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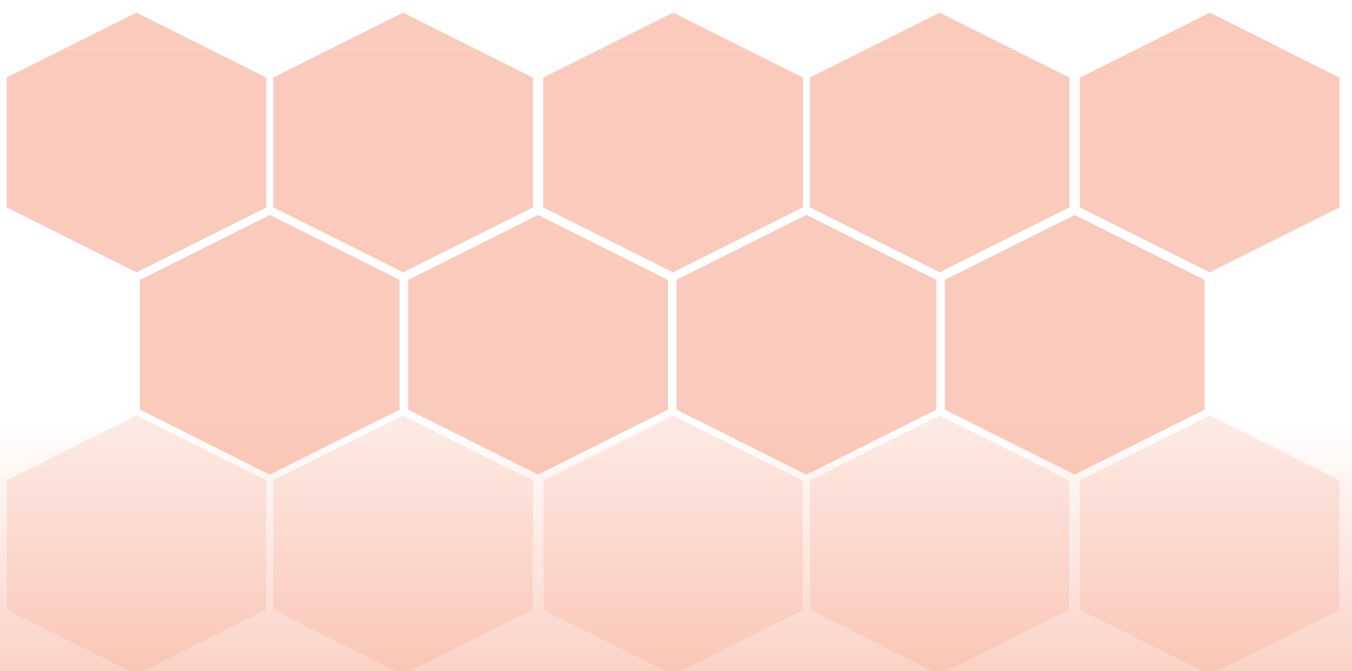
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# Rhinology and Otology

October 18-19, 2017 Dubai, UAE

## Posters



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# RHINOLOGY AND OTOLOGY

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## Prevalence of tinnitus with correlation to the usage of protective hearing equipment among airport workers

**Ibrahim Alnajashi**  
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**Introduction & Aim:** Epidemiological studies have shown that tinnitus and occupational hearing loss are common symptoms in the working population. Only few studies have assessed the aforementioned symptoms in this population, none of which have assessed airport field workers, thus the need for our study.

**Methods:** A cross-sectional study was conducted among airport field workers at King Khaled International Airport in Riyadh. The sample size was calculated to be 380. Each was asked to fill a self-administered questionnaire and undergo pure tone audiometry to assess hearing level. The questionnaire assessed the participants' demographics, usage of protective hearing equipment (PHE) as well as prevalence and characteristics of tinnitus if present.

