a significant burden to bed pressures.

Methods:

Retrospective review of all tonsillectomies performed within the Western Trust between 2015 and 2022. Electronic care record review combined with chart review was used to gather the primary/secondary haemorrhage rate and return to theatre rate (RTT).

Results:

6769 tonsillectomies were performed in the Western Trust with 88 patients returning to theatre, a return to theatre rate (RTT) of 1.3%. 3 (0.04%) patients returned to theatre within 24hours and beyond the 6hour discharge window. 63 (0.93%) patients returned to theatre between day 4 and day 10.

Conclusions:

The rate of primary tonsil haemorrhage rate beyond the standard observation period of 6 hours is low. This study support clinicians in advocating daycase tonsillectomy.

Intracapsular Tonsillotomy: Review of post-operative pain and recovery in single tertiary centre

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Background

The benefits of intracapsular tonsillotomy in terms of post-operative bleeding risk compared to extracapsular dissection are well documented in the literature. Intracapsular tonsillotomy was introduced in the Belfast Trust in 2017, with more than 500 procedures performed since.

Aim

The aim of this study was to document pain scores and post-operative return to school day in comparison to a previously presented cohort of extracapsular dissections.

Methods

Using questionnaire, the author collected data from 50 coblation tonsillotomy patients. Data collected included requirements and frequency of post-operative analgesia, pain scores and return to normal activity indicators including return to school days. Completed questionnaires were returned post-operative day ten.

Results

We present a comparison of 50 coblation versus extracapsular tonsillectomy cases, demonstrating a significant decrease in analgesic requirements, lower pain scores and quicker return to school. This data supplements the published data on reduced bleeding rates and fewer patients returning to theatre for arrest of haemorrhage.

Conclusion

Anecdotally, children return to school quicker following intracapsular tonsillotomy, proven by this cohort's data. This data supplements the surgeons preoperative consent process, providing up to date data on benefits of this technique.

Button battery ingestion in children is potentially fatal. Assessing and raising community awareness of a decades old problem.

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Key Words:

button battery; ingestion; paediatric; foreign body, burn, safety

Institution:

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Introduction:

Button batteries (BB) are in many household items, they are a lucrative market for manufacturers. However, they are also shiny and attractive to young children. If ingested they are uniquely corrosive and potentially fatal. BB's are "unsafe by design", ingestion is frequently unwitnessed and diagnosis delayed. In the USA, approximately 6,000 accidental ingestions occur annually, resulting in an average of 2.2 deaths per year over a decade.

Methods:

There appears to be a low community awareness that BB are dangerous goods. We conducted a 22-question online questionnaire-based study to assess and raise awareness of this exceptional childhood risk. Additionally, we performed a laboratory demonstration to illustrate the injury mechanism using sheep oesophagus.

Results:

561 survey responses were analysed, 77% were female and 60% aged 30-50. Despite 87% using BB, 65% did not consider their safety, and 68% found existing warnings inadequate. Notably, 80% recognized the potential for fatality, but 83% were unaware of the negative pole's responsibility for the corrosion, and 88% did not know a spoonful of honey could delay this corrosive process.

Conclusions:

Significant challenges persist regarding the design, marketing, public awareness, and childhood risks associated with BB ingestion. Urgent action is required to prevent further tragedies.

RHINOLOGY/ANTERIOR SKULL BASE ABSTRACTS

Assessment of Community Care (pharmacist and general practitioner) Management of Allergic Rhinitis (AR), a Quality Improvement Initiative

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Introduction

According to the ARIA guidelines patient education is essential to the early and effective management of patients with allergic rhinitis (AR). We sought to assess and improve the management of AR within community care.

Methods:

An 8 item questionnaire was circulated to GPs and pharmacists. Information leaflets and links to online resources were distributed, which incorporated ARIA guidelines for AR management.

Results:

Fifty completed questionnaires were returned (16 GPs, 34 pharmacists). Patients were advised to use INCS for 5 (± 4 weeks) on average. Seventy-four percent of responders reported giving incorrect advice regarding nasal sprays, while 42% did not advise nasal douching for patients with rhinorrhoea. Online resources were recommended to patients by 18% of responders. Most community care respondents wished for further education in the form of an advice letter post-ENT review.

