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1022nd Conference

International Conference on

Aesthetic Medicine and ENT

July 06-08, 2017 Kuala Lumpur, Malaysia

Scientific Tracks & Abstracts **(Day 1)**



Session:

Day 1 July 06, 2017

Ear Disorders & Treatment | Phoniatriy & Obstructive Sleep Apnea (OSA)

Session Chair

Padma Shri Dr. Jitender Mohan Hans

Dr. Hans Centre for ENT, Hearing Care & Vertigo, India

Session Introduction

Title: Update on vestibular rehabilitation on BAL Ex innovation products for Balance disorder and Stroke patients

Zuraida Zainun, University Sains Malaysia, Malaysia

Title: Assesment of snoring & sleep apnoea

Md Monjurul Alam, Bangabundhu Sheikh Mujib Medical University, Bangladesh

Hair Transplantation | Ear Disorders & Treatment | Aging Science

Session Chair

Masroor Ahmad Wani

Health Zone (Aesthetic & Skin Chamber), India

Session Introduction

Title: Suction assisted hair transplantation (FUT & FUE)

MMT Vasan, Apollo Cosmetic Surgical centre & V-Graft Hair Transplant centre, India

Title: Update on latest BPPV manouver for Bening paroxysmal positional disordered patients

Zuraida Zainun, University Sains Malaysia, Malaysia

Title: Evaluation/Manifestation of LPR

Irfan Iqbal, HNS Government Medical College, India

Title: Pain Management in Aesthetic Medicine

Ramamurthy, DAOS Corporation, Malaysia

Workshop

Title: Expectations from chemical peel practice

Masroor Ahmad Wani, Health Zone (Aesthetic & Skin Chamber), India

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Update on vestibular rehabilitation on BAL EX innovation products for Balance disorder and Stroke patients

Zuraida Zainun

University Sains Malaysia, Malaysia

Vestibular rehabilitation is one of the optimum treatments to promote the recovery among vestibular disorder and stroke patients. The effectiveness of these physical therapies has been clearly demonstrated. In fact, having an effective therapy that is home based or one to one offers many advantages to the patients and clinicians. Zainun and her colleagues (2009) had developed the first video guided exercise that is home-based known as Bal Ex. Other module and protocols developed for balance rehabilitation are Bal Ex Stand Up: Manual Footplate for Balance Rehabilitation, Bal Ex Mobile Virtual Room for visual vertigo patients, Bal Ex Stroke homebased video module for stroke rehabilitation, Bal Ex Physio homebased physiotherapy module for stroke patients and others. This module has many advantages which are easy to perform as there are step by step instructions presented with audio and visual cues. Second, since it is home-based, the patients are able to use them as self-guidance and they can minimize their follow up to the hospital for treatment. This is also practical for patients with reduced mobility and it also offers more flexibility. Indirectly, it is also cost-effective in a long run. Indirectly having this latest innovation product will improve our current clinical management of vestibular disorder and stroke patients.

Biography

Zuraida is a senior medical lecturer in the Audiology Program, School of Health Sciences, Universiti Sains Malaysia (USM). She received her Medical Degree (MD) from USM in 2002 and Master of Science (Medical Audiology) in 2010 from the same university. She was the pioneer in establishing USM Vertigo Clinic since 2008. Apart from her clinical commitment, she has also been an active researcher in the field balance and vestibular. She has been sharing her research findings both locally and internationally and has published more than 60 publications including journal, oral, books and proceeding. Awarded with many research grants, Dr Zuraida has invented many clinical tools for assessing and treating balance disordered and stroke patients. Her home based treatment product, known as Bal Ex, has won many awards (gold and silver medals). She is currently developing a virtual vestibular rehabilitation procedure for balance disordered patients.

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Assesment of snoring and sleep apnoea

Md Monjurul Alam

Bangabandhu Sheikh Mujib Medical University, Bangladesh

Obstructive sleep Apnoea (OSA) is a chronic disorder characterized by intermittent upper airway collapse which impairs ventilation and disrupts sleep. Approximately 3-7% of adult men & 2-5% of adult women in general population suffers from OSA associated excessive daytime sleepiness. Nearly 22 million Americans are affected by OSA, making it most common disorder. Patients with undiagnosed & untreated OSA are at increased risk for cardiovascular and cardiovascular health consequences and co-morbidities. Suspicion of the disease, investigations & diagnosis of OSA is very essential. Usually OSA is observed by bed partners or roommates that the patient having problems of loud snoring sound Apnoea during sleep. Patient's Body mass index, Neck & waist circumference and presence of retrusion or micrognathia should be taken into account. Mallampati score & Epworth scale of the patient is also important. Adequate physical exam - oral Exam is essential. Mueller maneuver Fibro optic Nasopharyngo Laryngoscopy is important. Pulse Oximetry is screening test. Polysomnography is a gold standard of all investigations from which AHI, RDI, ODI can be assessed. Sleep MRI or dynamic ultrafast MRI is done to detect level of obstructions. Recently Drug Induced Sleep Endoscopy (DISE) is latest method to diagnose OSA detect level of obstructions. Cephalometric methods can also be applied. OSA is associated with substantial economic costs to society including increased medical costs. So early Suspicion, adequate physical Examination, essential investigations should be done to diagnose OSA timely & treat the patient timely to prevent morbidity mortality from OSA.

