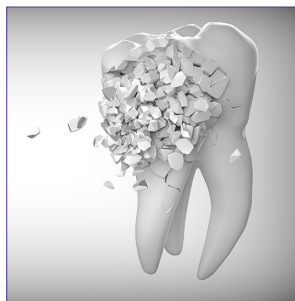
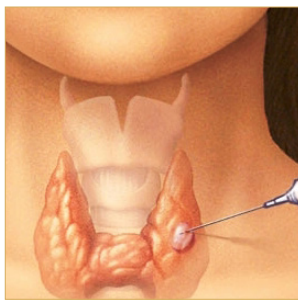
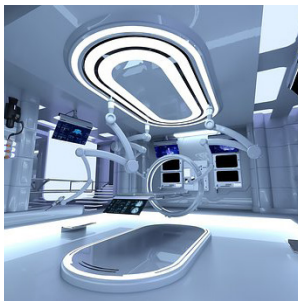


Poster Presentation

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Familial hypercholesterolemia with bilateral cholesterol granuloma: A case series

Nouf Albakheet, Yazeed Al-shawi, Mohammed Bafaqeeh, Hanadi Fatani, Yasser Orz and Ibrahim Shami

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Introduction: Cholesterol granuloma is a benign mass that commonly involves the petrous apex but rarely affects other structures, such as the mastoid cavity. It is diagnosed histologically by the presence of giant cells, and its management is individualized based on some factors such as the size and location of the lesion.

Presentation of case: The first case was a 33-year-old man who presented to the outpatient clinic with a two-year history of right-sided pulsatile tinnitus, hearing loss, and vertigo. Upon investigations, a large, destructive mass in the tympanomastoid region was found and managed medically and surgically. The other case was for a 41-year-old man who presented to the emergency department with loss of consciousness. Urgent CT was done and revealed an aggressive hypodense posterior fossa mass destroying the right temporal bone that was managed medically and surgically. For both cases, it has been proven through histopathology that the lesions were cholesterol granuloma.

Discussion: In this report, we describe two patients with familial hypercholesterolemia who developed bilateral cholesterol granuloma that were managed medically and surgically.

Conclusion: These cases are reported because of their rare location and presentation since few cases of bilateral cholesterol granuloma have been reported in the literature.

Speaker Biography

Nouf Albakheet is a medical intern in King Saud bin Abdulaziz University for Health Sciences. She has a strong interest in otorhinolaryngology specialty, and she has done multiple researches in this field and has published this case series and the others are on the process of submission.

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Schwannoma of extracranial facial nerve in a 7-year-old

Saha Poulomi and Gupta Nitin

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Schwannomas are rare benign tumor arising from Schwann cells of myelinated peripheral or cranial nerves. Schwannomas of the facial nerve is rare. It arises from either the extratemporal or intratemporal part of facial nerve. Most of these tumors are intratemporal. Only 9% of these are located extracranially and usually appear as an asymptomatic parotid mass. Intraparotid facial nerve schwannomas are very rare, which usually develop in adults. It is extremely rare in paediatric population and less than 10 cases had been reported so far. We are reporting a case of intraparotid schwannoma in a 7-year-old boy who presented with a slow growing, painless preauricular mass of 6 months duration. It was insidious in onset, gradually progressive, persistent, painless, nondischarging with no increase in size during meals. On physical examination, there was solitary, ovoid, nontender, smooth surfaced, mobile, well defined mass of 4x3 cm size in the left preauricular region extending from 3cm anterior to tragus to 1cm above angle of mandible inferiorly. On ultrasonography it appeared to be a heterochoic lesion of 2.27cm x 2.5cm in the left parotid gland. Contrast enhanced CT scan showed well defined homogenously enhancing mass. Magnetic Resonance

Imaging showed well defined T2 hyperintense mass lying in the left parotid gland. Fine needle aspiration biopsy showed Benign Nerve Sheath Tumour.

Superficial parotidectomy was done and the mass was seen to originate from buccal branch of facial nerve. Facial nerve functions were normal after the surgery, and no recurrence was encountered in six-month follow-up.

Biopsy came out to be SCHWANOMA.

