british association for paediatric otolaryngology

Annual Meeting 2022

Thursday 15th - Friday 16th September

Bristol M Shed, photo credit: Quinton Lake

M Shed
Princes Wharf
Wapping Rd
Bristol
BS1 4RN

bapo

Contents

WELCOME to BRISTOL BAPO

A message from BAPO President
Mike Saunders
Bristol Royal Hospital for Children &
St Michaels Hospital

A very warm welcome to you all joining us in Bristol, We have tried to concentrate on delivering a strong academic and educational content while still making the meeting fun and entertaining.

Our international faculty includes Natalie Loudon, Paris and Steve Sobol from Philly kids. The John Evans lecturer is the inimitable Mike Rutter from Cincinnati who continues to push the boundaries of Airway surgery and his lecture will no doubt inspire us and terrify us at the same time! This year saw the passing of John Evans a pioneer and giant of the specialty. It's fitting that other icons of the specialty Robin Cotton, David Albert and Martin Bailey will say a few words about him. We also lost our friend Amged El -Hawrani to COVID at the start of the pandemic. A prize will be awarded again this year in honour of our fallen colleague as well as the Susanna Leighton prize.

I can't mention the meeting without thanking Shilpa Ojha (former AOT president and ST in the Severn region) whose organisational support has been extraordinary.

I am delighted to hand over the presidency to Michelle Wyatt who will be BAPO's first female president and will undoubtedly do an excellent job.

Being BAPO president has been great. Thank you for putting up with me and I very much hope you enjoy your time here and look forward to seeing you all at The Stable for an evening of fun included in your conference ticket price.

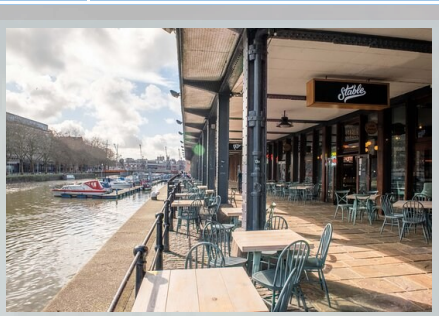
Thursday 15th September 2022

12.00-12.30	**Registration**	
12.30-13.30	**Lunch**	
13.30-13.40	Introduction	Mike Saunders President
13.40-14.10	Tribute to John Evans	Martin Bailey, Robin Cotton, David Albert
14.10-15.00	The John Evans Lecture	Mike Rutter Cincinnati Children's Hospital
15.00-15.15	**Coffee**	
15.15-16.30	Short papers Session 1	Chairs: Mike Saunders & Marianne Elloy
16.30-17.15	Vocal Cord movement Disorders Approaches to vocal cord lateralisation Approaches to vocal cord medialisation Laryngeal re-innervation in children	Chair: Michael Kuo Mike Rutter Michelle Wyatt Hasnaa Ismail Koch
17.15-17.30	**Evening Refreshments**	
17.30-18.15	Evening symposium Update on implantable hearing aids	Chair: Alok Sharma Steve Broomfield
7pm till late *	**Evening Function: The Stable at the Harbourside in Bristol** **Canon's road, Harbourside, BS1 5UH**	

***An evening of wood-fired sourdough pizzas, pints and cider boards, with a live local band to dance the night away!**

Food and drinks are all included within the ticket price and is promised to be a fun, laid-back evening!

We look forward to seeing you all there.



Friday 16th September 2022

08.30-08.45	**Registration**	
08.45-09.00	**Coffee**	
09.00-09.10	Introduction	Mike Saunders President
09.10-09.40	Ear Reconstruction -How I do it	Neil Bateman
0940-1020	Tonsillectomy day case guidelines symposium Current guidelines What stops a child from being a day-case? Has Intracapsular tonsillectomy moved the goal-posts?	Chair Nico Jonas Julian Gaskin Simon Courtman Tash Kunanandam
1020-1025	ESPO announcement	Su De
10.25-11.00	**Coffee Break**	
11.00-11.20	Congenital Nasal Dermoids	Haytham Kubba
11.20-11.45	The dos and don'ts's of Paediatric Dysphagia	Steve Sobol
11.45-12.10	Robots in paediatric otology	Natalie Loudon
12.10-12.30	Atypical mycobacterium Update	Kate Blackmore
12.30-13.45	**Lunch, Posters & Meet the Sponsors**	
13.00-13.45	**BAPO Members AGM**	
13.45-14.35	Short papers Session 2	Chairs: Dan Tweedie & Ravi Sharma
14.35- 15.15	Cochlear implant round table	Chair: James Ramsden Philip Robinson, Natalie Loudon & Joe Manjaly
15.15	**End of live stream**	
15.15-15.35	**Coffee**	
15.35-16.10	Fighting talk Ben Hartley, Mike Kuo, Vicky Possamai, Steve Sobol, Andrea Burgess & Haytham Kubba	Chairs: Mike Saunders & Ravi Thevasagayam & Michael Kuo
16.10	Closing remarks & Prizes, handover of the BAPO President	Mike Saunders
16.20	Invitation to BAPO 2023 London	Michelle Wyatt
16.30	**Final close**	

