Program

Thursday 9th October

1600 - 1900 Registration

1800 - 1900 IOS Council Meeting

1930 - 2200 Past Presidents / Guest Speakers : Drinks Reception + Dinner
by invitation only
(hosted by Mr. Joe Toner / President)
The Oak Boardroom

1900 - 2200 Exhibitors Dinner (vouchers at Reception Desk)

Friday 10th October

0730 - 0850 Registration

0850 - 0900 Welcome by President / Announcements

0900 - 1100 Free Paper Session (Head + Neck)
Chairpersons: Barry Devlin / James Paul O’Neill

0900 - 0910 Ultrasonographic characteristics of thyroid nodules and prediction of malignancy - a review of 800 US guided FNAs
C. Brophy, J. Stewart, J. McCarthy, A. Tuthill, Matthew S Murphy, P. Sheahan

Introduction: thyroid nodules are common in the general population, being present by palpation in up to 5% of individuals, and by ultrasonography in up to 50%. Ultrasound guided fine needle aspiration (FNA) cytology represents a first line diagnostic tool for thyroid nodules. Certain sonographic features may predict which nodules should undergo fine needle aspiration. Various sonographic characteristics of a thyroid nodule have been associated with a higher likelihood of malignancy.

Objectives: to investigate which sonographic features are predictive of malignancy (thy 4/5) in thyroid nodules. Also to investigate which sonographic features are predictive of malignant final histology in nodules of all thy classifications.

Methods: retrospective review of 811 US-FNAs. Thy-1 cases were excluded. Results: 110 Thy-1s were excluded. There was 499 thy 2 cases, 175 thy 3 cases and 27 thy 4/5. We found that size, any calcifications and presence of a solitary nodule were not predictive of malignancy. The presence of microcalcifications and solid consistency were predictive of thy-4/5 cytology. Microcalcifications were significantly more common in thy4-5 than thy 2 (p=0.02), not significant vs. thy 3 (p=0.10). Solid consistency significantly more common in thy4/5 than thy 2 (p=0.005), and also vs. thy 3 (p=0.03). Size thy 4-5 vs. Thy 2 not significant p=0.15.

Conclusion: Solid nodules and nodules with microcalcifications are predictive of malignancy and should be prioritized for FNA.
OBJECTIVE: Head and neck cancer (HNC) and its treatment are associated with unique challenges that can cause significant disruptions in well-being. Self-management (SM) interventions provide skills to deal with health-related problems, maintain life roles and manage negative emotions, and have been found to increase confidence, improve quality of life (QoL) and reduce health service utilisation across a range of chronic conditions. The aim of this research is to identify evidence and develop a theoretical model to inform the development of a SM intervention for people who have completed primary treatment for HNC.

METHODS: The research consists of three phases: (1) systematic reviews to identify i) psychological factors that predict QoL in HNC survivors, and ii) cancer survivors’ perceived barriers/facilitators to participating in SM interventions; (2) semi-structured interviews with HNC survivors and health professionals to better understand the factors associated with SM in this patient group; and (3) a quantitative survey of HNC survivors’ coping, self-efficacy, social support, QoL, distress, participation, SM behaviours, patient activation, motivational readiness and health literacy.

RESULTS: Phases 1 and 2 are currently underway. To date, 14 HNC survivors and 18 health professionals recruited through four clinical sites have completed interviews. Phase 3 will commence in October 2014.

CONCLUSIONS: It is anticipated that the findings will enhance our understanding of how HNC survivors can be supported in self-managing the consequences of HNC and its treatment, and will guide the content and delivery of a SM intervention that is feasible and acceptable to this patient group.
controls. Saliva was centrifuged to remove oral debris and stored frozen until analysis. Saliva was placed on gold nanoparticle substrates; Raman spectra were then collected using a Witec Raman Spectroscope and analyzed using principle components analysis (PCA).

Results: We have shown that saliva specific Raman spectra are markedly enhanced by the gold nanoparticle substrates. Analyses of the spectral data suggest that there may be some differences in the molecular fingerprint of saliva between those with confirmed oral or oropharyngeal squamous cell carcinoma and from healthy, age and sex-matched controls. Conclusion: Our results demonstrate that by combining the recent advances in biomedical optics and nanotechnology, diagnosis of oral and oropharyngeal malignancy at earlier subclinical stages is achievable. For the patient, this equates to less severe treatment regime with better outcomes and therefore a significant improvement in quality of life.

0930 - 0940
HYPOTHYROIDISM AFTER TOTAL LARYNGECTOMY
L Hamilton; R Gurunathan; R Ullah; B Devlin; W J Primrose;
D Brooker
Royal Victoria Hospital, Belfast

Objectives: Hypothyroidism is one of the known complications following head & neck cancer treatment. Our objective of this study is to (1) quantify the prevalence of hypothyroidism in patients with laryngeal or hypopharyngeal cancer treated with total laryngectomy; (2) evaluate different factors in occurrence of hypothyroidism and (3) evaluate thyroxine supplement was prescribed appropriately.

Methods: We did a retrospective review of all patients undergoing total-laryngectomy over 4 year period(2011-2014). Data analysed include tumour stage, extent of thyroid gland removal & neck dissection, post-op histology, pre & post-operative radiotherapy, record of thyroid function test (TFT) and GP record for thyroxine prescription.

Results: 105 patients had total-laryngectomy in the study-period. Mean age was 66.6 and 80% were males. 43% had neck dissection and all had at least ipsilateral hemithyroidectomy. 55% were transglottic tumours; 40% supraglottic & 5% subglottic. None had thyroid gland invasion of tumour on histology. Radiotherapy pre-operatively (for early stage cancer) or post-operatively was received by 57% of patients. Our audit showed only 55% of patients had record of TFT within first year of treatment and 45% did not have annual TFT check. Overall incidence of post-treatment hypothyroidism is 38%. Only 19% had GP record of thyroxine prescription. Radiotherapy (79%) and female sex (16 of 21) had high incidence of hypothyroidism.

Conclusion: Hypothyroidism is a frequent complication in patients treated with a total laryngectomy especially when the treatment includes hemithyroidectomy and/or radiotherapy. We recommend baseline, early post-treatment and annual thyroid function tests in these patients to obtain early diagnosis and appropriate treatment.

0940 - 0950
Photodynamic Therapy Response on HNSCC Murine Xenograft Model - A New Novel Photosensitiser
W Hasan, A Curran

Photodynamic therapy (PDT) utilises a photoactive agent that is activated in target tissue by a non-thermal light of a specific wave length. This combination promotes extensive
cellular destruction and necrosis in the targeted tumour resulting in its ablation. The efficacy of PDT depends on a number of parameters such as the type of photosensitiser used, light dose, fluence, fluence rate, oxygen availability and time between agent administration and activation with light. The purpose of this study was to explore the efficacy of a new photosensitiser; ADPM06, on HNSCC murine xenograft model. Methods: In vitro and in vivo application of ADPM06 mediated PDT on human derived SCC cell line and HNSCC murine model respectively. Results: ADPM06 mediated PDT was effective in reducing tumour burden in Vitro and in Xenograft model of HNSCC. In vivo studies showed that ADPM06 mediated PDT is a drug dose dependant. Cure rate with a single administration therapy in a specific group of mice was 20% with no evidence of recurrence. Conclusion: PDT is now becoming more recognised as a potential alternative in the management of unresectable tumours. However, more work should be conducted to investigate the mechanisms leading to cell death in our ADPM06 mediated PDT.

0950 - 1000 THE ROLE OF A COMMUNITY HEAD AND NECK TEAM (CHANT) IN THE DELIVERY OF COMMUNITY BASED MEDICINE TO PATIENTS WITH HEAD AND NECK CANCER
J Long, N DeZoyza, R Oakley

OBJECTIVE: The transition from hospital care to life in the community is a difficult journey for patients with head and neck cancer. Our Trust developed a specialist Community Head and Neck Team (CHANT) in 2010 to ensure every patient receives supportive and rehabilitative care in their home and community. Our team includes speech and language therapists, dieticians, physiotherapists and specialist nurses, who work as part of the Head and Neck MDT. Our pioneering service aims to promote a seamless service and co-ordinated handover between tertiary and primary care settings. It is one of the few such services across England.

METHODS: The integrated nature of our cancer team, between hospital and community, brings the expertise of a specialist Head and Neck team to the primary care setting. CHANT delivers support and rehabilitation in the pre- and post-treatment phases, via clinics and home visits. It offers intensive support for complex discharges.

RESULTS: To date, CHANT has cared for over one thousand patients. Feedback from patients and families has been hugely positive. The introduction of CHANT has resulted in a reduction in visits to the emergency department and fewer admissions from clinic.

CONCLUSIONS: CHANT provides a quality service for the patient and their family. It offers rehabilitation support in the community, where care is patient-centred, practical and realistic. It bridges the gap between hospital life and independent living, with timely support in an accessible setting. It has increased the number of patients who are utilising rehabilitative support to maximise their functional potential.

1000 - 1010 ARTISS® IN PAROTID SURGERY: ARE SUCTION DRAINS STILL REQUIRED?
C Heffernan, K Majeed, K Davies, O Young, J Lang

Objective: Superficial parotidectomy traditionally necessitates insertion of suction drains. Our objective was to assess the safety and efficacy of the fibrin sealant Artiss® in minimizing or eliminating the need for postoperative suction drainage.
Method: We carried out a chart review of parotidectomies carried out by two consultant head and neck surgeons at a regional referral centre between January 2011 and December 2012 where suction drains were routinely used in all cases. We prospectively compared these results with parotidectomies carried out by the same 2 surgeons between January 2013 and July 2014, where Artiss was used routinely prior to skin closure with or without suction drainage. Our study comparison included drain output and length of inpatient hospital stay in both sets.

Results: We performed 42 parotidectomies, 17 with neck dissection between January 2011 and December 2012. All patients had suction drains inserted. Mean total drain volume was 20mls and mean length of stay was 5 days. We encountered 2 haematomas and one seroma. We compared these results to 43 parotidectomies, 17 with neck dissection carried out between January 2013 and July 2014. Mean total drain volume, where inserted was 2mls and mean length of stay was 1 day. We encountered one haematoma and one seroma.

Conclusion: Artiss® fibrin sealant when applied prior to skin closure, significantly decreases total drain volume. The use of suction drains may be shortened and potentially eliminated. Resulting in shorter length of hospitalization, improved patient satisfaction and reduced hospital cost.

1010 - 1020

PLEOMORPHIC ADENOMA ARISING FROM ECTOPIC SALIVARY GLAND TISSUE IN THE NECK - A CASE SERIES
L McCadden; R Gurunathan; WJ Primrose

INTRODUCTION: Salivary gland tumours most commonly affect the major salivary glands and then minor salivary glands. Pleomorphic adenoma is the most common tumour of the salivary glands. 80-90% of these occur in the parotid gland, while the remaining 10-20% affect the minor salivary glands. It is rare to find them elsewhere in the head and neck region.

OBJECTIVE: We review a series of rare cases of pleomorphic adenoma arising from ectopic salivary gland tissue in the neck, encountered in our unit.