Biography

Md Monjurul Alam has been working as Professor of Otolaryngology & Head - Neck Surgery at Bangabandhu Sheikh Mujib Medical University (BSMMU), Shahbag, Dhaka since 2010. He Passed MBBS from Rajshahi Medical College, FCPS (ENT) from Bangladesh College of Physicians & Surgeon, Qualified MS in Otolaryngology from Dhaka University, obtained FICS from USA. He got advanced training in Micro-ear Surgery, FESS & Rhynoplasty Surgery, Snoring & Sleep Surgery, LASER Surgery, Skull-Base surgery from USA, UK, Australia, India, Singapore, Bangkok, Malaysia & different countries of Europe. He is a pioneer of Endoscopic Ear surgery in Bangladesh. He actively participated in workshop, seminar, conference, Congress in different countries. He has more than 80 articles published in different national & international journals. More than 5 research works have been going on under his supervision in BSMMU.

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Suction assisted hair transplantation (FUT & FUE)

MMT Vasan

Apollo Cosmetic Surgical centre & V-Graft Hair Transplant centre, India

Introduction: Hair transplant (HT) is a common cosmetic surgery. Finer & newer techniques are coming up very often.

Materials & Methods: Suction assisted procedure for inserting the hair grafts is very easy and faster technique. Harvesting is done by: 1. Follicular Unit Transplant (FUT) or 2. Follicular Unit Extraction (FUE). For inserting the grafts we can use, 11 blade knife or iris knife to make a slit or 19 or 22 gauge hypodermic needles to make holes and to insert the grafts, for easy insertion of the graft can use suction negative pressure. The needle is attached to a no.14 size suction catheter which in turn is attached to a suction machine which produces a mild vacuum suction pressure (approximately 50-80 mm of Hg). The suction power sucks out the blood making the field clear for easy visualization of the hole. It removes the skin debris produced during piercing. Then the hair graft is inserted.

Results & Analysis: Suction assisted hair transplant was done in 500+ cases in past 6 years. It was noted that, there was a significant decrease in cyst formation post operatively and increased hair growth.

Conclusion: The suction sucks out the dermal skin debris produced by the piercing of the skin with hypo dermic needles and hence avoids the formation of dermal inclusion cysts. 2. Sucks out the oozing blood & hence produces clear field for easy insertion. 3. The suction negative pressure automatically guides the hair graft to enter into the hole easily without much manipulation & hence faster surgery can be done.

Biography

M M T Vasan practices at Apollo Spectra Hospitals. Professional qualification of the Doctor is MBBS, MS, Fellowship in Plastic & Cosmetic Surgery and specializes in Plastic and Cosmetic Surgery. Dr. M M T Vasan has expertise in Cosmetic Surgery with an experience of 7 Years.

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Update on latest BPPV maneuver for Benign paroxysmal positional disordered patients

Zuraida Zainun

University Sains Malaysia, Malaysia

Benign Paroxysmal Positional Vertigo (BPPV) is one of the most common diagnoses among peripheral vestibular disorders. Pathology of this disorder is the presence of otoconia inside the semicircular canal. Posterior canal BPPV is the most common type of BPPV. Nausea and vomiting are the key features for BPPV. Specific maneuver is one of the optimum treatments to promote the recovery among BPPV patients. The effectiveness of these maneuvers has been clearly demonstrated. The best maneuver is the one with highest successfully rate and the lowest recurrent rate. Gan canal repositioning and deep hanging maneuver is one of the latest maneuvers that is able to cure the BPPV problem.

Biography

Zuraida is a senior medical lecturer in the Audiology Program, School of Health Sciences, Universiti Sains Malaysia (USM). She received her Medical Degree (MD) from USM in 2002 and Master of Science (Medical Audiology) in 2010 from the same university. She was the pioneer in establishing USM Vertigo Clinic since 2008. Apart from her clinical commitment, she has also been an active researcher in the field balance and vestibular. She has been sharing her research findings both locally and internationally and has published more than 60 publications including journal, oral, books and proceeding. Awarded with many research grants, Dr Zuraida has invented many clinical tools for assessing and treating balance disordered and stroke patients. Her home based treatment product, known as Bal Ex, has won many awards (gold and silver medals). She is currently developing a virtual vestibular rehabilitation procedure for balance disordered patients.

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Evaluation/Manifestation of LPR

Irfan Iqbal

HNS Government Medical College, India

Background and purpose: To study the clinical presentation of Laryngopharyngeal Reflux (LPR), Document endoscopic findings of patients with (LPR) and its correlation with Gastroesophageal Reflux Disease (GERD), and to formulate management strategy.

Methods: 112 patients were studied and followed for a period of at least six months. The study was under the following headings: (1) establish the diagnosis of LPR by using Reflux, (2) establish diagnosis of GERD, (3) treatment OF LPR

Results: Majority of patients were females (53.3%) and in the age group of 20-50 years. RSI was used to study symptoms. Common symptoms were clearing of throat (97.1%), lump in throat (96.2%), excess throat mucus (93.3%). The signs of LPR were studied by using RFS. Common findings were vocal cord edema (97.1%) and erythema (93.3%). Symptoms of GERD were present in less than half of patients (47.6%). EGD found to be normal (64.8%). Most common finding on EGD was esophagitis (17.1%), gastritis (14.3%) and hiatus hernia (8.6%). Majority of patients responded to medical management (96.2%). RSI improved from a mean score of 17.6% at initiation of treatment to 3.9 at 6 months follow up. RFS improved from a mean score of 11.9 at pre-treatment to (1.7) at 6 months follow up.

