



Irish Otorhinolaryngology / Head & Neck Surgery Society



**IOS 65th Meeting
11th & 12th October
TITANIC BELFAST**

**WILDE DISCOURSE TO BE DELIVERED
BY PROF KOFI BOAHENE**



**Sixty Fifth Annual Meeting
of the
Irish Otorhinolaryngology / Head & Neck Society**

Titanic Exhibition Centre

Friday 10th & Saturday 11th October 2024

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Wilde Discourses

1961	Terence Cawthorne	1992	William Panjee
1962	Ian Simpson Hall	1993	Tony Bull
1963	C.P. Wilson	1994	Richard Ramsden
1964	Ronald Macbeth	1995	David Kennedy
1965	W.H. Struben	1996	L. Ryan
1966	Angell James	1997	Ugo Fisch
1967	Michel Portmann	1998	R. Goody
1968	Howard House	1999	E. McKay
1969	Joseph Ogura	2000	J. Fredrickson
1970	J.P. Hood	2001	Patrick Gullane
1971	Harold F. Schucknecht	2002	William Coman
1972	Donald F.N. Harrison	2003	Thomas McDonald
1973	Stuart Strong	2004	Trevor McGill
1974	Douglas Bryce	2005	Gilbert Nolst Trenite
1975	John Ballantye	2006	George Browning
1976	Claus Jansen	2007	Kevin Gibbin
1977	Gabriel Tucker	2008	Max McCormick
1978	L.B.W. Jongkees	2009	Peter Wormald
1979	Robert Pracy	2010	Fred Owens
1980	George Nager	2011	John Watkinson
1981	R.B. McDowell	2012	Richard Canter
1982	R. Wentges	2013	Gerard O'Donoghue
1983	Victor Goodhill	2014	Janet Wilson
1984	Douglas Ranger	2015	Robin T.Cotton
1985	H. Spondalin	2016	Jatin Shah
1986	P.Alberti	2017	Valerie Lund
1987	Tauno Palva	2018	Blake Papsin
1988	Philip Stell	2019	Johannes Zenk
1989	Dietrich Plester	2020	<i>Covid-19</i>
1990	Arnold G. Maran	2021	Milind V. Kirtane
1991	David Brain	2022	John Rutka
		2023	Claire Hopkins

Invited Speakers

The President has chosen a Head & Neck /cutaneous malignancy and facial plastics emphasis for this year's meeting which is reflected in the choice of invited speakers. The Irish Otolaryngology Society is delighted to welcome Prof Kofi Boahene, Professor of facial plastic and reconstructive surgery, Johns Hopkins University School of Medicine, US as our 65th Discourser.

Dr. Kofi Boahene is a Professor of Otolaryngology-Head and Neck Surgery and Dermatology at the Johns Hopkins University School of Medicine. He is the Director of the Division of Facial Plastics and Reconstructive Surgery and the Director for the Facial Plastics Fellowship Program. His professional expertise encompasses the full spectrum of facial plastic and reconstructive surgery, including both cosmetic enhancements and reconstructive procedures. He has particular clinical and research interest in Facial paralysis, facial reanimation and minimally invasive skullbase surgery. Beyond his clinical and academic pursuits, Dr. Boahene is deeply committed to global surgical care. He is the founder and president of the Foundation for Special Surgery, a non-profit organization dedicated to delivering highly specialized surgical care in resource-limited settings across multiple countries. Additionally, he serves as a mission leader for Face the Future Foundation and actively participates as a surgeon with Children's Surgery International



Prof Carsten Palme is Professor and Joint Head of Discipline ENT at the Sydney Medical School, University of Sydney. Prof Palme is the Director of Head Neck Surgery at the Chris O'Brien Lifecare Cancer Centre. He is founder and Director of the Regional Head Neck Access Program at Chris O'Brien Lifecare Cancer Centre with Clinics in Port Macquarie, Tamworth, Orange and Nowra. Prof Palme is a founding member and past director of Head and Neck Cancer Australia - formerly Beyond Five, Australia's first patient focused website dedicated to head and neck cancer. Prof Palme has clinical appointments at Royal Prince Alfred, Port Macquarie and Westmead Hospitals. His clinical interests include Thyroid and Parathyroid Surgery, Salivary Tumors, Voice & amp, Airway Laser Surgery, Head & Neck Cancer and Advanced Skin Cancer



Dr Lisa Prior is a Consultant Medical Oncologist and Oncology Research Director at Beacon Hospital and an Assistant Clinical Professor in University College Dublin. Her subspecialties include melanoma/skin cancer, breast cancer and lung cancer. She has a particular research interest in the use of circulating tumour DNA as a biomarker to predict treatment response or resistance in patients with advanced cancer. She completed a doctorate degree in this topic and was awarded an ASCO Conquer Cancer Young Investigator Award in 2020 for this work.



Prof Matt Lechner, MD, PhD, FRCS, FHEA, directs a research programme into sinonasal cancer, early cancer drug development, precision medicine and smell dysfunction at University College London. Matt obtained his PhD from University College London and trained as an ENT Surgeon at University College London Hospitals, Great Ormond Street Hospital for Children and Barts Health in London. Before rejoining UCL, he completed a one-year surgical Instructorship/Fellowship in Rhinology and Advanced Endoscopic Skull Base Surgery under Drs. Peter Hwang, Zara Patel and Jayakar Nayak at Stanford University (Palo Alto, US). He is a Fellow of the Royal College of Surgeons of England and was one of the first surgeons at UCL who was awarded a Fellowship from the Higher Education Academy in 2013. He has published more than 120 original articles covering smell, rhinology, cancer biology, tumor virology.



Mr. Charlie Huins qualified from University College London Medical School and completed his higher ENT surgical training in London. He then undertook advanced otological fellowship training in Cambodia, establishing and managing an ENT Service in a charity hospital, training local Khmer doctors in ear surgery in order to establish a sustainable service for the Cambodian population. Following this, he progressed to cochlear implant fellowship training at the Sydney Cochlear Implant Centre, Australia - one of the world's largest implant programmes - under the tutorship of Associate Professor Catherine Birman. Charlie was appointed as a Consultant ENT Surgeon at the Queen Elizabeth Hospital in Birmingham in November 2015 and performs all aspects of ear surgery including chronic ear disease, balance, surgery for hearing and cochlear implantation.

Friday 11th October Program

08:00 – 08:50	Registration (Tea and Coffee)	<i>Titanic Suite</i>
08:50 – 09:00	Welcome by Prof Rory Mc Conn Walsh (President)	<i>Titanic Suite</i>
09:00- 09:30	Otology/ Neuro – Otology (Chairpersons – Prof. Guan Khoo & Mr. Colin Leonard) Developing World ENT – What I took out and what I got back (Mr. Charlie Huins, Consultant ENT Queen Elizabeth Hospital, Bermingham)	
09.30 – 10:30	Round Table Discussion (Prof. Ivan Keogh, Ms. Emma Keane, Mr. Charlie Huins, Mr. Colin Leonard and Ms Cathy Smyth & Mr. Clifton Wijaya)	
10:30 – 11:00	Coffee Break	<i>Olympic Suite (Exhibitors Rm 1)</i>
11:00 – 12:45	Free Paper Session 1 – Otology / Neuro - Otology (Chairpersons – Mr. Neil Bailie and Prof. Ivan Keogh)	
11:00 – 11:08	Disorders of the Petrous Apex Managed at the Irish National Centre of Skull Base Surgery <u>Florence O. Ibrahim</u> ¹ , Nesha Rajendram ¹ , Maria Lyons ¹ , Tamer El Natout ¹ , Shariq Khan ¹ Mohsen Javadpour ² , Ghulam Zilani ² , Seamus Looby ³ , Neville Shine ¹ , James P. O’Neill ¹ , Rory McConn Walsh ¹	
11:16 – 11: 24	Beyond Squamous Cell: Unveiling Rare Malignancies of the Temporal Bone- a single institution series with updated review of literature <u>Nesha Rajendram</u> ^{1,2} , Florence Ibrahim ¹ , Tamer El Natout ¹ , Shariq Khan ¹ , Nicholas O’Keefe ¹ Prof Javadpour ³ , Ghulam Zilani ³ , Prof Seamus Looby ⁴ , Neville Shine ¹ , Prof James P. O’Neill ¹ , Prof Mc Conn Walsh	
11:24 – 11:32	Safety and performance of a new active transcutaneous bone-anchored implant system Prof. Dr Myrthe Hol ¹ , Prof. Dr Emmanuel Mylanus ² , Dr Peter Monksfield ³ , Dr James Tysome ⁴ , Prof. Dr. Susan Arndt ⁵ , Prof. Dr Thomas Lenarz ⁶ , <u>Mr Dennis Lindholm</u> ⁷ .	
11:32 – 11:40	Endoscopic ear surgery; what more can be achieved? G O’Flanagan, V Marcelino, L O’Byrne, M Corbett, <u>SG Khoo.</u>	
11:40 – 11:48	Assessment of the relationship between Eustachian tube dimensions and angulation and middle ear disease. <u>Bradley J.</u> , Unnikrishnan K, Mitchell D, Patil, N.	
11:48 – 11:56	Management of Skull Base Cholesteatomas: Experience from the National Skull Base Cancer Surgery Centre <u>Shariq Khan</u> ¹ , Tamer El Natout ¹ , Nesha Rajendram ¹ , Florence Ibrahim ¹ Nick O’Keeffe ¹ ,Mohsen Javadpour ² , Dani Rawluk ² , Ghulam Zilani ² , Seamus Looby ³ , Sarah Houston ¹ , Rory McConn Walsh ¹	

