Academic Meeting of the Irish Otorhinolaryngology / Head and Neck Society

Royal College Surgeons, Dublin, Ireland (Virtual Meeting)
Saturday A.M. 10th October 2020

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Zoom meeting ID:
## Past Presidents

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Autumn Academic Meeting of the 
Irish Otorhinolaryngology / 
Head and Neck Society 

Virtual Program – MS Teams

Saturday 10th October AM

0830 IOS Council Meeting  
0855 - 0900 Welcome by Mr N. Patil (President) / Announcements

0900 – 1100 Session 1 free papers

Chairpersons: 
Mr. Brendan Hanna, Belfast  
Prof Rory McConn-Walsh, Dublin

0900 – 0908 #1  ANALYSING THE ACCURACY OF HEALTHCARE PROFESSIONALS’ NASOPHARYNGEAL SWAB TECHNIQUE IN SARS-COV-2 SPECIMEN COLLECTION 

0908 – 0916 #2  CONCURRENT CHEMORADIOThERAPY IN ELDERLY HEAD AND NECK CANCER PATIENTS - 20 YEARS OF IRISH DATA 
GP Sexton, JP O’Neill

0916 – 0924 #3  TONSILLECTOMY IN THE BLOGOSPHERE – WRITING THE WRONGS 
Lisa M. O Byrne, Salem Mohammed, John E Fenton

0924 – 0932 #4  LARYNGEAL DYSPLASIA: A 10-YEAR REVIEW OF PROGRESSION RATES TO INVASIVE CARCINOMA AND TREATMENT-SPECIFIC OUTCOMES IN A TERTIARY ENT DEPARTMENT 
G Donaldson, L Mccadden, S Napier

0932 – 0940 #5  CONSENT FOR FUNCTIONAL ENDOSCOPIC SINUS SURGERY: ARE WE GETTING IT RIGHT? 
H Raja, R Talwar
0940 – 0948 #6 THE EFFECT OF THE STATUS OF THE OSSICULAR CHAIN AND CHOICE OF GRAFT MATERIAL ON HEARING OUTCOMES IN PAEDIATRIC CHOLESTEATOMA SURGERY CG Leonard, E Kimura, AL James

0948 – 0956 #7 PAIN IN THE NECK Mr Seamus Boyle, Mr Conall Fitzgerald, ENT SpR, St James University Hospital Mr Ananth Vijendren, Consultant ENT Surgeon, Lister Hospital, East and North Herts NHS Trust Mr Brendan Conlon.

0956 – 1004 #8 COCHLEAR IMPLANT PERFORMANCE IN PATIENTS WITH MENIERE’S DISEASE: A LARGE CASE SERIES AND PROPOSED MANAGEMENT PROTOCOL Cillian T Forde, Hala Kanona, Anne Van Rooyen, Peter Keating, Jane Bradley, Azhar Shaida

1004 – 1012 #9 ANTIMICROBIAL STEWARDSHIP THOUGH FeverPAIN SCORE FOR TONSILLITIS. M. Flynn, ENT Registrar G. Hooper, ED Consultant

1012 – 1020 #10 SAFETY OF FLEXIBLE NASOENDOSCOPY DURING COVID-19 PANDEMIC FG Kavanagh, C Connolly, E Farrell, D Callanan, A Affendi, E Lang, Patrick Sheahan


1028 – 1036 #12 OSTEORADIONECROSIS OF THE TEMPORAL BONES: A SURGICAL PROTOCOL E Richards, R Kumar, J Muzaffar, P Monksfield, R Irving


1044 – 1052 #14 IMPROVING PERI OPERATIVE PSYCHOSOCIAL INTERVENTIONS FOR CHILDREN WITH AUTISM SPECTRUM DISORDER UNDERGOING ENT PROCEDURES RF Ronan Fahy, MC Mel Corbett, IK Ivan Keogh
1052 – 1100 #15  INTRAOSSEOUS PETROUS APEX LESIONS: A RETROSPECTIVE ANALYSIS OF DIAGNOSIS, MANAGEMENT AND OUTCOMES
R O’Neill, C Wijaya, N Elsafty, S Hogan, M Javadpour, D Rawluk, R McConn-Walsh

1100 - 1115  Break

1115 – 1200 CPD Panel - ENT Emergencies in Children; across the four provinces
Moderator: Professor Ray Clarke - Consultant Paediatric ENT Surgeon (Liverpool)

Professor Ray Clarke graduated in medicine from Dublin NUI in 1981. He has spent most of his career at Alder Hey Children's hospital Liverpool where he still works part-time. He has always been keen on education in ENT and now has responsibility as Associate Dean with Health Education England. He is a gifted writer and speaker. Ray will moderate a panel discussion using clinical scenarios to demonstrate state of the art management of ENT emergencies in children across Ireland. Our panellists bring years of secondary and tertiary care on-call experience.

Panellists:
Mr Conor Jackson (Royal Belfast Hospital for Sick Children, Belfast)
Mr Peter O’Sullivan (University Hospital, Cork)
Ms. Rania Mehanna (Children's Health Ireland (CHI) at Crumlin, Dublin)
Mr Peter Gormley (University College Hospital, Galway)

1200 - 1300 Session 2 free papers

Chairpersons:
Ms. Cathy Smyth, Londonderry
Mr Gerry O’Leary, Cork

1200 – 1208 #16  VERTIGO IN OLDER AGE - ALL SPIN NO WIN?
O’ Byrne L., Keane E., Khoo S.G.