METHODS: Retrospective chart review of cases of ectopic pleomorphic adenoma. Demographics, presenting symptoms, investigations, surgical approaches and follow-up findings recorded.

RESULTS: Four patients encountered. Patients were worked up with imaging and FNA cytology. All patients had complete resection of a pleomorphic adenoma arising from ectopic salivary gland tissue in the neck. No evidence of recurrence in follow-up to date.

CONCLUSION: These are rare tumours but our series demonstrates it can occur more often than expected and in deed may be under reported. Full preoperative workup is essential including imaging to allow appropriate surgical planning and suitable patient counselling.

1020 - 1030

HPV Is A Necessary Adjunct To The UICC Staging System In Oropharyngeal Squamous Cell Carcinoma
Michael Moran, MMedSci MRCS, Lesley A Anderson, PhD, William J Primrose FRCS, Jacqueline A James, Phd, FDS, FRCPath, Dennis J McCance, PhD.

OBJECTIVE: Oropharyngeal squamous cell carcinoma (OPSCC) is a disease of increasing prevalence worldwide. It is of note that HPV positivity in OPSCC is associated
with improved survival, however to date no studies have determined if this association is independent of other risk factors associated with cancer outcomes. There is an unmet need for studies on survival benefit of HPV-related OPSCC taking gender, nodal metastases, smoking and alcohol into consideration.

METHODS: A retrospective review was carried out on all newly diagnosed OPSCCs in a 12-year period. Over 330 tumours were identified. Cores from these tumours were incorporated into tissue microarrays, to facilitate immunohistochemical analysis of biomarkers of interest. Univariate and multivariate analysis of risk factors and survival was carried out, using a Cox proportional hazards analysis model. The primary endpoint of the study was overall survival, with secondary endpoints of recurrence free survival and disease specific survival also analysed.

RESULTS: HPV DNA detected by CISH and/or p16 IHC positivity were conferred a statistically significant survival benefit, both with uni- and multivariate analyses. The best indicator of good prognosis (with multivariate analysis) was WHO performance status, however UICC stage alone (without consideration of HPV status) was not predictive of overall survival outcome.

CONCLUSIONS: p16 and HPV DNA CISH positivity are significantly predictive of improved survival, in spite of other potential confounding factors. The UICC staging system for OPSCC is shown to be unreliable without HPV status, highlighting the need for the inclusion of HPV determination in routine clinical care of these patients.

1030 - 1040 IMPACT OF POSTOPERATIVE MAGNESIUM LEVELS ON EARLY HYPOCALCAEMIA AND PERMANENT HYPOPARATHYROIDISM AFTER THYROIDECTOMY
Mr. Jaime Doody, Dr. Aoife Garrahy, Dr. Matthew S Murphy, Mr. Patrick Sheahan

Objective: Postoperative hypocalcaemia is a common complication of thyroidectomy. Magnesium is known to modulate serum calcium levels and hypomagnesemia may impede correction of hypocalcaemia. Our objective was to investigate whether hypomagnesemia after thyroidectomy has any impact on early hypocalcaemia and/or permanent hypoparathyroidism.

Methods: Retrospective review of prospectively maintained database. Inclusion criteria were total or completion total thyroidectomy with postoperative magnesium levels available. The incidence of postoperative hypocalcaemia was correlated with postoperative hypomagnesemia and other risk factors.

Results: 201 cases were included. 26 (13%) developed postoperative hypomagnesemia. Hypomagnesemia (p=0.002), cancer diagnosis (p=0.01), central neck dissection (p=0.02), and inadvertent parathyroid resection (p=0.02), were significantly associated with hypocalcaemia. On multivariate analysis, only hypomagnesemia (p=0.005) remained significant. Hypomagnesemia was also a significant predictor of permanent hypoparathyroidism (p=0.0004).

Conclusion: Hypomagnesemia is significantly associated with early hypocalcaemia and permanent hypoparathyroidism after thyroidectomy. Magnesium levels should be closely monitored in patients with post-thyroidectomy hypocalcaemia.

1040 - 1050 HPV AND NON-HPV RELATED SQUAMOUS CELL CARCINOMA OF THE OROPHARYNX
OBJECTIVE: HPV-related oropharyngeal squamous cell carcinoma (SCC) represents a distinct clinicopathological subgroup of tumour, which confers a better prognosis and can be afforded alternative treatment methods. We present the results of analysis of ten years of archival tumour specimens from patients diagnosed with oropharyngeal SCC presenting at two major Irish head and neck centres.

METHODS: A retrospective study of oropharyngeal SCC cases was conducted on patients diagnosed between January 2003 and December 2012. Data was collected on patient demographics, date of diagnosis, subsite of tumour within the oropharynx, risk factors, treatment obtained, presence of synchronous or metachronous tumours and TNM Staging System. DNA was extracted from formalin fixed and paraffin embedded tissue blocks of patients with any diagnosis of primary or second primary oropharyngeal SCC. Genotyping was performed using INNO-LiPA Extra.

RESULTS: There were 220 cases of oropharyngeal SCC. Of these tumours, 60% were palatine tonsil or tongue base, 19% were posterior oropharyngeal wall, 17% soft palate and 4% were epiglottic. 40% of tumours demonstrated p16 positivity. Where smoking status was known, 55% were current smokers with average pack years of 43, 21% were ex-smokers and 24% were non-smokers. Analysis revealed HPV positivity of 44%, the vast majority of these being HPV-16.

CONCLUSIONS: HPV prevalence in oropharyngeal SCCs in an Irish population is similar to prevalence in other European countries. This cohort of patients represents an important subgroup, for whom it may be possible to de-intensify therapy. The population may benefit from introduction of universal HPV vaccination through primary prevention.

P16 EXPRESSION IN CARCINOMA OF UNKNOWN PRIMARY OF THE HEAD AND NECK

Objective: p16 has been found to be an appropriate marker for HPV associated oropharyngeal squamous cell cancer and is a positive prognostic indicator. Metastatic squamous cell carcinoma of unknown primary, which is commonly thought to result from an undiscovered oropharyngeal source, may also be associated with p16 expression. The aim of this study is to determine the prevalence of p16 expression in metastatic carcinoma to the neck associated with an unknown primary and to determine whether it may also serve as a prognostic marker for metastatic carcinoma to the neck.

Study design: Retrospective chart review

Methods: Thirty-two patients with true unknown primary cancer of the neck were treated with neck dissection, radiation, and/or chemotherapy. The tissue of the neck dissection was analyzed for p16 expression.

Results: Patients with a p-16 positive tumor had a significantly higher 5 year overall survival compared with patients with a p-16 negative tumor (OS; 93% vs. 63%, p= 0.002). Disease free survival for patients with p-16 positive tumors was 93% compared with 74% for patients with p-16 negative tumors; however this did not reach statistical significance.

Conclusions: In patients presenting with carcinoma of unknown primary, p16 overexpression may serve as a positive prognostic indicator.
Introduction: Cochlear implantation in a chronically diseased ear presents an uncommon but challenging situation with a high risk of infection, meningitis, recurrent cholesteatoma and device extrusion. Implantation in this setting was previously considered a contraindication. We present our data on subtotal petrosectomy to facilitate cochlear implantation and review the indications, outcomes and complications from a single cochlear implant centre.

Materials and Methods: A retrospective review of all cases of subtotal petrosectomy in cochlear implant surgery over a 5 year period was performed. The indications, complications and outcomes for this procedure are outlined.

Results: 16 patients underwent cochlear implantation in combination with subtotal petrosectomy and blind sac closure of the external auditory meatus from 2008-2013. 80% of these were completed as a two-stage procedure and 20% as a single-stage. The most common indications for the procedure were chronic otitis media, previous radical cavity and surgical access in challenging anatomy or in drill-out procedures. Mastoids were obliterated with fat or muscular-periosteal flaps. Complication rate relating to the blind sac closure was 6%. Cochlear implants were successfully placed in all cases and there was no incidence of device failure.

Conclusion: For patients with chronic suppurative otitis media or existing mastoid cavities, subtotal petrosectomy with blind sac closure of the external auditory canal, closure of Eustachian tube, and cavity obliteration is an effective technique to facilitate safe cochlear Implantation.

Objective: Prominent ears are a common facial deformity affecting up to 5% of children. Surgical correction is designed to improve aesthetics. ENTUK believes the procedure should be available to those younger than 19 as it improves happiness, self-confidence and reduces bullying. In a stretched NHS, cosmetic procedures have been in the firing line. Our aim was to determine current practice in our Trust regarding pinnaplasty, compare post-operative outcomes with RCS guidelines and assess patient satisfaction.

Method: A retrospective audit of 72 patients' was undertaken. Patient age, grade of operating surgeon, and any complications/repeat procedures were collated. Patient satisfaction was assessed using the Glasgow Benefit Inventory questionnaire. Results The
age range of patients was 3-37 years. There were no post-operative haematomas or readmissions. The most common complication was poor cosmesis. Seniority of surgeon and frequency of procedures was associated with a lower complication rate. Questionnaire response rate was 40%. 83% of those who responded felt the procedure had a positive impact on their general well-being, particularly self-confidence, socialising, and quality of life.

Conclusion: Haematoma and readmission rates met the standards set out by RCS. Pinnaplasty should be performed by a limited number of Consultants within a department as those performing the procedure more frequently had less post-operative complications. Of those who responded to the questionnaire, the majority were pleased with the result. We believe the procedure should continue to be offered due to the positive impact on psychosocial wellbeing. Routine psychological assessment should be considered as per RCS guidelines.

1150 - 1200
THE NEURO-OTOLOGY AND SKULL BASE CLINIC: A REVIEW OF ONE THOUSAND CASES
H Huang, D Fitzgerald, R McConn Walsh, D Rawluk, M Javadpour, K Walsh

OBJECTIVES: Assessment of the diagnoses, treatment and clinical outcomes of the first one thousand patients to attend the Neurotology and Skull Base Clinic in Beaumont Hospital.

METHODS: Using the prospectively collated neuro-otology and skull base data base, we have reviewed the documented pathologies and their respective evolving managements, over a fifteen year period.

RESULTS: The three most commonly occurring pathologies are vestibular schwannoma, glomus tumours and petrous apex lesions. These are discussed in detail.

CONCLUSIONS: Beaumont Neurotology and Skull base clinic is a tertiary referral centre for the pathologies outlined above and, as such, has amassed a wealth of experience and data with regard to some of the rarest and most difficult cases our specialty deals with. This is this centre’s largest review of the data to date.

1200 - 1210
USE OF FASCIA LATA FOR RECONSTRUCTION OF MASTOID CAVITY AND SKULL BASE DEFECTS: A SERIES OF 50 CASES
M Madden, C Wijaya, , R McConn-Walsh, D Rawluk, M Javadpour, K Walsh

Objective: To review reconstruction technique of mastoid cavity and skull base defect with fascia lata graft.

Methods: We performed a retrospective study involving 50 cases over the last 15 years in a single unit, single surgeon, neuro-otology tertiary referral teaching hospital.

Results/Conclusions: Use of fascia lata graft in reconstructing both mastoid cavity and skull base defect, yielded a high success rate. Fascia lata as a graft is easy to harvest, and has an excellent result for repairing skull base defect with cerebrospinal fluid (CSF) leak.