Conclusion: LPR is common and RFS and RSI were used to evaluate LPR, They were reproducible and effective. GERD was present in less than half of the patients. Medical management twice PPI was effective.

Biography

Irfan Iqbal studied MBBS from reputed medical college in Srinagar, India. Later he joined for specialization of Otorhinolaryngology-Head and Neck Surgery and currently working as lecturer in HNS Government Medical College, India.

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Pain Management in Aesthetic Medicine

Ramamurthy

DAOS Corporation, Malaysia

Pain in an aesthetic medical procedure is multifactorial; it depends on the type of procedure (Botulinum Toxin, Fillers, Threads, Lasers, Radiofrequency, Infrared, and Chemical Peel), site of treatment (face, body, bony area, hairy area), type of pain – nociceptive, neuropathic or inflammatory and patient's threshold to pain. To some, the psychological pain of what may go wrong can be more than the physical pain caused by the procedure. There is also the proportion of pain to skin color in Laser related procedures. It is well known that anxiety and fear also play an important role in aesthetic procedures.

Managing pain is just as much about managing expectations and starts during consultation. Giving an insight to the pain and describing the sensation helps to prepare the patient. A holistic approach will be to provide a soothing ambience, clinical hypnotherapy and engaging all the senses – sight, hearing, smell, taste and touch, which are proven adjuvants in minimizing pain. Thereafter, simple and easily available approach will be to use ice cubes, cold sprays, ice gels, topical anesthetic cream, etc. Pharmacological pain relief can be classified into non-sedative and sedative options, with proper monitoring and emergency facilities required for the later. With so many options available, the physician's suggestion for pain management must be discussed with the patients and must not be carried out without their consent. Additionally, the choice of pain management must not interfere with the treatment outcome, such as using sedation when the patient's input is important during augmentation procedure.

The objective for today's aesthetic professionals must be to minimize the fear of pain, as well as effectively reducing the physical pain that ensues. With so many techniques and pain relief formulations available in aesthetics, the old saying, 'No pain, No gain' should not have a place in aesthetic clinics. The best practitioners need to keep their pain management protocol under review, operate a feedback system with patients, learn from individual experiences and adapt to tailor future pain management strategies.

Biography

Ramamurthy completed his medical studies in India in year 1996 and pursued his Diploma in Dermatology (Cardiff - 2000), Fellowship in Laser Surgery (Bangkok - 2002) and Certification in Pain Management (Paris – 2003). After being appointed as the Vice President of Association of International Certified Aestheticians in 2012, he was honorarily awarded the Letter of Credentialing & Privileging (Aesthetic Medicine) from the Ministry of Health in 2013 and currently heads the Academy of Aesthetic Medicine in Malaysia. He has been lecturing in several universities in Malaysia since 2002.

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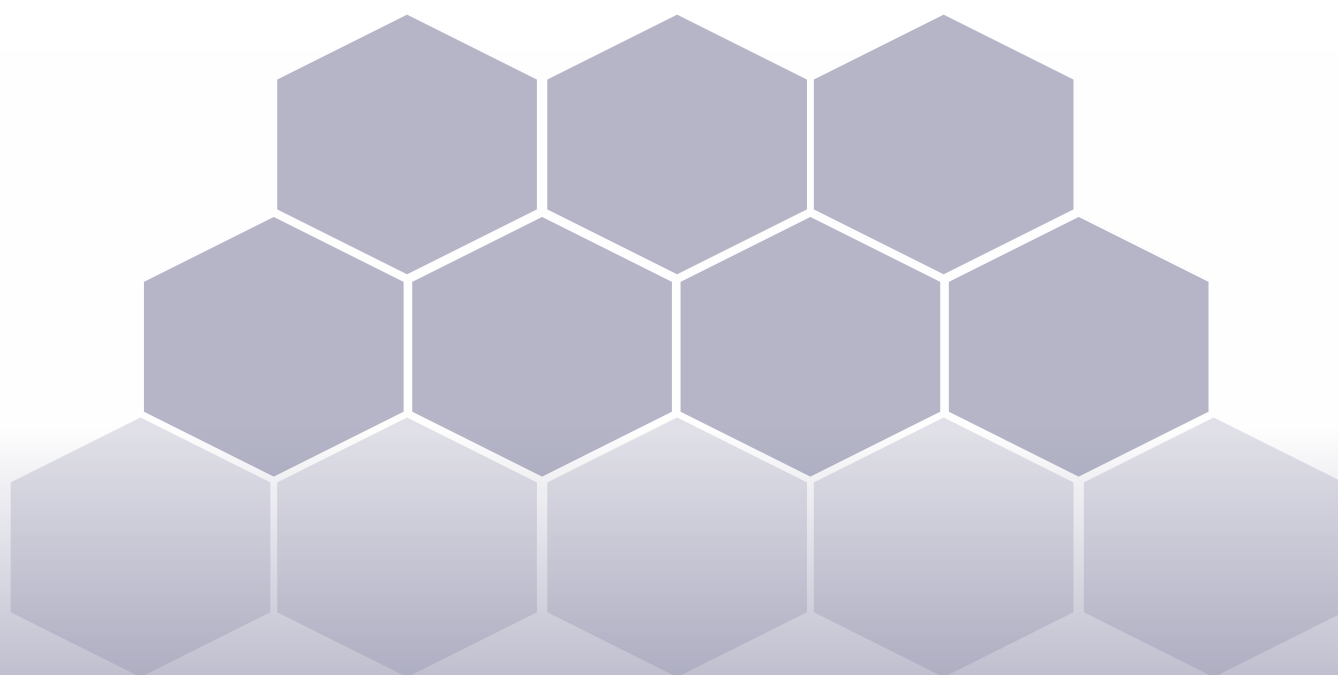
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Workshop (Day 1)