1208 – 1216 #17  TONSILLECTOMY REFERRALS – AN OPPORTUNITY TO REDUCE OUTPATIENT CLINIC WAIT TIMES
Dr Katie Scanlon, Dr Anne Grogan, Ms Laura McLoughlin Mr Marcus Choo

1216 – 1224 #18  THE EVOLUTION OF OPD IN THE COVID-19 ERA; IS VIRTUAL CLINIC AN ACCEPTABLE ALTERNATIVE?
D.L. James, É.J. Ryan, A.J. Quinn, S. Garry, O. Young
A McHugh, L Dowling, E Downes, T Moran, F O’Duffy

1232 – 1240 #20  AURICULAR SQUAMOUS CELL CARCINOMA: A STUDY OF PATIENTS AND SURGICAL OUTCOMES  
CM (Constantin Manole), MD (Martin Donnelly)

1240 – 1248 #21  THE CHANGING FACE OF HEAD AND NECK CANCER EPIDEMIOLOGY - 20 YEARS OF IRISH DATA  
GP Sexton, JP O'Neill

1248 – 1256 #22  ROUTINE ENT PROCEDURES DURING COVID-19 PANDEMIC: EXPERIENCE IN A SINGLE INSTITUTION  
A. Affendi, R. O’Sullivan, F. Kavanagh, A. Dias, P. O’Sullivan, M. Khan, P. Sheahan

1300 – 1315  Annual General Meeting  
Mr N. Patil (President)

1315 - 1320  Close by Mr N. Patil (President) / Announcements  
Next Annual Meeting of the Irish Otorhinolaryngology / Head and Neck Society Friday 8 – Saturday 9th October 2021, TBA
ANALYSING THE ACCURACY OF HEALTHCARE PROFESSIONALS’ NASOPHARYNGEAL SWAB TECHNIQUE IN SARS-COV-2 SPECIMEN COLLECTION


OBJECTIVE

The COVID-19 pandemic has caused huge pressure on healthcare systems worldwide. Public health measures to control the virus are reliant on testing, including appropriate collection of specimens for analysis. Nasopharyngeal sampling technique has thus far not been specifically assessed in the published literature.

METHODS

This was a single institution prospective study of nasopharyngeal swab technique by staff in an academic tertiary referral centre with the highest number of SARS-CoV-2 cases in Ireland. Nasopharyngeal swab technique was evaluated by a novel design of a navigated swab on a three-dimensional model head. Swab technique was compared across subgroups of staff participating.

RESULTS

Swab technique of 229 staff members was assessed over two days. Technique was poor, with a success rate of swabbing the nasopharynx at 38.6%. Angle and length of insertion were significantly different between those with successful and unsuccessful technique. Doctors were significantly more accurate at nasopharyngeal swabbing than nurses and non-healthcare professionals (p<0.05).

CONCLUSIONS

Inaccurate specimen collection from poor swab technique could contribute to a high false negative rate of testing for SARS-CoV-2. Specific training in nasopharyngeal anatomy and swab technique may improve the accuracy of nasopharyngeal swabbing.

CONCURRENT CHEMORADIOThERAPY IN ELDERLY HEAD AND NECK CANCER PATIENTS - 20 YEARS OF IRISH DATA

Authors: GP Sexton, JP O'Neill

OBJECTIVE

Head and neck cancer (HNC) is associated with significant morbidity and mortality. Choice of therapy for HNC is largely guided by staging, anatomical site, and functional reserve of the patient. The optimal therapeutic regime for elderly patients remains in doubt. This study aims to evaluate the benefit imparted by concurrent chemoradiotherapy (CCRT) to elderly HNC patients.

METHODS

We conducted a retrospective cohort study using 20 years of National Cancer Registry of Ireland data. Kaplan-Meier survival analysis of cancer-specific and all-cause mortality was carried out. Cox multivariate regression analysis was applied to adjust for gender, year of incidence, site, histology, and stage, and thereby compare outcomes.

RESULTS

10148 cases were identified. 48.15% of cases occurred in patients over 65. 882 patients underwent primary CCRT compared with 2689 who underwent primary radiotherapy alone. Survival analysis demonstrated statistically significant benefits to cancer-specific (HR 0.60, 95%CI 0.52-0.70, p<0.001) and all-cause
mortality (HR 0.69, 95%CI 0.61-0.78, p<0.001) associated with use of CCRT over radiotherapy alone in locoregionally advanced non-metastatic disease. There was no statistically significant difference between the observed effects in patients over and under 65 years (p=0.699). Statistical significance was maintained up until the age of 75, above which there was no clear benefit to the use of CCRT. An overall benefit to survival was further demonstrated on subgroup analysis in hypopharyngeal, oral cavity, oropharyngeal, nasopharyngeal, and laryngeal malignancy.

CONCLUSION

CCRT is a safe and effective therapeutic option in appropriately selected patients and should not be withheld solely based on age.

TONSILLECTOMY IN THE BLOGOSPHERE – WRITING THE WRONGS

Authors: O’ Byrne L., Salem M., Fenton J.

Objectives

The Blogosphere refers to the collective plethora of information provided by bloggers as part of an interconnected network. Analyses of blogger experiences involving various medical disciplines has been published in the literature. Tonsillectomy with its noted postoperative morbidity has generated extensive comment on the Web but the content has not been examined in a scientific manner. The aim of our study was to determine what the Blogosphere has to say about adult tonsillectomy and to report on whether we can use this information to improve care.