1210 - 1220
THE BENEFITS OF LASER STAPEDOTOMY
A. Naude, J. Doody, B. Conlon
Department of Otolaryngology St James’s Hospital Dublin.
OBJECTIVE: To compare and evaluate the hearing outcomes, complication rates, operative times and cost effectiveness of conventional stapedotomy versus CO2 laser stapedotomy. To review whether day-case stapedotomies is a feasible alternative to in-patient procedures.

METHODS: All patients undergoing a primary stapedotomy in a tertiary referral centre, performed between January 2006 and April 2014, were identified. The patients were stratified into two groups, according to the instrument used to create the footplate fenestration, laser versus micro perforators. The two techniques were then compared using the average post operative air-bone gap(ABG) across frequencies of 0.5, 1, 2 to 3 kHz.

RESULTS: During the review period 50 stapedotomies were performed on 43 patients of which 17 (39%) were males and 26 (61%) were females. Day-case procedures were planned for 22 (44%) patients and of those, 2 were readmitted for post operative vertigo. One patient in the laser group had a post op perforation that healed spontaneously. There were no cases of profound hearing loss or facial nerve damage.

CONCLUSION: The precision of laser stapedotomy allows clinicians to perform this surgical procedure safely in a day-case setting. We demonstrate that day-case stapedotomies are a safe, feasible and cost effective approach to otosclerosis.

1220 - 1230 Multi-modal Auditory-Somatosensory Neuromodulation for Tinnitus: Patient Suitability Characteristics and Further Studies

Objective: Multi-modal auditory-somatosensory neuromodulation is a novel intervention for permanent intractable tinnitus that combines spectrally modified broadband sound with a simultaneous transcutaneous electrical stimulus on the antero-dorsal surface of the tongue, where the stimulus is a spatio-temporal representation of the instantaneous spectral profile of the modified sound. Our objective was to conduct a detailed analysis of data from previous clinical studies to determine if there was a discernable set of characteristics that define patient suitability for this intervention.

Methods: Patients were categorised as improvers or non-improvers based on clinical scores (MML: -10dB; TLM: -10dB; THI: -18pts). Univariate analysis looked at the statistical differences in the individual factors between improvers and non-improvers. Multivariate analysis was also undertaken to investigate if the combination of certain factors was important in identifying good responders to treatment. The factors included: Age (<50yrs); Gender; Lateral/Bilateral HL; HL Level; Tinnitus location and type.

Results: Improvers tend to have a higher baseline THI score or are in the older age category. If the participant is in the younger age category, they are more likely to show an improvement if they have had the condition for more than 2 years. If they are in the older age category they are more likely to show an improvement if they have had the condition for more than 2 years and have a high baseline THI score.

1230 - 1240 THE ROLE OF ANGIOTENSIN II AND OXIDATIVE STRESS IN PATHOPHYSIOLOGY OF OTOSCLEROSIS
M Rudic, AB Grayeli, N Zarkovic, E Ferrary, O Sterkers, K Zarkovic, I Keogh
OBJECTIVES: Otosclerosis is a complex disease characterized by abnormal bone turnover in the otic capsule. Previously we have shown an existing association between otosclerosis and two genetic polymorphisms related to plasmatic Angiotensin II (Ang II) concentrations (AGT M235T and ACE I/D). Oxidative stress has a major role in different signalling pathways of Ang II. The aim of this study was to investigate the role of Ang II and 4-hydroxy-nonenal (HNE, secondary messengers of oxidative stress), in otosclerosis, on in vitro model of osteoblast-like cells and histologic otosclerotic specimens.

METHODS: Human stapedial cell cultures were incubated with Ang II or vehicle. Cytokines and their mRNA expression were assessed by antibody and cDNA arrays. Immunohistochemistry was performed on tissue samples, and human osteosarcoma cell lines were used to analyze the Ang II and HNE effect on cellular proliferation, differentiation and apoptosis.

RESULTS: Otosclerotic cultures produced higher proinflammatory cytokines in basal condition (IL-1, IP-10, p<0.05) while Ang II promoted inflammation via IF-γ and IL-10 in otosclerosis (p<0.05). HNE was found present in otosclerotic specimens while Ang and HNE acted mutually dependent in the regulation of bone cell growth.

CONCLUSIONS: The results showed that Ang II is implicated in inflammation and bone turnover regulation in otosclerosis, via different growth factors and cytokines. Furthermore, Ang II and HNE acted as important signalling molecules in bone remodelling.

1240 - 1250

Assessment of the Audiologic and Speech Outcomes of Cochlear Implant patient with Additional Needs
R.B. Speaker, F. Glynn, P. Walshe, L. Viani

Objective: This study was designed to assess the hearing and speech outcomes for children with additional needs.

Methods: A retrospective cohort study was undertaken of all patients within the national cochlear implant database implanted under the age of 16 years. The CAP (categories of auditory performance) and SIR (speech intelligibility ratings) for children with additional needs were compared to those children who had congenital profound hearing loss but were otherwise developmentally normal.

Results: A total of 269 children within the cochlear implant database are a least 3 years post cochlear implantation. 59 patients had additional needs. Aetiologies within the additional needs cohort were varied and included: meningitis, congenital CMV, Usher’s syndrome, Cerebral palsy and autism spectrum. At 3 years post implantation the average CAP score for children without additional needs was 5. For children with additional needs the average Cap score was 4. SIR scores showed a similar trend with lower speech intelligibility in children with additional needs at 3 years post implantation.

Conclusions: The incidence of additional disabilities as high as 40 % in the congenitally deaf population. Additional needs are common within the pediatric cochlear implant population and can contribute to poorer outcomes. Despite poorer outcomes for children with additional disabilities cochlear implantation provides a significant improvement in quality of life for these children and their families. Further research is necessary to characterize the full benefit for cochlear implantation in these children.

1250 - 1300

Difficult Access to the Cochlea in Cochlea Implantation
C Wijaya, P Walshe, L Viani
Introduction/Objective: Cochlear implantation is now being performed on a wide variety of patients. Many patients have had previous surgery of the ears, and others have congenital anomalies of temporal bone. Our objectives were to describe operative approaches of such patients and the results achieved.

Methods: We describe a portfolio of five operative approaches to access the cochlea in difficult ears.

Results: All five patients underwent cochlear implantation, and quality of life evaluation after cochlear implantation with Category of Auditory Performance (CAP) and Speech Intelligibility Rating (SIR) scores were excellent.

Conclusion: Careful pre-cochlear implantation planning via multiple clinical modalities ensures a safe operative approach and optimal post-operative outcomes.

1300 - 1400  Lunch

1400 - 1420  Annual General Meeting

1420 - 1530  CME 1 - Update in ORL
Chairpersons: Cate Scally / Martin Donnelly

- Transoral laser resection of early laryngeal cancers 15 mins
- Mriganka De / UK
- The therapy of severe SNHL 15 mins
- Claus Müller-Kortkamp / Germany
- Atypical nystagmus types in BPPV 15 mins
- B. Buki / Austria
- Reducing exposure rates in sinus CT-imaging 15 mins
- Jurgen Ramming / Germany
- Discussion 10 mins

1530 - 1600  Coffee Break
(Poster Adjudication - Cate Scally / James Paul O’Neill)

1600 - 1700  Free Paper Session (Rhinology)
Chairpersons: Brendan Hanna / Tara Mackle

1600 - 1610  MANAGEMENT OF PNEUMATOCELE POST ANTERIOR SKULL BASE SURGERY - A CASE SERIES
D DICK, B HANNA, P WEIR, P LEYDEN

OBJECTIVE: To illustrate a variety of approaches that can be deployed for treating pneumatoceles after anterior skull base surgery; a condition which does not yet have a treatment algorithm in the literature.

METHOD: Case series of three patients with pneumatoceles following anterior skull base surgery. Case review was performed on each one to assess the location and symptoms of the pneumatocele and intervention required.

RESULTS: Subdural, intraparenchymal and intraventricularpneumatoceles occurred. All featured confusion as the predominant symptom and one progressed to decreased
consciousness as a tension pneumatocele evolved. The tension pneumatocele was treated with an emergency frontal craniotomy, pericranial flap re-enforcement of the endoscopically repaired dural defect and an intraparenchymal drain. One case had an intraparenchymal pneumatocele aspirated trans-nasally with duraseal application to a small CSF leak. The third case already had a lumbar drain and lateral thigh fat was used to plug the skull base defect. All made a full recovery.

CONCLUSIONS: Pneumatocoele is a common complication of anterior skull base surgery but the uncommon progression to tension pneumatocele must be recognized and promptly treated. A variety of surgical techniques can be deployed; an awareness of which will give the anterior skull base surgeon a sufficient armamentarium.

1610 - 1620  
Nasal root surgery: a review of ten cases of a novel surgical technique  
CG Leonard; P Bell; G McKee

Introduction: Nasal obstruction is a common complaint and increasingly in patients who are unable to undergo surgical correction. We describe a local anesthetic technique to improve nasal airflow in patients unwilling or unsuitable for surgical correction under general anesthesia. This involves surgical removal of tissue at the root of the nose leading to elevation of the nasal tip and a subsequent improvement in laminar nasal airflow.

Methods: We reviewed all patients undergoing nasal root surgery in our practice. Ten patients were identified. Four patients where selected for the procedure under local anesthesia due to age, two because of high BMI and two with large septal perforations who did not wish to have reconstructive surgery of the septum the remaining two underwent the surgery as an alternative to standard techniques.

Results: Eight out of the ten patients operated on had a significant improvement in their symptoms with one obtaining minimal improvement and one with a failure to obtain any improvement. One patient who obtained significant improvement in their symptoms after their first surgery required revision surgery after 3 years with a successful result. Nine patients achieved an acceptable cosmetic result with two developing superficial post operative skin infections which settled with oral antibiotics. One patient subsequently developed an extension of his psoriasis into his wound.

Conclusions: Nasal root surgery is a relatively quick and potentially acceptable alternative for patients unable or unwilling to undergo septal reconstructive surgery for improvement in nasal blockage. Significant complications have been rare in this cohort.

1620 - 1630  
Audit of CT paranasal sinuses in patients presenting to the outpatient clinic with facial pain in the Northern Trust  
D McCartan, G Gallagher, C Scally, M Valko, R Stewart, T Delap

Objective: To evaluate the appropriateness and outcomes of CT paranasal sinuses in patients presenting to the ENT outpatient clinic with facial pain by using European Position Paper on Chronic Rhinosinusitis and Nasal Polyps (EPOS) guidelines and the International Headache Society (IHS) as comparisons.

Methods: A retrospective search for patients with facial pain in the ENT outpatient clinic who underwent CT paranasal sinuses was performed. The first cycle was between September and December 2013, giving a total of 26 patients. The second cycle was
between May and August 2014 with a total of 16 patients. Patient charts were reviewed for
history and nasoendoscopy findings. Lund Mackay score (LMS) of CT and the subsequent
clinical management were recorded. In the interim between the cycles, we revised and
implemented the EPOS and IHS guidelines.

