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Abstract Selection

Ear, nose, and throat manifestations of Sjogren's syndrome: retrospective review of a multidisciplinary clinic
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Objective To assess the otolaryngologic manifestations of Sjogren's syndrome (SS).

Design A retrospective case study.

Setting The Toronto Hospital.

Method Case note review of 196 patients evaluated in a multidisciplinary clinic for this disease. Patients were retrospectively classified according to the revised international classification.

Main outcome measures The prevalence of subjective and objective audiologic and otorhinolaryngologic abnormalities.

Results One hundred eleven patients were diagnosed with primary and 26 with secondary SS, leaving 60 with unclassified sicca syndrome. There was minimal otologic pathology. There was a mildly increased prevalence of sensorineural deafness in secondary SS (41–60 years, 36%; 61–80 years, 70%). Approximately 50% of patients in each group complained of nasal symptoms, but only 20% had abnormal findings on rhinoscopy. Similarly, 60 to 70% in each group complained of throat symptoms, but only 20% had abnormal findings on indirect laryngoscopy. Thirty-eight percent of primary patients had parotid gland symptoms, and 25% had abnormally swollen glands, with eight subsequently diagnosed with lymphoma. No patients in the other two groups had abnormal parotid glands.

Conclusions SS does not appear to be associated with increased otologic or audiologic disease, except perhaps in conjunction with systemic autoimmunity. Nose and throat symptoms are common in SS, but the complications of mucosal dryness on examination are unusual (approximately 20%). Primary SS can cause serious parotid morbidity secondary to inflammation and infection. There is also a significant risk of lymphomas that often present as parotid masses, necessitating long-term follow-up.

Particle repositioning manoeuvre in benign paroxysmal positional vertigo: is it really safe?
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Objective A prospective study to determine the safety of the particle repositioning manoeuvre (PRM) by analyzing the various complications of the procedure.

Settings Outpatient Department of Otorhinolaryngology, Nehru Hospital, Chandigarh, India.

Methods Thirty patients with the classic findings of benign paroxysmal positional vertigo (BPPV) were included in the study. Clinical symptoms prior to the procedure were noted. Twenty-nine of them were subjected to PRM, and postprocedural instructions were given to all patients. Various side effects during and following the procedure were recorded. They were classified into early and late based on the period and into major and minor based on severity. All patients were reviewed after 3 days, 7 days, and 1 month.

Results Of the 29 patients, 19 patients (65.52%) had heaviness in the head, with 11 each (37.93%) reporting nausea and imbalance and 9 (31.03%) reporting instability during the procedure. A major complication, asystole, was noted in one patient. The percentage of side effects remained more or less the same in the early phase following the procedure. Only 5 of 29 patients were entirely asymptomatic. Ninety percent were relieved of symptoms by the end of 7 days, with no major complication recorded.

Conclusions PRM is an easy, effective, and relatively safe procedure. The risk of major complications with PRM, such as arrhythmias and asystole, highlights the need to consider other management modalities for BPPV in certain medically unfit patients.

Laryngeal amyloidosis
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Localized amyloidosis is characterized by the deposition of amyloid fibres in a particular site or organ system in the absence of systemic involvement. Patients with localized laryngeal amyloidosis usually present with long-standing hoarseness or dyspnea. The diagnosis is made by a high degree of suspicion on the basis of the history and a characteristic appearance on direct laryngoscopic examination. When such lesions are seen, an adequate deep punch biopsy should be obtained, and an experienced pathologist should be able to identify the lesion on routine staining. However, the slides should be stained with Congo red and examined with polarized light microscopy to establish the diagnosis. Following proper diagnosis and evaluation of the extent of disease, usually by computed tomographic scan, surgery is the treatment of choice. Preservation of the voice and airway should be the aim in all patients. Endoscopic carbon dioxide laser excision of the mass should be the first line of therapy. Patients may require repeated removal of the amyloid deposits. The results of treatment are excellent.

Neuro-otologic surgery through minimally invasive retrosigmoid approach: endoscope assisted microvascular decompression, vestibular neurotomy, and tumor removal
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The Laryngoscope (2005) Sep, Vol. 115, pp. 1612–7, ISSN: 0023-852X.

Objectives The objective of this study was to describe and evaluate the efficacy of the endoscope assisted minimally invasive retrosigmoid approach.

Study design Retrospective study and literature review.

Methods From December 1993 to December 2004, a total of 1,177 cases of endoscope assisted minimally invasive retrosigmoid approach were performed at the Otorhinolaryngology unit of Hopital Nord in Marseille. By using this approach, we performed microvascular decompression for hemifacial spasm and trigeminal neuralgia, vestibular neurotomy for refractory Meniere's disease with repeated attacks of dizziness, and tumor removal of acoustic neurinoma. We examined the results and postoperative complications.