Methods

The worldwide web was searched to find personal blogs in order of relevance. Data was collected on retrospective review of blogs and conceptually analysed by the authors. Primary end-points included pain score, complications, exposure to preoperative blogs and regret.

Results

Fifty blogs were identified. Thirty nine originated from the United States (78%). Forty one (82%) of bloggers were female. The median age of contributors was 27 years old.

Seventy percent of patients had read blogs prior to their procedure. The most cited symptoms postoperatively were pain (94%) and the inability to eat (84%). The average pain score where available was 7.2. Complications occurred in 10% of patients. Only 1 patient (2%) regretted the decision to have a tonsillectomy.

Conclusion

The blogosphere offers a wealth of practical data for patients embarking on tonsillectomy which is both positive and negative. It is important for Otorhinolaryngologists to stay in tune with the blogosphere as this unregulated easily accessible source of information is both a friend and a foe but will ultimately help in preoperative counselling and postoperative management.
LARYNGEAL DYSPLASIA: A 10-YEAR REVIEW OF PROGRESSION RATES TO INVASIVE CARCINOMA AND TREATMENT-SPECIFIC OUTCOMES IN A TERTIARY ENT DEPARTMENT

Authors: G DONALDSON, L McCADDEN, S NAPIER

OBJECTIVE

Laryngeal dysplasia represents a complex pre-malignant condition characterised by a spectrum of mucosal changes and a reported malignant transformation rate (MTR) from dysplasia to invasive carcinoma of 14.0%. Presently, the histopathological severity of dysplasia represents the best method for predicting outcomes.

This study aims to identify if increasing severity of glottic dysplasia is associated with higher malignant transformation rates or adverse clinical outcomes.

METHOD

This retrospective cohort study identified 125 patients followed-up for a standardised 10-year period. We recorded the initial histopathological grade of dysplasia and performed statistical analysis on pre-defined outcome measures.

RESULTS

The overall MTR was 21.0% over 10 years, demonstrating a statistically significant increased risk with increasing severity of dysplasia (Mild= 10.8%, moderate= 24.0%, severe= 34.6%) (p=0.037) and when classifying severity as high v low grade (p=0.012). 85% of patients demonstrated moderate or severe dysplasia on their primary biopsy, termed ‘high-grade’ dysplasia. The mean time to transformation was 52 months, with the time to transformation reducing with increasing severity of dysplasia (Mild= 101, moderate= 52, severe= 28) (p=0.031). There was a significant male preponderance for both glottic dysplasia and SCC. Rapid progression to carcinoma within 12 months occurred in 40%. 58% of subsequently diagnosed cancers were T1. CO2 LASER was the most commonly utilised treatment for dysplasia (50%).

CONCLUSION

Laryngeal dysplasia carries a significant malignant potential. This risk appears greatest within 12 months of diagnosis and with increasing severity of dysplasia. We highlight the clinical conundrum of balancing oncological safety with functional outcomes & the dilemma of surveillance.

CONSENT FOR FUNCTIONAL ENDOSCOPIC SINUS SURGERY: ARE WE GETTING IT RIGHT?

Authors: H RAJA, R TALWAR

Objective

OBJECTIVE: The 2015 UK Supreme Court judgment of ‘Montgomery v Lanarkshire Health Board’ set a precedent for the practice of consent. This case firmly rejected the application of Bolam to consent, establishing a duty of care to warn patients of any associated material risks that are likely to be significant. This study examines the current standard of consent for Functional Endoscopic Sinus Surgery (FESS). It also investigates whether the ‘reasonable patient’ and ENT surgeon agree about which risks should be discussed during the consent process.

METHODS:
Ten complications were identified from a literature search as common/serious following FESS. Using these 10 complications, two questionnaires were devised; surgeons were asked which complications they routinely discussed and patients were asked how seriously they regarded these complications using a 5-point Likert scale. The results were compared with the Test of Proportions.

RESULTS:

Consent practice from 21 ENT surgeons and data from 130 patients was analysed. Most surgeons would routinely discuss all risks except for facial paraesthesia, damage to nasolacrimal duct, and scarring/adhesions. The ‘reasonable patient’ would expect to be consented for all risks except for scarring/adhesions. Most patients regarded facial paraesthesia and damage to nasolacrimal duct as serious/very serious (92% and 77%, respectively) however less than a third of surgeons mentioned these (p <0.001).

CONCLUSION:

Most surgeons do not routinely mention all the risks that the ‘reasonable patient’ would expect for FESS. This can potentially lead to increased complaints and medico-legal litigation and, thus, warrants greater awareness and attention from surgeons.

THE EFFECT OF THE STATUS OF THE OSSICULAR CHAIN AND CHOICE OF GRAFT MATERIAL ON HEARING OUTCOMES IN PAEDIATRIC CHOLESTEATOMA SURGERY

Authors: CG Leonard, E Kimura, AL James

Objective

To compare hearing benefit of incus preservation in cholesteatoma surgery versus cartilage-myringostapediopexy.

Methods

Prospective cohort study in a tertiary referral centre. 195 ears in 187 children with cholesteatoma and an intact stapes and malleus underwent tympanoplasty utilising cartilage or other graft at primary surgery, with or without incus removal.

