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

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

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

**Virtual Program – MS Teams**

**Saturday 10<sup>th</sup> October AM**

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

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**0900 – 1100 Session 1 free papers**

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

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- 0900 – 0908 #1** ANALYSING THE ACCURACY OF HEALTHCARE PROFESSIONALS’ NASOPHARYNGEAL SWAB TECHNIQUE IN SARS-COV-2 SPECIMEN COLLECTION  
K. Nwaokorie, R. S. R. Woods, J. Crowley, M. Walsh, E. de Barra, P. Lacy.
- 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 THROUGH 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
- 1020 – 1028 #11** THE THYROID INCIDENTALOMAS: ARE WE OVER INVESTIGATING INCIDENTAL THYROID NODULES SEEN ON CT THORAX SCANS?  
Sanders O, Meghji S, Abed T, Marzouk S, Kamath N, Aslam M and Philpott J.
- 1028 – 1036 #12** OSTEORADIONECROSIS OF THE TEMPORAL BONES: A SURGICAL PROTOCOL  
E Richards, R Kumar, J Muzaffar, P Monksfield, R Irving
- 1036 – 1044 #13** THE PSYCHOLOGICAL IMPACT OF COVID-19 ON EAR, NOSE AND THROAT (ENT) SPECIALISTS  
Crotty T, Corbett M, Hughes J, Keogh I, Patil N, Doherty E
- 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**      **INTRAOSSEROUS 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 with sponsors**

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**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)

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**1200 - 1300 Session 2 free papers**

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

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**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

- 1224 – 1232 #19** VIRTUAL HEAD AND NECK OUTPATIENT DEPARTMENT – SAFE? EFFECTIVE? THE ‘NEW NORMAL’?  
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

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**1300 – 1315** Annual General Meeting

1. Welcome by the President Nash Patil
2. Officers Keith Trimble
3. Finances Martin Donnelly
4. IOS 2021 Rory McConn Walsh
5. AOB

**1315 - 1320** **Close by Mr N. Patil (President) / Announcements**  
**Next Annual Meeting of the Irish Otorhinolaryngology / Head and Neck Society Friday 8 – Saturday 9<sup>th</sup> October 2021, TBA**

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4.0 External CPD credits assigned by RCSI.  
Please submit evaluation form including name and IMC / GMC number to receive certificate.

# **ANALYSING THE ACCURACY OF HEALTHCARE PROFESSIONALS' NASOPHARYNGEAL SWAB TECHNIQUE IN SARS-COV-2 SPECIMEN COLLECTION**

*Authors: K. Nwaokorie, R. S. R. Woods, J. Crowley, M. Walsh, E. de Barra, P. Lacy.*

## **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.

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# **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.

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## 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.

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# **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

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# **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.

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## 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-myringostapedioplasty.

### 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-myringostapedioplasty 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-myringostapedioplasty 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-myringostapedioplasty (NNT = 12 (CI 3.6 –  $\infty$ ); 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-myringostapedioplasty 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%.

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## **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.

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## 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.

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## **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.

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## **THE PSYCHOLOGICAL IMPACT OF COVID-19 ON EAR, NOSE AND THROAT SPECIALISTS**

*Authors: T.C., Thomas Crotty, M.C., Mel Corbett, J.H., Joseph Hughes, I.K., Ivan Keogh, N.P., Nash Patil, E.D., Eva Doherty.*

### **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.

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## **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.

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## **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.

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## **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 Otolaryngology 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.

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## **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.

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## 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  $\chi^2$ , 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.

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## **VIRTUAL HEAD AND NECK CANCER OUTPATIENT DEPARTMENT – SAFE? EFFECTIVE? THE ‘NEW NORMAL’?**

*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.

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## **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.

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## **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.

# **ROUTINE ENT PROCEDURES DURING COVID-19 PANDEMIC: EXPERIENCE IN A SINGLE INSTITUTION**

*Authors: Affendi, R. O'Sullivan, F. Kavanagh, A. Dias, P. O'Sullivan, M. Khan, P. Sheahan*

## **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

## POSTERS

### THE ORIGIN OF THE OCULO-AURICULO-VERTEBRAL SPECTRUM

*Authors: Joana Raquel Costa, Miguel Bebiano Coutinho, Maria Casanova, Teresa Soares, Cecília Almeida e Sousa*

#### Introduction

Oculo-Auriculo-Vertebral Spectrum (OAVS) is aetiologically/pathogenetically a heterogeneous disorder. This study focuses on investigating of maternal drug intake during pregnancy in OAVS cases.

#### Methods

Our sample was composed of 114 pediatric cases of OAVS. For each patient, an evaluation form seeking identity, medical history, pregnancy and family data, physical/dysmorphological findings and results from complementary tests was applied. Through the analysis of all the forms applied, the history of drug exposure/maternal diseases were retrospectively studied.

#### Results

The age of the population studied ranged between 1 month-18 years, the majority being male. Regarding otological features, most had pinna involvement: microtia (86.6%); preauricular appendices (41.6%) and preauricular sinus (15.7%). External auditory canal atresia/stenosis was observed in 61.0% of the cases. Most had conductive hearing loss (75.5%) and imaging study revealed middle/inner ear malformations in 21.1% of the cases. Regarding nonotological characteristics, ophthalmological, osteoarticular and cardiac involvement were the 3 most frequently observed.

Most cases had no evident cause for the development of anomalies (68.4%). However, in 16,7% a positive family history was identified. A history of drug intake has been elicited in 14.9% of the participants. The drugs intake during pregnancy found in our study were: isotretinoin, fluoxetine, oral contraceptives, levothyroxine, domperidone, enalapril, acyclovir and pseudoephedrine/triprolidine and gestational diabetes in need of treatment.