Conclusions

There is scope for further education regarding the management of allergic rhinitis in community care in line with ARIA guidelines. Furthermore, GPs and community pharmacists express interest in further education. Through this simple strategy we could improve the timely and effective management of patients with AR and potentially reduce referrals to hospital services .

Long-Term Outcomes of LATERA – A Bioabsorbable Nasal Implant

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2: Royal College of Surgeons, Ireland

Background:

Nasal valve collapse (NVC) can significantly contribute to nasal airway obstruction. Recent advances in treating NVC have led to bioabsorbable nasal implants (LATERA) that are inserted to increase the structural integrity of the lateral nasal wall. Implantation can be carried out under local anaesthetic and provides a cost-effective alternative to invasive cartilage graft procedures.

Methods:

Seven patients had LATERA inserted in University Hospital Waterford and were followed over a two-year period to assess the long-term outcomes of a bioabsorbable nasal implant in treating nasal valve insufficiency. Patients were assessed pre-operatively and post-operatively using the Nasal Obstruction Symptoms Evaluation (NOSE) survey to assess for improvement in symptoms and quality of life (QOL).

Results:

Of the seven patients who had implants inserted, five were followed-up. Pre-operative NOSE scores ranged from 45 to 90, indicating moderate to extreme nasal obstruction. This reduced to a range of 0 to 65 at 18 months follow-up. Three of the five patients who responded reported recurrent unilateral nasal valve collapse despite implantation of the device. One patient felt his symptoms had returned to pre-operative severity.

Conclusion:

Overall, patients' symptoms and QOL appear improved compared with before the implant was inserted. Promising short-term outcomes have been presented previously on this cohort of patients, however, long-term outcomes appear more variable. While insertion of a bioabsorbable nasal implant is cost-effective and time-efficient, its sustained benefit is not guaranteed, and symptoms may return.

Transsphenoidal pituitary surgery for Acromegaly: A single centre's experience over 15 years.

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September 2023

Abstract

Background: Pituitary adenoma (PA) is the third most common brain tumour. Somatotroph adenomas result in an excess flow of growth hormone (GH) accounting for 20% of all PAs. Excessive GH can lead to the distinctive features of Acromegaly. Transsphenoidal surgery is an established treatment for secretory PAs.

Methods: A retrospective review was performed of patients who underwent transsphenoidal endoscopic surgery for somatotroph adenomas in our institution over a 15-year period.

Results: A total of 775 patients underwent transsphenoidal pituitary surgery over a 15-year period in our institution. 144 procedures were performed as treatment for somatotroph adenomas. Operations were carried out by a multidisciplinary team involving Otolaryngologists and Neurosurgeons with Endocrinology involved with ward-based post-operative management. There was a slight female preponderance and a mean age of 50.6 years (17-80yrs). Post-operative histology confirmed acromegaly with growth hormone staining in all cases. Radiological, histological, and demographic features were analysed to predict the patient with almost certainly need for further treatment. Further treatment necessitated revision surgery, somatostatin analogue and/or Cabergoline therapy or stereotactic radiotherapy. Post operative complications and long-term remission were acknowledged.

Conclusion: Somatotroph PAs necessitate a multidisciplinary approach. Endoscopic endonasal transsphenoidal surgery in this series resulted in excellent outcomes and remains a central tenet in the management of these complex patients.

Topical Furosemide as a treatment modality in patients with Chronic Rhinosinusitis with Nasal Polyps (CRSwNP) pre and post operatively

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Background

Nasal polyps have abnormal water homeostasis, as a result cells burst on application of topical diuretic. Some randomised control trials have shown that 1mg per nostril of Furosemide daily is equivalent to topical fluticasone in promoting remission of CRSwNP postoperatively. This study assesses the efficacy of Furosemide in a small group of patients with nasal-polyps.

Methods:

Review of 7 years of clinical notes identified patients treated with topical furosemide, the indications for furosemide and the observed clinical effect.