Results

Ears with intact ossicles had better post-operative AC thresholds than those with incus eroded or removed (median 20dB HL versus 30dB HL, Mann Whitney p<0.001). Normal hearing rate was 81/106 (74%) with intact incus and 46/89 (52%) without (Fisher’s Exact p=0.001). Ears without an intact incus and a cartilage-myringostapediopexy had better post-operative thresholds than those with a non-cartilage graft (28.8dB HL versus 36.3dB HL, Mann Whitney p = 0.005). Of ears without an intact incus, 37/59 (63%) with a cartilage-myringostapediopexy and 9/30 (30%) with a non-cartilage graft had normal hearing post-operatively (Fisher’s Exact p = 0.007). By preserving the incus in twelve ears, one more ear would have normal hearing than with incus removal plus cartilage-myringostapediopexy (NNT = 12 (CI 3.6 – ∞) ; Fisher's Exact = 0.1).

Conclusions

Preserving an intact ossicular chain conveys a small but significant hearing benefit in cholesteatoma surgery, the magnitude of which should be considered before deciding to remove an intact incus. Cartilage-myringostapediopexy provides a significant gain in hearing when the incus is absent, even without a partial ossicular replacement prosthesis.
PAIN IN THE NECK

Authors:

Mr Seamus Boyle, ENT SpR, Galway (Tallaght) University Hospital Mr Conall Fitzgerald, ENT SpR, St James University Hospital Mr Ananth Vijendren, Consultant ENT Surgeon, Lister Hospital, East and North Herts NHS Trust Mr Brendan Conlon, Consultant ENT surgeon, Tallaght University Hospital

Objective:

A UK-wide national survey found that work-related musculoskeletal disorders (WRMSD) are the commonest hazard faced by ENT surgeons with a prevalence rate of 47.4%. We wish to investigate the work-related musculoskeletal disorders (WRMSD) amongst ENT surgeons in Ireland and identify the rates, severity and risk factors within this cohort.

Methods:

A national questionnaire was launched to ENT Consultants and NCHDs over a two months period.

Results:

Forty-five questionnaires (27 consultants and 18 NCHDs) were completed with 77.8% having suffered from a WRMSD. The most common symptom was pain (94.3%) and the cervical neck was the most affected body part (77.1%). This occurred on a weekly basis for 40% ENT surgeons and 42.9% sought treatment for WRMSD. Prolonged static positions and posture in theatre was the main exacerbating factor. During the Covid period telephone consultations led to 26.7% of surgeons experiencing exacerbation of their symptoms. Regarding ergonomics 64.4% of surgeons were unaware of surgical ergonomics with 84.1% stating their departments do not provide adequate equipment to reduce the risk of WRMSD. The majority of surgeons were interested to learn of ergonomic practices (84.1%) mainly in the form of online/video tutorials (68.4%).

Conclusion:

ENT surgeons are subjected to a variety of physical occupational risks on a daily basis with resounding morbidity. WRMSD is common amongst Irish ENT consultants and NCHDs at 77.8%. There is a lack of awareness (64.4%) but willingness to learn of ergonomic practices at 84.1%.

Cochlear Implant Performance in Patients with Meniere’s Disease: A Large Case Series and Proposed Management Protocol.

Authors: Cillian T Forde, Hala Kanona, Anne Van Rooyen, Peter Keating, Jane Bradley, Azhar Shaida

Objectives

Few studies describe the impact of cochlear implantation (CI) on overall performance in patients with Meniere’s disease (MD) who continue to suffer debilitating attacks. This patient group often require more intense specialist rehabilitation and consideration of ablative intervention following CI.

We reviewed our cohort of patients to improve existing evidence, thus increasing awareness amongst the multidisciplinary team regarding prognosis and pre- and post-operative management. We also aimed to determine an evidence-based management protocol from the largest world series of CI patients with MD.

Methods
A retrospective review of patients with MD undergoing CI at a London tertiary referral centre. Patients were matched for age, gender, implant manufacturer and electrode design. Variables measured included: duration of deafness, frequency of attacks, pre- and post-operative MD state, ablative treatment and speech scores, and fluctuations in performance (denoted by number of appointments and re-mapping visits required).

Results

Forty patients with MD were identified. One year after implantation, speech scores were comparable to the control group. Patients with ‘active MD’ following implantation required significantly more visits to hospital and reported greater variance in electrode impedances compared to controls. 45% of patients with pre-operative ‘active MD’ continued to have ‘active MD’ post-operatively, while zero patients from the pre-operative inactive group had active MD post-operatively (p=0.027). Several ‘active MD’ patients required further ablative surgical intervention.

ANTIMICROBIAL STEWARDSHIP THROUGH FeverPAIN SCORE FOR TONSILLITIS.

Authors: M. Flynn, ENT Registrar G. Hooper, ED Consultant

Introduction

The preservation of antimicrobials (AMs) depends upon judicious use. Delayed, or ‘no prescription’ strategies effect decreased prescribing rates without exacerbating adverse effects. This audit intended to reduce prescriptions of antimicrobials for pharyngitis in the emergency department. The “FeverPAIN (FP)” score can reduce prescribing by 30%.

Methods

Case note scoring over two separate six-week periods, with one point for each of: Fever in last 24 h (Fever); Purulent tonsils(P); Attending within 72 h (A); Inflamed Tonsils (I); No cough/coryza (N). The resultant score categories were: AMs not recommended (Score 0–1, 14–18% likely isolation of streptococcus), consider delayed AMs (Score 2–3, 30–35%) and consider AMs (score 4–5, 62–65%). Departmental education sessions on the new guideline an aide memoire were disseminated in the interim.