**Results:** Of all field workers, 300 (78%) have agreed to participate in the study. A number of 180 (60%) participants believe that PHE prevents noise-related hearing loss. Of all participants, 114 (38%) of workers use PHE. No association was found between the participants' believe regarding PHE benefits and their usage of the equipment ( $P=0.473$ ). Tinnitus was reported by 81 (27%) of the whole sample. Most of the participants 171 (57%) were found to have hearing impairment ( $>25$  dB HL) at low frequencies (0.5, 1.2 kHz), in comparison to 144 (48%) at high frequencies (4 and 8 kHz).

**Conclusion:** Even with relatively good knowledge about the importance of PHE, only few workers actually use them. Thus, frequent audiometric screening tests as well as enforcement of PHE usage by airport field workers needs to be introduced by the airport administrations.

### Biography

Ibrahim Alnajashi is currently a Medical student of Ear, Nose and Throat Department at King Saud University, KSA.

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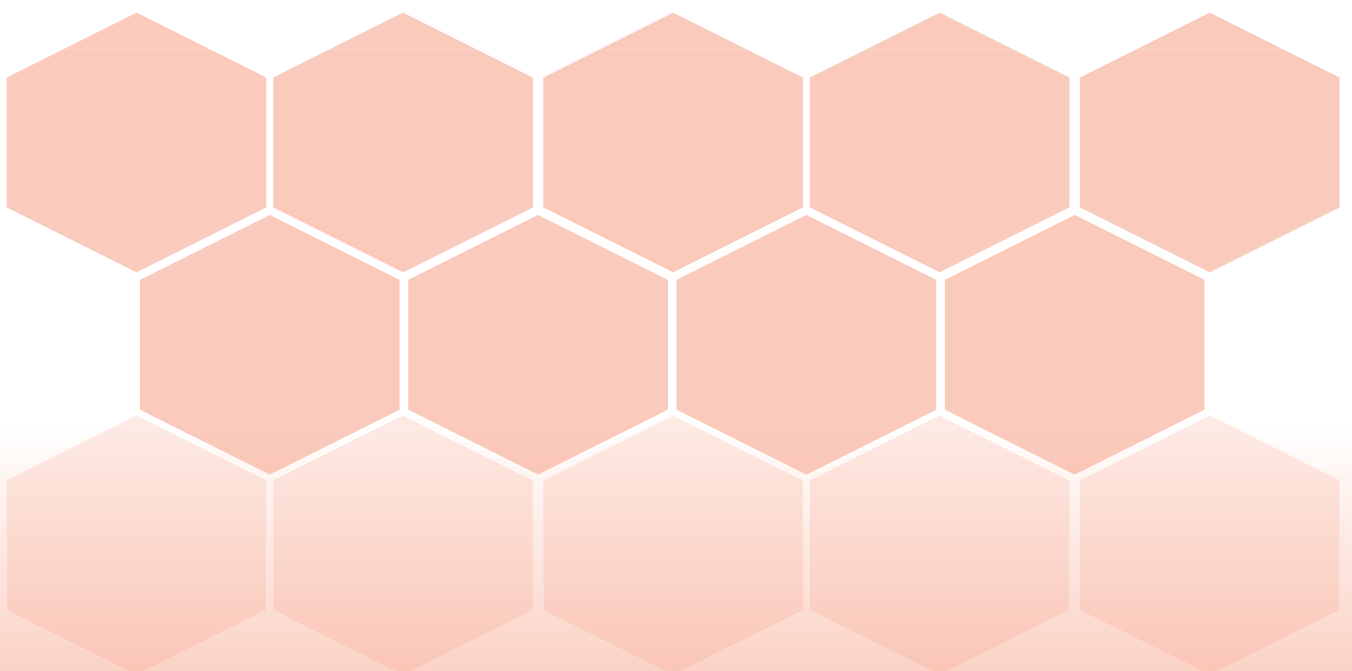
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## **Accepted Abstracts**