- 11:56 – 12:04 An intra-departmental audit of the indications for and appropriateness of requested computed tomography (CT) of the temporal bones (CT-TB)
Debola Shomoye¹, Khalid Munir¹, Michael Fitzsimons¹, Ms Tara Mackle
- 12:04 – 12:12 The Impact of Video Head Impulse Testing on Side Determination in Cochlear Implantation Surgery: A Restrospective Cohort Study
McKenna, R, S. Taylor, **Leonard, CG**
- 12:04 – 12:12 Management of Non Malignant Temporal Bone Tumours: A series
Maria Lyons¹, Nick O’Keeffe¹, Florence Ibrahim¹, Shariq Khan¹, Nesha Rajemandram¹, Seamus Looby³, Mohsen Javadpour², Dani Rawluk², Ghulam Zilani², Sarah Houston¹, Rory McConnWalsh¹
- 12: 12 – 12:20 Re-do SRS for Vestibular Schwannoma treatment.
Tamer El Natout¹, Khan S¹, Rajendram N¹, Ibrahim F¹, Prof Javadpour² Dani Rawluk² Ghulam Zilani², Sarah Houston¹, Prof McConn Walsh¹,
- 12:20 – 14:00 **Lunch** *Olympic Suite (Exhibitors Rm1)*
- 13:40 – 14:00 AGM *Titanic Suite*
- 14:00 – 15:30 **Head and Neck / Facial Plastics (Chairperson: Mr. Neville Shine)**
- 14:00 – 14:20 Immunotherapy for Advanced Cutaneous Malignancy: Ireland and the World (Dr. Lisa Prior)
- 14:20 – 14:45 Keynote Address: Challenges in Advanced Cutaneous Malignancy of the Head & Neck (Prof Carsten Palme)
- 14:45 – 15:30 Panel discussion. Real World Cases - Prof C. Palme, Dr. L Prior. Prof. M. Donnelly & Prof K. Boahene
- 15:30 – 16:00 **Coffee Break (Poster Adjudication)** *Titanic Exhibitors Rm 1*
(Prof. Martin Donnelly & Ms. Cathy Smyth)
- 16:00 – 17:30 **Free Paper Session 2 – Head and Neck / Facial Plastics**
Chairpersons – (Mr. Mark Adams & Mr. Connall Fitzgerald)
- 16:00 – 16:08 Ultrasound guided Botulinum toxin injections of the salivary glands for the treatment of chronic sialorrhoea in patients treated in Altnagelvin Hospital WHSCT in the years 2019-2024
Alkhalaf Z., Gupta D., Kluczevska-Zygan K., Zygan L

- 16:08 – 16:16 Role of radiomics to predict post-operative disease recurrence in sinonasal squamous cell carcinoma; a systematic review and metanalysis
Caitlin Waters¹, Tamzin Hall², Hugo C. Temperley³, Niall O’Sullivan³, Thavakumar Subramaniam¹
- 16:16 – 16:24 Airway decision making in major head and neck surgery; Irish multicentre, multidisciplinary recommendations
Eoin F. Cleere MCh¹, Christopher Read MB², Sarah Prunty MB¹, Edel Duggan MB², James O’Rourke MB², Michael Moore MB², Pedro Vasquez BSc³, Orla Young FRCSI (ORL-HNS)⁴, Thavakumar Subramaniam FRCSI (ORL-HNS)⁴, Liam Skinner FRCSI (ORL-HNS)⁵, Tom Moran FRCSI (ORL-HNS)^{6,7}, Fergal O’Duffy FRCSI (ORL-HNS)^{6,7}, Anthony Hennessy MB⁸, Andrew Dias FRCSI (ORL-HNS)⁹, Patrick Sheahan MD FRCSI (ORL-HNS)^{9,10}, Conall W. R. Fitzgerald FRCSI (ORL-HNS)¹¹, John Kinsella FRCSI (ORL-HNS)¹¹, Paul Lennon MD FRCSI (ORL-HNS)¹¹, Conrad V. I. Timon MD FRCSI (ORL-HNS)¹¹, Robbie S.R. Woods FRCSI (ORL-HNS)¹, Neville Shine FRCSI (ORL-HNS)¹, Gerard F. Curley PhD^{2,12}, James P. O’Neill MD FRCSI (ORL-HNS)^{1,13}
- 16:24 – 16:32 Real-World Efficacy and Safety of Anti-PD-1 Immunotherapy in Recurrent/Metastatic Head and Neck Cancer: Insights from a Single-Centre Experience in Ireland
Hemal M. Alsubaie MD^{1,2}, Karlo Vidovic³, Justin M. Hintze MBMCh, MSc, FRCS¹, Cliona Grant MB⁴, Conrad Timon MD, FRCS^{1,5}, John Kinsella MSc, FRCS¹, Paul Lennon MSc, FRCS^{1,5}, Conall W. R. Fitzgerald MBMCh, MSc, FRCS^{1,6}
- 16:32 – 16:40 Incidental Papillary Thyroid Microcarcinoma Outcomes: Implications on Management Recommendations
Finnegan E^{1*}, Hintze J¹, Kinsella J¹ and Healy ML²
- 16:40 – 16:48 The necessity of histopathological confirmation in diagnosing parathyroid carcinoma: A descriptive, retrospective study
Alexander Soo¹, Hemal Alsubaie¹, Conall Fitzgerald¹
- 16:48 – 16:56 Predicting post-operative outcomes in Robotic head and neck surgery – a single centre retrospective study
Faizan Shah, Mr Irfan Khan, Mr Jaiganesh Manickavasagam
- 16:56 – 17:04 Parathyroidectomy for MEN-1 related primary hyperparathyroidism; a 20 year single centre retrospective cohort study
R Hill^{1,2}, B Arthurs², J Kinsella^{1,2}
- 17:04 – 17:12 A 10-year review of patients with T3 and T4 Laryngeal SCC managed with larynx-preserving oncological treatments in Northern Ireland between 2015-2024
J Hagan¹, **G Donaldson**¹, E Prentice¹, J Bodels¹, K Rooney², F Houghton², P McMillan², C Crockett², M Black¹, B Devlin¹, M Adams¹
- 17:12 – 17:20 Outcomes of primary tracheal oesophageal speech prosthesis placement.
Farrell E. O’Riordan, I. James, D. Hill R. Alsubaie H. Dougherty, W. Soo, A. Mulgrew, C. Kinsella, J. Lennon, P. and Fitzgerald C.

- 17:20 - 17:28 Post-Treatment FDG PET-CT in Oropharyngeal Squamous Cell Carcinomas and Unknown primaries: Impact on Decision to Perform Salvage Neck Dissection
CM Soong, A Clarke, M Adams
- 17:28 – 17:36 Assessing the rate of malignancy in asymptomatic unilateral tonsillar enlargement with no adverse features in the adult population; a 10-year retrospective analysis
Shairashree Kumaran, Danielle McElhone, David McCrory, Mark Adams
- 19:15- 20:00 **Wilde Discourse (Prof Kofi Boahene)** *Titanic Suite*

Saturday 12th October Program

- 09:00 – 10:10 **Paediatric ENT**
(Chairpersons – Mr Keith Trimble and Ms Eimear Phelan)
- 09:00 – 09:40 **Free Papers Session 3 - Paediatric ENT**
- 09:00 – 09:08 Post-operative grommet surgical follow-up in the NHSCT
John Crowther, CT2 trainee, Colm Dorris, ST8 ENT trainee
- 09:08 - 09:16 To investigate the progression of hearing loss with congenital cytomegalovirus (cCMV) National cochlear implant program
C Murphy¹, C Simoes Franklin¹, A Gendre^{1,2}, F Glynn^{1,2}, P Walshe^{1,2}, L Viani^{1,2}
- 09:16 - 09:24 Optimising the management of hearing loss in children with cleft palate.
Gemma McCorkell, Mr. P. Leyden & Mr. K Trimble (Supervising Consultants).
- 09:24 - 09:32 Pierre Robin Sequence: A 5-year review of practice and patient outcomes in a tertiary paediatric Centre
E Prentice¹, G Donaldson¹, J Hagan¹, J Bodels¹, B Maxwell², C Jackson¹, K Trimble¹
- 09:32 - 09:40 Outcomes of Hemi Versus Total Thyroidectomy in Paediatric Low-Risk Papillary Thyroid Cancer: A Systematic Review
Finnegan E¹, Suleiman M², Lazzeroni M³, Gomes MA⁴
- 09:40 – 10:10 **Guest Speaker**
The Paediatric Nose and Beyond (Ms Ann Louise McDermott, Consultant Paediatric Otolaryngologist, Birmingham)
- 10:10: 10:45 **Coffee Break** *Olympic Suite*

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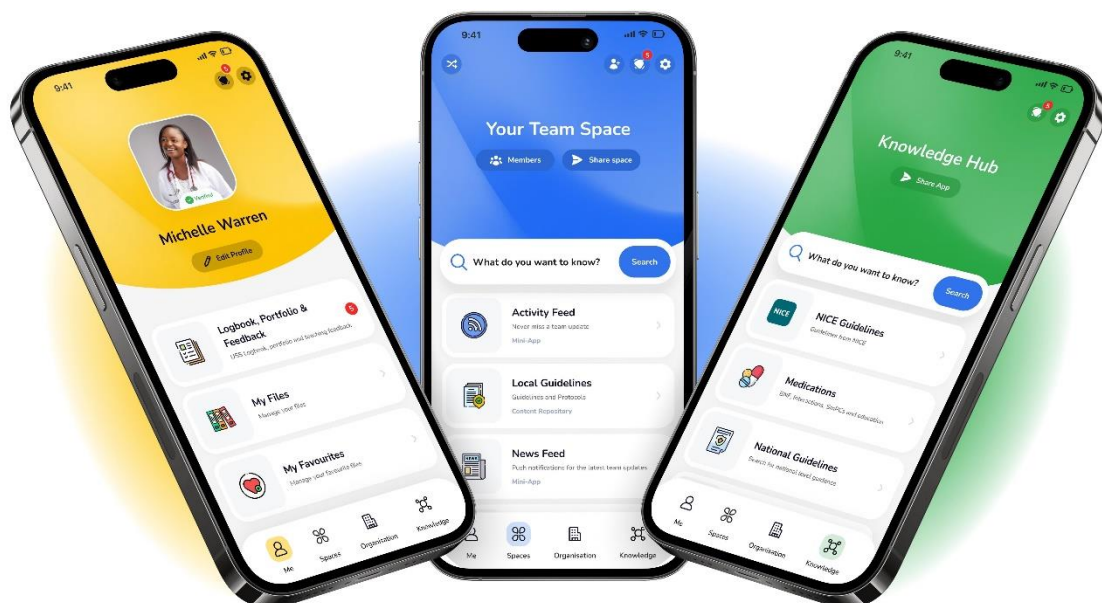
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Abstracts

Otology/lateral skull base session

Disorders of the Petrous Apex Managed at the Irish National Centre of Skull Base Surgery

Authors: Florence O. Ibrahim¹, Nesha Rajendram¹, Maria Lyons¹, Tamer El Natout¹, Shariq Khan¹, Mohsen Javadpour², Ghulam Zilani², Seamus Looby³, Neville Shine¹, James P. O'Neill¹, Rory McConn Walsh¹

1 Department of Otorhinolaryngology, Beaumont Hospital, Dublin, Ireland

2 Department of Neurosurgery, Beaumont Hospital, Dublin, Ireland

3 Department of Radiology, Beaumont Hospital, Dublin, Ireland

National Centre of Skull Base Surgery, Ireland

AIM- To understand the clinicopathological features, imaging, treatment measures and outcomes of patients with complex petrous apex pathology.