#### Conclusion

Some drugs are unquestionably associated with the development of malformation, such as isotretinoin, however, the other drugs cannot be underestimated, since their synergistic effect with other environmental agents and genetic background may be in the origin of OAVS.

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### CANALPLASTY AND LONG-TERM SURGICAL SATISFACTION

*Authors: J Costa; A Castro; J Lino; T Soares; C Almeida e Sousa*

#### Objective

The purpose of the present study was to (1) evaluate the operative outcome of external auditory canal exostosis surgery analyzing the complaints of participants in the pre/postoperative period and measuring the degree of patient satisfaction after surgery and (2) to understand if there is a relationship between complications related to surgery and a lower satisfaction degree.

#### Methods

This is a retrospective study that included patients with exostoses undergoing surgical treatment in CHUP, between 2010-2019. The following information was recorded: sex, age, visits to the emergency care, patient's preoperative symptoms, exposure to water activity, results of pre/postoperative audiological evaluation, surgical approach, instruments used, complications, complaints after surgery and satisfaction with surgery.

## Results

Sixty-seven participants (94 ears) were included in the study. The vast majority of participants presented more than one complaint, the main three being: wax retention (86,5%); otitis externa (77,6%); and hearing loss (59,7%). Surgical complications occurred in 14,9% of the participants: 5 tympanic membrane perforations; 3 prolonged healing; 3 tinnitus; 2 acoustic trauma and 1 cholesteatoma of the canal. Regarding the degree of satisfaction mentioned by patients, 91.04% reported total satisfaction; 7,46% partial satisfaction; no participant reported feeling the same as before the surgery; 1.49% were not satisfied. No statistically significant difference was found between the satisfaction rate and complications related to surgery ( $p=0.063$ ).

## Conclusion

Surgery for ear canal exostoses can significantly improve the quality of life of patients, with the vast majority of patients showing improvement (~90%). Although complications related to surgery in general do not seem to have implications for the degree of patient satisfaction, serious complications may have major implications for quality of life.

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## **CRANIOFACIAL DYSMORPHISM AND HEARING IMPAIRMENT: IT'S NOT JUST ABOUT CONDUCTIVE HEARING LOSS**

*Authors: Joana Raquel Costa, Sara Ferraz, Miguel Bebiano Coutinho, Teresa Soares, Cecília Almeida e Sousa*

## Introduction

The morbidities associated with craniofacial anomalies are significant. Although conductive hearing loss is a common finding and clinicians are globally sensitized and attentive, sensorineural hearing loss is underappreciated in these particular cases. We investigated the prevalence of hearing loss among children with craniofacial dysmorphism, with special emphasis on sensorineural hearing loss.

## Methods

This retrospective study included 12681 newborns in a tertiary hospital center, between 2015-2018. The following information was collected: gender, gestational age, risk factors for deafness/malformations, presence of craniofacial anomalies/syndromes, results of hearing screening, others complementary audiological exams and genetic research. Statistical treatment was performed using IBM SPSS 25.0. Continuous variables were presented as mean  $\pm$  standard deviation, while categorical data were represented as numbers and percentages.

## Results

Among the 12681 newborns undergoing hearing screening, 60 had confirmed hearing loss, and of those 38.3% had craniofacial dysmorphism. The most frequent malformation was isolated cleft palate (43.5%).

In 73.9% of newborns with craniofacial dysmorphism, conductive hearing loss were reported, the majority of mild-moderate degree. In relation to sensorineural hearing loss, it was diagnosed in 26.1% of newborns with craniofacial dysmorphism, all of them from severe-profound degree.

## Conclusion

Neonatal hearing screening in children with craniofacial dysmorphism is challenging. Not all hearing loss should be attributed to conductive hearing loss, being sensorineural hearing loss present in 26.1% of the cases. There are few studies in the literature that emphasize the prevalence and importance of early diagnosis of sensorineural deafness in the group of children with craniofacial dysmorphism.

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## **AN AUDIT OF THE NICE RECOMMENDED VESTIBULAR SCHWANNOMA SCREENING PROTOCOL**

*Authors: J BUTLER, P MITCHELL, S PATEL*

### OBJECTIVES

Vestibular schwannomas (VS) are benign intracranial tumours arising from the Schwann cells of the vestibular nerve. They are screened for in patients presenting with unilateral neuro-otological symptoms. The objective is to audit the screening practice of one ENT department over one year (2019) using eligibility recommendations set out by NICE (1).

### METHODS

The local audit department was contacted for all magnetic resonance imaging (MRI) scans of internal auditory meati (IAM) performed during 2019. Duplicates and requests by non-ENT clinicians were excluded. Data for the indication for the MRI scan, average pure tone audiometry thresholds, compliance with NICE guidance and results of the MRI scan were acquired for each patient.

### RESULTS

1200 MRI scans were identified. 761 MRI scans were analysed after exclusion. 12 patients with VS were identified, 109 incidental findings were highlighted and 639 showed no abnormal pathology. The number of patients who met NICE criteria to be scanned was 662 (87%). One patient with VS did not meet NICE guidance for MRI IAM. This patient presented with unilateral tinnitus without sensorineural hearing loss.

### CONCLUSIONS

This screening protocol is challenged by needing to identify all individuals with a VS but simultaneously not overwhelming services. Data from this ENT department demonstrated 87% compliance with NICE recommendations and identification of one patient who did not meet criteria for imaging but was demonstrated to have a VS.

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## **FACIAL NERVE PALSY DUE TO PAROTID CYST: A CASE REPORT**

*Authors: J Butler, N Wooles, C Ayshford*

### OBJECTIVE

Facial nerve palsy presenting with concurrent parotid mass typically implies malignant infiltration. We present an unusual case of facial nerve palsy secondary to a benign parotid cyst.