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Masroor Ahmad Wani

Health Zone (Aesthetic & Skin Chamber), India

Expectations from chemical peel practice

A compound peel is a treatment in which a corrosive arrangement is utilized to expel the harmed external layers of the skin. In performing concoction peels, we apply alpha hydroxy acids, trichloroacetic corrosive, or phenol to the skin. The synthetic peel is one of the most established corrective systems on the planet, and was performed in old Egypt, Greece, and Rome to enable individuals to accomplish smoother, more excellent skin. Today, concoction facial peels are prominent everywhere throughout the world since they offer almost quick outcomes and can be executed as an outpatient strategy. Patients with reasonable skin and light hair are the best concoction peel hopefuls. Be that as it may, patients with other skin pigmentation and hair shading can accomplish great outcomes also. Synthetic peels once in a while result in genuine intricacies, yet certain dangers do exist. These dangers incorporate scarring, disease, swelling, changes in skin tone, and mouth blister. A concoction facial peel can give a few advantages to the skin. The strategy can reestablish a more energetic appearance to skin and diminish wrinkles, uneven pigmentation and sun-harm.

Biography

Masroor Ahmad Wani is gold medalist, has done MD from medical college Kolkata. He is practicing aesthetic and skin medicine at Health zone Medicate Srinagar India. He has published many articles in newspapers and magazines, has attended more than 22 national and international dermatological conferences.

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Scientific Tracks & Abstracts **(Day 2)**



Session:

Day 2 July 07, 2017

Aging Science | Head & Neck Oncology

Session Chair

Ahmad A. Alanazi

University of Arkansas for Medical Sciences, USA

Session Introduction

Title: The utility of stem cells in Alopecia areata: A five year experience

Marwa Mohamed Fawzy, Cairo University, Egypt

Title: Recurrent nasopharyngeal carcinoma with axillary lymphnode metastases: A rare presentation

Sethu Thakachy Subha, University Putra Malaysia, Malaysia

Chemical Peels | Head & Neck Oncology

Session Chair

Padmashri Dr. Jitender Mohan Hans

Dr. Hans Centre for ENT, Hearing Care & Vertigo, India

Session Introduction

Title: Application of Chemical peels

Masroor Ahmad Wani, Health Zone (Aesthetic & Skin Chamber), India

Title: Presentation and surgical management of parotid masses at a tertiary care hospital

Muhammad Sohail, Aga Khan University, Pakistan

Title: Predictors of locoregional recurrence in early stage buccal cancer with pathologically clear surgical margins and negative neck

Shakeel Uz Zaman, Liaquat National Hospital & Medical College, Pakistan

Title: Maxillofacial infection in Libya

Mohamed Elarbi, AOA Neurosurgery University Hospital, Libya

Title: Management of erythema and flushing in patients with erythematotelangiectatic rosacea

Jeffery Lim, Aesthetic Medicine Academy Asia, Malaysia

Title: Our experience of 200 cases of thyroid surgery under local anaesthesia versus general anaesthesia

Sambhaji Govind Chintale, Muhs Nashik University, India

Workshop

Title: Initial experience of endoscopic ear surgery in Bangladesh

Md Monjurul Alam, Bangabundhu Sheikh Mujib Medical University, Bangladesh

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July 06-08, 2017 Kuala Lumpur, Malaysia

The utility of stem cells in *Alopecia areata*: A five year experience**Marwa Mohamed Fawzy**
Cairo University, Egypt

Background: *Alopecia areata* (AA) is a common condition causing non-scarring hair loss, yet its pathogenesis is still unclear. Treatment of AA is a difficult challenge. The discovery of epithelial stem cells in the bulge region of the outer root sheath of hair follicles in mice and man has encouraged researchers to utilize the hair follicle as a therapeutic source of stem cells for regenerative medicine.

Objective: The objective of the study is to evaluate the use of follicular stem cells in the treatment of AA.

Patients & Methods: Fifteen patients with AA of the scalp were included in a randomized controlled double blinded clinical trial. Isolation of hair follicle stem cells was done by enzymatic digestion of the bulge areas. Cell tagging using iron oxide particles was performed in order to elucidate the exact fate of the injected cells as a way for *in vivo* cell tracking. Sham saline injections have been done at control sites on the scalp of the treated patients.

