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8th Global Summit on

OTOLARYNGOLOGY: ENT SURGERY

July 18-19, 2019 | Valencia, Spain

SCIENTIFIC TRACKS & ABSTRACTS

DAY 1

DAY 1 SESSIONS

JULY 18, 2019

Otology/Neurotology | Laryngology |
ENT Surgery and Facial Plastic Surgery | Head Neck and Oral Oncology

SESSION CHAIR

Adam Frosh
Lister Hospital, United Kingdom

SESSION INTRODUCTION

Title: A new technique for sphenopalatine ganglion block (SPGB) for the treatment of face pain

Adam Frosh, Lister Hospital, United Kingdom

Title: Phonomicrosurgery for recalcitrant vocal fold lesions

Matthew S Broadhurst, Queensland Voice Centre, Australia

Adam Frosh et al., Otolaryngology Online Journal 2019, Volume 9

A NEW TECHNIQUE FOR SPHENOPALATINE GANGLION BLOCK (SPGB) FOR THE TREATMENT OF FACE PAIN

Adam Frosh, Carina Cruz and **Thomas Samuel**
Lister Hospital, United Kingdom

Neuropathic face pain including a typical face pain and trigeminal nerve neuralgia are often associated with significant loss of quality of life for the sufferer. They are often unresponsive to conventional treatments such as anticonvulsants and tricyclic antidepressants which are often poorly tolerated and can cause significant side-effects. Although SPGB has been shown to be a safe and effective treatment, it has been unpopular largely because access to the ganglion is anatomically difficult. Our novel technique delivers 1 ml of 1% lidocaine and depomedrone 40mg submucosally over the vertical plate of palatine bone via a trans nasal approach, under direct vision using a nasal endoscope. Author present 26 patients (13m, 13f) with forms of face pain resistant to conventional treatment. Seven reported complete resolution of their pain, six reported their pain had improved and thirteen were unchanged. Given the patient selection included recalcitrant, long-standing symptoms of face pain, a significant improvement in 50% of the subjects would indicate this technique to be a serious consideration for the treatment for future patients. The technique is straightforward and can easily be delivered by otolaryngologists familiar with the basic techniques of endoscopic sinus surgery.

BIOGRAPHY

Adam Frosh is a consultant Otolaryngologist who's worked at the Lister Hospital, UK for 18 years. He has been heavily involved in research into prion diseases at the MRC and how they affect the practice of Otolaryngology. He is also an Honorary Senior Lecturer at the University of Hertfordshire, UK and an Honorary Research Fellow at the MRC Institute of Prion Diseases. He has published over 50 scientific works in the scientific literature and has published a book on hosting fine dining dinner parties at home.

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Matthew S Broadhurst, Otolaryngology Online Journal 2019, Volume 9

PHONOMICROSURGERY FOR RECALCITRANT VOCAL FOLD LESIONS

Matthew S Broadhurst
Queensland Voice Centre, Australia

Background: The human vocal folds undergo a tremendous amount of soft tissue trauma. As such, they are susceptible to phonotraumatic lesions including nodules, cyst and polyp. These lesions arise from an acute event and can persist with varying degrees of hoarseness and impact on the individual's occupation, productivity and social interactions. Achieving precise phonomicrosurgical resection in conjunction with carefully directed speech therapy provides patients with the highest chance of successful long term vocal rehabilitation.

Methods: Consecutive patients presenting from 2008 to 2016 with phonotraumatic lesions were included. All patients had pre- surgery high-definition videostroboscopy and completed the voice handicap index (VHI), singing voice handicap index (SVHI) when appropriate and voice-related quality of life (VR-QOL). Minimum patient follow-up was six months. Outcome measures were recurrence, requirement for revision surgery, improvement in the VHI, SVHI, VR-QOL and post-surgery videostroboscopy.

Results: 280 patients were included (169 female). Complete data was available on 182 patients with the majority comprising teachers and singers. The VHI was substantially elevated pre-surgery and significantly lowered by subepithelial resection. Videostroboscopy showed substantial improvement in surface pliability and glottal closure following surgery. There were two recurrences and one patient subsequently developed a unilateral vocal fold polyp 18 months after initial surgery for nodules.

Conclusion: Phonomicrosurgery with speech therapy can enable optimal vocal rehabilitation in patients with phonotraumatic lesions. Surgery can definitively restore vocal fold pliability and glottal closure translating to significantly improve if not normal phonation with long term success and negligible recurrence.

BIOGRAPHY

Matthew Broadhurst is a fellowship trained laryngeal and upper airway surgeon specialising 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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OTOLARYNGOLOGY 2019



SCIENTIFIC TRACKS & ABSTRACTS

DAY 2

DAY 2 SESSIONS

JULY 19, 2019

Otology/Neurotology | Laryngology |
ENT Surgery and Facial Plastic Surgery | Head Neck and Oral Oncology

SESSION CHAIR

Adam Frosh
Lister Hospital, United Kingdom

SESSION INTRODUCTION

Title: Cosmetic uses of fillers

Mohamed Mokhtar Sallam, Alexandria Faculty of Medicine, Egypt

Title: Tongue in groove, does it works to prevent post-operative septal deviation

Tiba M, Ain Shams University, Egypt

Mohamed Mokhtar Sallam, Otolaryngology Online Journal 2019, Volume 9

COSMETIC USES OF FILLERS

Mohamed Mokhtar Sallam
Alexandria Faculty of Medicine, Egypt

Perhaps the most significant change in facial rejuvenation in the last decade has been the introduction of nonsurgical techniques for restoration of volume and for the relaxation of facial wrinkles. Facial rejuvenation has undergone a significant paradigm shift from initially concentrating only on tightening the skin and aponeurosis to now including repositioning and restoration of volume. In fact, after neuromodulators, soft tissue fillers have become the most commonly performed cosmetic, minimally invasive procedure worldwide. Choosing the appropriate filler type requires a thorough understanding of the differences between filler types, including their aesthetic advantages and disadvantages. This topic provides a description of FDA-approved fillers, injection strategies, aesthetic indications and mitigation of complication risks and their management.

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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Tiba M et al., Otolaryngology Online Journal 2019, Volume 9

TONGUE IN GROOVE, DOES IT WORKS TO PREVENT POST-OPERATIVE SEPTAL DEVIATION

Tiba M, Askoura A and **Nageeb M**
Ain Shams University, Egypt

Although septoplasty may be considered the commonest nasal procedure done, still recurrence of anterior septal deviation is often a problem facing rhinology surgeons. Recurrent anterior septal deviation is said to be either due to memory cells, resilience of the cartilage and/or unstable caudal end of the septum. In this study author aimed at fixing the caudal end of the septum between the medial crurae of the lower lateral cartilages after retrograde dissection followed by tongue in groove fixation using absorbable sutures. In the majority of cases the septum was maintained in the mid line without recurrent postoperative deviation together with optimal tip projection and rotation.

BIOGRAPHY

Tiba M has completed his MD at the age of 33 years from Ain Shams University, Egypt. He is the Professor ORL Head and Neck surgery Ain Shams University, Egypt. He has over 100 publications that have been cited many times.

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