### METHODS



Presentation and examination of this case was reviewed alongside supporting radiological and histopathological evidence. A literature review of cases of benign parotid pathology resulting in facial nerve palsies was undertaken.

## RESULTS

A 64-year-old gentleman presented with a right-sided parotid swelling and facial palsy. Clinical examination revealed a firm, non-fluctuant swelling of the right parotid region associated with a House-Brackmann grade 5 facial nerve palsy. Management consisted of four days of intravenous dexamethasone, intravenous antibiotics and eye care. MRI confirmed a likely benign, cystic swelling, and fine needle aspiration revealed cystic features with no evidence of malignancy. Despite resolution of the parotid swelling, his facial palsy demonstrated no clinical improvement. He has been listed for elective superficial parotidectomy and will continue to be closely monitored. Review of available literature suggests benign swellings such as lymphoepithelial cysts, parotid abscesses or benign parotid tumours may rarely result in facial palsy.

## CONCLUSION:

Facial nerve palsy associated with parotid masses are usually pathognomonic of underlying malignancy, signifying infiltration of the facial nerve. Whilst malignancy should always remain the first differential in such cases, it is important to recognise benign pathology can lead to compression and palsy of the facial nerve.

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## TIC! AN UNUSUAL CASE OF PERICHONDritis

*Authors: J Butler, N Wooles, T Martin*

## OBJECTIVES

We present an unusual case of perichondritis secondary to prolonged embedding of an *Ixodes Ricinus* tic into the anterior aspect of the helix.

## METHODS

Presentation and examination of this case was reviewed alongside supporting pathological evidence. A literature review of cases of perichondritis following tic embedding was completed.

## RESULTS

A 76-year-old female presented with perichondritis of the right pinna, with progressive associated systemic malaise over 3 days. On examination, an engorged tic was found in the scaphoid fossa partially obscured from sight by the helix, with a surrounding halo and spreading rash in keeping with erythema migrans. Analysis of the extracted tic revealed this to be *Ixodes Ricinus*, an organism commonly responsible for Lyme's disease. Following advice from Infectious Diseases team she was started on a course of 14 days of oral Doxycycline but switched to oral Amoxicillin due to intolerance. The patient was thoroughly briefed on symptoms of Lyme's disease, including secondary skin lesions, a new facial palsy and systemic signs of malaise and fatigue. She was reviewed 7 days after presentation, to ensure perichondritis resolution and to exclude progressive systemic symptoms.

## CONCLUSION

Perichondritis is a common presentation however there are no reports of it arising secondary to a tic bite directly to the pinna. Tics are known to embed inside the ear canal however uncommonly in the skin of the pinna itself. In such cases patients must be given advice on awareness of symptoms suggestive of Lyme's disease in months following such an event.

## **RETROSPECTIVE ANALYSIS OF A SINGLE SURGEON NON-MELANOMA SKIN CANCER PRACTICE IN A DISTRICT GENERAL HOSPITAL**

*Authors: Mr J Smith, Dr M McFadden, Mr N McCluney*

### **Objective**

To assess outcomes, immediate re-excision and recurrence rates of non-melanoma skin cancers of the head and neck, in a single surgeon District General Hospital practice, presenting to the ENT outpatient department between 2012 and 2019.

### **Methods**

Patient lists were compiled using theatre management system data to search all patients with skin lesion removal between February 2012 and February 2019. A retrospective analysis of presentation, histopathology and follow-up was performed. Patients with a diagnosis of melanoma, pre-cancerous or benign lesions were excluded.

### **Results**

197 patients were identified, of which 110 had basal cell carcinoma (BCC), 86 had squamous cell carcinoma (SCC), and 1 patient had a sebaceous carcinoma. All BCCs were treated with surgical excision with an immediate re-excision rate of 16.4% and recurrence rate of 1.8%. 17% of patients with SCC required immediate re-excision for margins with a recurrence rate of 6.9%. All patients with SCC were discussed at the local skin cancer multidisciplinary meeting, and patients with complex BCC also discussed (14.5%). Average length of follow-up for BCC was 133 days, with 25.4% having more than two reviews. Average length of follow-up for SCC was 566 days, with 83% having 4 or more reviews.

### **Conclusions**

This retrospective review gives insight into the surgical treatment of head and neck based non-melanoma skin cancers in a District General Hospital

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## **REVOLUTIONARY TREATMENT POTENTIAL OF VISMODEGIB IN SYNCHRONOUS NON-MELANOMA SKIN CANCERS**

*Authors: C Murphy, A Mc Hugh, F O'Duffy*

### **Objective**

Basal Cell Carcinoma(BCC) is the most common carcinoma globally affecting the Caucasian population. Low risk lesions are amenable to topical therapies and ablative procedures, whilst surgery remains the mainstay of treatment for large disfiguring lesions. Resection of large lesions carries significant cosmetic morbidity. Recent introduction of Vismodegib, the first sonic-hedgehog pathway inhibitor in clinical application has provided a revolutionary new alternative treatment approach for large non-melanoma skin cancers (NMSC). We present an extreme case with remarkable response to Vismodegib.

### **Methods**

A 44-year-old male was referred with greater than 50 rapidly progressive disfiguring locally eruptive exophytic head and neck NMSCs. Given the extent of the tumours and aesthetically sensitive areas of involvement with surgical resection MDT recommended a trial of Vismodegib. The patient was initially treated with neoadjuvant immunotherapy; Vismodegib 150mg daily, and Intensity Modulated Radiation Therapy 30Gy in 5 daily fractions to a synchronous right forehead Merkel Cell carcinoma.