Results: In the first cycle, 58% had rhinological symptom; 54% underwent
nasoendoscopy with 29% having positive findings. 10 patients had a LMS score of 0. 15%
of patients underwent FESS/sinus washout, and 8% continued on medical therapy for
rhinosinusitis. 77% had a non-sinogenic diagnosis. In the second cycle, 94% of patients
had a rhinological symptom; 88% underwent nasoendoscopy with 92% having positive
findings. 6 patients had a LMS score of 0. 37.5% of patients are awaiting FESS/sinus
washout; a further 37.5% had a non-sinogenic diagnosis. 25% are awaiting review.

Conclusion: The number of inappropriate CT scans of paranasal sinuses has reduced by
implementing EPOS and IHS criteria. We also highlighted the underutilisation of
nasoendoscopy as an outpatient investigation.

1630 - 1640 AN AUDIT OF AND ALGORITHM CREATION FOR PATIENTS
ON ANTICOAGULANTS/ANTIPLATELETS WITH EPISTAXIS
F Toner, D McKernon, C Scally

Objectives: Epistaxis is a common cause of hospital attendance, particularly in the elderly
population and this cohort is increasingly likely to be on antiplatelets or anticoagulants.
Within our unit there were no formal guidelines with regards to management of such
patients, there is also little published guidance. Often times these medications are withheld
despite their being no evidence for this being helpful and may in fact be harmful. Our
study involved a completed audit cycle and formation of an algorithm for dealing with
such patients in conjunction with colleagues in Haematology.

Methods We conducted a retrospective chart review for all patients admitted with epistaxis
to our unit over 2 six-month cycles. Our algorithm was implemented following the first
six-month cycle. Along with basic demographics we collected data on
Anticoagulation/Antiplatelet medication, Indication, Length of stay and treatment method
for epistaxis. Results 56% of all patients were on some form of anticoagulation/antiplatelet
medication. The percentage of these patients having their medication withheld
inappropriately decreased markedly following our algorithm implementation. There was
no significant change in length of stay or treatment method between the two cycles.

Conclusions Our completed audit shows the use of formal guidelines created with
Haematology input can help to reduce the inappropriate withholding of patients
anticoagulants/antiplatelets while not compromising the management of their epistaxis.

1640 - 1650 Olfactory Neurospheres and Peripheral Nerve Regeneration in a Pre
Clinical Model
Phoebe Roche, Tijna Alekseeva, Amro Widaa, Alan Ryan, Amos
Matsiko, Garry Duffy, Fergal O Brien, Michael Walsh
Royal College of Surgeons in Ireland

Traumatic peripheral nerve injury affects up to 5% of poly trauma patients, and remains a
significant therapeutic challenge to clinicians and patients worldwide. Autografts and
allografts are currently the clinical gold standard in repair. Limitations to this practise exist
due to size mismatch, increased risk of infection and the requirement for
immunosuppression. As a result, bioabsorbable synthetic nerve conduits have been used in the reconstruction of segmental nerve defects, with variable results to date.

We have proposed an alternative strategy, which combines the use of a collagen hyaluronic acid hydrogel delivery system with olfactory derived stem cells and exogenous mitogens to improve bridging of nerve transection injuries, and optimise functional outcomes, whilst obviating the need for the secondary injury associated with harvesting autografts.

Results from our in vitro analyses on stem cell compatibility with our purpose designed delivery system are presented, along with the preliminary outcomes of a prospective in vivo study on sciatic nerve regeneration in the sprague dawley rat.

1650 - 1700 A clinical review of patients undergoing rhinectomy and rehabilitation in St James Hospital, Dublin, Ireland
T. Subramaniam, P. Lennon, J. Kinsella, Prof C. Timon

Objective: Rhinectomy is a major operative procedure carried out in cases of advanced nasal malignancy. To review indications, histology, clinical staging, pre operative maging and post operative prosthetic rehabilitation in patients undergoing rhinectomy.
Method: Retrospective data review of clinical notes and histology and radiology and adjuvant oncological therapy. We also review the rehabilitation process, operative reconstruction and the use of nasal prosthesis.
Results: We report on 4 patients who have had a rhinectomy in St James Hospital. Female to male ratio is 3 : 1. The operative indication in all 4 patients in advanced invasive moderately differentiated Squamous Cell Carcinoma. 3 patients underwent adjuvant radiotherapy. All 4 patients were referred for rehabilitation and assessment for suitability of nasal prosthesis.
Conclusion: Rhinectomy is an oncological procedure for the management of advanced nasal malignancy. The procedure has significant impact on patient appearance and lifestyle. Prosthetic rehabilitation aids to manage post operative changes.

1700 - 1720 Satellite session 1
Hands-on demonstration at CryoLife stand

1720 - 1740 Satellite Session 2 - The Future of Medical Billing
(sponsored by Medserv Limited)

1900 - 2000 Drinks Reception

2000 - 2230 Wilde Discourse:
“Risk, heroism and disgrace”
Ms. Janet Wilson / Newcastle-Upon-Tyne

followed by:

Gala Dinner (Black Tie)
President’s speech
Objective: Although paediatric thyroid surgery is rare, we wanted to evaluate the efficacy of MIVAPT in addressing issues related to conventional thyroidectomy like incision size, tissue dissection, complications and length of post-op stay.

Materials and Methods: Retrospective chart review of prospectively maintained database on paediatric thyroidectomy performed by a single surgeon specialized in paediatric head and neck, from 2000 to 2014. We studied outcomes of 19 variables including, baseline demographic data, indications, pre-operative investigations, pathological findings, operative and post-operative data including complications.

Results: 36 thyroidectomies were performed on 34 children with a mean age of 14.3yrs (range 3.4 yrs to 19.3yrs). M:F=9:27. Mean Incision size in endoscopic procedures-2.25cm (2-4cm) and in open-4.69cm (3-12cm). Incision size increased from 2.25 to 3.25 cm in cases where endoscopic was converted to open. Mean operative time in open group and MIVAPT were 117 mins and 81 mins respectively. Mean Incision size in endoscopic procedures-2.25cm (2-4cm) and in open-4.69cm (3-12cm). Incision size increased from 2.25 to 3.25 cm in cases where endoscopic was converted to open. Statistically significant associations was found between incision size and duration of procedure (p<0.01), surgical approach and incision size (p<0.01), surgical approach and duration (p<0.03), incision size and types of closure (p<0.01), Thyroid volume (p<0.04) and specimen size (p<0.01) Vs surgical approach, incision size and drain (p<0.05), extent of resection and surgical approach (p<0.008).

Conclusion: MIVAPT proves to be a safe and aesthetic appealing technique to manage surgical thyroid disease. Reduced incision size and subsequently better scar outcome, reduced tissue dissection, faster post-operative course proves to be factors influencing the consideration for MIVAPT.
Objectives: Since the publication of "Tomorrow’s Doctors" by the General Medical council in 2009, there have been huge changes in the undergraduate curriculum. We aimed to assess how the undergraduate ENT curriculum has developed in recent years.

Methods: An electronic survey of all thirty-four medical schools in the United Kingdom was undertaken to assess the provision of ENT teaching in the undergraduate curriculum.

Results: Data was received from thirty-one medical schools. A quarter of medical schools did not provide a compulsory attachment in ENT. The modal length of attachment was 1-2 weeks and 56% of attachments were combined with other specialties. 80% of attachments were assessed in some form.

Conclusions: The study reveals that the undergraduate ENT curriculum is highly variable depending on medical school attended. When compared to previous studies it appears that the proportion of medical schools that do not provide ENT placements is relatively unchanged since a previous survey in 2004. Of those that do, the proportion that have formal assessments have increased. In the last ten years not much has changed in terms of quality and standardisation of the undergraduate ENT curriculum. It is clear that this has lasting impacts on graduates. This is an issue that needs to be addressed and further research is needed to create a defined set of otolaryngology skills and knowledge that the modern medical graduate should acquire by the time they graduate.

Objective: Trainees from Northern Ireland enrolled through the ENT Trainee Research Collaboration (TRC) to collect prospective data, along with over 35 other trusts on the presentation, investigation and management of quinsy in the United Kingdom. The aim being to audit regional practice and use this data to form a national guideline.

Method: Fourteen trainees collected data prospectively for 34 patients over a two month period. 30 day follow up was reviewed through patient notes and electronic records. Data collected included demographics, referral source, history, examination, investigations and details of treatment. Results: 18 males and 16 females were treated, with an age range of 14 to 79 years old and a mean age 32.7 years. Seven patients were referred directly from primary care the remainder from A&E. One patient received steroid initially with none discharged on it. Paracetamol, Non-steroidals, opioid and topical benzylamine were provided for analgesia. 24 patients had a successful aspirate and, or incision and drainage. 7 patients had dry aspirates, on two occasions the medical staff felt unprepared for performing the procedure and one had failed drainage due to trismus. Five patients required repeated drainage, two re-presented to hospital and four patients were offered outpatient follow up.

Conclusion: The MAQ has highlighted areas of common practice across Northern Ireland and will provide comparison with our colleagues in the UK. It has also increased interaction between trainees in different regions and represents a method of increasing the
Objective: Globus pharyngeus is a common presenting complaint in ENT clinics. EBM suggests that the risk of malignancy based solely on the symptom of a lump in the throat is low. Popular thinking incriminates laryngopharyngeal reflux as a potential cause, allied with endoscopic findings relating to same. Our aim is to ascertain what percentage of sinister pathology is diagnosed on barium swallow based solely on the symptom of globus sensation.

Methods: A retrospective review was carried out on barium swallows organized by a single surgeon over a one-year period specifically for globus. Indications such as dysphagia and throat pain were excluded. Barium swallow results were correlated to findings on flexible endoscopy.

Results: Twenty-six barium swallows were organized. Twelve were solely for globus. Hiatus hernia with gastro-oesophageal reflux was the commonest diagnosis (42%) in this group, with 2 out of 12 (17%) reported as entirely normal. There were no reports of sinister findings of malignancy.

Conclusion: There is no general consensus as to what the best investigation for Globus pharyngeus is. Numerous papers recommend against using barium swallow as an investigative tool for this symptom. Despite no sinister results in our study, 93% noted pathology ranging from hiatus hernia / gastro-oesophageal reflux to cricopharyngeal prominence. We suggest that barium swallow is overused as a modality for diagnosing sinister pathology in patients with globus. Our unit does not adhere to EBM recommendations. This review will serve to promote change in investigative management in the senior author’s practice in the foreseeable future.

0940 - 0950  Can Botox cure drooling in neurologically damaged children?
Niall O'Dwyer, Karen Davies, Tadhg O'Dwyer

Drooling, as a consequence of pharyngeal muscle weakness, reduced spontaneous swallowing, or incoordination, is a common and disabling condition which contributes to a poor quality of life. We retrospectively reviewed 41 children over an 8 years at Temple Street Childrens’ Hospital, who were treated for excessive drooling with ultrasound guided Botox injections into the submandibular gland, and found that 13 had long term cure.

Objective: The purpose of this study was to investigate these 13 patients who achieved long term control of their drooling and to put forward theories as to how the Botox injections achieved such results.

Methods: Each patient received 2 injections into each submandibular gland with a total dose of 100mU, which is substantially greater than the dose of previous documented studies. Parents were asked to assess the severity of drooling on a standard 1-10 rating scale both before and after the procedure.