Short Papers Session 1

Thursday 15th September 2022- 15.15-16.30

15.15-15.25 **Hearing loss in enlarged vestibular aqueduct is frequency specific, providing important information for patients and insights into mechanistic pathophysiology**

HSS Saeed, M Fergie, K Mey, N West , M Bille , P Caye-thomasen , R Nash, S Saeed and I Bruce

15.25-15.35 **Coblation intracapsular tonsillectomy in a paediatric tertiary centre: Revision surgery rates over a nine year period.**

R Cameron, A Haymes, I Lilly, L Jablenska, S Sharma, N Amin, C Pepper, V Possamai, L Ferguson, S Blaney and D Tweedie

15.35-15.45 **How do we safely increase day case tonsillectomy for the treatment of paediatric obstructive sleep apnoea – a cohort analysis**

C Lee, A Ivy, B Brownlee, M Bahgat, A Waters and S Powell

15.45-15.55 **Post-tonsillectomy readmissions: Review of 4889 tonsillectomies over 7 years at Alder Hey**

C Bird, A Zubair, M Krishnan and S De

15.55-16.05 **The use of Aero-Stents in the Paediatric airway: The Great Ormond Street Experience**

JC Magill, L Sutton, C Butler and R Hewitt

16.05-16.15 **Conservative Vs Surgical Management of Long Segment Stenosis: A Comparison of Paediatric Quality Of Life Outcomes**

A Hoey, K Abbas, J Wray, C Butler and R Hewitt

16.15-16.25 **Clinical Evaluation of Pediatric Patients Implanted with a Laser-Ablated Bone Anchored Hearing Implant**

M Osborne, A Child-hymas, M Holmberg, P Thomsen, ML Johansson and A Mcdermott

Hearing loss in enlarged vestibular aqueduct is frequency specific, providing important information for patients and insights into mechanistic pathophysiology

HSS Saeed, M Fergie, K Mey, N West , M Bille , P Caye-thomasen , R Nash, S Saeed and I Bruce

Introduction

Clinicians cannot provide information regarding hearing loss mechanism and progression to children newly diagnosed with enlarged vestibular aqueduct (EVA). In this study we investigate frequency- specific hearing loss and assess the impact of our analyses upon current clinical and mechanistic paradigms.

Methods

A multi-centre retrospective review of audiological data from patients identified with EVA. Frequency- specific linear regression was performed on 450 ears (1526 hearing tests), recruited from four tertiary centres in England and Denmark.

Results

Baseline average hearing loss was 80dB and was significantly worse in higher frequencies (4 and 2KHz) than lower frequencies (250 & 500 Hz). Hearing loss progressed by 0.53dB per year (on average) and was significantly worse in higher frequencies than lower frequencies. Significance was demonstrated when the 95% confidence interval of one frequency did not overlap with the dB coefficient of an adjacent frequency.

Conclusions

Clinicians can now provide generalised frequency- specific hearing loss trajectory information to parents of children newly diagnosed with EVA based upon the current largest international cohort. We propose damage to the sensory hair cells occurs more so in the first turn of the cochlea where tonotopically high frequencies are matched, as opposed to lower frequencies towards the cochlea apex. This novel finding supports the theory of pressure damage from the enlarged endolymphatic sac and duct into the most adjacent first turn of the cochlea. Further work is now needed to prognosticate hearing loss at patient level to facilitate personalised audiological rehabilitation.

Ethics

This study had full NHS REC & HRA approvals.