## Results

Vismodigib produced an excellent response for all but one BCC lesion in the right malar region. This was subsequently resected in December 2018 and found to be mixed BCC and SCC on histopathology. In March 2019, the patient subsequently developed a new right tragus SCC and underwent radical resection with right partial pinnectomy, lateral temporal bone resection, parotidectomy and temporalis flap reconstruction. The patient is currently on maintenance Vismodigib with ongoing clinical response to BCCs.

## Conclusion

Vismodigib offers remarkable potential to treat advanced BCCs and can be particularly life-changing in cases of extensive head and neck disease as evidenced through this unusual case.

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## A 2 YEAR REVIEW OF PERITONSILLAR ABSCESS PRESENTING TO A DEDICATED OTOLARYNGOLGY EMERGENCY DEPARTMENT

*Authors: M Fitzsimons, S Knowles, C Carroll*

### Objective

Airway obstruction, as a result of peritonsillar abscess (PTA) is a significant complication of simple tonsillitis. It is important that primary care doctors are aware of this condition when assessing patients presenting with tonsillitis and referral for urgent otolaryngological (ORL) treatment takes place. We have reviewed the referral pattern of patients presenting to a dedicated ORL specialist emergency department (ED) with PTA over the past 2 years.

### Methods

A retrospective chart review of patients presenting to the ORL-ED between January 2018 and December 2019 was undertaken. Data extracted included demographics, referral source, treatment, microbiology results and length of stay. Statistical analysis of seasonal variation of presentation and causative organisms employed Chi-Square and Fisher's Exact Test, respectively. Statistical significance was set at  $p < 0.05$ .

### Results

PTA accounted for 45.3% (53/117) of ED admissions. The median patient age was 31 years (IQR 20-40yrs). GP referral accounted for 48/53 (90.6%). The mean LOS was 1.35 (s.d. 0.62 days). There was no statistically significant seasonality ( $\chi^2=5.94$ ,  $p=0.11$ ) in presentation. Microbiology samples were available for 44 patients. Streptococcus was identified in 19/44 patients. 85% of patients received Co-amoxiclav.

### Conclusions

PTA is a perennial condition accounting for 45% of emergency ORL admissions to our specialist hospital. 90% of patients were referred from primary care, emphasising the role of the GP in the initial diagnosis and the importance of clinical education, in this regard. Based on the diverse causative organisms, intravenous broad-spectrum antibiotics are indicated. Specialist management of PTA during the Covid19 pandemic requires adherence to aerosol generating procedure guidelines.

# **A RETROSPECTIVE OBSERVATION OF THE IMPACT OF COVID-19 ON ENT ADMISSIONS AT A TERTIARY HOSPITAL BETWEEN MARCH – MAY 2020**

*Authors: Dr Kenneth Young, Mr Ramez Nassif*

## **Objective**

To assess the impact that COVID-19 had on admissions to a tertiary hospital's ENT department during the period of March 1st - May 31st 2020.

## **METHODS**

We requested all admissions under the ENT team between March 1st to May 31st 2018, 2019 and 2020. For emergency admissions- admission date, admission method, discharge date, length of stay, diagnosis, age and sex were recorded. Patient discharge letters were used to record diagnosis.

## **RESULTS**

We collected data for 2422 patients. Using 2018 and 2019 as a baseline, we found multiple interesting trends during the 'COVID period' of 2020. The total number of admissions were grossly reduced with acute and elective admissions dropping by 63.43% and 78.8% respectively when compared to the same period in 2019. The two most common reasons for acute admissions under ENT remained epistaxis and tonsillitis. Admissions for several other common ENT problems were also greatly reduced during March-May 2020.

## **CONCLUSIONS**

COVID-19 largely impacted both acute and elective admissions under the ENT team, with a reduction of both in the period of March – May 2020. One theory would be that during the 'Lockdown period' patients' health- seeking behaviour was altered. This was also confounded with the fact that hospital practices changed during COVID-19 to promote admission avoidance. The change in both patient and hospital practice may have accounted for some of the reduction in patient admissions.

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# **SKULL BASE OSTEOMYELITIS - DIAGNOSTIC AND THERAPEUTIC CHALLENGES - A SINGLE IRISH INSTITUTIONAL SERIES.**

*Authors: N. Elsafty, A. McHugh, D. Rawluk, M. Javadpour, R. McConn Walsh*

## **Objectives**

Skull base osteomyelitis (SBO) is an uncommon but feared outcome of acute otitis externa. Individuals who are immunosuppressed, elderly and diabetic are especially vulnerable. SBO typically occurs when infection within the external auditory canal, spreads to the skull base via the fissures of Santorini. We present twenty years experience of managing SBO within a multidisciplinary Neuro-Otology & Skull Base team in a single, tertiary referral centre.

## **Methods**

A retrospective review of prospective data was performed. Patient demographics, comorbidities, presenting symptoms and clinical findings were recorded. Causative organisms, investigatory imaging modalities, treatment received and patient outcomes were documented.

## **Results**

There were 13 cases identified. 70% (n= 9) were male and 30% (n=4) female. Interestingly, the majority of patients (n=9) were below 65 years of age. 66% had Diabetes Mellitus and 50% were smokers. 33% (n=4) of patients had cranial nerve palsies at presentation - 66% presented with facial nerve palsy and 33% with lower cranial nerve palsy. All patients underwent computed tomography (CT) and magnetic resonance (MR) neuroimaging as standard. 70% (n=9) presented with unilateral SBO and 30% (n=4) with bilateral skull base involvement. All patients were treated with long-term, high-dose intravenous antibiotics. 77% (n=10) required surgical intervention. 23% (n=3) had disease recurrence following treatment.