Results

Numbers totaled 40 (22 male and 18 female) in the first 6-week sample during September–October 2018, and 38 in the second December 2018–January 2019. In the second round, the ratio of patients given no antibiotics in the “FP 2–3, Consider Delayed antibiotics” group went from 7.1% to 40.0%. Prescriptions in the “FP 0–1: Antibiotics not recommended” group went from 25.0% to 55.6%. Overall percentage of patients given antibiotics immediately versus delayed or no prescription was down 29% (P-value = 0.010).

Discussion

Clinicians became more at ease with the non-prescribing strategy in those with lower scores, but delayed prescribing was underutilised. Decreased overall prescribing is possible with education, but FPs' stratified nature or patient expectations may result in inertia in achieving co-ownership.
**FLEXIBLE NASOENDOSCOPY DURING COVID-19 PANDEMIC**

*Authors: FG Kavanagh, C Connolly, E Farrell, D Callanan, A Affendi, E Lang, Patrick Sheahan.*

**OBJECTIVE:**

Concerns have emerged regarding infection transmission between patients and healthcare workers (HCW) during flexible nasoendoscopy (FNE) due to close proximity of the endoscopist to the patient’s airway and of high viral loads in the nasopharynx in asymptomatic patients. This has led to recommendations to defer FNE for all but most pressing clinical presentations. We sought to investigate the safety of this guidance during the pandemic.

**METHODS:**

Clinical and procedural information was gathered prospectively on FNEs performed between 03/14/20 and 06/30/20. 14 day follow up was performed to assess for the development of and or testing for COVID 19 in patients or HCW.

**RESULTS:**

286 patients were recruited. Most common indication for FNE was investigation of “red flag” symptoms (67%). 23% of patients “cocooned” prior to procedure. 6% underwent pre-procedure COVID-19 PCR testing (all negative). All procedures occurred in non-ventilated rooms, using video-stack systems. PPE used was FFP3 masks and googles / face-shield (26%), FFP2 masks and googles / face-shield (59%), and FFP2 masks without eye protection (10%).

9% of patients had COVID tests post procedure for the hospitals pre operative testing protocol (all negative). None of the remaining patients developed symptoms of, nor were diagnosed with, COVID-19.

**CONCLUSIONS:**

FNE is essential for evaluation of the pharyngolarynx without radiological substitute for diagnosis of early cancers. 20% of patients who had FNE had suspicious findings prompting further investigation and 20 patients were diagnosed with new malignancies.

Our results suggest that FNE can be safely performed during the pandemic with appropriate precautions.

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**THE THYROID INCIDENTALOMAS: ARE WE OVER INVESTIGATING INCIDENTAL THYROID NODULES SEEN ON CT THORAX SCANS?**

*Authors: Meghji S, Abed T, Marzouk S, Kamath N, Aslam M and Philpott J.*

**Introduction**

Detection of incidental thyroid nodules (ITN) are a common radiological finding in patients undergoing a CT thorax. An ITN is defined as a nodule not previously detected or suspected clinically but identified on imaging. Our aim is to assess the prevalence of ITN and evaluate the further workup of patients with ITN.

**Method**

Retrospective study of CT thorax scans performed at a UK District General Hospital. 10,192 CT thorax scans were performed between 2010-2019. A keyword search identified 416 scans with the phrases thyroid nodule and/or goitre. Exclusion criteria; any previous thyroid pathology or workup. Scans reporting ITN were then reassessed by two radiologists and correlated with the initial report. The DUKE’S 3-tiered criteria were used to assess ITN. Online medical records were reviewed to obtain patient demographics.
Results

A total of 99 ITN were found; 53 on the left, 35 on the right, 4 in the isthmus and 7 bilateral nodules. There were 62 females and 37 males, average age 74.7, age range 40-102 years old. Average nodules size was 25.59mm. 77.8% of patients fell into Duke’s tier-3 criteria, 16.2% went on to have an ultrasound and 10.1% had a fine needle aspiration. Three patients had suspicious nodules; two hemithyroidectomies were benign and one contained a lung metastasis.

Conclusion

The prevalence of ITN on CT thorax was 0.97% in our study which is in keeping with Uppal et al. (2016) who suggested a prevalence rate of (0.39%) but much lower than other previous research (6-18%). In conclusion our study highlights that ITN are an infrequent finding in CT thoraxes and patients are rarely diagnosed with a malignant nodule. Patient selection is therefore very important so that we are not over-investigating patients which can lead to increased patient anxiety and incur unnecessary costs on the health care system.

OSTEORADIONECROSIS OF THE TEMPORAL BONES: A SURGICAL PROTOCOL

Authors: E Richards, R Kumar, J Muzaffar, P Monksfield, R Irving

OBJECTIVE

Radiotherapy for Head and Neck malignancies induces changes in the soft tissues of the ear and to the temporal bone. Osteoradionecrosis (ORN) is a rare but devastating complication which may be limited to the tympanic cavity or extend to the lateral skull base. Various surgical techniques have been described for managing this difficult entity, but no clear protocol exists. We aimed to address this.

METHODS

We conducted a retrospective case review of the clinical presentation, surgical management and post-operative outcomes of patients with temporal bone ORN whom we managed over the past decade. Our results were compared to the literature and a protocol derived for managing future cases.

RESULTS

Our 20 ORN case series involved patients with primary tumours in the Parotid, Nasopharynx and Temporal bone. Sites of ORN included the external auditory canal, middle ear cleft and lateral skull base. Presenting features included intractable pain, infection, sequestrum, cranial neuropathies and intracranial sepsis. Pre-operative conservative measures included hyperbaric oxygen and local debridement. Our surgical protocol involved radical mastoidectomy with blind sac closure and, in advanced cases, lateral temporal bone resection with vascularised local or free tissue transfers. Post-operative outcomes are discussed.

