

Abstract Selection

The information needs of head and neck cancer patients prior to surgery. Newell, R., Ziegler, L., Stafford, N., Lewin, R., J. School of Health Studies, University of Bradford, Bradford, UK. *Annals of the Royal College of Surgeons of England* (2004) Nov, Vol. 86, pp. 407–10, ISSN: 0035-8843.

OBJECTIVE: To describe the common themes in the experiences and expressed information needs of patients undergoing head and neck surgery. **SUMMARY BACKGROUND DATA:** Patients who suffer head and neck cancers and undergo surgery often report considerable psychological distress and impaired social functioning. To optimise survival, the decision about what treatment option to follow is often made quickly, with little support in terms of counselling or the provision of information. There is inadequate previous work exploring the content and delivery of information required by patients at this time. **PATIENTS AND METHODS:** Participants included patients who had undergone surgery for head or neck cancer ($n = 29$) and their immediate relatives who were present at the initial consultation with the surgeon ($n = 13$). Patients were recruited from out-patient departments in two hospitals in the north of England. All interviews were conducted in participants' homes and were guided by a semistructured interview schedule devised both from literature and a pilot study. **RESULTS:** Whilst most participants felt well informed about the surgical procedure they were undergoing, many reported feeling unprepared for the long-term lifestyle changes that occurred. Information, support and advice throughout the 3–6 months postoperative period was reported to be inadequate. The majority of participants did not ask any questions and did not perceive there was a choice regarding treatment. Individuals who wanted to take an active role in decision-making reported difficulties accessing information to enable them to do so. **CONCLUSION:** The findings of this study emphasise the need for individualised information provision defined not exclusively by the surgical procedure.

Lack of association between esophageal biopsy, bronchoalveolar lavage, and endoscopy findings in hoarse children. Mandell, D., L., Kay, D., J., Dohar, J., E., Yellon, R., F. Department of Pediatric Otolaryngology, Children's Hospital of Pittsburgh, Pittsburgh, PA, USA. david.mandell@chp.edu *Archives of otolaryngology-head & neck surgery* (2004) Nov, Vol. 130, pp. 1293–7, ISSN: 0886-4470.

OBJECTIVE: To determine the prevalence of esophagitis (based on esophageal biopsy results) and aspiration (based on bronchoalveolar lavage (BAL)) in children with hoarseness. **DESIGN:** Retrospective medical chart review spanning 24 months of 127 consecutive children (mean age, 6.9 years; range, 1.8–17 years) who presented with hoarseness to 2 attending otolaryngologists. **SETTING:** Tertiary care children's hospital. **INTERVENTION:** All subjects underwent direct laryngoscopy, rigid bronchoscopy with BAL, and rigid or flexible esophagoscopy with biopsy. **MAIN OUTCOME MEASURES:** The BAL result was considered positive if the number of lipid-laden macrophages was moderate or large, and the esophageal biopsy result was considered positive if any 2 of the following 3 histologic criteria were present: basal cell hyperplasia, increased papillary height, and intraepithelial inflammatory infiltrate. Comparisons between subjective endoscopic findings and objective test results were made using the *t*-test and contingency table analysis, where appropriate. **RESULTS:** Of the 127 children, 104 (82%) had vocal nodules; 53 (43%) had endoscopically visualized laryngitis; 36 (28%) had tracheobronchial inflammatory changes; 60 (47%) had abnormal esophagoscopy findings; 47 (37%) had a positive BAL result; and 38 (30%) had a positive esophageal biopsy result. There was no significant correlation between BAL and esophageal biopsy results ($P = 0.11$). The odds of having positive BAL or esophageal biopsy results were unaffected by the

presence of vocal nodules; endoscopically visualized inflammation of the larynx, trachea, or esophagus; or symptoms or previous clinical history of gastroesophageal reflux disease. **CONCLUSION:** Positive esophageal biopsy and BAL results are prevalent among children with hoarseness, regardless of subjective upper aerodigestive tract endoscopic findings.

The effect on snoring of structural nasal valve dilatation with a butterfly graft. Akcam, T., Friedman, O., Cook, T., A. Department of Otolaryngology-Head and Neck Surgery, Division of Facial Plastic Surgery, Oregon Health and Science University, Portland, USA. takcam@gata.edu.tr. *Archives of otolaryngology-head & neck surgery* (2004) Nov, Vol. 130, pp. 1313–8, ISSN: 0886-4470.