BACKGROUND- The petrous apex is the most medial extent of the temporal bone; it lies between the inner ear and the clivus. Although lesions of the petrous apex are uncommon, they may present significant morbidity to the patient. Infective, inflammatory and neoplastic conditions are all known to affect the petrous apex. Computer tomography (CT) and Magnetic Resonance Imaging (MRI) provide accurate anatomic localisation of these conditions.

METHODS- A retrospective review of patients treated for inflammatory and neoplastic pathologies of the petrous apex from 2001 to 2024 at the Irish National Centre of Skull Base Surgery.

RESULTS- There were 34 patients (21 males, 13 females) managed over the past 24 years with pathological processes involving the petrous apex. Their pathologies included petrous apex cholesteatoma(n=16), cholesterol granuloma(n=6), petrous apicitis/ Gradenigo's syndrome(n=5), skull base osteomyelitis involving the petrous apex(n=2), benign neoplasms(n=2) and malignant neoplasms(n=3) of the petrous apex. Of these, 24 (70.5%) were managed surgically and 10 (29.5%) were managed conservatively.

CONCLUSION- Petrous apex pathology management has been a challenging dilemma, hence early clinicopathological and radiological diagnosis is crucial for tailored treatment.

Title: Long-term survival outcomes of temporal bone resection and reconstruction at a UK tertiary skull base centre

Authors: Yuri Hirayama (ORCID 0000-0003-2366-2915)
Jameel Muzaffar (ORCID 0000-0003-3065-0269)
Muhammad Umar Farooq
Raghu Kumar
Charlie Huins (ORCID 0000-0001-5574-7791)
Richard Irving (ORCID 0000-0003-0013-719X)
Peter Monksfield (ORCID 0000-0001-7343-7105)

Institution: Department of Otology & Neurotology
University Hospitals Birmingham NHS Foundation Trust
Queen Elizabeth Hospital Birmingham
Mindelsohn Way
Edgbaston
Birmingham
B15 2TT

Contact: yuri.hirayama@uhb.nhs.uk

Funding: None received

Conflict of Interest: None

Abstract

Aim:

This retrospective cohort study aimed to evaluate the clinical characteristics, complications, and survival outcomes of patients undergoing lateral temporal bone resection for malignancy at a tertiary skull base centre in the UK.

Methods:

Patient records from February 2004 to 2023 were reviewed, focusing on individuals who underwent lateral temporal bone resection. Data included demographics, histological diagnosis, cancer stage, surgical details, reconstruction methods, and adjuvant therapies. Complications and survival outcomes were analysed using descriptive statistics and Kaplan-Meier survival curves. Cox proportional hazards models identified factors influencing survival.

Results:

Eighty-nine patients were included, with a mean age of 67.2 years; 69.7% were male, and 61.8% had Squamous Cell Carcinoma. Lateral temporal bone resection was performed in 73.0% of cases. Complications occurred in 25.8% of patients, with haematoma being the most common. The median follow-up was 19 months, with an overall 5-year survival rate of 50%. Survival varied significantly based on cancer stage and age.

Conclusion:

Lateral temporal bone resection is associated with significant morbidity, and survival outcomes are influenced by cancer stage and age. Larger studies are needed to refine prognostic factors and improve treatment strategies for these challenging malignancies.

Beyond Squamous Cell: Unveiling Rare Malignancies of the Temporal Bone- a single institution series with updated review of literature

Nesha Rajendram 1, 2 , Florence Ibrahim 1 , Tamer El Natout 1 , Shariq Khan 1 , Nicholas O'Keefe 1 , Prof Javadpour 3 , Ghulam Zilani 3 , Prof Seamus Looby 4 , Neville Shine 1 , Prof James P. O'Neill 1 , Prof Mc Conn Walsh 1 .

1 Department of Otorhinolaryngology, Beaumont hospital, Dublin, Ireland

2 Department of Otorhinolaryngology, Universiti Malaya, Petaling Jaya, Malaysia

3 Department of Neurosurgery, Beaumont Hospital, Dublin, Ireland

4 Department of Radiology, Beaumont Hospital, Dublin, Ireland

National Centre of Skull Base Surgery

Abstract

Background

Non-squamous cell malignant tumours of the temporal bone are scarce and complex, encompassing various histological types such as basal cell carcinoma, adenocarcinoma, and endolymphatic sac tumour and others. Their rarity, diverse pathology, and aggressive nature pose significant diagnostic and management challenges. This case series explores the clinical presentation, treatment strategies, and outcomes for these tumours.

Methods

A retrospective review of patients with histologically diagnosed non-squamous cell temporal bone malignancies from 2000 to 2024.

Results

This study examined 18 patients with non-squamous cell temporal bone cancer, representing 18.5% of 97 total temporal bone malignancies. The cohort included 15 males and 3 females. Diagnoses varied, with basal cell carcinoma 4 (22.2%), endolymphatic sac tumour 2 (11.1%), adenocarcinoma 2 (11.1%), and angiosarcoma 2 (11.1%) being the most common. Other types, including lymphoma and chondrosarcoma, were also observed. The main symptoms were hearing loss 7 (38.8%), otorrhoea 6 (33.3%), and facial nerve palsy 5 (27.7%). Treatment included non-surgical approaches i.e. chemo radiotherapy for 7 (38.8%) patients and surgical interventions for 11 (61%) patients, with outcomes varying across cases.

Conclusions

This series emphasises the rarity of non-squamous cell temporal bone tumours, the importance of early and precise neuroradiological and histopathological evaluation, and the need for timely surgical treatment.

(200 words)

Authors: Prof. Dr Myrthe Hol ¹, Prof. Dr Emmanuel Mylanus ², Dr Peter Monksfield ³, Dr James Tysome ⁴, Prof. Dr Susan Arndt ⁵, Prof. Dr Thomas Lenarz ⁶, Mr Dennis Lindholm ⁷.

Title: **Safety and performance of a new active transcutaneous bone-anchored implant system.**

Background: Sentio (Oticon Medical AB, Sweden) is a new active transcutaneous bone-anchored implant system under evaluation for safety and performance in a clinical investigation.

Aims and Objectives: The objective is to present safety and performance outcomes from 51 individuals with conductive/mixed hearing losses (CHL/MHL) or single sided deafness (SSD), 3 months after implant installation.

Methods: The study includes follow-up at 3-, 6-, 12-, and 24-months post-implantation. Outcomes include variables related to surgery, audiology, safety, patient perceived benefits and quality of life.

Results: The cohort represents an adult group with a mean age of 50 (24 – 77) years; 51% CHL, 25% MHL, and 24% SSD on the implanted side. Surgery duration was 58 min (23 - 85). The mean aided threshold, i.e., 26.2 (\pm 4.3) dB, measured post-treatment was lower compared to the unaided situation; 59.0 (\pm 9.2) dB. Speech recognition in quiet improved from 46.2% (\pm 36.2) unaided, to 97.9% (\pm 3.5) aided. After implant installation, GBI total score was 28.4 (\pm 15.7) and the total SSQ12 score increase was +2.62 (\pm 1.28).

Conclusions: There are significant improvements in hearing outcomes and patient benefits after implantation

with the new active transcutaneous bone-anchored implant. Results are considered applicable for adult people with CHL, MHL, and SSD.

(Max 200 words)

Affiliations:

1. University Medical Center Groningen (UMCG), Groningen, The Netherlands
2. Radboud University Medical Center, Nijmegen, The Netherlands
3. University Hospitals Birmingham (Queen Elizabeth Hospital), Birmingham, United Kingdom
4. Cambridge University Hospitals (Addenbrooke's Hospital), Cambridge, United Kingdom
5. Medical Center - University of Freiburg (Uni-klinik Freiburg), Freiburg, Germany
6. Hannover Medical School (MHH), Hannover, Germany
7. Oticon Medical AB, Askim, Sweden

Endoscopic ear surgery; what more can be achieved?

G O'Flanagan, V Marcelino, L O'Byrne, M Corbett, SG Khoo.

Department of Otolaryngology / Head and Neck Surgery, St. Vincent's University Hospital, Elm Park, Dublin 4.

Background:

The extent to which endoscopic ear surgery has been utilised internationally include endoscopic approaches to the lateral skull base, middle cranial fossa, and posterior fossa / cerebellopontine angles.

Aim:

To audit the extent and varied complexities to which totally endoscopic ear surgery can be utilised and compare results in cholesteatoma surgery. To assess what further boundaries can be achieved via such an approach.

Methods:

A retrospective audit of cases over an 11-year period by a single surgeon was carried out. All totally endoscopic procedures were included with particular emphasis on cholesteatoma surgery, and rates of recurrence / recidivism were collated and compared to procedures carried out via an open approach. The use of the endoscope as an adjunct to open procedures were excluded.

Results:

307 otology cases were carried out endoscopically. 13% were carried out for cholesteatoma, inclusive of Tympanomastoidectomy, converted endoscopic to open mastoid explorations, and atticoantrostomies. 87% of cases included cases such as tympanoplasty, canalplasty, myringoplasty, etc Cholesteatoma recurrence amounted to 17% in the endoscopic surgery group, compared to 8.5% in the open approach cohort.

Conclusions:

The extent of which totally endoscopic ear surgery is utilized in our unit is isolated to cholesteatoma in the middle ear and mastoid antrum.

Assessment of the relationship between Eustachian tube dimensions and angulation and middle ear disease.