CONCLUSIONS

Early ORN may be managed conservatively with provision of analgesia, eradication of super-infection and treatment of radiation-induced otological symptoms. However, refractory ORN can be life-threatening. Such cases need a multidisciplinary approach with radical skull base surgery and reconstruction using vascularised tissue transfers. Following an algorithm such as that in our protocol helps to provide positive and reliable results over time.
THE PSYCHOLOGICAL IMPACT OF COVID-19 ON EAR, NOSE AND THROAT SPECIALISTS


Objective:

ENT specialists are a high-risk group for COVID-19. Although the implications of SARS-CoV-2 infection on physical health are well-documented, the psychological impact is frequently overlooked. The aim of this study was to gauge the psychological impact of COVID-19 on ENT specialists in Ireland.

Methods:

A national, cross-sectional, web-based survey was distributed to ENT specialists during the peak of the COVID-19 pandemic (21st May/20 – 21st June/20). The questionnaire collected sociodemographic and COVID-19 related data. The GAD-7 scale was utilized to measure symptoms of clinically significant anxiety disorder.

Results:

38 ENT specialists (M/F:24/12, median age, 38.7yr (23-60yr)) completed the survey. 34% (n=13) of participants reported symptoms consistent with an anxiety disorder, of which 2 (5%) had moderate symptoms. The majority of participants (n = 32, 84%) felt ENT specialists had increased exposure to SARS-CoV-2 compared with other medical specialties. Additionally, 32% (n = 12) felt incapable of protecting themselves from an infection. An encouraging proportion of ENT specialists (n = 22, 58%) were aware of psychological support available from national and institutional organizations.

Conclusions:

The long-term psychological sequelae of COVID-19 will be felt as the physical burden eases. As we adjust to new normalities, ENT surgeons must be conscientious of the mental health issues that arise from the working environment. Anxiety appears to be influenced by a sense of increased vulnerability to infection and the implications this may have for them and their family. Future interventions must focus on increasing awareness of the available psychological support services for our healthcare workers.

IMPROVING PERI OPERATIVE PSYCHOSOCIAL INTERVENTIONS FOR CHILDREN WITH AUTISM SPECTRUM DISORDER UNDERGOING ENT PROCEDURES

Authors: RF Ronan Fahy, MC Mel Corbett, IK Ivan Keogh

Objective:

Children with autism spectrum disorder (ASD) face a broad range of communication and sensory challenges. Many of these children also have chronic ENT issues. Hospital admissions can result in sensory overload, stress and behavioural change. Safe, supportive health care for children with ASD involves a better understanding of their individual needs and flexibility. We aim to better understand these challenges and improve our services for children with ASD.

Methods:

Questionnaires and semi-structured interviews were carried out with parents of children with ASD. Patients were chosen by consecutive convenience sampling. Similar interviews were carried out with members of staff. Institutional ethical approval was obtained.
Results:

34 individuals participated, 9 caregivers and 25 staff members. All parents recognised their critical roles in understanding their children’s special needs and sensitivities. Parents and staff stressed the importance of a partnership role that inquired about unique needs, leading to environmental modifications for individual children. The interviews discovered areas of difficulty including new environments, long waiting times, lack of staff patience and lack of knowledge regarding children with ASD.

Conclusions:

The importance of listening to and involving caregivers is a fundamental tenet, parents must be recognised as the experts. Uncertainty must be kept to a minimum, with clear communication in a structured low arousal environment for these children. We have listened to parents and staff and developed a social story, including augmentative and alternative communication systems. These help to support and better understand the specific needs of children with ASD as they journey through hospital.

INTRAOSSEOUS PETROUS APEX LESIONS: A RETROSPECTIVE ANALYSIS OF DIAGNOSIS, MANAGEMENT AND OUTCOMES

Authors: R O’Neill, C Wijaya, N Elsafty, S Hogan, M Javadpour, D Rawluk, R McConn-Walsh

Objective

The diagnosis of management of lesions arising in the petrous apex of the temporal bone poses challenges due to their central location and surrounding anatomical structures. The differential of petrous apex lesions is varied. Surgical removal of benign, indolent pathology should be avoided where possible due to associated postoperative morbidity. To risk stratify these patients, data regarding clinical and radiological characteristics of different lesion types is essential. With limited published data, we aimed to present radiological and clinical characteristics a variety of petrous apex lesions, and review management and outcomes.

Methods

A retrospective review of a prospectively maintained lateral skull base database was performed. Demographics, imaging, histology, management and outcomes were reviewed.

Results

Between 2004-2020, we identified 57 patients reviewed for intraosseous petrous apex abnormalities detected on imaging. 21% of lesions were neoplastic and were most commonly treated with surgery and radiotherapy. Non neoplastic pathologies included cholesterol granuloma and pseudolesions such as effusion of which 92% were managed conservatively. Many lesions were incidental findings and hearing loss was a common presenting symptom. Most cases were diagnosed using magnetic resonance imaging however, histological diagnosis was also used when malignancy was suspected.

Conclusions

Petrous apex lesions often represent benign pathology and many can be managed expectantly. However, surgeons must be able to differentiate these lesions based on their clinical and radiological characteristics, and investigation and management is best decided by a multidisciplinary team.
VERTIGO IN OLDER AGE – ALL SPIN NO WIN?