OBJECTIVE: To evaluate the effect on snoring of structural nasal valve dilatation with butterfly spreader grafts in patients with nasal valve insufficiency. **DESIGN:** Retrospective medical chart review and telephone follow-up; mean +J- SD follow-up time, 20.7 +J- 11.34 months (range, 3–48 months). **SETTINGS:** Tertiary care referral center. **SUBJECTS:** A total of 37 snoring patients with nasal valve insufficiency who underwent nasal valve dilatation with a butterfly spreader graft. **INTERVENTIONS:** The conchal cartilage butterfly graft technique was performed during rhinoplasty through either an external or endonasal approach. **MAIN OUTCOME MEASURE:** To establish through a retrospective review that butterfly graft conchal cartilage nasal reconstruction is effective in reducing snoring. **RESULTS:** After surgery, 30 patients (81%) had significant improvement in breathing, 5 (14%) had slight improvement, and 2 (5%) had no benefit in breathing. Snoring stopped completely in 11 (30%) of the patients after surgery. The improvement in snoring was significant in 13 patients (35%) and slight in 3 (8%). Twenty-six patients (70%) reported tiredness and grogginess on awakening before the surgery. Surgery significantly improved patients' tiredness and grogginess on awakening in 15 cases (58%), slightly improved them in 5 (19%), and did not change the patients' tiredness and grogginess in 6 cases (23%). **CONCLUSION:** The conchal cartilage butterfly graft yields successful results not only in breathing but also in snoring symptoms in patients with nasal valve insufficiency.

Speech reception in noise: an indicator of benefit from otitis media with effusion surgery. *Clinical otolaryngology and allied sciences* (2004) Oct, Vol. 29, pp. 497–504, ISSN: 0307-7772.

To determine possible selection criteria for ventilation tubes (VTs-grommets), in otitis media with effusion (OME), a randomized trial on 68 children was undertaken. To provide both a baseline predictor and outcome measure in auditory disability, speech-in-noise thresholds were obtained with the IHR-McCormick Automated Toy Test (SiN ATT). Children allocated to surgery ($n = 32$) and control ($n = 36$) were followed-up at 3 and 12 months post intervention. Baseline SiN ATT score provided a significant by-treatment interaction in predicting the performance at +3 months, establishing it as an evidence-based indicator. Although average benefits on hearing level score (HL) were also shown, baseline HL was not a valid indicator (no significant interaction). The 40% of the sample with worst baseline SiN experienced high benefit from VTs. In children over 3 years of age, baseline SiN performance can indicate those with OME most likely to benefit from VTs.

Conservative management of vestibular schwannomas - second review of a prospective longitudinal study. Raut, V., V., Walsh, R., M., Bath, A., P., Bance, M., L., Guha, A., Tator, C., H., Rutka, J., A. Department of Otolaryngology, New Cross Hospital, Wolverhampton, UK. *Clinical otolaryngology and allied sciences* (2004) Oct, Vol. 29, pp. 505–14, ISSN: 0307-7772.

Vestibular schwannomas have been traditionally managed with

microsurgical removal and in recent years, stereotactic radiotherapy. However, there is a group of patients in whom a conservative management approach might represent a desirable alternative. The aim of this study was to determine the natural history and outcome following the conservative management of 72 patients with unilateral vestibular schwannomas. This is a prospective cohort review of a previously published group of patients (*Clin. Otolaryngol.* (2000) 25, 28–39) with unilateral vestibular schwannoma that were initially analysed at our institution in 1998 (Walsh R., M., Bath A., P., Bance, M., L. *et al.*, *Clin. Otolaryngol.* (2000) 25, 28). The mean duration of follow-up was 80 months (range 52–242 months). All the patients in the study underwent serial magnetic resonance imaging (MRI) for assessment of tumour growth. Patients were deemed to have failed conservative management if there was evidence of rapid radiological tumour growth and/or increasing signs and symptoms, which necessitated active intervention. The mean tumour growth rate for the entire group at the second review was 1 mm/year (range -0.84–9.65 mm/year). The mean growth rate for cerebellopontine angle tumours (1.3mm/year) was significantly greater than that of internal auditory canal (IAC) tumours (0 mm/year) ($p = 0.005$). The majority of tumours (87.14%) grew <2 mm/year. There was significant tumour growth seen in 38.9%, no or insignificant growth in 41.7%, and negative growth in 19.4%. Twenty-three patients (32%) failed conservative management at the second review. There was no difference in the outcome of these failed patients in comparison with patients who underwent primary treatment without a period of conservative management. The mean growth rate of tumours in patients that failed conservative management (3.1 mm/year) was significantly greater than that in patients who did not fail (0.2 mm/year) ($p < 0.001$). No factors predictive of tumour growth or failure of conservative management were identified. Hearing deterioration with pure tone averages (0.5, 1, 2, 3 kHz) and speech discrimination scores occurred irrespective of tumour growth. This prospective study further emphasizes the role of conservative management in selected cases of vestibular schwannomas. Tumours in this study confined to the IAC typically demonstrated minimal or no growth on serial MRI scanning. Regular follow-up with interval scanning is mandatory in all patients.