Speaker Biography

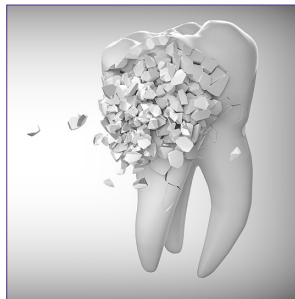
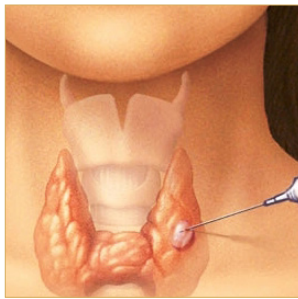
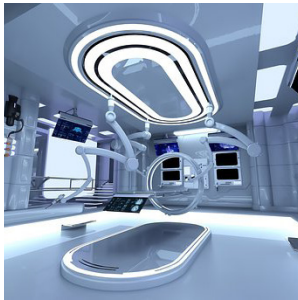
Saha Poulomi is an Otolaryngologist from India, currently working as a Surgeon in the West Bengal Medical Education Service, India. She has a strong interest in otorhinolaryngology specialty. She has also published a good number of research papers in reputed journals which has a good number of citations.

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Can Rhinologist contribute to visual loss management?

Ashok K Gupta

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It is a prospective study wherein all the cases of vision loss secondary to skull base lesions and the lesions affecting optic nerve causing vision loss were included. The causes were traumatic optic neuropathy, idiopathic intracranial hypertension, pituitary tumors, angiofibromas, esthesioneuroblastomas and dysthyroid optic neuropathy. The management of these cases by surgical means optic nerve decompression, optic nerve fenestration, the medical management including the role of stem cell therapy is discussed.

Materials and methods: A total of 234 cases of visual loss secondary to above causes were included and the

management in the form of surgical endonasal endoscopic optic nerve fenestration, optic nerve decompression in addition to management of the primary lesion was done. The monitoring was done using visual acuity, Visual evoked potential, fungus parameters.

Results: The visual improvement varied depending upon the etiology and the duration of visual loss. The vision improved in 71.4% of the cases in trauma cases wherein the presentation was early. In 97.4% of IIH cases, the vision improved.

Conclusions: Early intervention and appropriate intervention does result in significant visual improvement.

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Surgical management of trismus following multidisciplinary head and neck cancer treatment

Dougal Buchanan

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Background: Trismus is a common postoperative sequela of head and neck cancer treatment, which may include ablative surgery, reconstructive surgery, and adjuvant radiotherapy. This paper set out to describe a stepwise approach to surgical management of trismus, with case demonstrations of outcomes we have achieved.

Methods: Between May of 2014 and June of 2018, 8 patients were operated on for release of trismus and reconstruction after previous intraoral surgery. The patients had been reconstructed with skin grafts (n=2), radial forearm flaps (n=3), anterolateral thigh flaps (n=4). 5 patients had received postoperative radiotherapy. The patients presented with a mean interincisal distance of 17.2mm (range, 6 to 28mm).

Results: Our approach to trismus release included myotomy and coronoidotomy. the intraoral soft-tissue defects were all reconstructed with free flaps. Average interincisal distance was 42.5mm immediately after the release (range, 33 to 52 mm) and 34.3mm (range, 24 to 49 mm) at a mean follow-up time of 14 months. The mean amount of improvement amongst all operated patients was 17.1mm.

Conclusion: A stepwise intraoperative approach to trismus release and the use of free flaps to reconstruct any defect is an effective means of achieving long lasting improvement of trismus for patients previously treated for following previous head and neck cancer treatment.

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The sensitivity and specificity of the extra tympanic electrocochleography (ECoChG) in Meniere's disease

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Background: Electrocochleography (ECoChG) is one of the tests used in the diagnoses, monitoring and follow-up of patients with Meniere's disease (MD). Extra-tympanic ECoChG is a non-invasive method to record the amplitude of summing potential (SP) alone or the amplitude ratio of SP and action potential (AP) and conclude the AP/SP amplitude ratio.