Bradley, J; Unnikrishnan, K; Mitchell, D; Patil, N. Sligo University Hospital.

Objective:

Retrospectively analyse Eustachian tube(ET) dimensions in normal and diseased ears of patients with unilateral chronic suppurative otitis media (CSOM); and evaluate potential relationships between CSOM and ET anatomy .

Methods:

26 subjects who had CT temporal bone imaging to investigate unilateral CSOM were assessed. Measurements were taken for diseased and healthy ears: the width of the ET bony segment's distal orifice, the bony segment length, and its angulation. These were compared between subjects' healthy and diseased ears. The diseased ears were analysed for correlation between CSOM and ET dimensions.

Results:

In healthy ears, average ET length, width, and angulation measured 12.29 ± 9.93 mm, 1.98 ± 2.76 mm, and $17.39 \pm 19.59^\circ$, respectively. For diseased ears, these were 12.38 ± 6.54 mm, 2.16 ± 2.03 mm, and $22.52 \pm 25.7^\circ$, respectively. There was no significant difference in CSOM occurrence when comparing ET length and width. However, a significant difference ($p < 0.001$) was found in the incidence of CSOM when comparing ET angulation in healthy and diseased ears, suggesting higher likelihood of developing COM in ears with greater ET angulation.

Conclusion:

ET dysfunction predisposes patients to CSOM. Both chronic suppurative otitis media (CSOM) and cholesteatoma are significantly correlated with increased ET angulation. Assessing this provides a

simple and practical approach that can be employed in clinical settings.

Title: Management of Skull Base Cholesteatomas: Experience from the National Skull Base Cancer Surgery Centre

Shariq Khan 1 , Tamer El Natout 1 , Nesha Rajendram 1 , Florence Ibrahim 1 , Nick O’Keeffe 1 , Mohsen Javadpour 2 , Dani Rawluk 2 , Ghulam Zilani 2 , Seamus Looby 3 , Sarah Houston 1 , Rory McConn Walsh 1 .

1: Department of Otolaryngology-Beaumont Hospital

2: Department of Neurosurgery-Beaumont Hospital

3: Department of Radiology-Beaumont Hospital

Abstract:

Aim: To evaluate the clinical presentation, management strategies and surgical outcomes of cerebellopontine angle (CPA) and petrous apex cholesteatomas.

Background:

CPA and petrous apex cholesteatomas are rare, non-neoplastic and locally invasive pathologies that occur in complex anatomical regions of the skull base increasing the risk of significant damage to adjacent neurovascular structures. There is limited data to guide optimal management, and surgical outcomes remain unclear in this cohort, particularly in an Irish setting.

Methods: A case series of consecutive patients who were referred to our national centre for skull base cancer surgery in Beaumont hospital for management of skull base cholesteatoma between 2001 and 2024 was performed. Data was extracted by retrospective chart review, including clinical presentation, surgical approaches and patient outcomes.

Results: A total of 31 patients with skull base cholesteatomas were identified; 6 cases (19%) were congenital and 25 acquired (81%). All cases were surgically managed. Intraoperative dura involvement was seen in 5 cases (16%) and pre-operative facial nerve palsy was noted in 9 cases (29%). A translabyrinthine approach was used in 16 cases (51%), transcochlear approach in 2 cases (7%) and revision mastoidectomy in 13 cases (42%).

Conclusion:

Most CPA and petrous apex cholesteatomas are acquired, and neurovascular involvement is common. Surgical excision appears feasible and was associated with low rates of peri-operative complications. Further studies should focus on long-term outcomes and refining optimal surgical technique.

An intra-departmental audit of the indications for and appropriateness of requested computed tomography (CT) of the temporal bones (CT-TB)

Debola Shomoye 1 , Khalid Munir 1 , Michael Fitzsimons 1

1 Royal Victoria Eye and Ear Hospital, Otorhinolaryngology and Head and Neck Surgery

Department

Background

Computed tomography of the temporal bones (CT-TB) is an essential imaging modality to characterise temporal bone anatomy. While important in surgical planning, it has less utility in post-operative and surveillance settings. Diffusion-weighted magnetic resonance imaging (DW-MRI) is a newer imaging modality that can differentiate recurrent cholesteatoma from other pathology. The objective of this audit is to review requested CT-TBs in our centre and ascertain their appropriateness.

Methods

A retrospective audit of anonymised CT-TB requests was conducted over two years.

Results

105 patients were identified. 33 patients were referred with possible first presentation of cholesteatoma. 57.5% (n=19) had cholesteatoma (1 underwent concurrent DWI-MRI), 33% (n=11) did not have cholesteatoma, and 9% (n=3) patients were recommended to undergo DW-MRI. Meanwhile, 13 patients were referred with queried recurrent cholesteatoma disease. Of these, 53.8% (n=7) required further imaging (5 DW-MRIs to confirm recurrence and 2 interval CT-TB for surgical planning).

Conclusion

We identified many inappropriate CT-TB referrals that should have more appropriately undergone a DW-MRI. This would prevent the need for exposure to higher radiation doses and second-look surgery. Educational resources to advise trainees on the rationale for different imaging modalities could support this and contribute to more effective patient management.

THE IMPACT OF VIDEO HEAD IMPULSE TESTING ON SIDE DETERMINATION IN COCHLEAR IMPLANTATION SURGERY: A RETROSPECTIVE COHORT STUDY

McKenna, R (Queens University Belfast, Medical School)

Leonard, CG (Royal Victoria Hospital, Belfast)

AIMS

Evaluate the impact of Video Head Impulse Testing (VHIT) on side determination in cochlear implant surgery.

METHODS

Retrospective analysis of sequential patients undergoing cochlear implantation in a regional auditory implant centre. 40 Right ears 35 left ears had VHIT results assessed through clinical assessment and normative comparison. Clinical assessment involved analysing VHIT results according to their interpretation by the clinician and MDT in charge of their care. Normative comparison, in contrast, analysed VHIT results according to recommendations in the current literature; abnormality was defined by a gain value of <0.8 for the lateral canals or <0.7 for the vertical canals and by the presence of corrective saccades. To facilitate categorical analysis, patients were considered as having either their 'better' or 'worse' balance ear implanted, or as having normal or equally abnormal function bilaterally

RESULTS

In neither clinical nor normative analysis did VHIT demonstrate a significant correlation with the choice of ear to implanted. Categorical analyses of gain values supported these findings, showing no significant statistical differences between the cohorts.

CONCLUSION

Factors, other than, vestibular function such as patient preference, weigh more heavily on the decision making process when deciding on which ear is to undergo cochlear implantation.

Management of Non Malignant Temporal Bone Tumours: A series

Maria Lyons 1 , Nick O' Keeffe 1 , Florence Ibrahim 1 , Shariq Khan 1 , Nesha Rajemandram 1 , Seamus

Looby 3 , Mohsen Javadpour 2 , Dani Rawluk 2 , Ghulan Zilani 2 , Sarah Houston 1 , Rory McConnWalsh 1

1: Department of Otolaryngology, National Referral Centre for Skull Base Surgery, Beaumont Hospital

2. Department of Neurosurgery

3. Department of Radiology

Background/ Aims

Benign tumours of the temporal bone are rare and present unique diagnostic and therapeutic challenges due to their proximity to important neurovascular structures. The aim of this study is to describe the clinical presentation, diagnostics and management of patients with benign temporal bone tumours at a major tertiary referral centre over a 20-year period

Methods

A retrospective review of the prospectively maintained database of non-malignant temporal bone tumours at Beaumont hospital from 2002. Data including patient demographics, clinical presentation, radiological and histopathological findings, treatment modalities and follow up outcomes were collected from hospital records.

Results

19 patients with benign temporal bone tumours were analysed in this study. Nine different tumour types were identified including schwannoma (2), adenoma (7), osteoma (2), AV malformation (1), inverted papilloma (2), meningioma (1), other (3).

Conclusion

Benign temporal bone tumours are a rare phenomenon that can be challenging to both diagnose and manage. This analysis offers valuable insights that can inform future clinical practice while highlighting the evolution of diagnostic and surgical strategies over 2 decades.

Title: Pinna Perichondritis: Microbiology, Evaluation of Treatments and Patient Outcomes.

Authors: A. Curran, N. Woodley, L. Li, A. Alatsianos, I. Amir.

Institution: NHS Greater Glasgow and Clyde, ENT department.

Background: Pinna perichondritis (PP) is rare, with varied management practices

globally and a range of microbiological findings reported in the literature. Our aim, in this first UK study, was to explore aetiology and microbiology of PP.

Methods: Retrospective analysis of all patients clinically diagnosed with PP in a single tertiary centre between January 2021 and October 2023 was conducted.

Results: Sixty-eight patients were included, with only 39 admitted. The most common aetiologies were otitis externa (n = 20, 52%), and piercings (n = 17, 45%). For ear piercings, *S. aureus* was the most common isolate (40%). In otitis externa, *P. aeruginosa* was most common (40%). Significant variation regarding antibiotic choice was noted. Twenty-four percent of patients represented with recurrent infection, persistent infection or chondronecrosis/deformity.

Conclusions: The microbiological profile mirrors the underlying aetiology, with *S. aureus* most common in piercings and *P. aeruginosa* in otitis externa. This information should guide empirical treatment.

Title: Re-do SRS for Vestibular Schwannoma treatment.

Tamer El Natout 1 , Khan S 1 , Rajendram N 1 , Ibrahim F 1 ,Prof Javadpour 2 , Dani Rawluk 2 ,Ghulam Zilani 2 , Sarah Houston 1 ,Prof McConn Walsh 1 ,

1: Department of Otolaryngology-Beaumont Hospital, National Centre for Skull Base Cancer surgery, Ireland

2: Department of Neurosurgery-Beaumont Hospital, National Centre for Skull Base Cancer surgery, Ireland

Aim: To determine the outcome of repeat Stereotactic radiosurgery (SRS) for patients with Vestibular schwannoma(VS) who failed initial SRS treatment.

Background: SRS is a non-invasive treatment method that delivers precise radiation, minimizing damage to surrounding tissues. It's commonly used to treat VS, especially when surgery poses a high risk. Though its success rate is very high, SRS for VS might fail to control VS growth in some cases. However, the literature on repeat SRS after previously failed SRS remains scarce and reported in a low number of series with a limited number of cases.