Results: 13 children showed long term resolution of drooling with a range of 6 months to 5 years (mean:9 months). Conclusion: No other study has documented such long term
results from Botox treatment to the submandibular gland. The standard therapeutic effect of the drug is usually 3-4 months, therefore several hypotheses will be put forward as to how the injections achieve this success.

0950 - 1000 THE REPORTING OF RESEARCH ETHICS COMMITTEE APPROVAL AND INFORMED CONSENT IN OTOLARYNGOLOGY JOURNALS. C. O'Rourke, S. Murphy, C. Nolan, J.E. Fenton

Objective: Medical research involving human subjects must follow ethical standards as outlined in the Declaration of Helsinki of the World Medical Association. The aim of this study was to assess the frequency of reporting of informed consent and regional ethical committee (REC) approval in all reports of trials published in the major European Otolaryngology journals.

Methods: Review of all clinical research articles published online in the calendar year 2012 in three leading European Otolaryngology journals; Clinical Otolaryngology, The Journal of Laryngology and Otology and The European Archives of Oto-Rhino-Laryngology. Studies meeting the inclusion criteria included; manuscripts reporting human subjects, human tissue or identifiable personal data research which require ethical approval.

Results: Of 767 articles reviewed, 401 met the inclusion criteria. A total of 49.9% lacked a statement of REC approval and 42.9% lacked disclosure of informed consent. 82.6% of included studies reported REC approval in Clinical Otolaryngology, 54.0% in the European Archives of Oto-Rhino-Laryngology and 38.5% in the Journal of Laryngology & Otology. 82% of studies in Clinical Otolaryngology, 61% in the European Archives of Oto-Rhino-Laryngology and 41% in the Journal of Laryngology & Otology reported informed consent. Articles that did not state REC approval were associated with not stating informed consent (p<0.05).

Conclusion: Articles that lack explicit statements of REC approval and informed consent are frequent and continue to be published in major otolaryngology journals.

1000 - 1010 VALIDATION AND EVALUATION OF A SHORT ANSWER QUESTION PAPER (SAQ) AND VALIDATION OF OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE) FOR EAR, NOSE AND THROAT (ENT) STUDENT ASSESSMENT. RSR WOODS, T SUBRAMANIAM, A PATTERSON, M HENNESSY, CI TIMON

OBJECTIVE: We evaluate the introduction of a voluntary SAQ paper during the ENT student attachment and an end of year OSCE. Effect on overall performance and predictive value are considered.

METHODS Students were given the option to sit a voluntary SAQ paper at the end of their attachment. Examiners were blinded to student identifiers. Repeat students were excluded. SAQ results were collated and compared to the written essay examination and new end of year OSCE results by student number.

RESULTS: 160/166 students were included in the study. 83 students sat the SAQ. SAQ results and written results (r = 0.477), SAQ results and OSCE results (r = 0.355), and OSCE and written results (r = 0.292) were plotted and demonstrated good predictive
validity of the OSCE and SAQ. Unpaired t-tests were performed to compare the results of those who sat the SAQ compared to those who did not. Average written examination results were 1.2 marks higher in the group who sat the SAQ, however this difference was not statistically significant (p = 0.45). End of year OSCE results were 0.09 marks lower in the SAQ group, however this difference was not statistically significant (p = 0.74).

CONCLUSIONS: This study shows that the new assessments serve as valid and reliable tests of student ability. The SAQ can be a useful adjunct to the ENT course by introducing continuous assessment. While overall results were not significantly improved by sitting the SAQ, verbal feedback suggested improved engagement in the attachment for these students.

1010 - 1020 WHEN IS PAEDIATRIC BRONCHOSCOPY A TRUE EMERGENCY?: REVIEWING THE TIME BETWEEN PRESENTATION AND PROCEDURE IN SUSPECTED FOREIGN BODY ASPIRATION.
N Wooles, P Bell, K Trimble

Objective: Laryngoscopy and bronchoscopy should be expedited when an airway foreign body is suspected but should not precede patient preparation and availability of appropriate ENT and anaesthesia staff if the child is clinically stable. Our objective was to review the time between presentation, transfer of patient and timing of procedure in a tertiary paediatric ENT hospital.

Methods: Using theatre logs and hospital admission episode coding, children with “Airway Foreign Body” or "Rigid bronchoscopy with removal of foreign body" during the period 2009-2014 were identified and reviewed. Those with foreign bodies in the nose and upper oesophagus were excluded.

Results: Seventeen patients were identified: ten males and seven females with an average age of 4.5 years. Nine patients were local with eight presenting to other hospitals initially. Most patients had minor symptoms on arrival, however two arrived following commencement of CPR. Foreign bodies were retrieved from bronchus (side unspecified) (4/17), right bronchus (4/17), left bronchus (6/17), with three at the vocal cords. Three patients developed complications as a result of aspiration. The average time from admission to theatre was 2.5 hrs, one patient waited 9 hours before undergoing bronchoscopy, with three patients being treated immediately on arrival.

Conclusions: Aspiration of foreign bodies is relatively uncommon in our region. Children with suspected foreign body aspiration are rapidly assessed and promptly managed if airway compromise is noted. The remainder are managed as in-patients with planned next day operating theatre when experienced medical staff are available


Objective: This concurrent analysis attempts to examine the extent of the variance between the actual paracetamol and the weight-based dose provided to pediatric ENT patients at for post-operative pain relief. In doing so, a clearer picture could be obtained
with regards to how well patients’ pain management needs are being addressed.

Methods: In this analysis 20 mg/kg (within BNF accepted practice) was used to compare with the paracetamol dose given to our patients post operatively. If there was a plus or minus 5mg difference in the actual dose given and the weight-based dose determined then it was considered overdosing and under-dosing, respectively. The dose given was considered to be potentially toxic if the weight-determined dose was 50mg plus the age-determined dose of (calculated based on a maximum daily dose of 100mg/kg).

Results: 34/46 or 73.9% of patients were under-dosed. 11/46 or 23.1% were overdosed. Only 2/46 or 4.3% of patients were correctly dosed. 7/42 or 15.2% received potentially toxic doses.

Conclusion: The data obtained in this study strongly suggests that our patient population’s pain management may be inadequate. The immediate consequences are potentially two-fold: inadequate pain breakthrough in the under-dosed group and paracetamol-associated liver toxicity in the overdosed group. Consequently, updating hospital staff on the need for strict weight-based paracetamol dosing could be worthwhile pursuing.

1030 - 1040 LARYNGEAL MANIFESTATIONS OF BEHCET’S DISEASE An ASSESSMENT OF AN IRISH PATIENT POPULATION
CWR Fitzgerald, A Fraser, CV Timon, NP Shine, JP Hughes

OBJECTIVE: Behcet’s Disease (BD) is a rare systemic multiorgan ulcerative vasculitis of unknown origin. The disease presents most commonly with oral, ophthalmic or genital ulceration. There are limited reports regarding the laryngeal manifestations of BD in the literature. The objective of this study was to assess an Irish population of BD patients for laryngeal manifestations of the disease.

METHODS: Patients were identified from a prospectively maintained BD database that had undergone examination of the oral cavity and flexible laryngoscopy. Video and photographic record of examination findings was obtained with patient consent. All patients were assessed by a specialist Rheumatology service and met the BD International Study Group criteria for BD diagnosis.

RESULTS: Fourteen patients were identified (4 male, 10 female, median age 36.5 years). ENT-related manifestations of BD were noted in 64% (n=9) of patients. Laryngeal changes secondary to BD were noted in 36% (n=5). Just 14% (n=2) had previously presented for Otolaryngology review. Median Behcet’s Activity Score was 3, with 21% (n=3) of patients showing evidence of active disease at assessment. Two patients (14%) underwent surgical intervention related to their BD.

CONCLUSIONS: Otolaryngology review should be considered for all patients presenting with newly-diagnosed BD. This is the first video case series highlighting the laryngeal manifestations of BD.

J.C Oosthuizen, R.R Ramli, O.M Aworanti, S. Awadalla, T. O’Dwyer

Oesophageal atresia (OA) and tracheo-oesophageal fistula (TOF) occur in 1 out of every 2400 to 4500 births1. Whilst the diagnosis of oesophageal atresia is readily made shortly after birth, patients with an isolated H type TOF can present with varying degrees of symptomatology which can pose a diagnostic challenge 2. A combination of contrast
oesophagogram and endoscopic evaluation is the most commonly employed localization strategy. Despite accurate pre-operative localization, intra-operative identification of the TOF can prove substantially more challenging. The authors of this report describe a novel approach in the management of a proximal TOF, which allows direct visualization and cannulation via a trans-cervical, trans-tracheal approach.

Objectives: The clinical efficacy of adeno-tonsillectomy is under debate with falling tonsillectomy rates in the UK and Ireland. In 2010 an NHS commissioned randomised controlled trial recommended medical management, leading to some Primary Care Trusts refusing to commission any tonsillectomies. With the HSE cutting Hospital Spending by 200 million euro in 2014, data supporting the benefit of adeno-tonsillectomy in the Irish population are sorely lacking. We aimed to evaluate the symptomatic benefit reported by parents of children undergoing adeno-tonsillectomy.

Methods: We utilised the T14 Paediatric Throat disorders Outcome Test, a disease specific, validated questionnaire which assesses Patient Reported Outcome Measures (PROMs). We administered pre and post operative questionnaires to parents of children undergoing adeno-tonsillectomy. A control group of symptomatic children on the waiting list was also studied.

Results: A total of 56 parents of children undergoing adeno-tonsillectomy have completed questionnaires. These were well matched in age and gender with children on the waiting list. A paired sample t-test was conducted to evaluate the impact of adeno-tonsillectomy on T-14 scores. At eight weeks after surgical intervention, there was a statistically significant decrease in T-14 scores; t (19)= 17.17, p<.004 (two tailed). The eta squared statistic (0.87) indicated a very large effect size. Scores in the waiting list group did not change; t(17)= .369, p<.000 (two tailed).

Conclusion: This study provides clear evidence that adeno-tonsillectomy provides significant improvement in PROMs vs. watchful waiting. We consider tonsillectomy to be a procedure of considerable clinical benefit and a worthwhile allocation of HSE expenditure.