Results All the results were positive, and we did not experience any mortal complications. The most common complication was cerebrospinal fluid leakage, encountered in 42 (3.6%) cases.

Conclusions We believe that the combination of an endoscope and microscope that provides accurate information with low invasion is becoming indispensable for these types of operations, which are in the category of functional surgery. We report the merits and significance of the approach of combining the endoscope and microscope and discuss the operational technique to perform a minimally invasive surgery as an oto-neurosurgeon.

Microdebriders used in functional endoscopic sinus surgery: secondary analysis and validation of a new tissue model
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The Laryngoscope (2005) Sep, Vol. 115, pp. 1641–5, ISSN: 0023-852X.

Objectives/Hypothesis To validate a previously reported in vitro tissue model for microdebrider comparison and determine which microdebrider, tissue type, blade type, and suction strength is most efficient. Specifically, the goal of the secondary analysis is to expand on the results of the preliminary analysis by increasing the sample size, and introduce an aspiration efficiency score (AES) to facilitate microdebrider comparison.

Study design Prospective randomized comparison.

Methods A prospective randomized comparison of the Diego Powered Dissector and XPS 3000 Powered ENT System was conducted using a soft tissue and a firm tissue model. In addition to evaluating tissue aspiration with straight and angled blades, clogging rates and clearance times were measured. Both standard wall suction and liposuction were used. Basic statistical analysis, a oneway analysis of variance, and a post hoc Student's t test were performed to compare outcomes.

Results With standard wall suction, the microdebriders were equivalent for the overall microdebrider comparison. For the "head to head" comparison with standard wall suction, the devices were also equivalent when using the straight blades, but the XPS 3000 aspirated more tissue when using the angled blades. With liposuction, the XPS 3000 and liposuction independently aspirated more tissue but clogged more often compared with the Diego PD and regular suction. The aspiration efficiency of soft tissue (oysters) and straight blades was superior compared with firm tissue (scallops) and angled blades. For the "head to head" comparison with liposuction, the XPS 3000 aspirated more tissue regardless of tissue type, but the Diego PD clogged less with firm tissue (scallops). Overall, the AES favored the XPS 3000, soft tissue (oysters), straight blades, and liposuction.

Conclusion Our tissue model represents a reliable and reproducible means of microdebrider comparison. Statistically significant differences between the Diego PD and XPS 3000, as well as between tissue types, blade types, and suction strengths, are reported. Using these results, microdebrider manufacturers can adopt similar tissue models, expand on the current AES, and include other commercially available microdebrider devices to test and report product performance to the consumer. Perhaps an optimal open to closed ratio or liposuction pressure can be determined that yields the greatest tissue aspiration with the fewest number of clogs.

Window shade tympanoplasty for anterior marginal perforations
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The Laryngoscope (2005) Sep, Vol. 115, pp. 1655–9, ISSN: 0023-852X.

Objectives/Hypothesis Anterior marginal perforations of the tympanic membrane often present a reconstructive challenge to the otolaryngologist. Poor surgical outcomes are often due to inadequate exposure, a lack of residual tympanic membrane, impaired vascular supply, and delayed healing. This study reports on the success of the window shade technique, combining aspects of both the traditional underlay and overlay tympanoplasty techniques, for the management of anterior marginal tympanic membrane perforations.

Study design Retrospective review of patients undergoing window shade tympanoplasty from July 1, 1994, to July 1, 2003, at a tertiary care referral center.

Methods Only patients found to have anterior tympanic membrane perforations and who underwent a window shade tympanoplasty were included in the study. Tympanoplasty success rate was studied by examining postoperative complications of recurrent perforation, tympanic membrane lateralization, or anterior blunting.

Results The authors identified 164 patients who underwent window shade tympanoplasty during the study period. The overall success rate for tympanic membrane repair was 94.5%. There were no cases of tympanic membrane lateralization or significant blunting. The average healing time was 4 weeks. The surgical technique is described in detail.

Conclusion The window shade tympanoplasty is an excellent surgical option for repair of anterior marginal perforations of the tympanic membrane.

Carcinoid tumor of the middle ear: clinical features, recurrences, and metastases
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The Laryngoscope (2005) Sep, Vol. 115, pp. 1660–6, 32 refs, ISSN: 0023-852X.

Objective Present four new cases of carcinoid tumor of the middle ear, two of which developed late recurrences and regional metastases. Review the literature to identify the clinical features, rate of recurrence, and incidence of metastasis of carcinoid tumor of the middle ear.

Study design Retrospective chart review.

Setting Tertiary referral hospital.

Patients Eligibility criteria consist of a diagnosis of carcinoid tumor of middle ear.

Intervention Surgical excision of primary and metastatic disease.

Main outcome measure Clinical characteristics, rate of recurrence, and incidence of metastasis of carcinoid tumor of the middle ear.