## Conclusions

SBO represents a potentially life-threatening condition, with particular diagnostic and treatment challenges. High clinical index of suspicion as well as corresponding features suggestive of osteomyelitis on neuroimaging is crucial. There is often delay in diagnosis leading to increased patient morbidity and mortality.

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## **SOLITARY FIBROUS TUMOUR OF THE ANTERIOR SKULL BASE**

*Authors: RP (Rahul Pankhania), (YZL) Yu Zhen Lau, (GW) Gentle Wong, (VS) Vishnu Sunkaraneni*

### Background

This case describes a protracted presentation of Solitary Fibrous Tumour (SFT) attributed to cocaine use. We emphasise the need for a thorough patient history, the importance of immunohistochemical staining in making a diagnosis and consideration of SFT as a differential in patients with nasal obstruction and bloody rhinorrhoea.

### Case History

A 26-year-old gentleman presented to the ENT outpatients department with a one-year history of right-sided nasal obstruction and bloody discharge. There were no sinonasal or associated respiratory symptoms. The patient used cocaine recreationally and had initially attributed their symptoms to this. Anterior rhinoscopy revealed a large fleshy mass present within the right nasal cavity.

### Management

CT of the paranasal sinuses demonstrated a mass arising from the right middle turbinate displacing the ipsilateral uncinate process and nasal septum. Immunohistochemistry testing for tumour characterisation showing CD34 and STAT6 positivity in keeping with a solitary fibrous tumour. The vascular tumour was found to arise from the anterior skull base and the patient underwent definitive surgery via endoscopic piecemeal resection and subsequently discharged the same day with a course of oral steroids and nasal sinus rinse.

### Learning Points

- Solitary fibrous tumour is a rare and unusual pathology particularly in the nasal and paranasal region.
- It should be considered as a differential diagnosis in patients presenting with nasal obstruction and bloody rhinorrhoea.
- A thorough patient history is essential in identifying symptoms and the use of cocaine may be a predisposing factor.
- Surgical intervention is curative and the definitive management,

however, there is a high risk of intraoperative bleeding due to the vascular nature of the tumour

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## **EMERGENCY PAEDIATRIC AIRWAY ENT EQUIPMENT AUDIT**

*Authors: RP (Rahul Pankhania), EM (Emma Molena)*

### **Objectives**

A review of the National Paediatric ENT airway guidance identified new specific Paediatric ENT equipment changes that should be present depending on whether a hospital is a primary, secondary or tertiary centre. These changes are not commonly known and we decided to undertake an audit of our secondary level treating centre's ENT equipment against the new national guidance.

### **Methods**

A pro-forma was created to check equipment for a secondary level treating in accordance with the new national guidance. Two independent assessors checked equipment across multiple parameters: whether it was present, location, any damage and how accessible it was. If there were multiple sets available, these were also all checked.

### **Results**

3 bronchoscopes 3.7mm (26cm), 3.7mm (30cm), 4.0mm (30cm) outlined in the new airway guidance were not present. 5 neonatal tracheostomies sizes 3.5mm 4.0, 4.5, 5.0, 5.5 were also not present. All other equipment was in working condition with contents of sets clearly labelled. Two paediatric tracheostomy sets were available in Paediatric A&E and in the ENT theatre store room.

### **Conclusions**

- New Paediatric ENT equipment guidance was unknown by our ENT department and theatre teams with key items of equipment missing which may be required in life threatening situations.
- There was only one ENT equipment lead and we suggested further up skilling of the ENT theatre team to improve knowledge.
- We advocate a review of paediatric airway ENT equipment by all paediatric ENT centres in accordance with the new guidance

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## **GRADENIGO'S SYNDROME WITH CONCURRENT PERIORBITAL CELLULITIS**

*Authors: RP (Rahul Pankhania), MR (Mike Robinson), PB (Phillipe Bowles)*

### **Background**

We present an unusual case of right-sided Gradenigo's syndrome with concurrent left sided periorbital cellulitis in a 22-month patient originating from an upper respiratory tract infection. Gradenigo's syndrome is a triad of suppurative otitis media, diplopia due to ipsilateral abducens nerve palsy and ipsilateral retro-orbital pain due to trigeminal nerve involvement. We highlight the necessity of a thorough history and examination with prompt subspeciality referral and a multi-disciplinary approach in the management of this condition.

## Case History

A 22-month-old female patient presented to a tertiary referral hospital, with a 2 day history of fever, cough, coryzal symptoms, oedema of the right upper eyelid and a discharging left ear. Clinical examination identified a left sided ophthalmoplegia, an absent left lateral gaze combined with purulent left ear otorrhea. This raised suspicion for petrous apex involvement and a diagnosis of Gradenigo's syndrome. CT head with contrast reported fluid within the left maxillary sinus, petromastoid air cells, external auditory meatus and middle ear.

## Management

IV antibiotics were commenced with joint care under the paediatric, ENT and ophthalmology teams. Following 48 hours without clinical improvement a left cortical mastoidectomy and grommet insertion was undertaken. 24 hours following surgery, there was marked improvement in ophthalmoplegia and an improvement in abducens nerve palsy. The patient was subsequently discharged 5 days from admission and 3 days post operatively.

## Learning Points

- Gradenigo's syndrome and Periorbital cellulitis concurrently are uncommon complications of upper respiratory tract infections.
- Thorough history and clinical examination is vital in order to identify subtle signs that may be missed, followed by prompt specialist referral.
- Patients should have hourly neurological observations to monitor for intracranial pathology, progression of which should be managed with early surgical intervention.
- Management requires co-ordinated multi-speciality input with clear communication in order to provide safe patient outcomes

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## SEPTOPLASTY/FESS CONSENT AUDIT

*Authors: RP (Rahul Pankhania), SM (Sridhayan Mahalingham)*

### Objectives

**Problem:** Significant variability in patient consent forms for FESS and Septal Surgery within our local ENT department. **Purpose:** To identify according to ENT UK guidelines which factors patients undergoing FESS/ Septoplasty surgery should be consented for.