Coffee Break

CME 2 - Frontiers in ORL
Chairpersons: Edward McNaboe / Mary Bresnihan

Tips and tricks in rhinoplasty 15 mins
Hesham Saleh / UK
BAHA - tissue preservation technique 15 mins
Shyam Singham / UK
GRAZAX® in the treatment of grass pollen allergy 15 mins
David Edgar / N. Ireland
Endoscopic orbital decompression: 15 mins
EOSINOPHILIC ANGIOMETRIC FIBROSIS - A RARE CAUSE OF NASAL OBSTRUCTION
F Toner, R Stewart

Objectives: We present an unusual cause of presentation to ENT with nasal symptoms. Eosinophilic angiometric fibrosis (EAF) is a rare benign condition of unknown aetiology. It is found in the upper respiratory tract, most commonly in the sinonasal tract but can also be seen in larynx or orbit. It can result in mucosal thickening and stenosis. It was first described in 1983 and diagnosis is reached by characteristic histological findings. Methods - A 47 year old woman presented to ENT clinic with persistent left sided nasal obstruction along with episodic epistaxis and facial pain. Imaging findings indicated a soft-tissue mass in the left maxillary sinus and thickening of the adjacent lateral nasal wall. Intraoperatively the mass was found to extend from the sinus into the middle meatus with significant surrounding mucosal changes. Total resection was attempted as it was felt to be an Inverted papilloma Results - Histopathology description commented on dense collagenous fibrosis more marked around small blood vessels with some showing a classic onion-staining pattern for EAF. There was a scattering of eosinophils with other inflammatory cells. Conclusions - EAF is a rare benign and progressive disorder. There have only been 51 reported cases in the literature by 2013. While histologic findings are key in establishing the diagnosis, though certain features on imaging can aid this. Early lesions
show dense eosinophilic infiltration around blood vessels while mature lesions are more fibrotic with less inflammatory infiltration

**EPISTAXIS: SHOULD WE BE DOING MORE?**
N Wooles, D Dick, P Woodman, R Adair.

Objective Epistaxis is one of the commonest ENT emergencies with up to 10% of sufferers requiring emergency admission during their lifetime. Anterior nasal packing was first described in ancient literature, by the 1st century haemostatic agents of apothecary where being used and 1807 saw the first balloon packing. Angiographic embolisation, fibrin derivatives and endoscopic electrocautery are now widely available, and alongside traditional surgical interventions are advocated in refractory epistaxis management. We assessed the epistaxis management at an ENT tertiary referral centre, focusing on refractory bleed management. Method Assessment used an audit cycle, with the departmental collaboration, education and implementation of epistaxis protocol prior to the re-audit. Data was collected 18 months apart through retrospective clinical chart review, with patients identified through an epistaxis diagnosis code. In total 66 patient episodes were reviewed. Results The average impatient episode increased from 3.6 to 4 days over the 18 months. Of the 52 patients packed 10 had a refractory bleed, with 3 individuals progressing to surgical intervention. None of these patient proceeded to theatre as an emergency (i.e. within 6 hours). Refractionary bleed definitive management included septoplasty, endoscopic sphenopalatine artery ligation, anterior ethmoidal artery ligation and floseal use. Conclusion Despite the significant management advances, reliance remains predominantly on the ward based therapies of cautery and packing. In a budget restricted healthcare environment rigorous application of epistaxis protocol would reduce inpatient stays decreasing management costs. It would provide definitive management to prevent recurrent individual admissions, reducing concurrent morbidity and improving quality of life.

**Delayed Recurrent Laryngeal Nerve Palsy After Blunt Laryngeal Trauma; a Potential Medicolegal Pitfall**
M Adams, B Hanna

Objective: To describe a case of delayed recurrent laryngeal nerve palsy following low-velocity blunt neck trauma. Methods: Case report. Results: A 69 year old male patient suffered blunt laryngeal trauma following a mechanical fall. Flexible laryngoscopy showed generalised oedema of the larynx, a small amount of fresh blood and normal vocal cord mobility. CT scan of the neck showed a minimally displaced vertical fracture of the anterior commissure of the thyroid cartilage, in keeping with a Schaefer class II injury. Given the central position of the fracture and minimal displacement on CT initial treatment was conservative. Flexible nasendoscopy at day 3 showed symmetrical vocal cord movements on phonation. The patient was reviewed at 19 days post injury. His voice was weak and breathy. Flexible nasendoscopy revealed a paralysis of the previously mobile right vocal cord. At 6 months the vocal cord was mobile again and he reported satisfactory voice quality. Voice therapy was ultimately not required. Conclusions: In this case the vocal cord remained mobile for at least 3 days following injury. We suggest that the patient sustained a stretch injury to the right recurrent laryngeal nerve resulting in axonotmesis, but that axonal degeneration did not develop until after day 3. We feel that it
is important to publicise this delayed vocal cord paralysis because such an event would most likely have been attributed to surgery had the fracture been surgically fixated.

**FOLLICULAR VARIANT OF PAPILLARY CARCINOMA: DIFFERENCES FROM CONVENTIONAL PAPILLARY CARCINOMA IN CYTOLOGY AND HIGH RISK FEATURES**

M. Mohamed, C. Ryan, L. Feeley, B. Fitzgerald, J. McCarthy, M. Murphy, A. Tuthill, P. Sheahan

Objective: Follicular variant papillary thyroid carcinoma (FVPTC) is an important subtype of papillary thyroid carcinoma (PTC) which can be difficult to diagnose with preoperative cytology. This is a study to compare conventional and FVPTC with regard to preoperative cytology, tumour size at diagnosis, presence of invasion, and implications on patients prognostic score.

Methods: Retrospective study in an Academic Teaching Hospital of Ninety-five patients with conventional (64) or FVPTC (31). Preoperative cytology was reported according to the British Thy system. Pathological features recorded included tumour size, presence of extrathyroid extension (ETE), and metastases. Prognostic scores were calculated according to the MACIS system. The differences in patient demographics, preoperative cytology, tumour pathological features, and prognostic risk category between conventional and FVPTC were studied.

Results: There were no differences in age or sex. Preoperative cytology in FVPTC was significantly more likely to belong to a lower-risk category, and have a false-negative cytology result. Mean tumour size at diagnosis was significantly larger in FVPTC. On the other hand, FVPTC was significantly less likely to show ETE. There were no significant differences in MACIS scores or prognostic risk groups between conventional and FVPTC.

Conclusions: Preoperative cytology from FVPTC is more likely to belong to a lower-risk category, and tumours are larger at time of diagnosis. On the other hand, due to lower incidence of ETE, there is no difference in prognostic score at diagnosis.

**PAPILLARY CARCINOMA ARISING IN A THYROGLOSSAL DUCT CYST: A CASE REPORT AND REVIEW OF THE LITERATURE**

G GRAY; D MCCAUL; M KORDA; B DEVLIN

Thyroglossal Duct Cysts are a frequently encountered midline neck cyst and are the most common congenital anomaly of the thyroid gland. Malignant change in the gland is rarely reported and is thought to occur in less than 1% of all Thyroglossal Duct Cysts. We present the case of a 31 year old female who attended with a six month history of midline neck cyst associated with some neck discomfort. On examination she was found to have a typical midline cystic swelling at the level of the hyoid which elevated on tongue protrusion. USS revealed a 2.5cm midline cyst and a normal thyroid gland. MRI of neck showed a lobulated 2.5cm cystic mass with peripheral rim enhancement. Sistrunks procedure was carried out and histopathological examination identified a papillary carcinoma arising within a thyroglossal cyst and a positive adherent lymphnode. She proceeded to total thyroidectomy which showed no evidence of thyroid cancer within the gland. She is currently awaiting assessment for radioactive iodine therapy. Given the rarity there is some discussion and controversy regarding management of these cases and there is debate regarding total thyroidectomy, prophylactic neck dissection and radioactive iodine
with thyroid suppression. We plan to review the literature and discuss possible treatment options.

MOUTH CANCER AWARENESS DAY AND GOOGLE SEARCH TRENDS FOR ORAL CANCER

Objectives This project aimed to assess the effectiveness of Mouth Cancer Awareness Day in raising public awareness of oral cancer, using Google search activity as the indicator for public interest in Ireland. A further aim of this work was to compare the level of internet search traffic on the subject of oral cancer between Ireland and other largely English speaking countries worldwide. Methods Google Trends was utilised to investigate search trends for the terms “oral cancer” and “mouth cancer” via Google Search between May 2010 and December 2013. Search trends for Ireland and worldwide were investigated. Results Each September, when Mouth Cancer Awareness Day takes place, greatly increased levels of online activity related to oral cancer were seen in Ireland. This interest has become less dramatically increased in the years since 2011. There was a similar background level of search interest in oral cancer seen in Ireland, UK, USA and Australia, however only Ireland showed an annual period of greatly heightened interest corresponding to a public awareness campaign. Conclusion The yearly Mouth Cancer Awareness Day has stimulated online interest in oral cancer in Ireland, which compares favourably to that in UK, USA and Australia. This impact has slightly lessened as Mouth Cancer Awareness Day has become an annual event.

SPHENOPALATINE ARTERY LIGATION FOR EPISTAXIS: THE CLINICAL EXPERIENCE OF A TERTIARY REFERRAL CENTRE
AM McDermott, E O’Cathain, J Doody, G O’Leary, P O’Sullivan, PSheahan

Objective Sphenopalatine artery (SPA) ligation is a commonly employed surgical intervention for control of epistaxis refractory to conservative measures. This objective of this study was to evaluate the clinical experience of SPA ligation for control of epistaxis at our institution. Methods Retrospective review of all patients undergoing SPA ligation for epistaxis control at our institution between October 2008 and July 2014. Clinical and operative parameters were reviewed from case notes and collated. Data analysis was performed using Minitab V15.0. Results Forty-two patients (34 males) underwent SPA ligation during the study period. Mean age was 62.6 years. 38% (n=16) of patients were on oral anticoagulation or antiplatelet therapy. Forty patients presented as emergencies and had undergone nasal packing at initial presentation (14 bilateral), with 31 undergoing two or more preoperative nasal packings. Two patients underwent SPA ligation as semi-elective procedure for recurrent epistaxis. SPA ligation was accomplished successfully in all patients. Twelve (29%) underwent concomitant septoplasty, and 10 (24%) underwent concomitant intraoperative nasal packing. Postoperatively, 38 patients (90%) had no further bleeding. Persistent epistaxis was treated in 3 patients by further nasal packing on the ward, and in one patient by internal maxillary artery ligation in theatre. Over a quarter (26%) of patients required a blood transfusion. Mean length of hospital stay was 5.2±3 days. There were no complications. Conclusion SPA ligation is a simple, effective and safe minimally invasive approaches for surgical control of refractory epistaxis in our institution.
Day-Case Septoplasty: Efficient or safe? A GUH Retrospective Review
S.Jaber, O.Young

BACKGROUND: In the current harsh economic climate, surgeons are under pressure to increase volume of day case procedures in order to reduce length of stay, reduce waiting lists and costs. Septoplasty has been identified as a potential Day Case procedure internationally and by the HSE in it’s “Basket of 24” procedures. The aim of this study is to assess the feasibility and safety of day-case septoplasty.

MATERIAL AND METHODS: Retrospective review of day-case septoplasties in a Regional Hospital for a single surgeon from July 2011 to August 2014. Data on patient demographics, surgical technique and surgeon grade were collected. Questionnaires were also compiled from all ENT teaching hospitals in Ireland and practice guidelines were compared.

RESULTS: Sixty-one patients underwent septoplasty under GA in our Surgical Dayward during this time period. One patient was readmitted with epistaxis, giving an overall readmission rate of 1.6%. The operators included one consultant and three registrars.

CONCLUSION: Our study demonstrates that septoplasty can be performed in a safe and efficient manner with a low re-admission rate provided patients are selected appropriately.