Results:

11 patients received intra-nasal furosemide. 3 patients declined topical steroids but achieved symptom control with Furosemide monotherapy. 4 patients with extensive prior surgery for severe CRSwNP trialled topical Furosemide as an additional therapy postoperatively, with good effect in 2 cases. 4 patients with Metzler 3 polyps trialled Furosemide as an additional therapy preoperatively with minimal benefit. A pharmacist reported the prescriber to the poison's agency despite any reported complications of Furosemide.

Conclusions:

Nasal furosemide is an effective alternative to nasal corticosteroids in the management of CRSwNP, in certain postoperative patients it is an effective additional therapy. It has minimal efficacy as an additional treatment preoperatively. The use of Furosemide off-licence in the absence of a commercially available nasal formulation makes it problematic to prescribe and obtain.

POSTER PRESENTATIONS

Bee sting induced anosmia

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We present a case report of bee sting induced complete anosmia following multiple stings to the periorbital and glabella region, followed by complete resolution over approximately one week with high dose oral prednisolone. This case highlights the importance of a wide differential for anosmic episodes beyond simply covid and timely intervention with steroids to avoid long lasting sequelae. This case reinforces the importance of timely access to an ENT clinic or interested GP with an appropriate interest in the field.

Parapharyngeal haematoma following transesophageal echo in a patient with Haemophilia A

Teodora Pampu, Dominic McKenna, Marian Korda, Gary Benson

Background/ Aim

Development of inhibitor antibodies is a devastating complication of extrinsic factor replacement in Haemophilia patients, putting them at risk of severe bleeding with even minor trauma. It may result from intensive factor replacement and needs proactive inhibitor screening.

Methods

67-year-old with mild Haemophilia-A underwent cardiac surgery complicated by post-operative haemorrhage, requiring significant Factor-VIII replacement. He later presented with sepsis and proceeded to have a transoesophageal echocardiogram. Immediately post-procedure he developed severe neck pain, drooling, dysphonia. Flexible endoscopy showed a large erythematous parapharyngeal mass partially obscuring view of larynx. A CT identified a 5.5cm hematoma in the right parapharyngeal space. Blood trends showed anaemia and severe Factor-VIII deficiency post-TOE, attributed to elevated inhibitor levels.

Results

Management involved transfer to haemophilia centre and high doses of Factor-VIII, Factor-VII and immune tolerance therapy, resulting in clinical improvement and haematoma resolution. Drug treatment was continued long-term and the patient received comprehensive MDT support for community reintegration.

Conclusion

The case underscores the crucial aspect of inhibitor screening, given that Factor-VIII inhibitors can render exogenous Factor-VIII ineffective, increasing bleeding risks. Surgical procedures as well as intensive factor replacement are significant risk factors for inhibitor development so screening should take place within 2-3 weeks.

An otologist's workload – are they all ears?

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Background: Higher specialist training for ENT surgery in Ireland consists of training for all aspects of ENT. Trainees select a subspecialty towards conclusion of training.¹ Of six ENT consultants St Vincent's University Hospital Dublin (SVUH), only one is a dedicated otologist. Although Otological surgeries are the majority of procedures performed, the subspecialty is hampered by the volume of general work.

Aim: To analyse the breakdown of an otologist's workload in terms of true otology versus general ENT.

Method: We retrospectively surveyed all surgical procedures carried out publically over a 10 year period by said otologist. Procedures were grouped into Otology, Rhinology, Laryngology, Benign Head and Neck, and General ENT.

Results: 2039 cases were recorded over 10 years. 634(31%) were otology cases. 573(28%) were rhinology, 558(27%) general ENT, 195(10%) laryngology, and 79(4%) benign head and neck.

Conclusion: Only 31% of the workload in our practice consisted of true otology cases. Otology conditions ranked 3rd and 4th on the Top 25 most frequent presentations for ENT in 2018.² Major Otology cases were carried out primarily in SVUH, with minor cases in St. Michael's Hospital. Despite Otology cases being the majority of surgeries performed when broken down to subspecialties, 69% were non-otological. Unlike in the UK, there are no consultant posts in Ireland for General ENT, with every post designated a specialist interest. General ENT positions may allow non-oncological subspecialties to thrive further in future.