Authors: O’ Byrne L., Keane E., Khoo S.G.

Objective

Vestibular vertigo has a 12-month prevalence of 5% and an annual incidence of 1.4%. This increases with age. A large percentage of this cohort of patients suffer from non-vestibular causes of dizziness, inclusive of multisensory loss and central disorders. Our objective was to evaluate the current prevalence of vestibular versus central vertigo, diagnosis and management trends in an outpatient setting.

Methods

A 5-year retrospective review was carried out of patients over 65 years of age attending the Otology clinic at a tertiary referral centre.

Results

Forty-five (8.1%) of 558 referrals were for vertigo. The average age was 73.6 years with a 2:1 Female: Male ratio. The GP was the referral source in 75% of cases.

Complete neuro-otological assessment was more likely performed when assessed by a consultant otologist. Eight patients (20%) had CT and 13 (29%) had MRI imaging. Fourteen (31%) patients were referred for objective vestibular testing. Vestibular physiotherapy (n=14, 31%) was the most common treatment modality. The Epley maneuver for BPV was carried out in 16% (n=7). 33.3%, (n=15) of the referrals were found to have a non-vestibular cause of vertigo. Average number of visits was 2.3.

Conclusion

The identification and proper diagnosis of vertigo in older people is vital to provide individual therapeutic strategies in the setting of a multidisciplinary team. This is not reflected in current practice and effort must be made to address this in order to improve quality of life outcomes and unnecessary attendances through clinician education in the setting of a consultant led vertigo designated clinic.

TONSILLECTOMY REFERRALS – AN OPPORTUNITY TO REDUCE OUTPATIENT CLINIC WAIT TIMES

Authors: Dr Katie Scanlon, Dr Anne Grogan, Ms Laura McLoughlin Mr Marcus Choo

OBJECTIVE

ENT outpatient waiting lists remain amongst the highest in the country and are associated with the longest wait times. An option to reduce these lists could be to book common procedures, such as tonsillectomy, directly from referral letters without the need for a preceding clinic appointment. We set out to determine what proportion of 2019 referrals for tonsillectomy contained the required information to allow patients to be appropriately listed for surgery.

METHODS

All referrals received for chronic tonsillitis or querying tonsillectomy from the Sligo University Hospital catchment area from January 1st to December 31st 2019 were included. These referrals totalled 193 and the vast majority (94.3%) were from GPs. Patients with suspected malignancy were excluded. The information provided in the referral was compared to SIGN criteria.
RESULTS
Only 6.7% of referrals included enough information to directly book for tonsillectomy. The remainder of the referrals either did not meet SIGN criteria (22.8%), did not have an appropriate indication (10.3%) or did not include sufficient information such as number of episodes of tonsillitis per year (60.2%). The average age of referral was 13.9 years.

CONCLUSION
The audit findings demonstrate a need to increase awareness of the SIGN criteria amongst GPs. A tonsillectomy referral proforma may be an effective way to highlight these criteria, while also ensuring sufficient information is obtained to make a decision on tonsillectomy. Pre-operative guidance could be provided by phone and examination carried out on the morning of surgery. With ever lengthening outpatient lists due to the effects of COVID-19 this system could prove beneficial in reducing wait times.

THE EVOLUTION OF OPD IN THE COVID-19 ERA; IS VIRTUAL CLINIC AN ACCEPTABLE ALTERNATIVE?

Authors: D.L. James, É.J. Ryan, A.J. Quinn, S. Garry, O. Young

Objective:
Due to COVID-19, nationwide outpatient activity has been dramatically reduced. We aim to determine if telephone virtual outpatient clinics (vOPC) are an acceptable alternative to regular “in-person” clinic attendance to maintain a standard of care for our patients.

Methods:
This single-centre prospective observational study was performed between May and July 2020. Patients scheduled to attend the Ear Nose, and Throat virtual clinics were assessed for inclusion. Patients were asked to fill out a twenty-five-item questionnaire verbally. Differences between groups were tested using χ², Wilcoxon Mann-Whitney-U, and Kruskal-Wallis tests as appropriate.

Results:
Our study (n = 70), demonstrates that 81% were very satisfied (n = 38) or satisfied (n= 19) with the care provided via vOPC. New patients reported a higher satisfaction rate compared with return patients (p= 0.34), as did native English speakers as compared with non-native English speakers (p= 0.03). Those with ongoing symptoms reported lower levels of satisfaction with vOPC compared to those without symptoms (p =0.01) Sixty-seven percent of patients scheduled for OPC were either cocooning or self-isolating due to COVID-19, while 74% reported a reluctance to attend hospital in the current crisis. Twenty percent (n = 14) were successfully discharged from vOPC. Forty percent (n = 28) had further investigations or interventions arranged based on their vOPC.

Conclusion:
Overall, patients were satisfied with the care provided by vOPC. vOPC is an acceptable alternative to standard OPC for delivering care at a distance during this pandemic, particularly for certain patient cohorts.

Authors: A McHugh, L Dowling, E Downes, T Moran, F O’Duffy

OBJECTIVE:

During the COVID-19 outbreak, a significant reduction in physical attendances at outpatient clinics has been required to adhere to social distancing. Incorporating virtual outpatient department (VOPD) appointments has been essential to facilitate this. The safety of VOPD in a head & neck oncology setting is unclear, and thus whether the benefits of virtual outpatients genuinely outweigh the risks. We aim to ascertain the safety of VOPD, highlight any deficiencies or risks and identify any adverse outcomes that have occurred due to the change from physical review.