Drainless Parotidectomy and Floseal. A Report on our initial experience.
Mr T. Subramaniam, Mr P. Lennon, Prof J.P O'Neill, Mr J. Kinsella

Introduction
Parotidectomy is carried out in most hospitals in the Republic of Ireland and the United Kingdom. The procedure routinely involves the insertion of a surgical drain for post operative monitoring. This increases length of hospital stay and cost. Method: We carried out 12 consecutive drainless parotidectomy procedures with the use of Floseal as a haemostatic adjunct. Results: All 12 patients were discharged 24 hours post operation. There were no immediate complications. 4 patients developed localized sialocele, treated with outpatient blue 23 gauge needle aspiration. Conclusion: The early results are encouraging in view of reducing length of hospital stay and cost effectiveness.

OUTCOME OF VOICE FOLLOWING TRANS-THYROHYOID MEMBRANE RADIESSE® VOCAL CORD INJECTION IN THE OUTPATIENTS
H. Mohammed, S. Gendy, R. Nassif

Objective: To assess the outcome of voice in patients with diagnosed vocal cord palsy and would undergo augmentation thyroplasty under local anaesthetic and trans-nasal endoscopy guidance. Methods: A retrospective study in a head and neck cancer centre of patients with unilateral vocal cord palsy and had undergone Radiesse vocal cord augmentation. We used the ten-items voice handicap index (VHI-10) as a postal survey before and after their injections. Results: A total of 37 patients were referred to our ENT clinic since mid 2011, with unilateral vocal cord palsy, majority from oncology department with medistinal tumours and secondary vocal cord palsy. 7 patients succumbed to their disease. Fifteen patients responded to our survey. VHI-10 results were analyzed using one-tail paired t-test and showed significant improvement in VHI-10 total scores when compared between before injection and 3-month after injection (p value 0.005888), and continued as well at 6-month after injection (p value 0.020787). Conclusion: Radiesse injection thyroplasty through the Thyro-hyoid membrane is an
alternative technique that offers better visualization of injecting needle and better control of amount injected. It is well tolerated under local anaesthetic in the outpatient setting, under trans-nasal endoscopy.

Single center experience in facial nerve outcome post parotidectomy for primary vs. secondary malignant tumors
A. Nae, P. Sheahan

Malignancies of the parotid gland are rare. The purpose of this study was to report our experience with primary and secondary parotid malignancies, and compare clinicopathological features, treatment, and outcomes between these groups. Retrospective review of 49 patients with parotid malignancies undergoing surgery with curative intent between 2003 and 2013.

Twenty-three patients had primary parotid carcinoma (group 1) and 23 had metastatic cancers (group 2). Three cases of primary parotid lymphomas were excluded. Preoperative facial weakness was present in 13% of group 1 and 22% of group 2. Patients in group 2 were more likely to undergo total parotidectomy (70% vs 39%, p=0.07), neck dissection (87% vs 52%, p=0.02) and require flap repair (30% vs 13%, p=0.28). Facial nerve was partially or completely sacrificed in 8 cases in group 1 (35%) and 12 cases in group 2 (52%). 7/15 patients in group 1 and 8/11 patients in group 2 with preserved facial nerves had postoperative neuropraxia. Recovery to normal function was seen in 12/15 neuropraxic patients. Lymph node metastases were more common in group 2 (22% vs 11%, p=0.2). 74% of patients in both groups underwent postoperative radiotherapy. Local recurrence was seen in 17% of patients in both groups, with 7/8 dying of disease. Metastatic parotid cancers appear to have a higher incidence of lymph node metastases and facial nerve involvement than primary parotid malignancies, although our numbers were too small to show this to a significant degree. Oncological outcomes appear similar between both groups.

INCIDENTAL VERSUS NON-INCIDENTAL THYROID MALIGNANCY. WHAT IS THE DIFFERENCE?
G Thong, P Sheahan

Objectives Increasingly, thyroid nodules are discovered incidentally after imaging of the neck is performed for reasons unrelated to the thyroid. The purpose of the present study was to evaluate the proportion of thyroid cancers diagnosed in our institution presenting with a neck lump versus those incidentally picked up, and to compare incidental and non-incidental cancers with respect to prognostically important clinicopathological features.

Methods Retrospective review of a prospectively maintained database of patients diagnosed with thyroid malignancy was performed, with review of patient case notes. Prognostic scores were calculated according to MACIS scores. Results There were over 140 patients diagnosed at our institution in the past five years. Of these the most common presenting symptom was neck mass (47%), followed by incidental finding. Other presenting symptoms were hoarseness and neck pain. There were no significant differences in patient age, gender, tumour size (33 mm vs 32 mm), or histological subtype between patients with incidental and non-incidental cancers. There was however a statistically significant difference in the likelihood of extra thyroid extension with 41% of the non-incidental group versus 4% in the incident group. Conclusion Nearly half of
thyroid cancers at our institution are diagnosed after work-up of an incidentally discovered thyroid nodule. Incidentally diagnosed thyroid cancers show a lower incidence of extrathyroidal extension than non-incidental cases. The clinical and prognostic significance of this subgroup warrants further study.

MEDULLARY THYROID CANCER: OUTCOMES AND PROGNOSTIC INDICATORS WITHIN THE IRISH POPULATION.

OBJECTIVE, Medullary thyroid cancer (MTC) accounts for approximately 5% of all thyroid cancers, but represents 13.4% of deaths attributed to thyroid cancer. The RET proto-oncogene has been recognized as an integral part of MTC tumorigenesis. The object of our study is to evaluate the prognostic factors and outcomes of patients diagnosed with medullary thyroid cancer in Ireland. METHODS, The National Cancer Registry in Ireland was examined for patients with a diagnosis of MTC between January 1998 and the June 2007. Patient, tumor, and treatment characteristics were recorded. The Kapla Meier method was used to determine overall survival and factors predictive of outcome were determined by univariate and multivariate analysis by cox regression using Stata 13 software. RESULTS, Of a total of 45 patients, 25 were female and 20 were male. The median age was 52, 66.7% presented at an advanced stage and 8 patients had metastases at diagnosis. The overall median survival was 6.63 years and the 1 and 5-year overall survival was 89.9% and 64.4% respectively, with a 10-year survival for those with long-term follow-up available being 53.4%. On univariate analysis age, stage (including T stage, cervical nodal metastases and distant metastases at diagnosis) and smoking status were statistically significant indicators of prognosis. T stage and age remained statistically significant on multivariate analysis. CONCLUSIONS, The poor overall survival in our series is disappointing but may represent a specific cohort of aggressive MTC. Further research is being conducted on the RET proto-oncogene within this cohort.

IS THERE A ROLE FOR AN ACUTE ENT AND VESTIBULAR REHABILITATION SERVICE SYNERGISM?
C. Brophy, R. Katiri& M. P. Colreavy

The aim of the study was to evaluate the current service provision and assess the cost effectiveness of the services delivered to patients diagnosed with vestibular problems at an acute ENT service.
A study was conducted to evaluate the number of patients referred to an ENT clinic and deemed in need of vestibular rehabilitation over the first quarter of 2014. A total of 16 clinics were reviewed; incorporating 754 referrals. All referrals to the clinic were screened for keywords indicative of vestibular problems. The patient charts were reviewed to identify the vestibular pathology and intervention plans. Out of the total 754 referrals; 442 patients attended the clinic (58.6%). The remaining DNA or rescheduled their appointments. A total of 33 patients, equating to 7.5% of all attendees were diagnosed with a vestibular problem; of whom 6 (18.2%) returned within the same quarter for an ENT follow-up due to symptoms worsening, unresolved problems. The cost effectiveness of the patients returning to ENT as opposed to attending a balance rehabilitation service was calculated on the basis of current private rehabilitation prices. The results of the study indicate that on average 100 patients per ENT consultant’s clinic
can benefit from vestibular rehabilitation annually. It is anticipated that approximately 50-60% of the patients with balance problems seen by the ENT department can be discharged to the care of the specialist physiotherapist. This could support the utilization of vestibular rehabilitation services if the logistics and infrastructure exist.

RED EAR SYNDROME: AN UNUSUAL COMPLICATION FOLLOWING PINNAPLASTY
A W HOEY, I NIXON AND T BUSHNELL

OBJECTIVE Red Ear Syndrome (RES) presents with unilateral or bilateral redness and pain of the ears often triggered by touch, pressure, temperature changes and head movements. First described by Lance in 1996, RES has been described in approximately 60 cases. With significant variation in its presentation, the aetiology of RES remains largely unknown. It is associated with migraine, temporomandibular joint dysfunction and cervical spine pathology. Occasionally, RES can present without any precipitating condition. The complex nature of the ear's sensory supply makes it inherently difficult to isolate a specific cause. METHOD We describe an unusual presentation of RES as a post-operative complication following a bilateral pinnaplasty. A 16 year old Caucasian girl presented with bilateral ear pain restricted to the supero-posterior aspect of her auricle. Associated with noticeable erythema, her symptoms were exacerbated by wind and temperature changes. Her symptoms have persisted for over 18 months since the surgery. RESULTS She gave no previous history of headache or migraines and suffers from no other head and neck pathology. She has been trialled on Holistic Therapies including Evening Primrose Oil and Magnesium, with little effect. She has now been started on a neuromodulator and her progress is being monitored. CONCLUSION Perhaps due to the small numbers reported, there appears to be no consensus on a treatment of RES, with most authors resulting to trial and error. Interestingly, there have been no other reported cases of RES as a post-operative complication. This may be due to the relative infrequency of its presentation.

NEUROFIBROMATOSIS TYPE 2: MANAGEMENT STRATEGIES OF VESTIBULAR SCHWANNOMAS
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OBJECTIVE: To discuss the different management strategies of vestibular schwannomas in patients with neurofibromatosis type 2 (NF2) in a tertiary combined neuro-otology, scull base unit. We also review the clinical presentation, size of tumour at presentation, hearing and facial nerve function outcomes. METHODS: A retrospective review of all NF2 patients that presented to the unit between 2002 and 2014. RESULTS: Thirty four patients were identified for the period. Management strategies for these patients included microsurgery, auditory brainstem implantation, cochlear implantation and chemotherapy with bevacizumab. CONCLUSION: Vestibular schwannomas are the hallmark of neurofibromatosis type 2 and present a unique and difficult challenge to the neurootologist. These patients are best servd by a team of physicians who can provide individualized patient care.
Analysis of GP referrals for tonsillectomy to the ENT clinic using present HIQA guidelines
W Hasan, E Keane, I O’ Riordan, D Mc Shane

Introduction Recurrent sore throat for possible tonsillectomy in the commonest clinical entity referred to the ENT outpatient department. The numbers involved represent a large clinical burden on the service. Not all of these patients require surgical intervention. The aim of this study was to analyse the percentage of referred patients with sore throats requiring tonsillectomy versus those not needing surgery, using the present HIQA guidelines for this operation. Methods A prospective study of one hundred consecutive patients of all ages referred to our ENT clinic in Tallaght hospital with recurrent sore throat for possible tonsillectomy was undertaken. A proforma based on the exact HIQA guidelines for tonsillectomy in patients with sore throats was completed during each consultation. Patients were booked for tonsillectomy, discharged back to their general practitioner or reviewed after six months in the clinic. Results Provisional results indicate that a significant number of referrals for possible tonsillectomy did not meet the HIQA criteria for this operation. Conclusion Improved awareness by general practitioners of the HIQA guidelines for tonsillectomy would significantly reduce the number of referrals to the ENT outpatient service. An educational programme in this regard for GPs would likely have a significant effect in reducing waiting times for ENT outpatient appointments. Also consideration should be given to a specialist nurse led assessment service whereby unnecessary referrals can be screened out and returned to the referring doctor.