Balloon Eustachian Tuboplasty: A Case Series

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Background

Eustachian tube dysfunction is defined by symptoms and signs of pressure dysregulation in the middle ear. This can result in a sensation of aural fullness, popping and crackling sounds, ear discomfort, muffled hearing and tinnitus. We present our early experience with balloon eustachian tuboplasty.

Methods

Three patients underwent balloon eustachian tuboplasty. Patients were evaluated pre and post operatively using the Eustachian Tube Dysfunction Questionnaire (ETDQ-7).

Results

All patients underwent a technically successful operation under general anaesthetic. Pre and post-operative ETDQ-7 scores improved for all three patients at 6 week follow up. There were no intraoperative complications.

Conclusion

Balloon eustachian tuboplasty is a safe treatment that can be offered to select patients with chronic eustachian tube dysfunction.

Post FESS Browns syndrome: A case series

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Background

First described by Harold Brown in 1950, Browns syndrome describes the inability to elevate the eye in the adducted position caused by pathological function of the superior oblique trochlea. Acquired Browns syndrome after FESS is rarely reported in the literature. We present a case series of two patients who developed post-FESS upward gaze restriction. Both were managed conservatively.

Methods

We performed a retrospective case review of both patients, considering initial presentation, intra-operative findings and patient progress post-operatively.

Results

Both patients underwent Full-House FESS, one for inverted papilloma, and the second for chronic rhinosinusitis. Intraoperatively, both had bony dehiscence into the orbit, patient A on floor of frontal sinus, and B on lateral aspect of lamina. Both developed upward gaze restriction and were treated conservatively.

Conclusion

Our case series adds to a paucity of existing literature reports of acquired post-FESS Browns syndrome and suggests these patients can be managed conservatively with close clinical followup.

Is Floseal Effective in Preventing Haematoma Post Thyroid Surgery?

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Background

Post operative haematoma formation is the most devastating complication post thyroid and parathyroid surgery. Treatment of this requires urgent intervention to prevent patient mortality. As a result, interventions that prevent haematoma formation are essential. Floseal is a haemostatic matrix frequently used for haemostasis for a variety of operations. We aimed to assess its effectiveness in preventing thyroid haematoma formation.

Methods

A retrospective cohort study was performed on patients who received thyroid/parathyroid surgery at our unit. Haematoma rates pre-use of floseal were compared to those post introduction of floseal. Analysis post introduction of floseal was performed comparing haematoma rates in cases where floseal was used compared to cases without its use.

Results

Data on 1697 operation was analysed. Before the introduction of floseal we observed 7 haematomas (0.7%). Post introduction of floseal there was a slightly higher overall rate of haematoma formation with 15 cases identified (2.2%) with comparisons statistically significant ($P=0.01$). Post introduction of floseal the rate of haematoma formation was slightly higher in 246 patients receiving floseal (2.8%) compared to 451 patients not receiving floseal (1.8%) but this was not statistically significant ($p=0.41$).

Conclusions

Floseal does not appear to be effective in preventing haematoma formation post thyroid surgery

A malignant sarcoma in the neck mimicking an infected epidermoid inclusion cyst.

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Background

Epithelioid Sarcomas are rare and aggressive malignant tumours with a guarded prognosis. They affect any age group and can be mistaken for an infected sebaceous cysts or other skin cancers. Currently no defined treatment protocols exist but they are usually treated with surgery and chemo-radiotherapy and have high recurrence rates.

Case report

We present the case of a middle-aged man who attended with a 3 week history of a non-tender neck lump that was initially thought to be a simple epidermoid cyst. The clinical course rapidly evolved to widespread metastatic disease by the time of excision and the patient survived for 5 months with best supportive medical treatment. After undergoing complex histopathological and immunohistochemistry analysis, it was confirmed to be a proximal variant of Epithelioid sarcoma.

Conclusion

Although not commonly reported, a proximal epithelioid sarcoma can occur in the neck and appear similar to a benign cyst. Therefore careful assessment and full body examinations are recommended.

Always have a low threshold for a malignancy diagnosis in the presence of multiple lesions and systemic features of weight loss and night sweats.

An early staging CT, multi-disciplinary discussions and histopathological diagnosis is crucial to further management planning.