METHODS:

A retrospective study of outcomes of our head and neck cancer outpatient care in the initial COVID-19 era was performed. Patient demographics were recorded. Referrals and pathologies were reviewed. Outcomes were recorded, including any subsequent investigations or expedited physical attendances arranged, cancellations and non-attendances and any barriers identified to virtual review.

RESULTS:

Over seven weeks 380 head & neck outpatient appointments were carried out in fourteen clinics. Demographics showed Male:Female=222(59%):158(41%) with patients ranging from 20-97 years old (average 57.8 years). 302(72%) of appointments were virtual and 78(21%) physical, with 107(28%) being new referrals and 277(72%) review appointments. Of the new referrals, 64(60%) mentioned red flag symptoms. Of the new referrals carried out virtually (n=65), 36(55%) were escalated to physical review. 25(9%) of patients initially contacted virtually had communication barriers precluding virtual review.

CONCLUSION:

While a role for VOPD has been established, its use is limited. Adequate communication and appropriate escalation to physical attendance, where indicated, is essential to prevent delayed or missed diagnoses.

AURICULAR SQUAMOUS CELL CARCINOMA: A STUDY OF PATIENTS AND SURGICAL OUTCOMES

Authors: C Manole, M Donnelly

Objective:

To retrospectively examine all cases of auricular Squamous Cell Carcinoma (SCC) excised over a 6-year period (2012-2018) in a single Irish centre and evaluate patient characteristics, tumour histology, excision procedures and outcomes.

Methods:

All relevant cases were identified from the histopathology database and their clinical and histological records were reviewed retrospectively. Follow-up data was gathered on disease recurrence and metastasis.

Results:
132 cases of auricular SCC were excised from 120 patients with a mean age of 77.9 years at time of surgery. 47% had a history of previous cutaneous malignancy of the head and neck. 10% of patients were immunosuppressed. 14.6% of all lesions were local recurrences.

Resection involved auricular skin alone in 41.6%, local excision with cartilage in 49% and pinnectomy in 8.3%. Margins were revised in 20.7% of cases and 11.1% of revisions demonstrated residual malignancy (n=3).

The mean tumour size was 15.7 mm and thickness of 4.95 mm. Cartilage invasion was reported in 15.38% (n=20). The overall recurrence rate was 10.77% (n = 14), within a mean time of 16 months. Metastasis occurred in 6.15% (n = 8), within a mean time of 10 months (range 6 to 18 months).

Conclusion:
In our cohort, the metastatic rate was 6.15% which is lower than the reported international figure of 11% (2008, Clark) and occurred within 18 months, which is in keeping with existing literature. This metastatic rate is still higher than other subsites of cutaneous SCC and deserves careful treatment and follow-up.

THE CHANGING FACE OF HEAD AND NECK CANCER EPIDEMIOLOGY - 20 YEARS OF IRISH DATA

Authors: GP Sexton, JP O'Neill

OBJECTIVE
Head and neck cancer (HNC) is a heterogeneous group of malignancies comprised of cancers of the oral cavity, oropharynx, nasopharynx, hypopharynx, larynx, salivary glands, nasal cavity, and paranasal sinuses. HNC is associated with significant morbidity and overall survival remains poor. This study aims to evaluate the survival rates and epidemiology of HNC in Ireland.

METHODS
We conducted a retrospective cohort study using 20 years of National Cancer Registry of Ireland data. Baseline characteristics and survival statistics overall, by stage, and by anatomical site were generated.

RESULTS
10148 cases were identified. The median age was in the 60-65 year category. 48.15% of cases occurred in patients over 65. The number of cases occurring in younger patients rose. The oral cavity remains the most common site of HNC (29.8%) followed by the larynx (28.1%) and oropharynx (15.8%). The overall incidence rose, with oropharyngeal cancer becoming significantly more prevalent (13.6% in 1994 to 22.6% in 2014) and oral cavity cancer becoming significantly less prevalent (35.9% in 1994 to 27.5% in 2014). Advanced disease was present in 39.1%. Overall 5-year survival was lower than the European average (52.1%), with oral cavity, laryngeal and salivary gland cancer showing relatively favourable prognoses (5-year survival 58.9%, 58.6% and 58.6% respectively). Hypopharyngeal cancer survival was particularly poor, with only 22.2% surviving to 5 years.

CONCLUSION
The epidemiological profile of HNC continues to evolve, though the survival rate remains quite poor. Trends identified are consistent with the rising prevalence of HPV infection and declining rates of tobacco use.
Objective
The aim of this study is to review patients that underwent an ENT Procedures in a single institution during the COVID-19 pandemic.

Methods
We retrospectively reviewed patients that had an ENT procedure in the ENT Casualty from the month of December 2019 until April 2020. Patients were contacted via telephone call and symptoms of COVID-19 were enquire as per standard questionnaire. Two time periods were defined, Period 1 from 1st December 2019 to 28th February 2020 and Period 2 from 29th February to 23rd April 2020.

Results
332 patients were included in this study. 226 (80.1%) patients attended in Period 1 and 66 patients (19.9%) attended in Period 2. In Period 1, 12 (4.5%) patients reported COVID-19 symptoms within 2 weeks of attending and 5 (7.6%) patients reported symptoms in Period 2 of which, 2 of those underwent swabs. Both swabs were negative. None of the clinical staff developed COVID-19 during the study.

Conclusion
With appropriate PPE and social distancing measures, ENT Casualty services were safe to proceed during the COVID-19 pandemic.