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# RHINOLOGY AND OTOTOLOGY

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## Audio logical features and auditory processing in Ramsay Hunt syndrome: A case study

Bibin Georgie Thomas<sup>1</sup>, Blessy K Mathew<sup>2</sup> and Sujay P<sup>1</sup><sup>1</sup>NMC Hospital Dubai, UAE<sup>2</sup>Prayathna Speech & Hearing Centre, UAE

Ramsay Hunt syndrome occurs when a shingles infection affects the facial nerve near one of your ears. In addition to this, Ramsay Hunt syndrome can cause facial paralysis and hearing loss in the affected ear. The present study investigates the audio logical features and auditory processing of patient with this syndrome. Investigating auditory processing skills using a series of behavioral and objective tests known to be sensitive enough to assess a 40 year's old women using behavioral tests such as speech perception in noise, gap detection and duration pattern and objective tests like ABR, MLR responses and OAE. Investigations of the peripheral auditory system revealed a right moderate sensorineural hearing loss, poor scores on speech perception in noise, gap detection and duration pattern. These results confirmed using objective tests where the absence of OAE, abnormal latencies and inter-peak latencies of the ABR and absence of MLR. The results of the present case study focus on the presence of auditory processing disorders and audio logical features suggested test shows presence of auditory processing disorder and cochlear and retro cochlear involvement. Thus, cautious investigations of audio logical evaluation are necessary in these individuals.

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## A Langerhans cell histiocytosis in its rare Letterer-Siwe form in a child mimicking osteoarthritis: A case report and literature review

**Bouali Mustapha, H Mezhoud, H Soltani and I Fergoug**  
Oran University Hospital, Algeria

Langerhans cell histiocytosis (LCH) is a group of three rare diseases (annual incidence less than 4/1000.000 H) with increasing aggressiveness respectively: Eosinophilic granuloma (unifocal solitary osteolytic lesion), Hand-Schuller-Christian disease (multifocal lesion) and Letterer-Siwe disease (the most aggressive, disseminated disease with systemic manifestations). The bone is most commonly involved with a predilection for the skull. Some cases of temporal bone localizations have been described in the literature. We report a case of an 18-month child presenting a LCH of the temporal bone misdiagnosed at the beginning as osteoarthritis. In fact, the child presented a retro-auricular swelling with inflammatory characters, fever and otorrhea. The exploration before surgery revealed besides the extensive temporal lesion, hematologic perturbations, a splenomegaly and a hepatomegaly. The histopathology confirmed the diagnosis of a LCH. We describe the diagnosis challenges, the surgical difficulties and the therapeutic response of the child.

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## Comparison of polysomnography data pre and post transoral robotic surgery in patients of obstructive sleep apnea

**Kalpna Nagpal**

Indraprastha Apollo Hospitals, India

**T**ransoral robotic surgery for obstructive sleep apnea has helped in decreasing CPAP pressure and alleviating few patients with OSA from using CPAP altogether. We have three categories of patients; first category of patients those who did not receive any kind of treatment before they reached us and were subjected to polysomnography and were undergoing surgery as first choice after case selection. Second category of patients was those who were recommended CPAP but were intolerant after brief usage. Third category of patients were those who used CPAP for more than one year (1-5 years) and in spite of continuous usage continue to have same findings on repeat PSG and continue to have same subjective feelings. All our TORS patients were subjected to PSG and drug induced sleep endoscopy prior to surgery and follow up polysomnography was done after 3 months. In all patients, comparison of symptomatology and PSG data was formulated pre and post TORS.