Objectives: The study aimed to study the SP and AP amplitude and the SP/AP amplitude ratio in individuals with normal hearing and in those with definite Meniere's disease, and to conclude the sensitivity and the specificity of the ECoChG test in differentiating the patients of Meniere's disease from normal people.

Materials and Methods: In this retrospective chart review, the study population is composed of 25 subjects (35 ears), consisted of 18 ears of 10 normal people and 17 ears of 15 definite Meniere's disease patients. Extra-tympanic non-invasive ECoChG recording was done for all the participants.

Results: The measurements of the mean SP latency, SP amplitude, AP latency, AP amplitude and SP/AP amplitude ratio in the normal individuals group are: (0.92 msec, SD=0.2), (0.18 μ V, SD=0.12), (1.55 msec, SD=0.18), (0.18 μ V, SD=0.12), (1.03 μ V, SD=0.69) and (SP/AP ratio=0.21, SD=0.09) respectively. While the Meniere's disease individuals group showed values of (0.98 msec, SD=0.27), (1.09 μ V, SD=2.83), (1.58 msec, SD=0.29), (0.86 μ V, SD=0.62) and (SP/AP ratio=0.45, SD=0.15) respectively. There was no significant difference between the two groups in the values of SP latency, SP amplitude, AP latency and AP amplitude. The SP/AP amplitude ratio values of both groups revealed a significant difference between the two groups ($p < 0.00001$). The study also concluded the values of The ECoChG sensitivity (88%), ECoChG Specificity (94%).

Conclusion: The elevation of the SP/AP amplitude rate of the ECoChG test is a powerful method to discriminate between Normal individuals and Meniere's disease patients. Extratympanic ECoChG has a high sensitivity (88%) and high specificity (94%) in the diagnosis of definite Meniere's disease patients.

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Number of Lymph Nodes in Neck Dissection and the relation of Positive Nodes as a Prognostic indicator in Aerodigestive tract Cancers

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Introduction: Little research has been conducted about the number of lymph node and the lymph node ratio and its value as a prognostic predictor in our region and how well it helps deciding the treatment plan in patient with aerodigestive tract malignancies. So, the objective was to do analyze the number of lymph node and lymph node ratio and its relation to prognosis.

Objective: To find the value of the number of lymph nodes and the lymph node ratio in neck dissection as a prognostic indicator in aerodigestive tract cancers.

Method: This is a retrospective study done on 50 patients diagnosed with aerodigestive tract cancers who underwent neck dissection and met the criteria in the last 10 years in the King Abdulaziz university Hospital, Jeddah, Saudi Arabia.

Patients' data were collected, total number of lymph nodes, number of positive lymph node and lymph node ratio were taken, analyzed with the treatment plan done, prognosis, recurrence rate and overall survival.

Conclusion: Our results concluded that the yield number of the lymph node taken in a neck dissection and the value of the lymph node ratio can be a good tool in deciding the treatment plan of patients with aerodigestive tract cancer whether it is surgery, neo-adjuvant chemo radiation, or post-op radiation therapy. The study results also showed that the lymph node ratio is a good prognostic indicator and can be used as a valuable tool and the smaller the lymph node ratio is, the lower chances of recurrence and the better chances of overall survival.

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Modified palatal suspension: A complete mucosal preservation

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Variety of surgical options are available to deal with palatal and pharyngeal collapse. Each technique has their own distinct advantages and disadvantages. No universal procedure has been defined so far with standard consensus.

The common idea is to achieve maximum possible expansion of obstructed segment of the upper airway. But this goal should not be at the cost of excessive tissue compromise which may produce undue complications and dilute the intended result. Modified palatal suspension with or without relocation pharyngoplasty is an innovative procedure to deal with anteroposterior palatal collapse in cases of moderate to severe degree of obstructive sleep apnea. The

procedure involves suspension of palatopharyngeus muscle fibers to pterygomandibular raphe in superficial to deep manner without any mucosal or muscle dissection of palatal framework. Significant and sustained improvement was noticed in terms of retropalatal area expansion, subjective and PSG parameters over six months follow up.

No significant or long-term side effects were observed in follow up period. Additionally, low cost involved, and ease of procedure favors the use of this technique as a good surgical alternative.

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