Methods: A retrospective review of all VS patients who attended Beaumont hospital and were treated

with SRS between 2002 and 2022, was performed.

Results: A total of 1600 patients with vestibular schwannoma were identified. Out of 1600 patients, 544 patients had treatment, and 1056 are on the watch and wait pathway. 73 patients had SRS following surgery, 15 patients had surgery following SRS. We identified 12 patients who underwent SRS twice for the same tumour, 25% had surgery followed by two SRS, 8% had surgery followed by two SRS, and 66% had 2 SRS treatments only. From the 12 patients: 5 had a reduction of VS size, 6 were stable in VS size, and 1 patient had a progression of VS and underwent surgery. One patient developed Facial Nerve Palsy after the second SRS.

Conclusion: Eighty three percent of patients who had repeat SRS for a progressive VS, showed to be stable or improved. Patients with progressing VS after initial SRS can be safely and effectively managed using a second SRS procedure. However, the decision to repeat SRS for VS is a complex and carefully considered decision in a multidisciplinary team meeting.

Head & Neck Facial Plastics

Ultrasound guided Botulinum toxin injections of the salivary glands for the treatment of chronic sialorrhoea in patients treated in Altnagelvin Hospital WHSCT in the years 2019-2024

Alkhalaf Z., Gupta D., Kluczevska-Zygan K., Zygan L.

Abstract

Background

Chronic sialorrhoea (CS) is a distressful condition. Botox injection of salivary glands offers promising results for patients with CS. This study aimed to assess effectiveness of ultrasound-guided Botulinum toxin injection (BTI) for treatment of CS in Altnagelvin hospital from 2019-2024.

Methods

This was a retrospective study of current practice. All patients treated from January 2019 - January 2024, who underwent BTI for treatment of CS were included. Patients were identified using Theatre Management System and Electronic Care Record. Patients were contacted by phone and data on pre and post-procedure symptoms and outcomes recorded using a specially designed questionnaire.

Results

Nineteen patient procedures were identified for inclusion, for nine patients (5 male, 4 female), age range 3-78 years (5 paediatric and 4 adult). All underwent ultrasound-guided BTI of both submandibular glands. An improvement in drooling symptoms post procedure was reported for all procedures, however degree and duration of improvement varied, with paediatric patients reporting larger improvement, for longer duration. Most common side effect reported was bruising (68%), which resolved spontaneously within days.

Conclusions

BTI to the salivary glands for treatment of CS is effective but appears to have greater impact in children. Side effects reported were minimal and resolved spontaneously.

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- From: Zaid Alkhalaf <zaidkhalaf929@gmail.com>

Role of radiomics to predict post-operative disease recurrence in sinonasal squamous cell carcinoma; a systematic review and metanalysis

Caitlin Waters 1 , Tamzin Hall 2 , Hugo C. Temperley 3 , Niall O’Sullivan ,3 , Thavakumar Subramaniam 1

1 Department of Otolaryngology- Head and Neck Surgery, Galway University Hospital,

Galway, Ireland

2 Sir Charles Gairdner Hospital, Perth, Western Australia

3 Department of Radiology, St. James's Hospital, Dublin, Ireland

Abstract

Introduction:

Radiomics which involves the extraction and analysis of quantitative imaging features has recently been shown to predict oncological outcome from pre-operative imaging in a number of cancers. This study aims to comprehensively review the current literature on the role of radiomics as a predictor of disease recurrence in sinonasal squamous cell carcinoma.

Methods:

A systematic search was conducted in Medline, EMBASE, and Web of Science databases. Studies meeting the inclusion criteria examining the use of radiomics to predict post-operative recurrence in sinonasal squamous cell carcinoma were included.

Results:

Five studies were included, encompassing 638 participants. All studies were single-centre and utilised MRI-based radiomics in the construction of their models. Radiomic models demonstrated satisfactory predictive performance, with a median area under the curve (AUC) of 0.84 for both training and validation sets. Sensitivity and specificity in the training set were 0.91 and 0.85, respectively, and 0.82 and 0.86 in the validation set.

Conclusion:

Our systematic review provides evidence supporting the role of radiomics in predicting post-operative disease recurrence in sinonasal cancer. Radiomics shows promise in enhancing personalized treatment strategies by improving prognostic accuracy. However, further research is needed to standardize methodologies and validate these findings in larger, multicentre cohorts.

Airway decision making in major head and neck surgery; Irish

multicentre, multidisciplinary recommendations

Eoin F. Cleere MCh 1 , Christopher Read MB 2 , Sarah Prunty MB 1 , Edel Duggan MB 2 , James O'Rourke MB 2 , Michael Moore MB 2 , Pedro Vasquez BSc 3 , Orla Young FRCSI (ORL-HNS) 4 , Thavakumar Subramaniam FRCSI (ORL-HNS) 4 , Liam Skinner FRCSI (ORL-HNS) 5 , Tom Moran FRCSI (ORL-HNS) 6,7 , Fergal O'Duffy FRCSI (ORL-HNS) 6,7 , Anthony Hennessy MB 8 , Andrew Dias FRCSI (ORL-HNS) 9 , Patrick Sheahan MD FRCSI (ORL-HNS) 9,10 , Conall W. R. Fitzgerald FRCSI (ORL-HNS) 11 , John Kinsella FRCSI (ORL-HNS) 11 , Paul Lennon MD FRCSI (ORL-HNS) 11 , Conrad V. I. Timon MD FRCSI (ORL-HNS) 11 , Robbie S.R. Woods FRCSI (ORL-HNS) 1 , Neville Shine FRCSI (ORL-HNS) 1 , Gerard F. Curley PhD 2,12 , James P. O'Neill MD FRCSI (ORL-HNS) 1,13

1 Department of Otolaryngology Head and Neck surgery, Beaumont Hospital, Dublin, Ireland

2 Department of Anaesthesia and Critical Care, Beaumont Hospital, Dublin, Ireland

3 Department of Physiotherapy, Beaumont Hospital, Dublin, Ireland

4 Department of Otolaryngology Head and Neck surgery, Galway University Hospital, Galway, Ireland

5 Department of Otolaryngology Head and Neck surgery, University Hospital Waterford, Waterford,

6 Department of Otolaryngology Head and Neck surgery, Mater Misericordiae University Hospital, Dublin, Ireland

7 Department of Otolaryngology Head and Neck surgery, St Vincent's University Hospital, Dublin,

8 Department of Anaesthesiology, South Infirmity Victoria University Hospital, Cork, Ireland

9 Department of Otolaryngology Head and Neck surgery, South Infirmity Victoria University Hospital, Cork, Ireland

10 ENTO Research Unit, College of Medicine and Health, University College Cork, Cork, Ireland

11 Department of Otolaryngology Head and Neck surgery, St James's Hospital, Dublin, Ireland

12 Department of Anaesthesia and Critical Care, Royal College of Surgeons in Ireland, Dublin, Ireland

13 Department of Otolaryngology Head and Neck surgery, Royal College of Surgeons in Ireland, Dublin, Ireland

Presenting author: Dr Eoin Cleere

Abstract

Introduction: Major head and neck surgery poses a threat to perioperative airway patency. Adverse

airway events are associated with significant morbidity, potentially leading to hypoxic brain injury and even death.

Methods: Following a review of the literature, recommendations regarding airway management in head and neck surgery were developed with multicentre, multidisciplinary agreement among all Irish head and neck units.

Results: Immediate extubation is appropriate in many cases where there is a low-risk of adverse airway events. Where a prolonged definitive airway is required, elective tracheostomy provides increased airway security postoperatively while delayed extubation may be appropriate in select cases to reduce postoperative morbidity. Local institutional protocols should be developed to care for a tracheostomy once inserted.

Conclusions: We provide guidance on decision making surrounding airway management at time of head and neck surgery. All decisions should be agreed between the operating, anaesthetic and critical care teams.

Real-World Efficacy and Safety of Anti-PD-1 Immunotherapy in Recurrent/Metastatic Head and Neck Cancer: Insights from a

Single-Centre Experience in Ireland

Hemal M. Alsubaie MD 1,2 , Karlo Vidovic 3 , Justin M. Hintze MBMCh, MSc, FRCS 1 , Cliona Grant MB 4 , Conrad Timon MD, FRCS 1,5 , John Kinsella MSc, FRCS 1 , Paul Lennon MSc, FRCS 1,5 , Conall W. R. Fitzgerald MBMCh, MSc, FRCS 1,6

1 Department of Otolaryngology – Head and Neck Surgery, St. James’s Hospital, Dublin, Ireland

2 Department of Otorhinolaryngology – Head and Neck Surgery and Communication Sciences, King Faisal Specialist Hospital and Research Centre, Riyadh, Saudi Arabia

3 Trinity College Dublin, The University of Dublin, Dublin, Ireland

4 Department of Medical Oncology, St. James’s Hospital, Dublin, Ireland

5 Department of Otolaryngology – Head and Neck Surgery, Royal Victoria Eye

and Ear Hospital, Dublin, Ireland

6 Trinity St. James's Cancer Institute, Trinity College Dublin, Dublin, Ireland

Background: Recurrent/metastatic head and neck cancer (HNC) is a significant therapeutic challenge due to poor prognosis and limited treatment options. Anti-PD-L1 immunotherapy, particularly pembrolizumab (PEM) and nivolumab (NIVO), has emerged as a promising treatment option. This study aims to present the first Irish real-world experience of the efficacy and safety of these therapies at a single centre in Ireland.

Methods: A retrospective chart review was conducted on 110 recurrent/metastatic HNC patients treated with PEM and NIVO at St. James's Hospital, Dublin, from August 2018 to March 2024. Patient demographics, pathology, treatment history, and clinical outcomes, including efficacy and adverse events, were collected and analysed using descriptive statistics and survival curves. Multivariate analysis was conducted using Cox regression.

Results: Of the 110 patients, 104 were included in the final analysis. The median overall survival (OS) was 17 months for NIVO and 9 months for PEM, with a progression-free survival (PFS) of 3 months for both. Adverse events were more frequent in the PEM group (60.9%) compared to the NIVO group (29.3%). No significant variables affected survival.