Word count: 245

Coblation intracapsular tonsillectomy in a paediatric tertiary centre: Revision surgery rates over a nine year period.

R Cameron, A Haymes, I Lilly, L Jablenska, S Sharma, N Amin, C Pepper, V Possamai, L Ferguson, S Blaney and D Tweedie

Introduction:

Coblation intracapsular tonsillectomy (CIT) is increasingly used in the paediatric practice, it is associated with rapid recovery and very low rates of complications. However, there is a risk of symptomatic regrowth. We present our experience of revision surgery over a nine year period, since the departmental adoption of this technique.

Methods:

Retrospective review of all children undergoing CIT from April 2013 to date, using Trust electronic records.

Results:

3941 patients underwent CIT during this period, with or without concomitant adenoidectomy. Of these, 151 (3,83%) required revision tonsil surgery: 1094 with a repeat CIT procedure and 47 with bipolar remnant dissection. Three children required two sequential revision surgery procedures. Risk factors for revision surgery in patients with obstructive symptoms include age under three at first surgery and severe obstructive sleep apnoea. There are no such obvious risk factors for revision surgery for recurrent remnant tonsillitis.

Conclusions:

CIT has potential advantages over traditional extra capsular methods, but growth remains a potential limitation, especially in younger children. This study demonstrates real world departmental revision surgery rate from commencement of use.

Word count: 172

How do we safely increase day case tonsillectomy for the treatment of paediatric obstructive sleep apnoea – a cohort analysis

C Lee, A Ivy, B Brownlee, M Bahgat, A Waters and S Powell

Background: The primary aim of this study was to evaluate the immediate post-operative complication (IPOC) rate of children undergoing adenotonsillectomy for the treatment of paediatric obstructive sleep apnoea (OSA). IPOC was defined as any adverse clinical events experienced within 24 hours of the surgery if admitted, or as representation to the emergency department/ward within 24 hours of the surgery if done as a day case. The secondary aim was to identify any risk factors predictive of IPOC.

Methods: A retrospective analysis of children who underwent adenotonsillectomy for OSA at a single tertiary unit between 2019-2022 (every child between 01/11/2019–01/11/2020, then those identified from the preassessment clinic database between 02/11/2020–31/03/2022).

Results: 464 children were included in this study. Children done as a day case experienced 0% IPOC (n=260). Children done as an inpatient experienced 17.2% IPOC (n=35/204). Every child who experienced IPOC had one or more of the following four clinical features: age ≤2 years, <15 kg, >98th weight centile, significant medical comorbidities. 268 children had none of these four clinical features, and experienced 0.373% IPOC (n=1/268; primary post-tonsillectomy bleed). Children with pre-operative oximetry scores of McGill 3-4 experienced 0% IPOC if they had none of the four clinical features (n=20). The overall readmission rate was 2.80% (n=13/464) with 0.06% bleed rate (n=3/464).

Conclusion: Our experience suggests that children with none of the four clinical risk factors identified can be safely done as a day case irrespective of the pre-operative oximetry results. Pre-operative oximetry appears to have no role in predicting adverse post-operative events.

Word count: 240

Post-tonsillectomy readmissions: Review of 4889 tonsillectomies over 7 years at Alder Hey

C Bird, A Zubair, M Krishnan and S De

Introduction: This study aimed to assess readmissions after tonsillectomy in view of changes in perioperative care, including surgical technique as well as postoperative management, over the recent years.

Methods: Readmissions within 30 days of a tonsillectomy procedure were retrieved from Hospital Episodes Statistics(HES) data for a 7-year period from April 2015-November 2021. Retrospective case note review was performed looking at patient demographics, operative details, reasons for readmission and management during readmission.

Results: 4889 tonsillectomies performed during the study period of which 536 patients were readmitted within a 30 day period (10.9% readmission rate). Median age at operation was 64 months (range 13 - 203). Mean number of days to return after operation was 5.1 days. Reasons for readmission were bleeding (n =366, 68.2%), uncontrolled pain(n=85, 15.8%), systemic symptoms (n=74, 13.8%) and factors unrelated to surgery (n=10, 1.8%). Overall rate of secondary haemorrhage was 7.5% and rate of readmission for uncontrolled pain was 1.7%. Of the readmitted cases, 512 (95.5%) had undergone extracapsular tonsillectomy, while 24(4.47%) underwent intracapsular tonsillectomy. Among the secondary haemorrhage cases, 13(3.55%) of them were after intracapsular tonsillectomy and 60(18%) required surgical arrest of bleed. No significant differences in rate of secondary haemorrhage or its management were found between bipolar (9.0%) and coblation (11.4%) groups. There were no readmissions due to morphine related side-effects.