Paediatric thyroidectomy for Grave’s disease—a single surgeon experience
Basheeth N, Timon C

Introduction Thyroidectomy is an option for failed thionamide treatment and children and adolescents with relapse. The efficacy of Paediatric thyroidectomy as an alternative for children with Grave’s disease, who have failed anti-thyroid treatment, have been sparsely reported. Complications and technical challenges pose a major risk in opting surgical approach to manage Grave’s disease. Materials and Methods Retrospective chart review of prospectively maintained database on paediatric thyroidectomy for Grave’s disease performed by a single surgeon specialized in paediatric head and neck, from 2000 to 2014. We studied outcomes of 19 variables including, baseline demographic data, indications, pre-operative investigations, pathological findings, operative and post-operative data including complications. Results 36 thyroidectomies were performed on 34 children with a mean age of 14.3yrs (range-3.4 yrs to 19.3yrs). M: F=9:27. The incidence of Grave’s disease was 11.1% and Toxic adenoma was 2.8%. MIVAT was done in 40% children with Grave’s disease. All patients were treated by antithyroid medications before surgery. Complication rates—none—77.8%, haematoma (8.3%), hypertrophic scar (2.8%) and transient hypocalcemia (2.8%). Statistically significant associations was found between incision size and duration of procedure (p<0.01), complication rates and extent of resection (p<0.05), Thyroid volume(p<0.04) and specimen size(p<0.01) Vs surgical approach, incision size and drain (p<0.05), extent of resection and surgical approach (p<0.008). There was no relapse post-surgery, transient/permanent RLN palsy and mortality. Conclusion Paediatric thyroidectomy is a safe and optimal treatment for Graves’s disease with fewer complications, but when care is delivered by high volume
paediatric head and neck surgeons. Complication rates are lower when performed by high volume surgeons.

**Powered intracapsular tonsillectomy and adenoidectomy for the treatment of tonsillitis and obstructive sleep apnoea.**
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Introduction Extracapsular tonsillectomy is the most common method of tonsil dissection today. Although multiple techniques have been developed as an alternative to blunt dissection, the potential for post-operative pain and haemorrhage is still inherent to the procedure. Powered intracapsular tonsillectomy (PIT) has been proposed as an equally effective but less invasive technique for the treatment of adenotonsillar hypertrophy. We present our updated data on safety and efficacy of PIT in a paediatric population. Materials and Methods A retrospective chart review of all patients who underwent PIT with or without adenoidectomy, over a 6 year period, was performed. Patient demographics, comorbidities, indications for surgery and complications were recorded. Results 317 patients underwent PIT +/- adenoidectomy from Oct 08-July 2014. The primary indication for surgery was obstructive sleep apnoea in 51% of patients and recurrent tonsillitis in 49%. Mean patient age was 4.07 yrs (range 1.2-17 years) and mean weight was 17.9 kg (range 8-83kgs). The incidence of post-operative haemorrhage requiring a return to theatre was 0.6% (n=2) and the rate of tonsillar regrowth was 2.5%. Conclusion This is one of the largest single-centre studies in the literature. The low rates of post-operative haemorrhage suggests PIT should be considered the surgical technique of choice in low-weight patients or patients with significant comorbidities.

**Patients’ continuous access to information given during consenting in OPD before procedure/surgery prevents complains of poor comprehension and recollection of information about surgery.**
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The ethics governing consenting patients for surgical procedures are well outlined and discussed in the Irish National Consent Policy but objective analysis on patient recollection of information given have not been explored. The purpose of this paper is to provide data analysis of patients’ recollection of consent to surgery that happened in clinic on the day of surgery. A survey was done on patients’ recollection of information given to them in clinic and information given on the day of surgery. This data is analyzed to determine the patients’ recollection of information consented to in clinic and the difference in recollection of information consented to on day of surgery and effectiveness/validity of both. 30 patients scheduled for ENT surgeries were surveyed on their recollection of information they consented to in clinic visit and information they consented to on day of surgery. Analysis of our current data shows that 60% of the people for ENT surgery had poor recollection of information about the surgery they consented to in clinic by date of surgery, 20% had fair recollection of information about the surgery and 20% good to excellent recollection. This means less than quarter of patients for surgery appear on day of procedure/surgery with less than satisfactory information on what they were in for. After patients had been re-consented 76.67% of patient had good or excellent information
of their procedures. 10% of patients had fair recollection and 13.33% still had poor recollection/understanding of the surgery. Consenting patients in clinic is just the beginning of the process. Day of surgery consenting has not enough time for all patients concerns to be addressed. Continuous access to the consented information given to patient to take home from clinic up until date of surgery will alleviate such issues. Patients turn in the consent form on day of surgery.

A DETAILED PROSPECTIVE STUDY OF A DEDICATED ENT CASUALTY SERVICE AND 24 YEAR COMPARISON
RSR WOODS, E KEANE, CV TIMON, S HONE

OBJECTIVE We analyse and define the role of a specialised ENT Emergency Department, which provides a service open to patients from the entire country, operating on weekdays from 9am to 5pm. METHODS A prospective study over a one month period (March 2014) was conducted. A questionnaire was used, adapted from a study in June 1990. Results were analysed in the current context and compared to the previous study. RESULTS Comparative figures from June 1990 are in brackets. During the study period, there were 907 (1167) consultations from 861 (779) patients. 57% (45%) were new patients and 43% (55%) were return patients. Repeat attendances were necessary in 43 (325) patients during this month. 56% (35%) were referred by their General Practitioner (GP), 38% (52%) self-referred, 2% (8%) by other hospitals and 4% (5%) from other sources. Diagnoses included otitis externa in 24% (21%), cerumen in 20% (15%), epistaxis in 6% (9%), eustachian tube dysfunction in 12%, foreign body removal in 4% (5%) and four new cases of head and neck cancer. Attendance numbers vary during the year but demand has risen over time.

CONCLUSIONS This detailed study shows that a dedicated emergency department provides an important role for ENT in Ireland and offers valuable experience for trainees. It is likely that increasing pressures on outpatient waiting lists has led to the large number of GP referrals that may be better served in an outpatient setting. The loss of such a department may lead to an overwhelming burden on services in other hospitals.

Rapid Access Clinics in ENT: University Hospital Waterford Experience
W Hasan, F Alsabah, E Lang, L Skinner, D Smyth, M Donnelley University Hospital Waterford

Introduction Rapid Access Clinics provide important access to specialist care for patients referred by General Practitioners (GPs), Emergency Departments (ED) and doctors on non-ENT hospital wards. The aim is to enable prompt diagnosis and management of acute conditions, within an optimum environment containing appropriate clinical and staff resources. To avoid overburdening our rapid access ENT service and to maintain efficient referral system we audited 29 consecutive clinics. Method An audit of 29 consecutive rapid access ENT clinics between 11th June and 27th August 2013 in University Hospital Waterford. This included patient’s numbers, referral source, presenting complaints, diagnosis and outcomes. Results 142 patients were audited. 54 patients were referred by GPs, 71 by EDs, 7 patients from previous rapid access clinics; data was missing in 10 patients. Nasal Trauma, Otalgia and Otorrhea were commonest presenting complaints. Otitis externa and Nasal Fractures were the commonest two findings followed by patients with Normal ENT exams. 94 patients were discharged, 36 patients required ENT OPD follow up, 9 patients were brought back to Rapid access clinic for further assessment and 3
patients were booked for surgery directly. Conclusion Open rapid access Emergency services are likely to result in overburdening staff and resources. On the other hand, controlled rapid access clinics showed to be an efficient referral system in identifying patients who require prompt diagnosis and management. It also helped reducing the pressure on ENT OPDs from referrals of patients with minor ENT problems.

PRESENTATION AND MANAGEMENT OF LARYNGOMALACIA IN CHILDREN ABOVE AGE 1 AT A TERTIARY REFERRAL CENTRE: A RETROSPECTIVE REVIEW
T.S. Ahmed and C.G. Jephson

OBJECTIVE Classical laryngomalacia is characterised by inspiratory indrawing of the supraglottis and in most children is self-limiting during the first year of life. A small proportion of children have symptoms beyond this which can significantly impact upon respiratory health, feeding and growth. This study aims to define the characteristics and management of children at our institution undergoing surgical treatment for laryngomalacia beyond age 12 months. METHODS All children undergoing surgery for laryngomalacia above age 12 months over a 19 year period (1995 to 2014) were identified from an electronic database. A retrospective chart review was performed and data including demographics, comorbidities, presenting features and post-operative courses were extracted. RESULTS 17 children were identified who underwent surgery within this age group. The mean age at operation was 75.2 months (SD 56.9), the oldest child being age 17. Neuromuscular problems were frequent, particularly cerebral palsy and global developmental delay. Three common presentations were identified: persistent stridor; obstructive sleep apnoea with sleep-disordered breathing; reduced exercise tolerance with exertional dyspnoea. Surgical procedures performed included aryepiglottoplasty and excision of redundant arytenoid mucosa using cold steel instruments. Unilateral procedures were performed in seven cases. No complications were recorded. CONCLUSIONS Laryngomalacia beyond age 1 is unusual but being increasingly recognised. Children often have associated neuromuscular problems. Disease is more likely to be at arytenoid level and presentation may be non-classical, but in carefully selected individuals aryepiglottoplasty can be a safe and effective intervention. Unilateral or staged procedures are useful where there are concerns about precipitating post-operative aspiration.

ADULT INTEGRATED AUDIOLOGY SERVICE: IMPROVING THE CARE PATHWAY FOR ADULTS REQUIRING HEARING AID MANAGEMENT
B. O’Donnell, R. Katiri & S. Kieran

Objective:
The aim of the study was to review a recently implemented pathway for patient centered adult audiology care. This was achieved by streamlining the traditional, disjointed and ineffective patient journey arising due to autonomous services spanning across diagnosis in the acute setting through to management in the community service.

Methods:
A study was conducted to assess satisfaction of all patients assessed at MMUH and referred for amplification to the community services. The total of 41 patients who were
referred for hearing aid amplification in the period of April-May 2014 were contacted by phone; and were asked to give their feedback. This was done with a short structured qualitative questionnaire.

Results:
By offering a management option at diagnosis the waiting time to intervention reduced dramatically from +12months to approximately 6 weeks. A total of 13 patients completed the questionnaire (31.7%). 17 patients could not be contacted (41.5%). Two patients did not consent to participating (4.9%). Nine patients (22%) were excluded as they were unable to converse on the phone due to the severity of their hearing loss. The average rating for quality of information provided at assessment appointment was 92%, 98% for time allocated and professionalism and 96% for satisfaction about the appointment outcomes.

Conclusions:
The new pathways has been proven to significantly reduce the length of time a patient has to wait between having their hearing loss diagnosed in the hospital setting and being fitted with an appropriate hearing aid(s). The shortened pathway is improving both the patient satisfaction and cost effectiveness of the service as it results in one less patient journey and no replication of hearing assessments.