### Methods

20 consecutive patient consent forms, who were consented and operated for FESS/ Septal Surgery under a range of Consultants and Registrars were audited retrospectively by two independent assessors against current ENT UK guidelines. Clinical letters were checked to identify any specific patient risk factors that were included and consented for.

### Results

15 Septal Surgery Operations. 4/15 had ALL recommended consent factors included, these were carried out by registrars. 12/15 consent forms were missing factors. Numbness in the teeth being the predominant factor not consented for in 9/15 patients. 10/15 had additional factors included but no indication as to whether this was specific to the case or individual.

5 FESS operations. 0/5 had all recommended consent factors included. Loss of sight was not included in any consent forms. 3/5 had additional factors included specific to the patient included in the consent.

## Conclusions

- There was a significant lack of knowledge on which factors patients undergoing FESS and Septoplasty surgery should be consented for in accordance with ENT UK guidelines. This is important from a patient safety and medico-legal aspect.
- Consent forms carried out by Registrars included all factors recommended, whilst those done by Consultants had the greatest variability.
- A teaching session on the FESS/Septoplasty consent guidelines has been organised for the next departmental meeting and we have highlighted the need for individuals to consistently review consent guidelines across all ENT surgeries.

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## **PERIOPERATIVE MANAGEMENT OF LITHIUM IN THE PATIENT UNDERGOING PITUITARY SURGERY: A PROPOSED GUIDELINE**

*Authors: E Richards, M Pankhania, C Thomas, K Jolly, J Ayuk, S Ahmed*

### OBJECTIVE

Lithium is a psychotropic drug used primarily in the treatment of bipolar disorder. It is renally excreted and characteristically causes nephrogenic diabetes insipidus as an adverse drug reaction. Lithium requires serum level monitoring as there is a narrow therapeutic window and untreated toxicity can result in neurological sequelae including drowsiness, coma, seizures, and ultimately death. We aim to raise awareness of this potential post-operative complication.

### METHOD

We present the case of a 65-year old man admitted for pituitary surgery complicated by post-operative difficult fluid management and subsequent lithium toxicity. Relevant literature is discussed.

### RESULTS

We highlight this rare situation and the need to be vigilant in the peri-operative period with regards to patients on lithium who undergo pituitary surgery.

### CONCLUSION

We propose an evidence-based guideline for peri-operative management of surgical pituitary patients with bipolar disorder.

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## **THE SURGICAL LEARNING CURVE IN TRANSSPHEOIDAL PITUITARY SURGERY**

*Authors: E Richards, R Suman, P Naik, S Ahmed*

### OBJECTIVES

One of the first transsphenoidal pituitary operations ever recorded was performed by Viennese Otolaryngologist Oskar Hirsh in 1910. Pituitary surgery has since evolved considerably and the reported outcomes are continuing to improve. There is a learning curve in all craft-based disciplines and surgery is no exception. We aimed to assess the learning curve for transsphenoidal functional pituitary adenoma excision.



## METHODS

We conducted a retrospective study at our tertiary care centre in the United Kingdom. Case notes were reviewed for all patients who underwent surgery for functional adenomas over a 7-year period for a single pituitary surgeon. The outcomes were analysed and compared with the literature.

## RESULTS

133 patients underwent transsphenoidal approach for functioning pituitary adenoma excision by a single pituitary surgeon. Of these 64 were females and 69 were males. We found a statistically significant decrease in the complication rate with more procedures performed.

## CONCLUSIONS

Pituitary adenomas excision may provide excellent clinical outcomes. Surgical proficiency is improved with ongoing innovations in surgical instrumentation and technology. The acquisition of competency in novel surgical techniques represents a “learning curve”. The learning curve, in addition to being a function of the surgeon’s understanding of the new technique, technical modifications to the technique, and improvements in support staff and perioperative care, is a function of the surgeons’ evolving ease with the procedure and performance in more challenging cases.

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## CLASSICAL HODGKIN’S LYMPHOMA MASQUERADING AS RIEDELS THYROIDITIS

*Authors: Dr Kenneth Young, Ms Harriet Cunniffe, Mr Stuart Burrows*

### Introduction

We present the case of a 38-year-old woman who presented with a progressively tender swelling of the thyroid gland. She was treated as Riedel’s thyroiditis based on two Fine Needle Aspirates (FNA) and a core biopsy. She was later found on partial thyroidectomy to have classic Hodgkins lymphoma.

### Description of case

A 38-year-old woman presented to ENT clinic with a progressively tender swelling of the thyroid gland over the preceding months. She exhibited no symptoms of dysphonia, dysphagia or dyspnoea. On examination, she had a 5cm firm mass on the left side of the trachea. Two ultrasounds with FNA were performed, both reported as U3 and each FNA was reported as THY1. The patient subsequently underwent a core biopsy which was suggestive of Reidel’s thyroiditis. She was unresponsive to medical therapy and was scheduled to have a therapeutic total thyroidectomy. Intraoperatively, she was found to have extensive fibrosis and tethering to surrounding structures and therefore underwent a partial thyroidectomy for histology. Histology showed classical Hodgkin’s Lymphoma (nodular sclerosing sub-type). The patient was commenced on ABVD chemotherapy and was felt to have a high chance of complete remission.

### Learning points

This case highlights the importance of attaining surgical histology when dealing with a suspected case of Reidel’s thyroiditis to exclude malignancy. We also highlight that initial response to steroids is not always reassuring as lymphoma may also initially respond to glucocorticoids (as exhibited here).