Results: Excellent response was achieved in three patients (20%), good response was achieved in seven patients (47%), while five patients (33%) showed poor response at the end of nine months evaluation. None of the placebo injected sites in all included patients showed any response.

Limitations: Sample size is relatively small. Long-term follow up is mandatory.

Conclusion: It can be concluded that, local follicular stem cell therapy could be a feasible, efficient and safe therapeutic option for *Alopecia areata*.

Biography

Marwa Mohamed Fawzy has completed her PhD from Cairo University and Postdoctoral studies from Cairo University School of Medicine. She is a Professor of Dermatology, Cairo University (since April 2016). She has got International Board Certificate in Dermatopathology (December 2010) passing successfully the 8th International Board Certifying Examination in Dermatopathology. She has published more than 30 papers in reputed journals and has been serving as an Editorial Board Member of repute.

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Recurrent nasopharyngeal carcinoma with axillary lymphnode metastases : A rare presentation

Sethu Thakachy Subha

University Putra Malaysia, Malaysia

Nasopharyngeal carcinoma (NPC) representing about 0.7% of global burden of cancers where as NPC is the most common cancer of head and neck in Malaysia, South Eastern China, Hong kong and Singapore. Nasopharyngeal carcinoma has typically metastases to cervical lymphnodes. Majority(>75%) of NPC patients have advanced locoregional disease with cervical metastases at the time of initial presentation. The common sites of distant metastases are bone, liver, lung and rarely metastases to axillary nodes. We report the rare presentation of recurrent NPC with axillary lymphnode metastases. Our patient, 44 years old chinese gentleman who was diagnosed to have NPC with initial staging T2N3bM0 could not complete neoadjuvant chempradiotherapy due to severe oral mucositis. Subsequent surveillance assessments were unremarkable and after 3 years he has presented with right axillary lymph nodes. Clinical examination revealed radiotherapy changes at the nasoharynx and absent cervical lymphadenopathy. Fine needle aspiration of nodes showed as metastatic carcinoma. CT scan showed obliteration of right fossa of Rosenmuller and axillary nodes. PET CT demonstarted right supraclacicular, axillary and mediastinal lymphnodes and patient has been subsequently referred for palliative chemotherapy.

Conclusion: This case illustartes the fact that, even though NPC is highly radio and chemo sensitive, these patients needs close follow up for early detection of recurrence and distant metastases. Despite the effectiveness of radiation and chemotherapy in the mangement of NPC, local or regional failure still occurs. Knowledge of potential mode of spread is not only vital to surgeons and also must be conveyed to patients for self examination. FDG-PET CT is better than CT in detecting residual or recurrent disease in NPC.

Biography

Associate Professor Sethu Thakachy Subha Current Appointment: Head of Unit ENT Head & Neck Surgery, Department of Surgery/Otorhinolaryngology Faculty of Medicine & Health Sciences University Putra Malaysia Serdang, Malaysia. Associate Professor Dr.Sethu Thakachy Subha, obtained her MBBS degree from the University of Kerala India in 1989 and MS degree in ENT Head & Neck Surgery from University Malaya, Kuala Lumpur Malaysia in 2002. she has published articles in local and international peer reviewed journals. She has also presented her research papers in various international conferences. She has been serving as reviewer for many reputed medical Journals.

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Application of Chemical peels

Masroor Ahmad Wani

Health Zone (Aesthetic & Skin Chamber), India

A chemical peel is used to improve the appearance of the affected skin. A chemical peel solution is applied to the skin that eventually peels off the affected area. The new, regenerated skin is usually smoother and less wrinkled than the old skin. The new skin is temporarily more sensitive to the sun. Three basic kinds of chemical peels are: Superficial peel: Alpha-hydroxy acid or any another mild acid is used to penetrate only the outer layer of skin to gently exfoliate it. The treatment is used to improve the appearance of mild skin discoloration and rough skin as well as to refresh the affected area. Medium peel: Glycolic acid is used to penetrate the out and middle layers of skin to remove damaged skin cells. The treatment is used to improve age spots, fine lines and wrinkles, acne spots, freckles. Deep peel: Phenol or trichloroacetic acid is applied to deeply penetrate the middle layer of skin to remove damaged skin cells. The treatment removes moderate lines, age spots, freckles and shallow scars. Patients feel good improvement in skin appearance. Who is a good candidate for a chemical peel? Generally, fair-skinned and light-haired patients are better candidates for chemical peels. If you have darker skin, you may also have good results, depending upon the type of problem being treated. But you also may be more likely to have an uneven skin tone after the procedure.

Biography

Masroor Ahmad Wani is Gold Medalist, has done MD from Medical College, Kolkata. He is practicing Aesthetic and Skin Medicine at Health Zone Medicate, Srinagar, India. He has published many articles in newspapers and magazines, has attended more than 22 national and international dermatological conferences.

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Presentation and surgical management of parotid masses at a tertiary care hospital

Muhammad Sohail

Aga Khan University, Pakistan

Objective: The objective is to analyze the clinical presentation, histopathology, complications and outcomes of parotidectomy.

