

ENT Scotland Winter Meeting: 27th, November 2020

Abstracts of Research Presentations

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1. Can Epistaxis be Safely Managed in the Outpatient Setting?

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Aims and objectives: Historically admission to the ENT ward has occurred following pack insertion in patients presenting with epistaxis. COVID-19 guidance released by ENTUK suggests a move towards outpatient management of patients to reduce hospital admissions.

Materials and methods: Retrospective review of 1 year of epistaxis presentations to establish baseline outcomes prior to intervention. 3-month trial of management of patients with nasal packing in outpatient setting and outcomes recorded.

Results: Twenty presentations with epistaxis requiring admission. Fifteen managed with nasal packing in the outpatient setting. Five inappropriate for outpatient management. 3 of 15 patients returned prior to pack removal clinic appointment.

Discussion/Conclusion: Epistaxis can be safely managed in the outpatient setting in patients if the facility is in place for timely pack removal. When applying these data to the last 1 year of presentations, we would have saved 110 hospital nights at a cost of £44,000 per annum.

2. Impact of Aspirin Desensitization in Rhinosinusitis Patients with Samter's Triad: A Single Center Series

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Introduction: Aspirin-exacerbated respiratory disease (AERD) is a clinical triad of nasal polyps, asthma and sensitivity to medications that inhibits cyclooxygenase-1 enzymes.

Aims and objective: The study aimed to describe the impact of aspirin desensitization on clinical parameters and the quality of life in patients with AERD.

Materials and methods: Seventy-eight patients underwent aspirin desensitization between February 2012 and January 2019. Baseline patient characteristics, side effects, medication usage and Glasgow benefit inventory (GBI) scores were collected.

Results: Forty two patients returned their GBI domains scores with median of 34.0, 9.0, 12.0. There was statistically significant difference in asthma control with 11% increase in the very mild category ($p < 0.001$). Statistical significant differences were noted for the number of surgical interventions ($-4.00, p < 0.001$), oral steroids requirement ($-2.00, p < 0.001$) and intranasal steroid application ($-0.5, p < 0.001$).

Conclusion: Sinus surgery followed by desensitization and maintenance therapy is an effective combination in the long-term management of sinus disease in patients with AERD.

3. Abstract for ENT Scotland Winter Meeting: A Retrospective Review and Multispecialty, Evidence-based Guideline for the Management of Necrotizing Otitis Externa

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Background: Necrotizing otitis externa (NOE) is a progressive infection of the external auditory canal which extends to affect the temporal bone and adjacent structures. Progression of disease process can result in serious sequelae including cranial nerve palsies and death. There is currently no formal published treatment guideline.

Aims and objective: To integrate current evidence and data from our own retrospective case series to develop a guideline to optimize NOE patient management

Materials and methods: A retrospective review of NOE cases within NHS Lothian between 2013 and 2018 was performed along with a PubMed review.

Results: Prevalent presenting signs, symptoms and patient demographic data were established. Furthermore, features of cases associated with adverse outcomes were defined. A key feature of the guideline involves targeting at-risk patients with initial intensive treatment. Investigations and outcomes are assessed and treatment adjusted appropriately.

Conclusion: This multi-departmental approach has facilitated the development of a succinct, systematic guideline for the management of NOE. Initial patient outcomes appear promising.

4. A Retrospective Cohort Study Comparing a Hypofractionated Radiotherapy Regime to the Conventionally Fractionated Radiotherapy Regime in the Management of Locally Advanced Laryngeal Carcinoma

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Introduction: Conventionally fractionated radiotherapy (CF-RT) constitutes the current standard of care for nonsurgical treatment of locally advanced laryngeal cancer (LALC) in contrast with hypofractionated radiotherapy (HF-RT), traditionally used in the UK. HF-RT has been readopted in some departments during the COVID-19. This study compares the outcomes of two cohorts of patients treated from 2008 to 2014.