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# **CHRONIC SPHENOID SINUSITIS CAUSING AN ACUTE ISCHEMIC STROKE: - A RARE AETIOLOGY OF A COMMON CONDITION**

*Authors: Dr Kenneth Young, Dr Jian Shen Kiam, Dr Kneale Metcalf, Mr Ramez Nassif*

## **Introduction**

We present the case of a 61-year-old female who presented with an acute ischemic left anterior circulation cerebral infarct, on a background of chronic recurrent left Sphenoid sinusitis.

## **Description of case**

Approximately 1 month prior, the patient had been diagnosed with a superior ophthalmic vein thrombosis on a background of chronic sphenoid sinusitis and was commenced on therapeutic LMWH and a 6-week course of IV antibiotics. The patient then presented to A+E with sudden onset right sided weakness and expressive aphasia. She was initially treated with Aspirin 300mg as she was outside of the Thrombolysis window. MRI confirmed left acute anterior circulation stroke with unchanged sphenoid sinusitis extending into the left cavernous sinus and associated inflammation around the internal carotid artery. A multidisciplinary approach was required with input from Stroke medicine, Haematology, neuro-radiology and ENT. Haematology suggested that the patient's therapeutic LMWH should be stopped and she should be changed to once daily Clopidogrel 75 mg. ENT felt that the chronic sphenoid sinusitis was radiologically unchanged and clinically the patient was asymptomatic. It was recommended that she should continue to receive her Ceftriaxone to complete a 6-week course.

## **Learning points**

This case highlights a rare complication of chronic sphenoid sinusitis resulting in an atypical cause of ischemic stroke. It also highlights the importance of a multidisciplinary approach when faced with complex patients.

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# **UNKNOWN PRIMARY ODDITY - METASTATIC PAPILLARY THYROID CARCINOMA WITH NO IDENTIFIABLE PRIMARY THYROID LESION**

*Authors: R. Walsh, N. Elsafty, S. Mamdouh, JP O'Neill, N. Shine*

## **Introduction**

Papillary thyroid carcinoma (PTC), is the most frequent form of thyroid carcinoma, accounting for 85% of all thyroid cancer. PTC incidence has been rising, partly due to recognition of papillary follicular variants previously categorised as follicular. Lateral cervical nodal metastases are reported in up to a third of patients at presentation, usually arising from tumours in the ipsilateral thyroid lobe. With early detection, 10-year survival is as high as 95%. Malignancy in ectopic thyroid tissue, accounts for less than 1% of all thyroid malignancies. Ectopic thyroid tissue may localise anywhere along the embryonic path of the gland. We describe the case of a 31-year-old female presenting with a left lateral cervical lesion in the absence of an identifiable thyroid primary.

## **Case Report:**

A 31-year-old lady was referred with a left-sided, lateral neck swelling. She was otherwise asymptomatic at presentation and had no relevant medical history. Computed tomography (CT) imaging of her neck demonstrated a left, level IV, cystic lesion. Preliminary fine needle aspirate (FNA) of the lesion was non-diagnostic. The lesion was subsequently excised, with histology demonstrating a lymph node containing

PTC. Following multi-disciplinary recommendation, she underwent total thyroidectomy and neck dissection. Histology confirmed no primary lesion in the thyroid and no additional lymph node metastases. She subsequently underwent radioactive iodine therapy (RAI) and hitherto remains free of recurrence.

Conclusion:

There are currently no standard guidelines for management of ectopic thyroid malignancy. This case offered an opportunity to examine our approach to this exceedingly rare entity.

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## **HEARING OUTCOMES AND THE EUROPEAN ACADEMY OF OTOTOLOGY & NEUROTOLOGY / JAPANESE OTOTOLOGY SOCIETY STAGING (EAONO/JOS) OF MIDDLE EAR CHOLESTEATOMA**

*Authors: CG Leonard, AL James*

Objectives

1. EAONO/JOS standardises the classification of cholesteatoma.
2. The International Otology Outcomes Group (IOOG) have validated EAONO/JOS for rates of recidivism but not hearing outcomes.
3. Higher hearing thresholds are seen post operatively with increasing stages.
4. Minimum data sets and EAONO/JOS should be recorded to facilitate large-scale collaboration.

Methods

Cohort analysis of prospectively acquired data from children (<18 years) undergoing surgery for cholesteatoma for Stage 1 (n = 51), Stage 2 (n = 239), Stage 3 (n = 40) or Stage 4 (n = 2) disease between 2003 and 2019. Four tone average air conduction hearing thresholds (dB HL) and proportion of ears with normal hearing thresholds (<30dB) pre- and post-operatively were compared.

Results

Pre-operatively hearing threshold differentiated between Stage 1 (30dB HL) and Stage 2 (37.5dB HL) ears (Mann Whitney 7.8dB p = 0.01). Stage 3 ears had worse median hearing thresholds (46.5dB HL) but not significantly. Post-operatively Stage 1 (27.5db HL) and Stage 2 (35dB HL) are differentiated (p=0.002), as are Stage 2 from Stage 3 (39dB) (p=0.04). Stage 1 ears with abnormal hearing pre-operatively are more likely to have normal hearing post-operatively than Stage 2 (Chi2 x = 6.16 p = 0.01).

Conclusion

The EAONO/JOS prognosticates for hearing threshold outcomes. Large-scale collaboration is required to assess the ability to prognosticate rates of normal hearing post-operatively in more advanced disease.

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## **INITIAL MANAGEMENT OF ALLERGIC RHINITIS IN THE COMMUNITY - COULD IT BE EXPANDED?**

*Authors: A. Nae, M. Colreavy*

Objectives:

To analyse the initial investigation and management of allergic rhinitis (AR) patients in general practice and determine if it could be expanded further.