Conclusion: Post-tonsillectomy bleeding remains a frequent reason for readmission. Post-operative pain management with oral morphine appears to be safe.

Ethics: This audit was registered and approved by institutional audit board (reference number 6672)

Word count: 226

The use of Aero-Stents in the Paediatric air-way: The Great Ormond Street Experience

JC Magill, L Sutton, C Butler and R Hewitt

Introduction:

The management of children with severe tracheal stenosis or malacia is challenging. Tracheobronchial stents play an important role in the management of these children. Traditionally stents have included metal expandables and soft silicone stents; both of which have been associated with significant risk of complications.

The AERO stent is a covered nitinol stent specifically configured for use in the tracheobronchial tree. It has been shown to be effective in treating a range of benign conditions in adult airways. We report our preliminary experience with the use of the AERO stent in children and describe a novel method for the safe removal of these stent.

Description:

We report our experience of 14 stents implanted into 8 children over a 18 month period to relieve malacia or severe obstruction.

Results

The AERO Stent was inserted into the trachea(n=4), bronchus(n=2) and transglottic(n=2) regions. Median stent length was 40mm (range 10mm-40mm), with median diameter 12mm (range 18mm-10mm). Narrowing and collapse was relieved in all cases. There were no major complications reported. 3 children required stent removal and reinsertion to optimise stent placement and remove granulations. One patient subsequently required a tracheostomy. All patients are in good clinical condition with symptomatic improvement of their airway following intervention.

Conclusion:

We propose that the use of AERO stents in the management of severe tracheal disease in children is safe and effective. In particular it can serve as a temporising measure to allow airway remodelling and help bridge the gap to allow for further treatment modalities

Word count: 250

Conservative Vs Surgical Management of Long Segment Stenosis: A Comparison of Paediatric Quality Of Life Outcomes

A Hoey, K Abbas, J Wray, C Butler and R Hewitt

Objective

To compare 'Paediatric Quality of Life Inventory' (PedsQL) measures in children with long-segment tracheal stenosis (LSTS) who are managed conservatively and those who undergo slide tracheoplasty.

Methods

A cross-sectional study was undertaken of children (n=57, 63% male) diagnosed with LSTS, managed conservatively (n=15) and those that underwent slide tracheoplasty (n=42). Parents and children (aged 3-15 years) completed PedsQL Quality of Life (QoL) questionnaires. Scores were compared between groups and published normal values.

Results

The 42 operated and 15 non-operated children had a mean age of 5.3 (+/-3.5) and 9.3 (+/-5.5) years, respectively. Total mean QoL for both groups did not differ from healthy normal values, but non-operated children's physical scores did approach significance (Z=1.733, p=0.083). No overall difference was seen in QoL between groups, but mean QoL scores were lower in non-operated children in all measures. 10 operated children (24%) and 5 non-operated children (30%) had scores >2 standard deviations below normal values. Cardiovascular comorbidities did not correlate with poorer outcomes. However, non-cardiac congenital comorbidities were significantly associated with poorer scores in operated children (P=0.01) and showed a similar, but non-significant correlation in non-operated children. There is strong agreement between parents and children in both groups, strongest in non-operated children's physical scores (r=0.968, p<0.01).

Conclusion

On an individual level, children with LSTS can do very well or very poorly in both operated and non-operated groups. No clear correlation is seen between surgery, age or cardiovascular comorbidities. However, non-cardiac congenital comorbidities may be a predictor of poorer QoL outcomes.

Word count: 241

Clinical Evaluation of Pediatric Patients Implanted with a Laser-Ablated Bone Anchored Hearing Implant

M Osborne, A Child-hymas, M Holmberg, P Thomsen, ML Johansson and A Mcdermott

Introduction:
This study was designed to evaluate the clinical outcomes of pediatric patients implanted with novel bone anchored hearing implants. Data were collected on a 4.5 mm wide laser ablated titanium implant, and compared to previously published cohorts from the same center.