Material & Methods: Retrospective chart review of 193 patients was performed who underwent parotidectomy from January 2005 to December 2015 at the Aga Khan University Hospital, Karachi. Data collected included age, gender, comorbid, signs and symptom, perioperative facial nerve function, details of surgery, FNA, histopathology and complications.

Results: Out of 193 patients undergoing parotidectomy, 110 (57%) were males and 83 (43%) were females, mean age being 48.21 and 43.76 years respectively. Mean duration of symptoms was 41.33 months and most common symptom was pre-auricular swelling present in all patients followed by pain present in 29 patients (15%) and facial nerve weakness in 6 patients (3.1%). FNAC was performed preoperatively and results were compared with final histopathology. 158 patients (81.86%) underwent superficial parotidectomy while 35 patients (18.14%) underwent total parotidectomy. The final histological diagnosis showed benign lesion in 147 (76.2%) patients and 46 patients (23.8%) had malignant lesions. 23 (11.9%) patients had transient nerve paralysis while 11 (5.7%) had complete facial nerve paralysis after surgery and majority of them were seen after total parotidectomy. Six (3.1%) patients developed post-operative hematoma and 2 (1%) developed Frey's syndrome. 33 (71.73%) patients were sent for adjuvant radiation therapy out of 46 patients with malignancy and 9 (19.6%) patients with malignancy developed recurrence.

Conclusion: Parotidectomies are performed for almost all parotid masses and are usually associated with good postoperative outcomes. Malignancies of the parotid are rare with most of the masses benign in nature. FNA can prove to be a valuable tool for preoperative counseling of the nature of the disease and prognosis. With modern day procedures facial nerve can be saved in most of the surgical interventions.

Biography

Awan did his MBBS from Nishtar Medical College in 1990. He did his residency training at Pakistan Institute of Medical Sciences, Islamabad and Aga Khan University Hospital, Karachi and got his post graduate degree (FCPS) from College of Physicians and Surgeons, Pakistan in Otolaryngology and Head and Neck Surgery in 1998. He got his further training in the field of Otology (Ear diseases and surgery) from Wurzburg University, Germany and Portmann Institute, France. Dr. Awan has special interest in Cochlear Implant surgery and started a CI program at AKU in 2005 first of its kind in the country. Dr. Awan has keen interest in research activities and has 50+ national and international publications to his credit. Currently Dr. Awan is working as Associate Professor and Consultant Otolaryngologist at AKUH, he is head of ENT department and also leading the Cochlear Implant Program at Aga Khan University.

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Predictors of locoregional recurrence in early stage buccal cancer with pathologically clear surgical margins and negative neck

Shakeel-Uz-Zaman, Shakil Aqil and Mohammad Ahsan Sulaiman
Liaquat National Hospital & Medical College, Pakistan

Objective: The purpose of this study was to identify the significant predictors of locoregional recurrence in early stage SCCA of buccal mucosa with pathologically clear surgical margins and negative neck.

Materials & Methods: We retrospectively reviewed records of 73 patients who underwent per oral wide excision and supraomohyoid neck dissection for early stage buccal SCCA between 2007 and 2011 with clear surgical margins (>5 mm margins each) and negative neck (N0). None of the patients received postoperative radiotherapy or chemotherapy. The primary endpoint of the study was local, regional or locoregional recurrence. Univariate and multivariate analyses were used to identify independent predictors of locoregional recurrence.

Results: Recurrence was observed in 22 of 73 (30%) patients at the end of this study. Twelve (54.5%) had local, seven (31.8%) had regional and three (13.6%) developed locoregional recurrences. Sixteen patients (72.2%) had recurrence within the first 2 years of primary treatment. Both univariate and multivariate analyses demonstrated that lymphovascular invasion (LVI) and non-T4 muscular invasion (non-T4MI) were independent predictors affecting locoregional control.

Conclusion: Our results demonstrate that LVI and non-T4MI significantly increased the locoregional recurrence rate in early stage buccal SCCA with clear surgical margins and negative nodal status. Adjuvant treatment with either radiation or chemoradiation should be considered when one or both of these factors present.

Biography

Shakeel Uz Zaman completed his MBBS from King Aga Khan University, Later he joined for specialization of Otorhinolaryngology at Liaquat National Hospital & Medical College, Karachi, Pakistan.

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Maxillofacial infection in Libya

Mohamed Saleh Elarbi

AOA Neurosurgery University Hospital, Libya

Aim: To review medical records from patients who had maxillofacial infections between January 2008 to January 2016.

Methods: Retrospective analysis of 91 patients, 51 males (56%) and 40 females (44%) admitted in Ali Omar Askar (AOA) University hospital for Neurosurgery, Oral & Maxillofacial surgery department, Esbea, Tripoli Libya. Epidemiology, causes of infection treatment carried out and complications were discussed.

Results: A total of 91 patients with maxillofacial infection of which 51 were male (56%), 40 females (44%), 85 patients had Odontogenic infections (93%), 45 males (52.9%) & 40 females (47.1%) and 6 had non-Odontogenic infections (7%). The Odontogenic infections occurred mostly at the mandible and its associated spaces 74 cases (87%) involving the posterior teeth (82%). The main cause was dental caries 80 cases (94%). The most commonly affected facial anatomic region was the submandibular 39 cases (45.9%). Surgical treatment was required in all the cases.