Materials and methods: Overall survival (OS), locoregional recurrence free survival (LRFS), progression free survival (PFS), laryngectomy free survival (LFS), disease specific survival (DSS) and late toxicity date were analyzed in two cohorts treated with CF-RT (26p) and HF-RT (28p).

Results: OS was statistically better in the CF-RT group ($p = 0.002$) because of younger patient selection in this group. There was a trend towards better outcomes in LRFS, PFS, LFS and DSS. Nasogastric tube feeding was more frequent with HF-RT. Conclusion: OS was significantly poorer in the HF-RT group. No significant differences were observed for the other outcomes.

5. Probability of Clinically Significant Hearing Recovery Following Salvage Intratympanic Steroids for Sudden Sensorineural Hearing Loss in the “Real World”

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Aim and objective: To determine the probability of hearing recovery in patients with idiopathic sudden sensorineural hearing loss (ISSNHL) following salvage intratympanic (IT) steroids.

Materials and methods: Retrospective review of all patients receiving salvage IT steroid injections for ISSNHL (Jan 14–Dec 19). Twenty patients were identified, of which 15 met inclusion criteria. Pre- and posttreatment audiograms were compared to the unaffected ear. Hearing recovery was categorized based on AAO-HNS criteria.

Results: Only one patient out of 15 (6.7%) made a partial recovery and the remainder were nonresponders. The median duration of time between symptom onset and first salvage intratympanic steroid treatment was 52 days (range 14–81 days). No adverse reactions were observed.

Conclusion: Real world patients with ISSNHL present differently to those in the literature. SSNHL should be diagnosed with care and IT steroid injections initiated early if considered appropriate. Patients should make an informed decision on treatment based on prognostic factors and local success rates.

6. A Retrospective Study Comparing Organ Preserving Therapy with Surgical Intervention in Advanced Laryngeal Cancer

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Aims and objectives: Organ preserving therapies, including primary chemoradiotherapy (CRT) and radiotherapy (RT), are increasingly used in treating advanced laryngeal cancer. We evaluated the morbidity and mortality of surgical and nonsurgical treatment in advanced laryngeal cancer.

Materials and methods: Retrospective study of patients with stage III and IV laryngeal cancer receiving treatment in NHS Greater Glasgow and Clyde.

Results: One hundred and sixteen cases of stage III and IV laryngeal cancer; 46.6% treated with organ preservation and 53.4% with primary total laryngectomy (PTL). Crude 4-year mortality for organ preservation and PTL was 54.2% and 30.4% respectively, with statistically better prognosis in PTL ($p = 0.012$). Tracheostomy placement was associated with CRT [RR: 1.47 (0.48–4.44)]. Aspiration was associated with CRT [RR: 1.17 (0.38–3.57)] and RT [RR: 2.82 (1.24–6.43)] cohort.

Conclusion: Organ removal was found to have a better prognosis than organ preservation in stage III and IV laryngeal cancer. Organ preservation was also associated with increased risk of tracheostomy requirement and aspiration.

7. Audit of Effectiveness of Balloon Dilatation in Pediatric Airway Stenosis: Royal Hospital for Children, Glasgow

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Aims and objectives: Primary objective: assess the effectiveness of endoscopic balloon dilatation (EBD) in the management of airway stenosis in our pediatric population and compare this to the literature. Secondary objective: assess completeness of recording of balloon usage during treatment.

Materials and methods: A retrospective case note review of all pediatric patients admitted to the Royal Hospital for Children in Glasgow who underwent EBD for airway stenosis between 01/10/2010 and 01/07/2019. Data was collated for three groups—subglottic stenosis (SGS), previous open airway surgery and “other” airway diagnosis. Data collected included age, sex, comorbidities, stenosis type, adjuncts used, number of balloonings, balloon size, balloon pressures, balloon timings and outcome. Outcomes were then compared where possible with other series.