Methods:
The study design was a prospective, single-subject, repeated measure, cohort study.
Participants served as their own controls, and were followed for the first 12-month period. A total of 115 consecutive pediatric patients aged 4 to 15 years were implanted with 176 laser ablated titanium bone anchored implants. Clinical outcomes, implant failure rates, and post implantation implant stability quotient (ISQ) scores were studied over the first 12-month period.

Results:
A 12-month survival of 96.6% was observed. In total, six implants (3.5%) were lost, including one (0.6%) lost due to trauma. Adverse skin reactions, defined as a Holgers score of 2 or higher, were observed in 4.4% of all postoperative visits and in 22 patients (19.1%). Neither the ISQ high (ISQH) nor ISQ low (ISQL) values increased significantly between the stage 1 and 2 surgeries. In contrast, the ISQ results, irrespective of abutment size, demonstrated an increasing trend from 49.1 to 57 over the 12 months review period. A statistically significant change was only demonstrated from the 3-month follow-up onwards.

Conclusion:
In conclusion, the use of 4.5 mm wide laser-ablated titanium bone anchored hearing implants resulted in superior survival rates and excellent clinical outcomes compared with previous implant systems without surface modification.

Ethical approval:
REC ref 11/WM/1054

Word count: 230

Short Papers Session 2

Friday 16th September 2022- 13.45-14.35

13.45-13.55 **Comparison of clinical estimations and radiological measurements in the context of paediatric cervical masses: How accurate are we?**

SL Wilkinson, T Stubington, A Charlton, S Cole and M Elloy

13.55-14.05 **Two Cycle Audit on Post-Tonsillectomy Analgesia**

S Ojha, T Sinclair, M Saunders and J Gaskin

14.05-14.15 **Paediatric Laryngeal ultrasound – The Birmingham Children\'s Hospital experience and the bigger picture**

C Peled, N Muhammed ali , L Walsh, A Williams and K Stephenson

14.15-14.25 **The impact of tonsillectomy on feeding disorders in children**

ME Walsh, R Retzler, JL Huang, A Daglish, D Tweedie and C Pepper

14.25-14.35 **Multi-disciplinary management of nasolacrimal duct obstruction (NLDO) at a paediatric tertiary centre: A 5-year review**

A Zubair, I Yip, J Gonzalez-martin, R Sharma and G Khong

Comparison of clinical estimations and radiological measurements in the context of paediatric cervical masses: How accurate are we?

SL Wilkinson, T Stubington, A Charlton, S Cole and M Elloy

Objectives: Cervical masses represent a common presentation to the paediatric ENT outpatient clinic. However, despite their high prevalence, few represent an underlying malignant pathology. Currently, a universally accepted algorithm for management of such cases does not exist within the United Kingdom. Local guidance often centres around clinical interpretation of size when determining the need for investigation. With such emphasis placed on size, the authors sought to investigate the accuracy of physician palpation and in-turn explore the validity of referral pathways.

Methods: A retrospective methodology was employed to address the research aim. All paediatric ultrasound scans conducted during a 24-month period were reviewed to establish both the clinical and radiological assessment of size. A 2 tailed paired student's t-test was selected to evaluate the differences between the two measurements and ultimately assess clinician accuracy.

Results: 753 paediatric cervical ultrasound scans were conducted during the 2-year period. Initial analysis identified three discrete pathological groups: lymph nodes (n=532), non-lymph node masses (n=162) and normal anatomy (n=59). Further analysis of clinical estimation and radiological measurement demonstrated a statistically significant difference (p value <0.02) for lymph-node pathology. A similar statistically significant difference could not be demonstrated within the non-lymph node population (p= 0.66). When clinician assessment resulted in a value outside of what was considered accurate, lymph node masses were predominantly overestimated. Conversely, non-lymph node masses were more commonly underestimated.

Conclusions: Our study demonstrates a statistically significant tendency for clinicians to overestimate paediatric cervical lymphadenopathy. Calliper measurement may further improve accuracy of assessment.

Word count: 245

Two Cycle Audit on Post-Tonsillectomy Analgesia

S Ojha, T Sinclair, M Saunders and J Gaskin

Authors: Shilpa Ojha1, Tobias Sinclair1, Michael Saunders1, Julian Gaskin1

Bristol Children's Hospital1

Introduction: To assess whether children undergoing tonsillectomy were receiving adequate analgesia post-operatively and comparison made against national standards. Implementation of new ibuprofen dosage guidance, reducing opioid prescribing, and assessment of whether this impacts re-admission rates for post tonsillectomy pain and bleeding.