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## Assessment of sphenoid sinus related anatomic variations with computed tomography

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Frequent and broad application of endoscopic sinus surgery (ESS) in parallel with experience makes it imperative to know the anatomy and the existing pathology very well before surgery. This study examines the association between anomalies in the sphenoid sinus area in paranasal sinuses computed tomography (PNS-CT) and pathological findings and determines variations of sphenoid sinus. A total of 200 cases (100 women, 100 men), who had PNS-CT in the emergency and radiology polyclinics within the period of one year were included in this study. Bone tissue anomalies and soft tissue pathologies were assessed in the CT. Pterygoid process was found in 36.75% of our cases, anterior clinoid pneumatization was found in 21.25%; vidian canal in 34.25%, foramen rotundum in 17.5% and ICA in 12.75% had protrusion into the sphenoid sinus; 8.25% were found to have onodi cell, 11.25% were found to have multiple septation, 16.75% were found to have mucosal thickening and 2.5% were found to have retention cyst. The importance of PNS-CT in terms of determining anatomic variations before ESC and predicting possible complications during surgery has been emphasized once more. In our study, as sphenoid sinus pneumatization increased, the projection of neighboring vein and nerve structures into the sinus was found to increase as well.

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## Cervical paragangliomas

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Paragangliomas are neuro-endocrine tumors of the extra-adrenal paraganglionic tissues derived from neural crest and have been recognized as a part of the Amine Precursor Uptake and Decarboxylation of Pearse (APUD) system. They are found in the head and neck region commonly as carotid body tumors, glomus jugulare, glomus tympanicum, glomus vagale and sympathetic paragangliomas. Surgical excision is the preferred treatment of head and neck paraganglioma. Safe surgical excision requires good preoperative planning based on angiographic study and preoperative hemodynamic carotid and cerebrovascular flow studies, wide surgical exposure, meticulous hemostasis assisted in selected cases by preoperative embolization, proximal and distal vascular control, careful dissection of all major neurovascular structures and co-operation of a vascular surgeon skilled in carotid reconstructive techniques.

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## Association between work duration and noise-induced hearing loss on train drivers and train driver assistants in Bandung, Indonesia

Krissa Devani, Hanifah and Tasya Kamila  
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Noise Induced Hearing Loss (NIHL) is a sensorineural hearing loss caused by noise exposure with intensity over 85 dB and often happens at workers. Train drivers and train driver assistants are one type of work exposed high intensity of noise from locomotive. This study aims to know the relationship between working periods and Noise Induced Hearing Loss on train drivers and train drivers assistants in PT. Kereta Api Indonesia, Bandung, Indonesia. This study is an observational quantitative research with cross-sectional design using consecutive sampling. Subjects are train drivers and their assistants of PT. Kereta Api Indonesia. On subject of study conducted anamnesis, otoscopic examination and pure tone audiometry. Results are analyzed by chi-square test. From 44 people of subjects, there are 2 people NIHL who have worked less than 10 years, 4 people NIHL with working period 10-19 years and 5 people NIHL with working period more than 20 years. Result was analyzed by chi-square and result of p-value is 0.007 ( $p < 0.05$ ). From this study, we conclude that there is relation between working period enhancements with noise induced hearing loss on train drivers and train drivers' assistants in PT. Kereta Api Indonesia.

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## Experience of endoscopic ear surgery in Bangladesh

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**Background & Aim:** Endoscopic ear surgery is an emerging technique with advancement highlighting advantages over the traditional microscopic approach. In Bangladesh, we have started doing myringoplasty since 2005 with otoendoscope and stopped due to various problems. But again, from 2007, all types of middle ear surgeries with nasal endoscopes have been done with bright, wide and clear view. We did different types of transcanal tympanoplasty, ossiculoplasty, stapedotomies, also few cholesteatoma surgeries by endoscope. As rigid endoscopy allows, 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 was done during March, 2010 to June, 2014 in Otolaryngology & Head-Neck Surgery Department of Bangabundhu, Sheik 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 and interlay tympanoplasty using different graft materials; temporalis fascia, perichondrium, cartilage with graft taken up rate and hearing gain equivalent with tympanoplasty was done by microscope. 517 different types of ossiculoplasties and stapedotomies were done with similar hearing gain done by microscope. 117 cholesteatoma surgery: Atticotomy, atticoantrostomy 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 which 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 are looking to start or advance the use of endoscopes in their practice will be vital in the years to come.

