8th Global Summit on

OTOLARYNGOLOGY: ENT SURGERY

July 18-19, 2019 | Valencia, Spain

OTOLARYNGOLOGY 2019



KEYNOTE FORUM
DAY 1

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Matthew S Broadhurst, Otolaryngology Online Journal 2019, Volume 9

Matthew S Broadhurst

Queensland Voice Centre, Australia

BIOGRAPHY

Matthew Broadhurst is a fellowship trained laryngeal and upper airway surgeon specializing in laryngeal surgery, voice restoration and obstructive sleep apnoea. He returned to Brisbane, Australia from Boston, Massachusetts in 2007 having worked for two years at Harvard Medical School and Massachusetts General Hospital. He was the first fellowship trained laryngeal surgeon in Australia and now has a large tertiary referral practice in voice and larynx disorders and sleep apnoea. In his practice, he utilizes state of the art techniques in surgery to the airway and is actively involved in clinical research and education both nationally and internationally. His areas of special interest and research include KTP laser for dysplasia and glottic cancer, short and long term management of vocal fold paralysis, phonotraumatic lesions in professional voice users and laryngeal papilloma.

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ONCOLOGIC EFFICACY OF KTP LASER IN EARLY GLOTTIC CANCER

Background: Early glottic cancer (T1, T2) is typically managed by curative-intent radiotherapy or CO2 laser resection. Disease control rates and voice outcomes are comparable. KTP laser treatment of early glottic cancer has shown promise with similar control rates in limited studies. This study presents the largest series outside its conception in Boston, USA.

Methodology: A retrospective chart review analyzed treatment outcome of consecutive patients with early glottic cancer (T1-2 NOMO). Pre-treatment videostroboscopy and voice handicap index were compared two years following treatment. Recurrence, progression to radiation or open surgery and mortality were recorded.

Results: For 61 patients (average age 61 years, 59 males) 34=T1a, 15=T1b, 9=T2a and 3=T2b. Three had prior irradiation and were excluded. Four patients had recurrence (6.9%): Two CIS (treated with repeat KTP laser surgery), two SCC (one recurrence progressed to open partial resection and chemoradiotherapy with subsequent total laryngectomy for a non-functioning cancer-free larynx, one recurrence progressed to total laryngectomy within one year and then chemotherapy for extensive loco-regional recurrence three months later. Primary KTP laser treatment provided 100% disease-free survival at two years, larynx preservation of 96.5% and post-surgery radiation at 2%. Radiotherapy was preserved as a future option in 98% of patients (100% in T1, 91.6% of T2). The cure rate was 96.5% (Two year minimum follow-up).

Conclusion: This study provides further data supporting oncological efficacy of KTP laser treatment in early glottic cancer. Recurrence and salvage total laryngectomy rates are low with the former often amenable to repeat KTP laser treatment. There is minimal requirement for post-surgery radiation allowing its preservation as a future treatment in 98%.

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Mohamed Mokhtar Sallam

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BIOGRAPHY

Mohammed Mokhtar Sallam was a graduate of Alexandria University from the School of Medicine at 1988. He acquired his ENT MD in 2002 from Al Munoufiya University. Also, he became a Board certified surgeon in the International Board Certified Facial Plastic and Reconstructive Surgery, Washington DC, 2018. He is a Member of the following societies: International Federation of Facial Plastic and Reconstructive Surgery; European Academy of Facial Plastic and Reconstructive Surgery and FUE Europe. In the field of Facial Plastic Surgery, he is an expert in the aspects such as Facial aesthetic surgery, Botulinum toxin for Facial wrinkles and Facial aging, Botulinum toxin for masseter hypertrophy, Botulinum toxin for TMJ myofacial pain syndrome, Tension headache and migraine and non–surgical facial rejuvenation using filler.

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FUNDAMENTAL FACIAL ANATOMY FOR INJECTABLE

Detailed comprehension of the facial anatomy is imperative when performing aesthetic injections including neuromodulators and dermal filler/contouring product. The safest and most effective treatment outcomes arise, in part from a thorough and detailed facial analysis, which include an appreciation of the facial anatomical planes, to ensure product is placed appropriately and safely to yield the desired result. The understanding of facial three-dimensional composition and layered concept is crucial for safe, natural and long-lasting applications. The main concern of this topic is to make clear vision of facial anatomy to know clearly where the end tip cannula/needle and which layer should be injected and what are the danger zones should avoided. The facial arterial vasculature varies highly between individuals and even between the left and right sides of the face in the same person. Minimally invasive applications of soft-tissue fillers should thus be performed with care and knowledge to avoid injection-related visual compromise.