Conclusions: Maxillofacial infections require proper urgent treatment, to avoid complications, which can be serious. Their Management is primarily surgical (incision, drainage with extraction of offending tooth as required which require skilled anaesthetic airway management. Immediate admission, monitoring vital signs and high doses of antibiotics, with intravenous fluids for rehydration. Early diagnosis and National oral health preventive programme required in all age groups with emphasis on younger age group will reduce the incidence of Odontogenic infections and its serious consequences.

Biography

Mohamed Saleh Elarbi is a renowned Professor in Ali Omar Askar Neurosurgery Centre, Libya. He has many publications to his credit.

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Management of erythema and flushing in patients with erythematotelangiectatic rosacea

Jeffery Lim

Aesthetic Medicine Academy Asia, Malaysia

Rosacea is a chronic inflammatory skin disorder which may present with transient or persistent erythema, telangiectasia, inflammatory papules and pustules, phymatous changes and/or have ocular involvement (e.g., blepharitis, keratitis, episcleritis, conjunctivitis). Patients may also report a burning or stinging sensation over the affected areas. The condition may be aggravated by the consumption of spicy food, hot food/drinks, alcohol consumption, use of topical/oral corticosteroids, exposure to heat (saunas, hot sun) or physical activities such as exercise. Patients with the erythematotelangiectatic variant of rosacea often seek treatment for persistent erythema, increased sensitivity to cosmetics and topical products as well as pain and discomfort. While there have been no single effective treatment for rosacea, there exists numerous options for treatment. The objective of this presentation is to identify effective options to manage persistent or recalcitrant erythema in patients with rosacea. Treatment options include topical therapy, oral medication, intradermal injectable therapy and laser & light treatments. Topical therapy options that may be beneficial include topical metronidazole 1% gel, azelaic acid 20% cream, permethrin 5% cream, ivermectin 1% cream, brimonidine tartrate 0.33% gel and oxymetazoline hydrochloride 1% cream. Oral medications that have been prescribed include tetracyclines, metronidazole, isotretinoin, clonidine, beta blockers (e.g., carvedilol), ondansetron, naloxone and selective serotonin re-uptake inhibitors (SSRIs). Intradermal botulinum toxin A has been reported to be helpful in reducing erythema associated with rosacea. Intense pulsed light, copper bromide laser, pulsed dye laser or long pulsed Nd:YAG laser may be considered in recalcitrant cases.

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International Conference on

AESTHETIC MEDICINE AND ENT

July 06-08, 2017 Kuala Lumpur, Malaysia

Our experience of 200 cases of thyroid surgery under local anaesthesia versus general anaesthesia

Sambhaji Govind Chintale
Muhs Nashik University, India

Background: Local Anaesthesia is now being accepted universally as a safe alternative to general anaesthesia for thyroid surgery. This study was carried out to compare the outcomes of patients undergoing thyroid surgery under local and general anaesthesia.

Methods: 200 patients who underwent thyroid surgery for benign and malignant diseases under local and general anaesthesia from March 2014 to March 2017 were analysed. Patient characteristics analysed were age, sex, pathology lesion size, operating time, length of stay, cost and post-operative complications.

Results: Mean lesion sizes were 4.5 cms and 6.5 cms in local and general anaesthesia group respectively. Mean operating time was 50, 5 minutes and 75.5 minutes in local anaesthesia and general anaesthesia group respectively. Mean cost incurred was Rs. 2500 in local anaesthesia and Rs. 5500 in general anaesthesia group. Mean length of hospital stay was 40, 25 hours and 75.06 hours in local anaesthesia and general anaesthesia group respectively.

Conclusions: Local anaesthesia is a safe alternative to general anaesthesia for patients undergoing thyroid surgery. Use of local anaesthesia has resulted in a decreased length of stay, cost and means operating time, hence useful in a setup with limited anaesthesia time and increased work load.

Biography

Sambhaji Govind Chintale is currently working as Associate Professor in ENT department at JIIUs Indian Institute of Medical Science & Research. He is a Senior Resident at Kem Hospital, Mumbai from 1st Feb to 31st Jul 2012 and Senior Resident at DR. R N Cooper Hospital, Mumbai from 15th Sep to 15th Jan 2013. He has published many papers in reputed journals like Indian Journal of Basic and Applied Medical Research, Otolaryngology Online journal, and International Journal of Recent Trend in Science and Technology.