Methods: Retrospective audit of tonsillectomies performed over a 5 month period in 2021 and prospective audit over the same time period in 2022, with new ibuprofen prescribing guidelines (7.5mg/kg qds compared with 5mg/kg tds previously) and effect on reduced opioid prescribing.

Results: There were approximately 150 tonsillectomies performed in each cycle. For the first retrospective cycle, 95% were prescribed inadequate ibuprofen, with a mean dose of 5.5mg/kg. All patients who were re-admitted with pain/haemorrhage had ibuprofen prescribed at a tds frequency. There were 5% of cases presenting with bleeding, none returned to theatre. Coblation was used in 40% of cases (extracapsular and intracapsular). For the second prospective cycle, 95% of patients were prescribed the correct ibuprofen dosage 7.5mg/kg qds, with reduced opioid prescribing. No patients were re-admitted with post-operative pain and only a low number of patients presenting with post-tonsillectomy bleeds.

Conclusions: Changing the dosing of ibuprofen to 7.5mg/kg qds and ensuring departmental consistency has resulted in adequate analgesia dosing with no admissions for poorly controlled pain post-tonsillectomy. We feel a secondary impact is on reduced bleeding rates.

Ethical Approval: Not applicable.

Word count: 234

Paediatric Laryngeal ultrasound – The Birmingham Children\'s Hospital experience and the bigger picture

C Peled, N Muhammed ali , L Walsh, A Williams and K Stephenson

Objectives: Paediatric laryngeal ultrasound (PLUS) is increasing in popularity as a non-invasive method for children with vocal cord dysfunction and laryngeal pathologies. We aim to: 1) Present our PLUS protocol and findings in a series of paediatric patients 2) Present current trends in the use of laryngeal ultrasound.
Methods: A retrospective case series evaluation of all PLUS performed between October 2018 and January 2020 was conducted. Indications for PLUS included: 1) suspected vocal cord immobility 2) change in vocal volume or quality.
Results: Fifty-seven PLUS scans were performed in 49 patients. Median age at time of PLUS was 8.4 months. The most common PLUS findings were left vocal cord immobility (n=24, 42.1%), normal vocal cord movement (n=20, 35%) and right vocal cord immobility (n=4, 7%). 18 children (20.6%) underwent airway evaluation under general anesthetic and 6 children (10.5%) underwent flexible laryngoscopy. 5 children (20.8%) undergoing laryngoscopy were diagnosed with additional upper airway pathologies. Other than assessment of vocal cord abnormalities, PLUS is also described in the literature as means to evaluate infantile laryngomalacia and subglottic airway size.
Conclusion: PLUS assists in the diagnosis and monitoring of vocal cord immobility and other laryngeal pathologies and can be useful adjunct to direct laryngoscopy and replace it in selected cases.

Word count: 190

The impact of tonsillectomy on feeding disorders in children

ME Walsh, R Retzler, JL Huang, A Daglish, D Tweedie and C Pepper

Introduction

Tonsillar hypertrophy is a known major cause of upper airway obstruction in children. However its impact on feeding and swallowing is poorly described, despite its significant psychosocial impact. This is the largest study to date exploring paediatric swallowing outcomes following tonsillectomy.

Methods

This prospective cohort study invited caregivers of children undergoing tonsillectomy to complete a PediEAT swallowing questionnaire pre and post-operatively. The study was completed in two phases with 9 questions administered in phase 1 and three additional questions added for phase 2. A free text comments box was also provided. Responses were graded from 0-5, where 0 is no problem and 5 is always a problem.

Results

A pre and post-operative questionnaire was collected on 102 patients, 57 patients in phase 1 and 45 patients in phase, from January 2020 – January 2022. The mean age was 4.1 years and indication for surgery was obstructive sleep apnoea in 87% of patients. Mean time to completion of post-operative questionnaire was 23 weeks after surgery. 8 of 12 questions showed a statistically significant improvement in post-operative scores. Improvements were amongst the most statistically significant in response to “gets tired from eating and is unable to finish” (1.49 pre-op, 0.91 post op, total 100 responses, $p<0.01$) and “eats food that needs to be chewed” (1.4 pre-op, 0.72 post-op, total 43 responses, $p<0.01$). These findings mirrored written comments from caregivers on changes to feeding behaviours.