Conclusions: NIVO offers a survival advantage over PEM, but both treatments present challenges in managing adverse events. Further research with larger cohorts is necessary to better understand the roles of these therapies in HNC.

Incidental Papillary Thyroid Microcarcinoma Outcomes: Implications on Management Recommendations

Finnegan E 1 *, Hintze J 1 , Kinsella J 1 and Healy ML 2

1. Department of Otolaryngology, Head and Neck Surgery, St. James University Hospital, Dublin, Ireland.

2. Department of Endocrinology, St. James University Hospital, Dublin, Ireland

* Presenting Author

Introduction: Papillary thyroid microcarcinomas (PTMC), characterised by a maximum tumour diameter of 10 mm, have

garnered attention due to their management challenges, particularly regarding active surveillance versus conservative treatment. This study examines the presentation and outcomes of incidental PTMCs over a decade.

Methods: We conducted a single-centre, retrospective cohort study on St. James's University Hospital head and neck cancer tumour board data from 2013 to 2023. Of 2,015 patients, 59 had incidental PTMCs identified via final surgical pathology.

Data related to clinical presentation, demographics, histopathology and treatment was collected. Recurrence-free and overall survival were assessed using the Kaplan-Meier method.

Results: Incidental PTMCs were discovered as remote neoplasms in the investigation of Thy3a/f lesions (32.20%), multinodular goitres (28.81%), Graves' disease resections (8.47%) and benign compressive nodules (6.78%). 5-year recurrence-free survival was 96.61% while overall survival was 98.31%. Aggressive subtypes and positive nodal metastases were rare, occurring in only 1.69% of patients.

Conclusion: This study illustrates the broad spectrum of presentation for incidental PTMCs. Thus, otolaryngologists must remain aware of PTMCs during benign thyroid surgeries and understand their low-risk nature to ensure appropriate long-term follow-up.

The necessity of histopathological confirmation in diagnosing parathyroid carcinoma: A descriptive, retrospective study

Alexander Soo 1 , Hemail Alsubaie 1 , Conall Fitzgerald 1

1 Department of Otolaryngology, St James's Hospital

Abstract

Background: Parathyroid carcinoma (PC) is a rare endocrine malignancy with diagnostic challenges due to similar presentation of characteristics with benign parathyroid conditions.

The necessity of histological confirmation in diagnosing PC remains topical. This study aims to investigate the role of histopathological confirmation in accurately diagnosing PC.

Method: This descriptive, retrospective study was conducted at St James's Hospital, Dublin, reviewing patients who underwent surgery for suspected PC between 2015 and 2024. Data was collected on patient demographics, clinical presentations, biochemical profiles, imaging findings, and histopathological outcomes. Statistical analysis was performed using a chi-square test and correlated using univariate linear regression, with a significance level set at $p < 0.05$.

Results: Amongst 24 patients, significant variations ($p < 0.05$) were observed in smoking status and alcohol consumption. Most biochemical results were not statistically significant ($p > 0.05$). Ultrasound and computed tomography scans were particularly significant ($p < 0.05$), whilst other imaging did not demonstrate significant changes. Intraoperative findings were

suspicious in 45.8% of cases ($p=0.01$). PC was confirmed in 12.5% of cases.

Conclusion: This study emphasises the importance of histopathological confirmation for diagnosing PC, as clinical imaging findings alone cannot reliably differentiate between benign and malignant parathyroid conditions. Further studies are required to refine diagnostic criteria and improve the preoperative detection of PC.

Title – **Predicting post-operative outcomes in Robotic head and neck surgery – a single centre retrospective study**

Authors;

Faizan Shah

Core Surgical trainee 2

ENT department, Ninewells Hospital, Dundee, Scotland

Mr Irfan Khan

ENT Consultant

ENT department, Ninewells hospital, Dundee, Scotland

Mr Jaiganesh Manickavasagam

ENT Consultant

ENT department, Ninewells hospital, Dundee, Scotland

Background

Head and neck(H&N) oncological surgery has presented challenges for head and neck surgeons due to the intricate anatomy. Open surgery has been the mainstay of H&N tumour resection, however robot assisted H&N surgery(RAHNS) is presenting a paradigm shift. The advantage of robotic surgery is minimal invasiveness, however in this retrospective review we study the factors impacting the functional outcomes of RAHNS.

Methods

Retrospective data collected on RAHNS cases September 2022 to September 2024. An array of data on pre-operative and peri-operative factors was collected, as well as post-operative outcomes.

Statistical analysis was performed on the data utilising SPSS software.

Results

83 patients were included. 78% were male, 0.63 patients with an ASA of ≥ 3 . Our analysis showed that smokers and higher TNM stage had longer duration of hospital stay ($p=0.003$) and re-admission ($p=0.044$).

Tumour size and multi-morbidity were significantly associated with poorer post-operative swallowing outcomes ($P=0.04$). Lower pre-operative weight and low albumin level was associated with an increase in post-operative complications such as fistula occurrence ($p=0.045$).

Conclusion

Our study aims to inform the decision-making process in patient selection for such RAHNS. It is important to be aware of patient demographic factors as well as peri-operative factors that influence outcomes.

Title: Parathyroidectomy for MEN-1 related primary hyperparathyroidism; a 20 year single centre retrospective cohort study

Authors: R Hill 1,2 , B Arthurs 2 , J Kinsella 1,2

1. St James's Hospital, Dublin

2. Tallaght University Hospital, Dublin

Background:

Multiple Endocrine Neoplasia (MEN) type 1 is an autosomal dominant condition predisposing patients to parathyroid adenomas, neuroendocrine pancreatic tumours and pituitary tumours. Symptomatic primary hyperparathyroidism (pHPT) in MEN 1 patients is seen typically in the third decade of life, and is typically multiglandular disease. Subtotal parathyroidectomy with thymectomy is the surgical management of choice to achieve eucalcemia in these patients.

Methods:

Retrospective cohort study identifying all patients undergoing parathyroidectomy for MEN1 in a single centre over 20 years. Preoperative and postoperative calcium and PTH values at initial postoperative period, 6 weeks, and 1, 3, and 5 years were measured.

Results:

11 patients were identified (5M:6F), who underwent subtotal (4), total (6), or revision parathyroidectomy. No patients had persistent hypercalcemia at 6 weeks post-op. 5 patients experienced symptomatic hypocalcemia in the immediate postoperative period. Of those followed to 5 years, no patients had refractory pHPT.

Conclusion:

Subtotal parathyroidectomy is surgical standard of care for MEN1 to prevent end organ

damage from pHPT. Postoperative hypocalcaemia is common and prophylactic calcium supplementation and close monitoring of serum corrected calcium is mandatory in these patients. Our series demonstrates complete effective control of pHPT.

A 10-year review of patients with T3 and T4 Laryngeal SCC managed with larynx-preserving oncological treatments in Northern Ireland between 2015-2024

Introduction

In conjunction with the UK Head and Neck Cancer National Multidisciplinary Guidelines updated in 2024, T3 and carefully selected T4a SSCs with preserved pre-treatment laryngeal function should be offered primary radiotherapy +/- chemotherapy.

Methods

10-year retrospective analysis from 2015 to 2024 of all patients within Northern Ireland diagnosed with T3 & T4 laryngeal SSCs receiving radical chemo-radiotherapy as their primary treatment modality.

Results

90 patients identified, with an average age of 63 and a male preponderance (69:21 M:F). 85 patients with T3 disease, 5 with T4. 37% underwent concurrent chemotherapy.

Radiotherapy regimens varied slightly over the study period impacted by COVID-19. Overall recurrence rate was 33.3% with rates of local, regional and distant recurrence 20%, 10% and 13.3% respectively. Of those with loco-regional recurrence, 41% underwent salvage surgery. All patients were pre-operatively clinically & radiologically N0. The average T3 tumour volume size (including nodal disease) was 16cm³, with tumour volume directly proportional to volume irradiated in the high dose radiotherapy field. 25% of patients were gastrostomy-dependent and 20% tracheostomy-dependent upon completion of oncological treatment. 3 patients underwent functional laryngectomy. Overall all-cause mortality rate of 33.3% and time between diagnosis and death averaged 23.6 months.

Conclusion

Loco-regional recurrence rate of all laryngeal SSCs managed with radical (C)RT was 30%. Salvage surgery was performed in 41% of loco-regional recurrences. 25% and 20% of patients were gastrostomy- and tracheostomy-dependent.

Authors

J Hagan 1 , G Donaldson 1 , E Prentice 1 , J Bodels 1 , K Rooney 2 , F Houghton 2 , P McMillan 2 , C Crockett 2 , M Black 1 , B Devlin 1 , M Adams 1

1 Head & Neck and ENT department, Royal Victoria Hospital, Belfast

2 Department of Clinical Oncology/ Head & Neck oncology, Belfast City Hospital, Belfast

Outcomes of primary tracheal oesophageal speech prosthesis placement.

Farrell E. O’Riordan, I. James, D. Hill R. Alsubaie H. Dougherty, W. Soo, A. Mulgrew, C. Kinsella, J. Lennon, P. and Fitzgerald C.

Background:

Restoring speech following laryngectomy is an essential component of rehabilitation after laryngectomy. There is debate surrounding the optimal timing of tracheo oesophageal prosthesis (TEP) insertion. Immediate or delayed placement are options. This paper reports voice outcomes and complication rates of primary TEP device placement.

Methods:

A retrospective review TEP placement was undertaken. Voice outcomes were measured using a variety of perceptual and objective measures as well as whether or not the TEP was the primary means of communication. Complications were recorded.

Results:

Over a 12 year period there were 257 TEPs sited. 81% of patients were deemed late stage disease. There were 22 primary TEP devices sited over a 20 month period. The average age was 64, 3:1 male to female ratio. Four patients (18%) suffered complications. Twelve (55%) required adjuvant therapy. The most common complication was cutaneous fistula and wound dehiscence which was not always related to TEP device. Fourteen patients, 63% were using TEP as their primary means of communication.

Conclusion:

Despite previous literature reporting a higher complication rate among primary placement TEPS. It is our institutions experience that these interventions are well tolerated with overall good communication.