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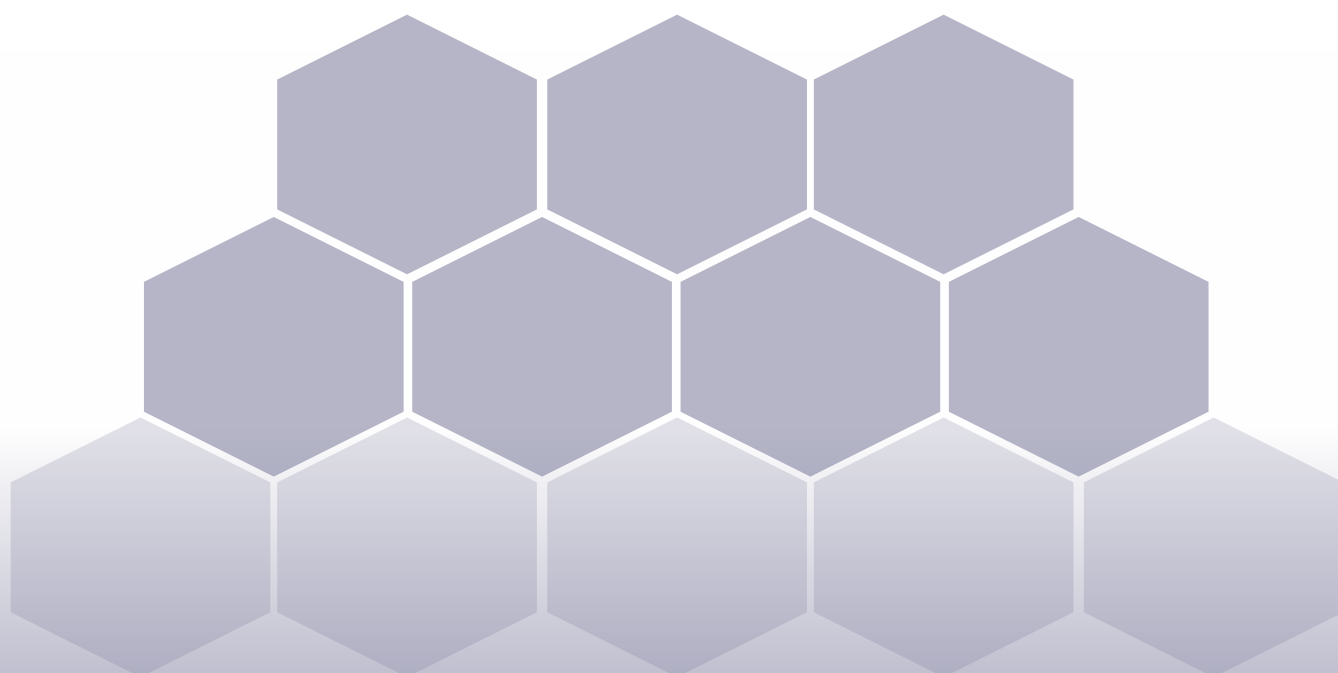
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Workshop (Day 2)



International Conference on

AESTHETIC MEDICINE AND ENT

July 06-08, 2017 Kuala Lumpur, Malaysia



Md Monjurul Alam

Bangabundhu Sheikh Mujib Medical University, Bangladesh

Initial experience of endoscopic ear surgery in Bangladesh

Background: Endoscopic ear surgery is an emerging technique with recent advancement highlighting advantages over the traditional microscopic approach. In Bangladesh we started doing myringoplasty since 2005 with otoendoscope and stopped due to few problems but again, since 2007, all types of middle ear surgeries with nasal endoscopes has been being done with bright, wide & clear view. We did different types of Transcanal Tympanoplasties, ossiculoplasties, stapedotomies, also few cholesteatoma surgeries by endoscope. As Rigid endoscopy allows for wide-field view of the surgical field improved resolution with high magnification, and the ability to look around corners, enabling direct visualization of the hidden recesses including the retrotympanum, epitympanum, supratubal recess, peritympanum and hypotympanum, granulation tissue or cholesteatoma matrix can be removed easily.

Methods: A cross sectional study done during March, 2010 to June, 2014 in otolaryngology & Head-Neck surgery dept of Bangabundhu Sheikh mujib Medical University (BSMMU) after having permission from Ethical review board of the University.

Results: During the study period 1200 different types of transcanal Endoscopic Tympanoplasties like underlay & interlay tympanoplasty using different graft materials, temporalis fascia, perichondrium, cartilage with graft taken up rate & hearing gain equivalent with tympanoplasty done by microscope. 517 different types ossiculoplasties and stapedotomies were done with similar hearing gain done by microscope. 117 cholesteatoma surgery – Atticotomy, attico-antroostomy with reconstruction have been done without any major complication or recurrence. Learning curve of surgery among the residents is higher with endoscope.

Conclusions: Endoscopic ear surgery is a new technique that is gaining momentum in Bangladesh and there is enthusiasm for its incorporation into future practice. Further investment in training courses and guidance for those who looking to start or advance the use of endoscopes in their practice will be vital in the the years to come.

Biography

Md Monjurul Alam has been working as Professor of Otolaryngology & Head - Neck Surgery at Bangabandhu Sheikh Mujib Medical University (BSMMU), Shahbag, Dhaka since 2010. He Passed MBBS from Rajshahi Medical College, FCPS (ENT) from Bangladesh College of Physicians & Surgeon, Qualified MS in Otolaryngology from Dhaka University, obtained FICS from USA. He got advanced training in Micro-ear Surgery, FESS & RhynoPlastic Surgery, Snoring & Sleep Surgery, LASER Surgery, Skull-Base surgery from USA, UK, Australia, India, Singapore, Bangkok, Malaysia & different countries of Europe. He is a pioneer of Endoscopic Ear surgery in Bangladesh. He actively participated in workshop, seminar, conference, Congress in different countries. He has more than 80 articles published in different national & international journals. More than 5 research works has been going on under his supervision in BSMMU.

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