## Methods:

Clinical letters of patients with a diagnosis of AR seen in our outpatient's department for the past five years were retrospectively reviewed. We have confirmed the diagnosis when possible with allergy tests.

## Results:

From 555 patients included in our study, 90.6% were referred by their GP. Males to female's ratio was 1.7. Almost half of the patients presented with nasal congestion and twenty-six per cent had typical AR symptoms. A positive personal history of atopy was present in 19% of all cases. Only 4% of GPs performed nasal examination on their patients. One hundred and five patients (19%) were prescribed nasal sprays but they neither received instructions on the technique nor were told to use them long term. Twelve per cent of the cases had allergy testing done prior to our clinic assessment, which confirmed allergen sensitisation in 82% of these cases.

## Conclusions:

More efficient triaging and initial management of general practitioner (GP) and otolaryngology (ORL) referrals for rhinitis could result in fewer patients needing hospital management. We propose an instruction manual for GP suggesting initial appropriate and consistent topical therapy for at least three months particularly in patients with a positive personal or family history of atopy, who have also been instructed in allergy avoidance. Those who fail should have allergy testing done or an alternative diagnosis considered.

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## **ALLERGIC RHINITIS FACTS FROM AN IRISH PAEDIATRIC POPULATION**

*Authors: A. Nae, M. Colreavy, C. Heffernan*

## Objectives:

We aimed to assess the main allergens in the paediatric population from the largest urban area in the Republic of Ireland.

## Methods:

Clinical letters of patients referred to our tertiary paediatric otolaryngology (ORL) department with possible allergic rhinitis (AR) were retrospectively reviewed for the past five years. Demographics, testing methods and the main allergens were evaluated.

## Results:

Five hundred and fifty-five patients were included in our study. Males suffer almost twice as often with AR than females and were found to have high titres of allergens. The most prevalent age group to suffer from AR was four to nine years. House dust mites (44.7%) and grass pollen (29%) were the main allergens in our area. Almost half of these patients (48%) were sensitised to both house dust mite and grass pollen.

## Conclusions:

Our results show that half of suspected AR children have environmental allergen sensitivity confirmed by testing, and a large number had a clinical diagnosis of AR after ORL consultation. Our findings can help clinicians to initiate AR treatment based on the Allergic Rhinitis and Its Impact on Asthma (ARIA) guidelines and the most problematic allergens in our area.

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# **AN ENHANCED SYSTEMATIC HUMAN ERROR REDUCTION AND PREDICTION APPROACH TO IMPROVING FUNCTIONAL ENDOSCOPIC SINUS SURGERY PRACTICE AND TRAINING**

*Authors: R Fernandes, R Mountain, E Fioratou*

## **OBJECTIVES**

A Systematic Human Error Reduction and Prediction Approach (SHERPA) to Functional Endoscopic Sinus Surgery (FESS) has previously identified all relevant tasks/subtasks involved (using a Hierarchical Task Analysis, HTA), alongside relevant errors, consequences, and strategies. However, the complex sociotechnical system in which FESS is performed remains largely unacknowledged. Using the Systems Engineering Initiative for Patient Safety (SEIPS), this pilot study aimed to provide a systematic way of uncovering FESS complexity by enhancing SHERPA for improving future practice and training.

## **METHODS**

Non-participant observations of fifteen FESS procedures and semi-structured interviews with six theatre staff were conducted in one hospital. Deductive thematic analysis was performed.

## **RESULTS**

FESS variations in the order in which subtasks were performed and in the way they were performed were noted, alongside complex interactions of system factors, from team members and their training/expertise to tools/technologies (e.g. microdebrider) and their availability.

## **CONCLUSIONS**

The identification of influencing sociotechnical factors in FESS allows the enhancement of SHERPA in this domain. The emergent nature of FESS performance in the complex sociotechnical system in which it occurs allows for a more systematic way of creating safety through improved checklists that incorporate high risk tasks/subtasks and associated system requirements, and through improved training that incorporates the system and associated non-technical skills requirements to navigate it.

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## **RECONSTRUCTION FOLLOWING LATERAL SKULL BASE TUMOUR RESECTION**

*Authors: A McHugh, H Jones, F Martin, B O'Sullivan, N Shine, JP O'Neill, R McConn Walsh*

## **OBJECTIVE:**

To define the surgical outcomes of various free tissue transfer and reconstruction techniques used in lateral skull base reconstruction alongside the factors contributing to their success.

## **METHODS:**

A retrospective cohort review was conducted at our tertiary referral centre identifying patients with lateral temporal bone resection and reconstruction between 2000 and 2020. Free tissue transfer procedures and techniques were recorded. Patient demographics, underlying pathology, pre-operative functional status and co-morbidities were defined. Results of pathological and radiological investigations were recorded. Both our head and neck multi-disciplinary team meeting and neuro-otology and skull base radiology multi-disciplinary team outcomes, where consulted, were reviewed. Peri-operative and post-operative management was studied. Outcome measures included duration of drains, flap viability, post-operative complications (haematoma, infection), length of hospital stay and survival. Demographic data were collected, and outcomes measured were length of hospital stay, flap viability, and

major complications (infection, fistula, and hematoma).

#### RESULTS:

54 cases of lateral temporal bone reconstruction were recorded. The comparisons in clinical data and peri-operative morbidity are described.

#### CONCLUSIONS:

Malignancies of the lateral skull base require a radical surgical approach with appropriate reconstruction. Free tissue transfer for reconstruction following such resection is highly successful. We highlight our observations for optimising outcomes within a multi-disciplinary team.

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