Results: One hundred and fifty procedures were undertaken on 47 patients. Average age at first procedure was 3 years 10 months (range 17 days–14 years 9 months). A success rate of 66.7%, 64.7% and 62.5% was achieved in the SGS, previous surgery and ‘other’ diagnosis groups respectively. Outcomes for SGS patients compared similarly to other studies. Balloon size, balloon pressure and balloon timing were reported in 50.0%, 39.3% and 32.7% of procedures.

Conclusion: Endoscopic balloon dilatation is an effective treatment in the management of airway stenosis. Our results for children with SGS are comparable to other series. Recording of subglottic stenosis size, balloon size, inflation pressures and timings was suboptimal.

8. Eosinophilic Esophagitis as an Underlying Cause of Patients Admitted with Food Bolus Obstruction to ENT in Ninewells Hospital in Period of 2016–2019

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Introduction: In Ninewells Hospital patients with food bolus obstruction (FBO) above sternal notch are admitted to ENT. In literature, eosinophilic esophagitis (EoE) is the single most common cause for FBO.

Aims and objectives: Analysis of ENT FBO admissions, type of interventions and investigations used to investigate underlying cause such as EoE that can only be diagnosed early with biopsies.

Materials and methods: Retrospective study of FBO admissions to ENT inpatient ward from January 2016 until December 2019.

Results: One hundred and twenty patients in total. Men 2.16 times more than women. 87% caused by animal-based food. Half required surgical intervention [31% rigid esophagoscopy (RO), 69% esophagogastroduodenoscopy (OGD)]. Biopsies taken in half of OGD and <10% in RO. 50% had histopathological diagnosis of EoE, although potentially some were EoE negative due to inadequate number of biopsies taken.

Conclusion: Biopsies were not taken in all FBO patients undergoing esophagoscopy, leaving EoE underdiagnosed. Follow-up arrangements often are suboptimal.

9. Long-term Outcomes of the DRAF III Procedure in Our Unit

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Aim and objective: Evaluation of long-term outcomes of the DRAF III procedure in our department 2012–2020.

Materials and methods: Retrospective data collection of DRAF III procedures done by a single operating surgeon in our unit 2012–2020.

Results: Twenty patients underwent DRAF III with average follow-up of 35 months. In 77%, the indication was recalcitrant chronic rhinosinusitis (CRS). 59% of patients had Samter's triad. Average number of previous operations in patients with recalcitrant CRS was 3 with average Lund-Mackay score 16.4. There were no major postoperative complications. 68% of patients with recalcitrant CRS were disease-free on nasendoscopy at 1 year. Samter's triad patients also received aspirin desensitization and 60% were disease-free at 1 year.

Conclusion: Results for DRAF III in our unit are comparable with and supportive of the published literature; this is an effective salvage procedure for refractory frontal sinusitis. Furthermore, for Samter's triad patients, we recommend it as a complimentary treatment plan along with aspirin desensitization therapy.

10. Oncological Outcomes in Differentiated Thyroid Cancer in South East Scotland

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Background: Differentiated thyroid cancer (DTC) is increasing in incidence but little is known about oncological outcomes for patients treated in the UK.

Aim and objective: The aim and objective of this study was to analyze oncological outcomes for a contemporary cohort of patients treated in a UK center.

Materials and methods: Review of 470 consecutive prospectively recorded cases of DTC from the South East Scotland endocrine MDT 2009–2018.

Results: Of 470 patients female: male ratio was 3.4:1, median age at presentation was 48 years (range 16–86 years). With a median follow-up of 70 months (range 4–124 months), 5 years overall survival and disease specific survival were 96.7% and 98.5%, respectively. The 5-year locoregional recurrence free survival (LRRFS), distant recurrence free survival (DRFS) and any recurrence free survivals were 95.8%, 98.3% and 95%, respectively.

Conclusion: Oncological outcomes for patients treated with DTC were excellent, suggesting that a move toward conservative treatment in the UK seems reasonable.