The ultrasonically activated scalpel versus bipolar diathermy for tonsillectomy: a prospective, randomized trial. Sheahan, P., Miller, I., Colreavy, M., Sheahan, J., N., McShane, D., Curran, A. Department of Otolaryngology, The Adelaide and Meath Hospital, Tallaght, Ireland. sheahanp@eircom.net. *Clinical otolaryngology and allied sciences* (2004) Oct, Vol. 29, pp. 530–4, ISSN: 0307-7772.

Among patients undergoing tonsillectomy, the ultrasonic scalpel has been reported to lead to less intraoperative blood loss than cold dissection, and less postoperative pain and faster recovery than monopolar electrocautery. However, the ultrasonic scalpel has not been compared with bipolar diathermy. The present study was a prospective, randomized, single-blind trial, comparing these two techniques with respect to postoperative pain. Twenty-one adults underwent tonsillectomy on one side using the ultrasonic scalpel, and on the other using bipolar diathermy. Pain scores were obtained on postoperative days 1, 2, 7 and week 3. There was no difference between the two treatments at any of the time points ($p = 0.6047, 0.4018, 0.6047$ and 0.5000 , respectively). Inability to control bleeding with the ultrasonic scalpel resulted in the rescue use of an alternative technique of haemostasis in 14 cases. We conclude that the use of the ultrasonic scalpel in adult tonsillectomy is likely to be limited by its substantial costs and difficulties with haemostasis.

Otological ciprofloxacin in a glycerin vehicle for the treatment of acute external otitis. Olivera, M., E., Bistoni, A., Anun, H., E., Salinas, A., Manzo, R., H. Departamento de Farmacia, Facultad de Ciencias Químicas, Universidad Nacional de Córdoba, Argentina. *Ear, nose, & throat journal* (2004) Sep, Vol. 83, pp. 625–6, 628, 630 passim, ISSN: 0145-5613.

We conducted a prospective, randomized, controlled, double-blind study of 33 patients to compare the efficacy and tolerability of a new glycerin formulation of otological 0.3% ciprofloxacin with that of a conventional aqueous formulation of ciprofloxacin for the treatment of acute external otitis. Outcomes measures were resolution of discharge, swelling, pain, and redness and the

incidence of adverse side effects. Patients were examined on three occasions: on the day of enrolment (visit 1), 48 to 72 hours later (visit 2), and 7 days after enrolment (visit 3). At visit 2, the patients in the glycerin group showed a significantly greater resolution of discharge. We observed the same pattern with respect to swelling, pain, and redness, which resolved more quickly in the glycerin group, although not significantly so. All patients were cured by visit 3, and the two treatments were equally well tolerated. On the basis of our findings, we conclude that the glycerin formulation of otological 0.3% ciprofloxacin appears to be at least as effective as the aqueous form in the treatment of acute external otitis—and in the case of otorrhea, more so.

Measurement of the endolymphatic sac potential in humans. Kumagami, H., Tanaka, F., Dotsu, M., Yoshida, H., Ohsato, Y., Katsura, M., Oku, R., Shigeno, K., Takahashi, H. Division of Otorhinolaryngology, Department of Translational Medical Sciences, Nagasaki University Graduate School of Biomedical Sciences, 1-7-1 Sakamoto, Nagasaki, Japan. h-kumagami@bun.bbiq.jp. *Hearing research* (2004) Jul, Vol. 193, pp. 20–4, ISSN: 0378-5955.

In this study, we measured human endolymphatic sac potential (ESP) in 8 patients with vestibular schwannoma and in five patients with Meniere's disease during surgery. ESP was measured with a glass electrode filled with 154 mM NaCl and with an outside tip diameter ranging from 2 to 3 microm. The mean value of human ESP in patients with vestibular schwannoma was +13.3±1.9 mV. Since electron microscopy showed that the endolymphatic sacs of the eight patients with vestibular schwannoma were normal in the ultrastructures the value can be close to normal human ESP. While in Meniere's disease, three cases showed low potentials and two cases showed almost the same values observed as in the eight patients with vestibular schwannoma. In the two cases with Meniere's disease, the epithelial cells of the endolymphatic sac were preserved. Our study can be considered as the first successful measurement of human ESP and revealed the existence of Meniere's disease having normal endolymphatic sac in function as well as morphology.