Results Forty-six patients with carcinoid tumor of the middle ear are included in this report, 42 patients were identified from a review of the literature, and 4 new patients are presented. The most common presenting symptom was hearing loss. Surgical excision was the treatment with radical mastoidectomy being the most common procedure. Ten (22%) patients developed locally recurrent disease, and four (9%) developed regional metastases.

Conclusions Carcinoid tumor of the middle ear is an infrequent cause of a middle ear mass, with only 46 cases published. Despite previous assertions of benignancy, the findings of this study suggest that carcinoid tumor of the middle ear is indeed a potential low-grade malignancy with documented metastatic potential. Almost all middle ear adenomatous tumors (adenoma and carcinoid) show evidence of neuroendocrine differentiation, and so at least some middle ear carcinoids (adenomas) appear to represent well-differentiated neuroendocrine carcinomas. Presentation and symptoms are consistent with a middle ear mass and rarely include carcinoid syndrome. Surgical treatment is recommended and tailored to the extent of disease. Patients with carcinoid tumor of the middle ear require indefinite follow-up for possible recurrence or metastasis.

Benign paroxysmal positional vertigo: 10-year experience in treating 592 patients with canalith repositioning procedure
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The Laryngoscope (2005) Sep, Vol. 115, pp. 1667–71, ISSN: 0023-852X.

Objective To assess the long-term efficacy of canalith repositioning procedure (CRP) in the treatment of patients with benign paroxysmal positional vertigo (BPPV).

Background Alternative theories for the pathophysiology of BPPV have been redefined in the past few years. CRP is considered to be the standard technique for its management. However, long-term follow-up results have been minimally reported in the literature.

Patients/Methods Five hundred ninety-two patients, 290 (49%) men and 302 (51%) women, were enrolled in this prospective study; their ages ranged from 18 to 84 (mean 59) years. At the time of their first examination, patients reported the duration of symptoms varied from 1 day to 18 months. Inclusion criteria were patient history compatible with BPPV and positive provocative maneuver (either DixHallpike or Roll test). A variant of Epley and Barbeque maneuver was used. The Epley maneuver was used for posterior and anterior canal involvement, and Barbeque roll was used for horizontal canal involvement. Short-term follow-up was obtained 48 hours and 7 days after initial treatment, whereas long-term follow-up was obtained at repeated 6 month intervals.

Results The posterior semicircular canal was involved in 521 (88%) patients treated, whereas the horizontal and anterior semicircular canals were involved in 59 (10%) and 12 (2%) patients, respectively. Symptoms subsided immediately in 497 (84%) patients. In 77 (13%) patients, the DixHallpike maneuver remained positive after 48 hours, and CRP was performed again. Patients' mean follow-up was 46 months; 544 (92%) of 592 patients treated reported no symptoms of vertigo.

Conclusion Our data, based on long-term follow-up, suggest that CRP remains an efficient and long-lasting noninvasive treatment for BPPV.

Management of contralateral NO neck in tonsillar squamous cell carcinoma

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Objectives It is well established that tonsillar squamous cell carcinomas have a high probability of disseminating to the neck. An ipsilateral neck treatment is mandatory during initial treatment of stages II to IV tonsillar carcinomas. However, as of yet, no consensus exists whether to perform elective contralateral neck management.

Materials and methods A retrospective analysis of 43 NO-3 tonsillar cancer patients with contralateral clinically negative necks from 1992 to 2002 was performed. All patients had a contralateral elective neck dissection. Surgical treatment was followed by postoperative radiotherapy in 33 patients. The follow-up period ranged from 2 to 120 (mean 38) months. The Kaplan-Meier method and log-rank test were used to calculate the disease-specific survival rates and prognostic significance of contralateral occult lymph node metastasis.

Results Clinically negative, but pathologically positive, contralateral lymph nodes occurred in 16% (7 of 43). Of the 33 cases with an ipsilateral node positive neck, contralateral occult lymph node metastases developed in 21% (7 of 33), in contrast with 0% in ipsilateral NO necks. On the basis of the clinical staging of the tumor, 5% (1 of 22) of the cases showed lymph node metastases in T2 tumors, 36% (5 of 14) in T3, and 25% (1 of 4) in T4. None of the T1 tumors (3 cases) had pathologically positive lymph nodes ($T1 + T2$ vs. $T3 + T4$, $P < .05$). Patients with no evidence of contralateral nodal cancer had significantly improved disease-specific survival over patients with any pathologically positive nodes (5 year disease-specific survival rate 92% vs. 28%, $P = < .05$).

Conclusion The risk of contralateral occult neck involvement in above T3 staged tonsillar squamous cell carcinomas with unilateral metastases was high (approximately 21 %), and patients who present with a contralateral metastatic neck have a worse prognosis than those who are staged as N0. Therefore, we advocate an elective contralateral neck treatment in tonsillar squamous cell carcinoma patients with ipsilateral node metastases.