Conclusion

We suggest that symptoms of fatigue during eating and avoidance of food requiring mastication are most likely to improve following tonsillectomy.

Ethical approval: not applicable

Word count: 236

Multi-disciplinary management of nasolacrimal duct obstruction (NLDO) at a paediatric tertiary centre: A 5-year review

A Zubair, I Yip, J Gonzalez-martin, R Sharma and G Khong

Introduction: Nasolacrimal duct obstruction (NLDO) is the most common cause of childhood epiphora. Congenital NLDO is usually conservatively management in the first year of life, failing which surgical interventions such as syringing and probing (S&P), insertion of stents (intubation) or dacryocystorhinostomy (DCR) are offered in a stepwise manner.

Methods: This is a retrospective study at a tertiary paediatric hospital. Nasolacrimal surgeries were retrieved from Hospital Episodes Statistics (HES) data for a 5-year period between May 2017 to April 2022. Case note review was undertaken looking into demographics, presentation, surgical interventions, and outcomes (resolved, partially resolved or persistent).

Results: In our institution, NLDO surgeries are performed on a joint ophthalmology/ENT list. A total of 301 procedures were performed on 218 patients (293 eyes). Causes for epiphora were Congenital NLDO (n=193, 88.5%), Secondary NLDO (n=10, 4.6%), Dacryocystitis/Mucocele (n=8, 3.67%) among others. Median age at first procedure was 26 months (range 2-189). Median number of procedures for congenital NLDO was 1(range 1-5). Complete resolution of symptoms was achieved by S&P in 133 cases (73%), intubation in 23 cases (78%) and DCR in 7 cases(58.3%). Patients with craniofacial syndromes required a statistically significant higher number of DCRs. Overall, epiphora was completed resolved in 81% cases, 6.3% partially resolved and persistent in 12.7%.

Conclusion: Multi-disciplinary approach to NLDO ensured efficient delivery of care by minimising number of procedures and hospital attendance. Congenital NLDO is successfully treated in vast majority of cases with S&P and intubation. In cases with anatomical abnormalities, DCR should be considered early.

Ethics: Approved by institutional audit board

Word count: 244

Posters

1. **Management of Paediatric Non-tuberculous Mycobacteria Cervicofacial lymphadenitis. A survey of UK Paediatric ENT tertiary Centres**

   T Williams, C Mccaffer and K Blackmore

2. **Single-stage bone-anchored hearing implant surgery in children: the preliminary results of a prospective, high-powered controlled trial**

   E Teunissen, C Caspers, K Bakkum, E Mylanus and M Hol

3. **The Impact of the COVID-19 Pandemic on Provision of Elective Adenotonsillectomy in UK Children: A HES Data Analysis of Secondary and Tertiary Care Centre Activity**

   A Hoey

4. **Suppurative Intracranial Complications of Sunusitis in Children: Experiences in a Tertiary Paediatric Centre Through the Covid-19 Pandemic**

   JG Hendry, J Wildman, R Balakumar, S Ojha and J Gaskin

5. **The management of recurrent acute otitis media in children with oral antibiotics at a tertiary paediatric hospital**

   S Dawes, J Salem, K Milinis and SDD Sharma

6. **Sirolimus for management of paediatric cervicofacial lymphangiomas: a systematic review and meta-analysis.**

   YK Kamhieh, H Jones and A Hall

7. **Improving clinician estimation of tympanic membrane perforation size**

   B Chandrasekar, N Lowe, K Milinis, S De, S Sharma

8. **Prevalence of Obstructive Sleep Apnea Following Cleft Palate Repair – A Systematic Review**

9. **Evaluation of a Covid-19 service recovery strategy for children with Otitis Media with Effusion.**

   E Campbell, TH Valsamakis and MD Elloy

10. **Hearing outcomes in children with single sided deafness: our experience at a tertiary paediatric otorhinolaryngology unit**

    BC Chandrasekar, E Hogg, A Patefield, L Strachan and S Sharma

11. **Reasons for rejection of bone conduction hearing devices (BCHD) in a paediatric tertiary centre**