Hoarseness and misdirected swallowing before and after anti-reflux surgery. Mjoenes, A., B., Ledin, T., Grahn, L., T., Hultcrantz, E. Department of Otorhinolaryngology, University Hospital, Linköping, Sweden. Anna-britta.mjones@lio.se *Acta otolaryngologica* (2005) Jan, Vol. 125, pp. 82–5, ISSN: 0001-6489.

CONCLUSION: Patients with hiatus hernia can be relieved from H, MSL and MSN by hiatus hernia repair. **OBJECTIVE:** It has been hypothesized that respiratory symptoms in patients with gastro-oesophageal reflux disease (GORD) may, in some cases, be due to misdirected swallowing as a consequence of defective opening of the upper oesophageal sphincter. The aim of this study was to investigate whether patients with hiatus hernia are relieved from symptoms of misdirected swallowing to the larynx (MSL) and nose (MSN), as well as hoarseness (H), as a result of hiatus hernia repair. **MATERIAL AND METHODS:** A questionnaire concerning symptoms of H, MSL and MSN was administered to 90 patients under investigation for hiatus hernia repair before and after surgery. **RESULTS:** Before surgery, MSL occurred in 30% of patients, MSN in 30% and H in 25%. These symptoms were significantly interrelated ($p < 0.008$). After anti-reflux surgery, all symptoms were significantly reduced ($p < 0.001$). Symptom reduction was not related to the weight of the patients.

Supracricoid laryngectomy with cricohyoidopexy for recurrence of early-stage glottic carcinoma after irradiation. Long-term oncological and functional results. Marchese, R., R., Marioni, G., Chiarello, G., Staffieri, A., Pastore, A. Departments of Otolaryngology–Head and Neck Surgery, University of Padua, Padua, Italy. rmr@unipd.it *Acta oto-laryngologica* (2005) Jan, Vol. 125, pp. 91–5, ISSN: 0001-6489.

CONCLUSIONS: These results suggest that, in selected cases, SCL-CHP may be used to treat laryngeal carcinomas after radiation failure, with good oncological and functional results. **OBJECTIVES:** Radiotherapy and surgery are believed to be equally effective and highly successful in the management of T1-staged glottic carcinomas. An almost normal post-therapy voice is considered the main advantage of irradiation over the surgical approach. On the other hand, when a tumour recurs after

radiotherapy, it is more likely to extend beyond its original site, making total laryngectomy necessary in most cases. However, in selected cases, conservative laryngeal surgery is possible. At present only a few reports in the literature have documented the oncological and functional outcome of supracricoid laryngectomy with cricohyoidopexy (SCL-CHP) in the treatment of laryngeal recurrence after irradiation. **MATERIAL AND METHODS:** We describe seven cases of rT2-T3 laryngeal squamous cell carcinomas that recurred after radiotherapy and were treated with salvage SCL-CHP between 1989 and 1997 at the Department of Otolaryngology, University of Ferrara. The disease-free interval following initial radiotherapy ranged from 13 to 132 months (mean 54 months) in 6 patients; 1 patient underwent 2 courses of irradiation treatment 103 and 8 months prior to surgery. **RESULTS:** The mean post-SCL-CHP follow-up period exceeded 10 years (range 72–173 months). Only the patient who underwent 2 courses of radiation therapy before surgery experienced laryngeal recurrence 48 months after surgery. All patients were decannulated and recovered the ability to swallow. Vocal quality was significantly rough and breathy but was satisfactorily intelligible in all patients. Four patients had wound healing problems; 1 of them developed a laryngotracheocutaneous fistula 15 months after SCL-CHP as a consequence of chondronecrosis, prompting total laryngectomy.

A clinical survey on compliance in the treatment of rhinitis using nasal steroids. Loh, C., Y., Chao, S., S., Chan, Y., H., Wang, D., Y. Department of Otolaryngology, Head and Neck Surgery, National University Hospital, Singapore. *Allergy* (2004) Nov, Vol. 59, pp. 1168–72, ISSN: 0105-4538.