POST-TREATMENT FDG PET-CT IN OROPHARYNGEAL SQUAMOUS CELL CARCINOMAS AND UNKNOWN PRIMARIES: IMPACT ON DECISION TO PERFORM SALVAGE NECK DISSECTION

CM Soong, A Clarke, M Adams

Background/Aim: 18-FDG PET-CT has become integral in the follow-up and treatment

planning of head and neck squamous cell carcinoma (SCC) treated with curative intent radiotherapy-based regimes. We aimed to assess the interplay of both persistent 18-FDG avidity and persistent structurally enlarged nodes in the clinical decision-making process.

Methods: Retrospective case series with chart review. Cases were retrieved from Northern Ireland Cancer Registry for all patients diagnosed with index oropharyngeal SCC and head & neck SCC of unknown primary between Jan 2014 and Dec 2022.

Results: 489 patients were identified. 345 (71%) were treated with some form of radical chemoradiotherapy. 280 (82%) of those patients had post-treatment PET-CT. 12 of these patients had salvage neck dissections for PET avidity or persisting structural nodal disease. Of these, 6 (50%) had confirmed SCC, all of which had Hopkins 3 to 5.

Conclusions: PET-CT is a useful tool in follow-up and treatment planning in patients treated with radical chemoradiotherapy for Oropharyngeal SCC, and can aid in decision making with regards to salvage surgery for patients with suspicion of persisting nodal disease.

Assessing the rate of malignancy in asymptomatic unilateral tonsillar enlargement with no adverse features in the adult population; a 10-year retrospective analysis

Authors: Shairashree Kumaran, Danielle McElhone, David McCrory, Mark Adams

Aim:

This study aims to evaluate the malignancy rate in cases of asymptomatic unilateral tonsillar enlargement, providing insights into whether tonsillectomy is necessary in the absence of lateralizing symptoms or other adverse features.

Methods:

A retrospective analysis was conducted, reviewing ten years of histological data from tonsillectomy cases. Additionally, patient history, examination records, and histopathology reports were analyzed using electronic care records.

Results:

The analysis focused on cases of asymptomatic unilateral tonsillar enlargement. Based on a 10-year retrospective analysis with extrapolated data, it has shown that all of the 101 patients who had asymptomatic unilateral tonsillar enlargement with no adverse features were identified as not having a tonsillar malignancy. According to data analysed thus far, 100% of patients with asymptomatic unilateral tonsillar enlargement with no adverse features were found to be benign.

Conclusions:

The findings suggest that in the absence of lateralizing symptoms or adverse features, a tonsillectomy may not be indicated on a red flag pathway, potentially reducing unnecessary surgical interventions. This also further reduces post-tonsillectomy complications and need for

possible return to theatre.

Paediatric ENT session

Title

Post-operative grommet surgical follow-up in the NHSCT

Background/Aim

Current NICE guidelines recommend a six-week post-operative audiological assessment for all patients under 12 undergoing grommet insertion for OME, with discharge and open review if results are satisfactory and individualised follow-up for those at risk for unrecognised OME.

Our aim was to assess and improve service efficiency whilst maintaining patient safety by improving adherence to these guidelines.

Methods

We reviewed NIECR records for post-operative grommet patients over two eight-month periods, December 2022-July 2023 and December 2023-July 2024 in the NHSCT. We excluded those yet to have a first appointment to accurately assess

follow-up adherence and reviewed rationale for additional appointments. Cycle one observed current practice. Nurse-specialist clinics for grommet follow-up and education on NICE guidelines were interventions implemented for our second cycle.

Results

An approximate average of 100 patients per year requiring grommet follow-up was calculated.

Cycle 1

100% of appointments were conducted at consultant clinics

70% of additional appointments were unnecessary

Cycle 2

70% of appointments were conducted by the nurse specialist

7% of additional appointments were unnecessary

141 appointments per year for consultants were saved

Conclusions

The implementation of a nurse-led clinic and education substantially improved adherence to NICE guidance and significantly impacted service efficiency.

Word count (excluding Title & subheadings): 194

Title: To investigate the progression of hearing loss with congenital cytomegalovirus(cCMV) national cochlear implant program

Authors: C Murphy 1 , C Simoes Franklin 1 , A Gendre 1,2 , F Glynn 1,2 , P Walshe 1,2 , L Viani 1,2

Affiliations:

1. National Hearing Implant Centre in Ireland, Beaumont Hospital, Dublin
2. Department of Surgery, Royal College of Surgeons in Ireland, Dublin

Objective

Congenital cytomegalovirus (cCMV) is a leading cause of progressive congenital hearing loss.

The aim of this study was to evaluate the progression of hearing loss in children referred to the National Hearing Implant Centre in Ireland with a diagnosis of cCMV.

Methods

A retrospective review of the national cochlear implant (CI) database and medical charts was performed. Patients with confirmed cCMV were included. Newborn hearing screening (NHS) results, audiology data, signs on imaging, cCMV symptoms and antiviral administration were recorded.

Results

72 children were included in the study, 39 female, 33 male. 66 children had complete audiology data that was analysed to look at the incidence of progressive hearing loss. 44 children underwent NHS, 21 children were pre-NHS and 3 children were born in other countries and results of NHS not available. 33 right ears had progression of sensorineural hearing loss (SNHL), 29 left ears had progression of SNHL. Overall, 62 ears (47%) progressed by ≥ 10 dB between first and last audiogram.

Conclusion

Understanding the characteristics of hearing loss with cCMV could help with decision making around cochlear implants and highlights the need for ongoing hearing screening in this cohort.

Authors: Gemma McCorkell (Presenter), Mr. P. Leyden & Mr. K Trimble (Supervising Consultants).

Title: Optimising the management of hearing loss in children with cleft palate.

Background: Cleft palate and down syndrome children are at a high risk of mild-moderate

conductive hearing loss and speech impairment secondary to OME. Management of this condition in the cleft palate cohort is inconsistent across U.K. This audit aims to highlight the optimal management of hearing loss in cleft palate children with a comparison to down syndrome children, to improve the efficiency of follow-up in a high-risk cohort.

Methods: A retrospective cohort review was conducted using data collected from Northern and Southern Healthcare Trusts across Northern Ireland and compared to local/regional pathways with the latest NICE Guidelines NG233 and review of literature.

Results: Somewhat surprisingly, 30% of cleft palate children required no intervention to the age of 5 years old. 12% of children treated with vents later required hearing aid use and 40% still had ongoing OME symptoms despite intervention. There remains a lack of clarity about the optimal combination of vents and hearing aids but our care pathway logarithm shows key timelines where both interventions can play key roles.

Conclusion: Cleft palate children are complex and improving regional MDT cleft pathways may optimise the clinical effectiveness and management in this cohort similar to the more robust down syndrome cohort.

Title

Pierre Robin Sequence: A 5-year review of practice and patient outcomes in a tertiary paediatric centre

Introduction

Pierre Robin sequence (PRS) is a constellation of micrognathia, glossoptosis and upper airway obstruction. A variety of surgical techniques have been described but many of these children may be safely managed conservatively with the use of airway adjuncts.

Methods

A 5-year retrospective review of management of paediatric patients with moderate to severe PRS in a tertiary paediatric centre from 2019-2024. Specific outcomes were recorded using electronic care records and clinical notes.

Results

19 children were included. 88% of children required a nasopharyngeal airway (NPA) insertion, with size 14 Rusch the most utilised (95%). Average length of time NPA in-situ was 26 days. 63% of neonates had documented failure to thrive, all requiring NG tube insertion with 79% on a regular PPI. Pre- and post- NPA oximetry was often performed but did not correlate with clinical outcomes.

65% had an oxygen requirement ranging from blow-by oxygen to CPAP. 31% had a diagnosed syndrome. Two syndromic neonates required a tracheostomy. One underwent tongue reduction; the remainder were managed conservatively.

Conclusion

Accounting for underlying co-morbidities, most neonates with PRS can be managed conservatively. Oximetry measurements do not reliably correlate with clinical improvement. We endeavour to introduce a regional pathway to standardise care irrespective of referral source.

Outcomes of Hemi Versus Total Thyroidectomy in Paediatric Low-Risk Papillary Thyroid Cancer: A Systematic Review

Finnegan E1*, Suleiman M2, Lazzeroni M3, Gomes MA4

1. St. James's University Hospital, Dublin, Ireland
2. Hull University Teaching Hospitals, Hull, United Kingdom
3. Department of Biomedical, Surgical and Dental Sciences, University of Milan, Milan, Italy
4. Head and Neck Department, National Institute of Cancer (INCA), Rio de Janeiro, RJ, Brazil

*Presenting Author

Background/Aim: The use of thyroid lobectomy in low-risk adult papillary thyroid cancer has prompted interest in its application for paediatric cases, though studies remain limited. This systematic review and meta-analysis aimed to compare outcomes of lobectomy versus total thyroidectomy in low-risk paediatric papillary thyroid cancer.

Methods: PubMed/Medline, Scopus, and Cochrane Library were searched for studies on patients under 21 years old comparing lobectomy and total thyroidectomy outcomes, including recurrence, complications, and overall survival. Data were analysed using Review Manager, Version 7.2.0 (The Cochrane Collaboration, 2024).

Results: Of 1032 studies screened, three studies, including 1341 for final extraction. Recurrence rates were reported in two studies, with 0% versus 16.67% and 33.33% versus 16.66% for lobectomy and total thyroidectomy, respectively. Two studies found no difference in overall survival between patient groups.

Complication rates could not be directly compared due to limited data.

Conclusion: Recurrence rates varied between lobectomy and total thyroidectomy in paediatric papillary thyroid cancer, with inconsistent findings. As thyroid surgery trends toward more conservative approaches in children, further well-controlled, prospective studies are necessary to establish clearer guidelines.

Rhinology section

Appropriateness of CT Sinus Ordered by the Otorhinolaryngology

Department

Dr Karl Finucane, M Fitzsimons, K Munir & Ms Mona Thornton.

Department of Otolaryngology, The Royal Victoria Eye and Ear Hospital, Dublin 2

Background

Computed tomography of the paranasal sinuses (CTPS) is a commonly ordered investigation in otorhinolaryngology (ORL) clinics as part of the work-up for sinus disease. Guidance on appropriate indications for CTPS exist. This study aimed to examine the appropriateness of CTPS ordered by the ORL department.