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## The challenges in starting cochlear implant program in non-metropolitan cities of India

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Deafness is indeed a silent disability in many parts of the world and the majority of people who have hearing impairment live in non-metropolitan cities of developing countries. With rising economy and increasing population developing nations have become hub of industrialization; hearing loss is increasing in these countries. In this review, the authors have elected to focus the discussion on non-metropolitan cities of India to frame the challenges of cochlear implants in a developing country. This article reviews the common causes of hearing loss, the challenges faced by those with hearing impairment and why the penetration of these devices is low and also reviews some reasons for the inability of the government to support the implant program in non-metropolitan cities of India. Early identification of hearing is crucial towards ensuring appropriate hearing rehabilitation; it is, however, challenged by various factors, including public awareness, absence of a national new born screening program, accessibility to diagnostic centres, availability of trained personnel and equipment and patient affordability. Cochlear implants are a proven auditory rehabilitative option for individuals with severe to profound sensorineural hearing loss, who otherwise do not benefiting from hearing aids. Nevertheless, only a small percentage of these individuals receive cochlear implants and cost remains a leading prohibitive factor, particularly in developing countries. For example, in India, the personal average annual income is well below 3 lakh whereas these devices cost from 10 to 12 lakhs exclusive of hospital and staff fees. Hence, the technology is virtually unavailable to the masses. To overcome the cost limitation of those who would benefit from cochlear implants countries such as India have started to develop their own indigenous implants.

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## Retrospective study of 386 cases of nasopharyngeal angiofibroma

**Saad Abdur Rehman**

Jinnah Postgraduate Medical Centre, Pakistan

**Object:** To determine the incidence and management of nasopharyngeal angiofibroma at JPMC, Karachi from January 1981 to August 2014 (33 years).

**Design:** Descriptive, retrospective study.

**Subjects & Method:** The study was conducted at JPMC from January 1981 to Aug 2014 (33 Years). The data includes age of patients, gender, clinical presentation, staging, mode of treatment, status of pre-op embolization, surgical procedures performed, complications and recurrence rate.

**Results:** Total number of cases were 386; males were 381 and females were 05. Minimum age was 13 years and maximum was 36 years and median age was 17.5 years. According to stage, they were 8% patients presented with stage-I disease, 39% of patients presented with stage-II disease, 42% of stage-III, 8% of stage IVa and 3% with IVb. Geographically 48% were from hot/desert areas and 52% were from cold/high altitude areas. Commonest symptom was nasal obstruction presented in 98% of the patients and among them 75% was of unilateral. Epistaxis was present in 70%, surgical excision was performed in 375 patients while radiotherapy was done in 11 patients of stage IVb disease. Embolization was done in 297 patients while 78 patients were not embolized due to non availability of the facility earlier. Surgical approach commonly adopted was lateral rhinotomy in 300 patients. Mid facial degloving was performed in 33 patients, endoscopic excision was done in 14 patients and transpalatal route was chosen in 28 patient. Complications of surgery were kept in record from 2011 to till date. Major complications were massive bleeding which was seen in 04 patients, cutaneous fistula near medial canthus of eye was seen in 02 patients, lymphedema near upper lip was noted in 01 patient and ectropion was seen in 01 patient. Recurrence was seen in 7.8% (n=30). Follow up was done after 3 months and 6 months and then for 1 year.

**Conclusion:** This is a common vascular tumor in Pakistan reported from both hot and cold areas. Nasopharyngeal angiofibroma is rare in females but 5 were reported and their genetic analysis was done. Before preoperative embolization era, recurrence was uncommon but more blood transfusion was required. After preoperative embolization the recurrence has increased but blood transfusion has reduced. Earlier patients presented in late stage but now they present usually by stage II and III.

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