    M Roode, L Strachan and SD Sharma

12. **A quality improvement project of the outcomes of nurse-led paediatric ENT telephone consultations during the COVID-19 pandemic**

    E Nelson-rowe and A Al-Hussain

13. **Audit into Day Case Guidelines for Tonsillectomy**

    LA Oram, A Tse and R Thevasagayam

Posters

14. **Reducing the post-operative period of paediatric tonsillectomy day-cases: Can we update our current guidelines?**
KKS Shanthakunalan, LLH Liam hyland, PPL Liu and TTK Kamani

15. **STAT: inclusive human factors training in a theatre environment**
M Roode, W Gauntlett, J Hobson, V Bucknall and SD Sharma

16. **Aryepiglottoplasty - Laser vs Cold Steel - A small study to determine which is best.**
SB Marques, JD Sinnott and MW Saunders

17. **Pain scores in the paediatric Intracapsular Coblation Tonsillectomy era: A comparative prospective patient reported study.**
N Keates, I Rothera, C Perkins, L Hulatt and J Rainsbury

18. **Neonatal Hearing Screening Program in a Tertiary Hospital in Saudi Arabia: A Retrospective View of The First Year**
FT Zawawi , NJKJJ Baamir and S Alsebai

19. **Bipolar cautery as a simple yet effective technique for epiglottopexy in laryngomalacia**
M Roode and A Donne

20. **Endoscopic coblation for the treatment of subglottic haemangioma**
EEJ Gosnell and NN Bateman

21. **Laryngeal Neuroma in a MEN-2B paediatric patient, case report and a literature review**
M Alsalem, V Possamai and G Uthpali

22. **Paediatric Myringoplasty in a Tertiary Centre – Our Experience**
H Said, LL Cheung, A Barjus and D Hajioff

23. **Paediatric rigid bronchocopy. A consultant survey.**
AJ MMOWA Mowat, V Balbirsingh, P Sandhar, M Parekh, A Amlani and N Giblett

24. **A rare case of lymphoma presenting with acute airway obstruction in a child.**
R Cameron, J Huang and L Jablenska

25. **Primary Conservative Management of an Otogenic Cerebellar Abscess in a 4-year old Girl**
MH Qureshi, M Elbadawey and M Reda

26. **Case Report: An Unusual Base of Tongue Lesion in an Infant**
E Mathew, M Shrivastava and S Kumar

Speakers

Robin Cotton, M.D.
Former Director of Aerodigestive & Esophageal Center, Cincinnati Children's Hospital Medical Center
Specialty: Pediatric airway reconstruction
Cincinnati Children's Hospital Medical Center

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Great Ormond Street Hospital for Children, London

Michael Rutter- Consultant Paediatric Otolaryngologist
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Marianne Elloy- Consultant Paediatric Otolaryngologist
University Hospitals of Leicester NHS Trust

Michael Kuo- Consultant Paediatric Otolaryngologist Birmingham Children's Hospital

Speakers

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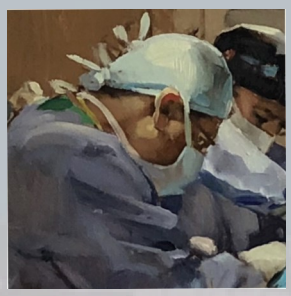
Great Ormond Street Hospital for Children, London

Hasnaa Ismail-Koch- Consultant Paediatric Otolaryngologist

Southampton Children's Hospital, University Hospital Southampton



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Royal Hospital for Sick Children, Edinburgh

Steve Broomfield– Consultant ENT Surgeon and Paediatric and Adult Otologist

University Hospitals Bristol and Weston NHS Foundation Trust (UHBW)

Neil Bateman- Consultant Paediatric Otolaryngologist

Royal Manchester Children's Hospital

Nico Jonas- Consultant Paediatric Otolaryngologist

Addenbrookes Hospital

Speakers

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Alder Hey Children's Hospital, Liverpool, UK

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Royal Hospital for Children, Glasgow

Steve Sobol- Consultant Paediatric Otolaryngologist

Children's Hospital of Philadelphia

Speakers

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Dan Tweedie- Consultant Paediatric Otolaryngologist

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Speakers

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University College London Hospitals NHS Foundation Trust

Ravi Thevasagayam- Consultant Paediatric Otolaryngologist

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IT Support

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