Methods

A retrospective review of CTPS performed between April and August 2023 was conducted. Indications for scans and grade of ordering physician were recorded as were CTPS findings and patient outcomes. The rate of appropriately ordered scans was determined.

Results

131 CTPS were ordered for 128 patients. The indication for CTPS was considered inappropriate in 27.8% of cases of which 47.5% were ordered by consultants and 33% by registrars. The most common inappropriate indication was headache/facial pain (60%). 85% of inappropriately requested CTPS had subsequently normal scan. Of patients who had an inappropriate scan that was reported as normal, 75% were discharged.

Conclusion

CTPS were considered inappropriate in 27.8% cases with a high rate of subsequently normal scans. CT paranasal sinus should be used as an adjunct to clinical assessment and endoscopic findings and should adhere to guidance where possible. This can reduce radiation exposure, improve patient safety and optimise utilisation of scarce resources.

Title: To biopsy or not to biopsy – Diagnostic value of Post Nasal Space biopsy for vasculitis

Lead: Mehaab Jaffer (CT2 ENT)

Supervisors: Catherine Diver (SAS) | Brendan Hanna (Consultant)

Background: Granulomatosis with polyangiitis (GPA), a form of vasculitis, is a destructive inflammatory disease that affects not only the upper respiratory tract but also multiple organ systems. Prompt treatment with immunosuppressive agents is crucial to halt disease progression and alleviate symptoms. However, these medications carry significant side effects, making accurate diagnosis essential. Biopsy of the postnasal space (PNS), an area commonly involved in the disease, is often utilized for diagnostic confirmation. Nonetheless, the diagnostic utility of PNS biopsy remains controversial.

Methods: Over a one-year period, 20 cases undergoing PNS biopsy under local anaesthesia for diagnostic confirmation of vasculitis were retrospectively reviewed. Biopsy results were compared to clinical findings and anti-neutrophil cytoplasmic antibody (ANCA) status to assess their diagnostic relevance.

Results: The majority of referrals were for patients presenting with nasal crusting. Epithelial hyperplasia was observed in 35% of biopsies. Nondiagnostic results were obtained in 15% of cases, while 15% revealed papilloma. The remaining biopsies included findings of normal mucosa, viral warts, and hyperkeratosis.

Conclusion: These findings suggest that the diagnostic value of PNS biopsy for confirming vasculitis is limited. To improve diagnostic yield, future studies should consider increasing the sample size and incorporating cases involving PNS biopsy performed under general anaesthesia

Title: Implementing a virtual nasal fracture clinic – 6 months experience in a single otolaryngology department

Authors: K Griffin 1 , E Cleere 1 , N van den Berg 1 , R Coady 1 , O Tkachuk 1 , D Smyth 1 , B Mahesh 1 , M Donnelly 1 , E Lang 1

1 Department of Otorhinolaryngology, University Hospital Waterford, Waterford, Republic of Ireland

Presenting author: Katherine Griffin

Background: Nasal fractures are among the most common traumatic ENT injuries. The need for timely treatment of these patients between 10 – 21 days after injury is a large burden on outpatient clinic time and resources. We describe our experience following implementation of a virtual nasal fracture clinic to screen patients needing a timely in person clinical review.

Methods: A 6-month retrospective audit of clinical activity (January 1 st 2024 – June 30 th 2024) was carried out.

Results: There were 247 nasal bone injuries referred to our department over 6 months (mean age 36.1 years [range 1 – 95 years]). The mean time to first virtual review was 11.1 days with 110 (44.5%) patients discharged from the virtual clinic. Of the 137 patients scheduled for in-person review, 66 (48.2%) required MNB, 49 (35.8%) required no intervention and 22 (16.0%) did not attend. Where in-person review was needed mean time from injury to review was 13.2 days (95% CI 12.5 - 13.9 days) with 95.6% of patients seen <21 days.

Conclusions: No in-person review was necessary in 110 patients (44.5%) of cases. This reduced the burden on outpatient services supporting prompt intervention in those that required it, with 95.6% of patients seen within 21 days of injury.

Use of a Novel Interactive Video Tool in Assessing UK Junior Doctors' Knowledge of Nasendoscopic Anatomy

Authors: Judith Osuji, Mridul Rana, Robert Maweni

Introduction:

Flexible nasal endoscopy is a key procedure in ENT, requiring proficiency in technique and anatomical recognition. Junior doctors often face inconsistent training. We developed a novel interactive video tool, built using H5P software, to assess and improve knowledge of nasendoscopic anatomy. This study evaluates the tool's effectiveness in enhancing doctors' skills across UK hospitals, reflecting a trend towards technology-enhanced medical education.

Methods:

Twenty-two junior doctors from four UK hospitals participated. They completed a questionnaire on demographic details and ENT exposure, followed by an interactive video featuring 25 anatomy identification questions and 3 procedural questions. Data on confidence in anatomy identification were collected, and assessment scores were analysed statistically using Python, exploring

correlations between performance, demographics, and ENT experience.

Results:

Participants were predominantly aged 25-34, with limited ENT exposure in medical school. Twelve participants expressed interest in ENT as a career. On average, participants scored 16.41 out of 28 (mean score: 43.91%, SD: 32.94%). Confidence in anatomy identification significantly correlated with assessment scores for vocal cord palsy, normal anatomy, and nasal polyps ($p < 0.05$). Higher professional grade and greater FNE experience correlated positively with performance, while career interest also impacted scores ($p = 0.044$).

Conclusion:

The interactive video tool effectively assessed and enhanced junior doctors' nasendoscopic anatomy knowledge. The positive correlation between confidence and performance underscores the tool's role in reinforcing knowledge and confidence. This study supports integrating technology-driven tools into medical education to standardise and improve training, particularly in skill-based specialties like ENT. Expanding such resources could significantly impact junior doctor training quality.

Predictive Factors for Overall Survival in Nasopharyngeal Carcinoma Patients

Finnegan E* 1 , Rahman A 1 , Celli S 1 , Hintze J 1 , Kinsella J 1 , Timon C 1 , Lennon P 1 , Abdulrahman S 1 , Fitzgerald C 1 .

1. Department of Otolaryngology, Head & Neck Surgery, St. James's University Hospital, Dublin, Ireland.

* Presenting Author

Background/aim: The incidence of nasopharyngeal carcinoma (NPC) is significantly lower in European populations compared to endemic regions like Southeast Asia. Limited data exists on factors that influence survival in non-endemic populations. This study aims to identify prognostic factors for NPC in an Irish population to improve our understanding of the disease.

Materials and Methods: We conducted a retrospective cohort study of patients diagnosed and treated for NPC at

St. James's University Hospital, over 10 years (2013–2023). We collected data relating to patient demographics,

histopathology, staging, recurrence, and treatment. Overall survival was analysed using Kaplan-Meier curves, and

prognostic factors were assessed with univariate and multivariate Cox regression.

Results: The study included 65 patients with NPC, at a mean age of 53 years (SD = ± 12.67). The majority of

patients were of Caucasian ethnicity (81.5%, $n = 53$). Multivariate analysis showed that age at diagnosis increased

mortality risk, (HR 1.095, 95% CI 1.022–1.174) while a non-keratinizing subtype was associated with a lower

risk (HR 0.228, 95% CI 0.064–0.812).

Conclusion: This study identifies key prognostic factors for NPC in an Irish, non-endemic population, highlighting the need to consider non-anatomic factors in survival predictions.

Title

Outcomes of septal button insertion in a district general hospital

Authors

Jonathan Beck, ENT Registrar, Altnagelvin Area Hospital

Aisling Clarke, ENT Core Trainee, Altnagelvin Area Hospital

Nadia Karrim, ENT Consultant, Altnagelvin Area Hospital

Abstract

Background

Nasal septal perforation is a communication between the nasal cavities. Quality of life can be affected with epistaxis, crusting, nasal obstruction and whistling. Nasal septal buttons can cover septal perforations to alleviate symptoms. This review assessed the outcomes of button insertion.

Methods

A review of patients with septal button insertion in the Western Trust between 2015 and 2023 was undertaken using the Northern Ireland Electronic Care Record.

Results

41 patients were identified with 17 male and 24 female. Median age was 47 with follow-up ranging from 1 to 54 months. 21 patients had no follow-up data. Causes of perforation included trauma (19), unknown (19), drug use (1), vasculitis (1) and iatrogenic (1). Of the 20 patients with follow-up data, 7 (35%) had removal of button due to poor fit and crusting. 13 patients (65%) required replacement due to poor fit, crusting and discomfort.

Conclusion

Septal button insertion provides symptomatic relief in patients however issues may arise, necessitating replacement or removal. This study can help us inform patients appropriately on outcomes of septal button insertion and symptoms encountered post-operatively.

Limitations include small patient sample, lack of operating notes, selection bias with loss of follow-up and outpatient procedures performed.

Word count: 198

Title

Outcomes of inferior turbinoplasty for nasal obstruction.

Background/Aim

NICE guidelines from July 2014 suggest turbinoplasty is an effective and safe method to reduce nasal obstruction. Previous meta-analyses have demonstrated superior outcomes in turbinoplasty compared with sub-mucosal diathermy.

Our primary aim is to assess safety as a day case procedure in a local population, whilst also assessing symptomatic outcome.

Methods

NIECR and Encompass records were used to identify 12 patients who underwent inferior turbinoplasty. Records were assessed for outcomes and complications.

Results

2 patients had turbinoplasty alone, whilst 10 also had either a septoplasty or septo-rhinoplasty.

91% of patients had a clear subjective improvement of symptomatic nasal obstruction.

17% had minor nasal crusting.

No patient had significant epistaxis requiring emergency assessment.

Conclusions

Whilst acknowledging small sample size and that adjunct procedures in our cohort confound outcomes, we propose that inferior turbinoplasty is a safe surgical intervention that can improve symptoms in patients with nasal blockage. We aim to continue to monitor and analyse outcomes and thereby develop our data.

Word count (excluding title & subheadings): 158

Audit Team

John Crowther, CT2 trainee – Presenting Author

Jonathan Smith, ST8 ENT trainee

C Smith ENT Consultant

B Hanna ENT Consultant