BACKGROUND: In the treatment of persistent rhinitis, the observed efficacy with intranasal steroids in clinical practice often falls short of that reported in clinical trials. We postulate that this could be due to patient non-compliance and thus designed this study to evaluate the impact of patient compliance on the efficacy of treatment in patients with persistent rhinitis. **METHODS:** Sixty-three consecutive adult patients with allergic and non-allergic rhinitis, treated with intranasal triamcinolone acetonate, were included in the study. Compliance was determined both by direct questioning and by measuring the weight of medication consumed (WMC) after 30 days of therapy. Nasal symptom scores were used to determine treatment efficacy. **RESULTS:** Forty-nine patients (77.8%) reported a forgetfulness of using medication for a few times (1–5 times) during the treatment period. Less than 50% compliance was reported by one patient (1.6%) but detected in seven patients (11%) by WMC. There was a significant ($p < 0.001$) improvement in mean total symptom score before (7.45 +/- 1.99) and after (3.59 +/- 2.72) treatment in patients with WMC of at least 50%, but not when WMC was <50% (8.43 +/- 1.72 vs 6.29 +/- 2.43; $p = 0.114$). With <50% WMC, the positive predictive values for relief of each symptom were rhinorrhoea: 78%, nasal itch: 70%, nasal obstruction: 67% and sneezing: 65%. **CONCLUSION:** Patient compliance has a significant impact on treatment efficacy with intranasal steroids. There is a discrepancy between reported and actual compliance. It is thus important to establish the actual compliance when evaluating patients who fail to respond to therapy.

Postoperative complications of thyroidectomy for differentiated thyroid carcinoma. Filho, J., G., Kowalski, L., P. Department of Head and Neck Surgery and Otorhinolaryngology, Centro de Tratamento e Pesquisa Hospital do Cancer, A C Camargo, Sao Paulo, Brazil. *American journal of otolaryngology* (2004) Jul-Aug, Vol. 25, pp. 225–30, ISSN: 0196-0709.

OBJECTIVE: This study evaluates the incidence and risk factors of complications in patients submitted to thyroidectomy for differentiated thyroid carcinoma in a cancer hospital with residency training. **STUDY DESIGN:** A retrospective chart and complications review of 316 consecutive patients who underwent thyroidectomy for differentiated thyroid carcinoma. **RESULTS:** Of the 316 patients, the main postoperative complications were transient hypocalcemia in 87 (27.5%), permanent hypocalcemia in 16 (5.1%), transient vocal cord palsy in 4 (1.2%), and permanent vocal cord palsy in 2 (0.6%). Neck dissection and paratracheal lymph node dissection when associated with total thyroidectomy were significantly related to transitory and permanent hypocalcemia. **CONCLUSION:** Thyroid surgery can be performed safely in a hospital with a medical residency training program under direct supervision of an experienced surgeon with acceptable morbidity. Hypocalcemia is the most significant complication. Neck and paratracheal lymph node dissections were the most significant predictors of hypocalcemia in patients submitted to total thyroidectomy.

Strategies to prevent recurrence of benign paroxysmal positional vertigo. Helminski, J., O., Janssen, I., Kotaspoiakis, D., Kovacs, K., Sheldon, P., McQueen, K., Hain, T., C. Department of Physical Therapy, Midwestern University, Downers Grove, IL 60515, USA. jhelmi@midwestern.edu *Archives of otolaryngology-head and neck surgery* (2005) Apr, Vol. 131, pp. 344–8, ISSN: 0886-4470.

OBJECTIVE: To determine if a daily routine of Brandt-Daroff exercises increases the time to recurrence and reduces the rate of recurrence of benign paroxysmal positional vertigo (BPPV). **DESIGN:** Random sample of convenience and retrospective case review. **SETTING:** Tertiary referral center and outpatient clinic. **PATIENTS:** One hundred sixteen patients diagnosed with BPPV involving the posterior semicircular canal (BPPV-PC) who were successfully treated with the canalith repositioning procedure. **INTERVENTIONS:** Patients in the treatment group ($n = 43$) performed daily Brandt-Daroff exercises, while patients in the no-treatment group ($n = 73$) performed no exercises. **MAIN OUTCOME MEASURES:** Follow-up was as long as two years. Every 2 months patients were mailed a questionnaire. If BPPV had recurred, patients contacted the principal investigator within 24 hours. Within 1 to 2 weeks, patients were evaluated in the clinic with the Dix-Hallpike manoeuvre or, if unable to travel to the clinic, interviewed by telephone. **RESULTS:** Symptoms recurred in 50 (43%) of the 116 subjects; 34 (47%) of 73 in the no-treatment group and 16 (37%) of 43 in the treatment group. There was no significant difference in the frequency of recurrence (Pearson χ^2 , $p = 0.33$) or time to recurrence (survival analysis, log-rank test, $p = 0.92$). A history of recurrent BPPV-PC did not affect frequency of recurrence (Pearson χ^2 , $p = 0.33$) or time to recurrence (survival analysis, log-rank test, $p = 0.72$). **CONCLUSION:** Our results suggest that a daily routine of Brandt-Daroff exercises does not significantly affect the time to recurrence or the rate of recurrence of BPPV-PC.