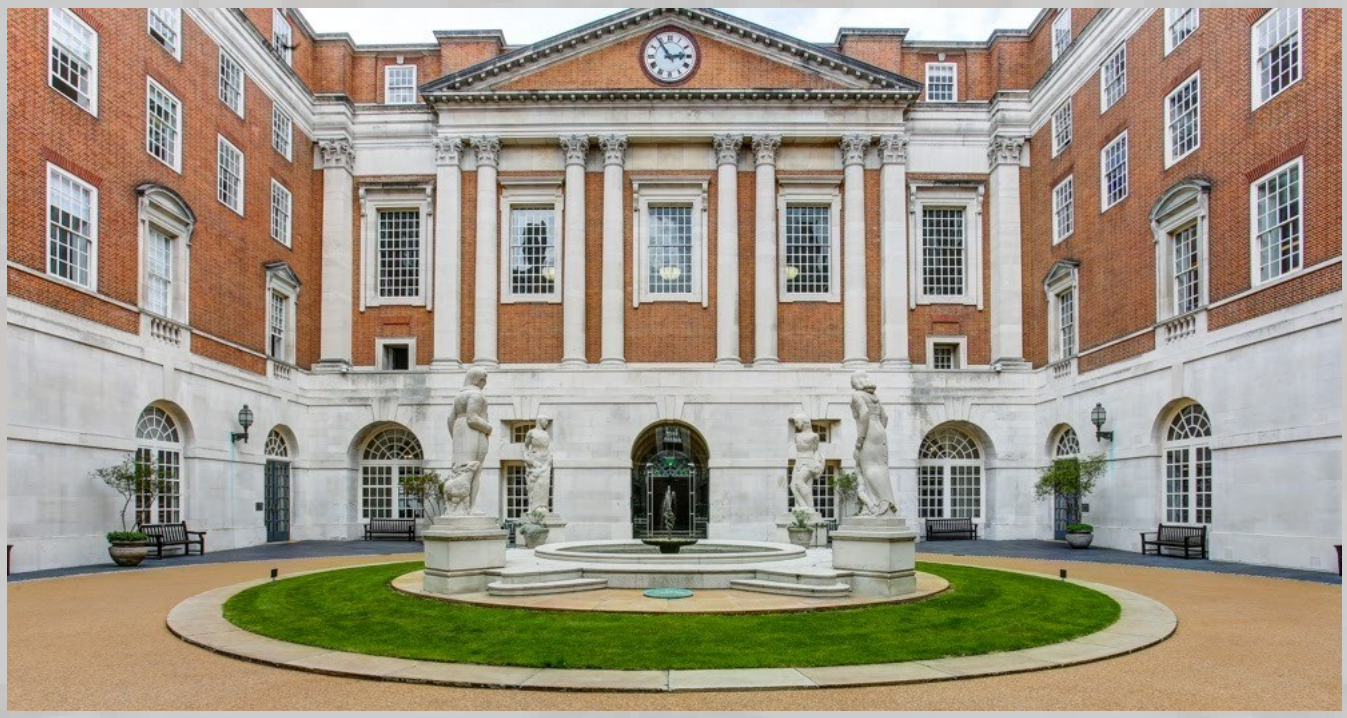
british association for paediatric otorhinolaryngology

Annual Meeting 2023

Thursday 14th - Friday 15th September



BMA House

Tavistock Square

London

WC1H 9JP

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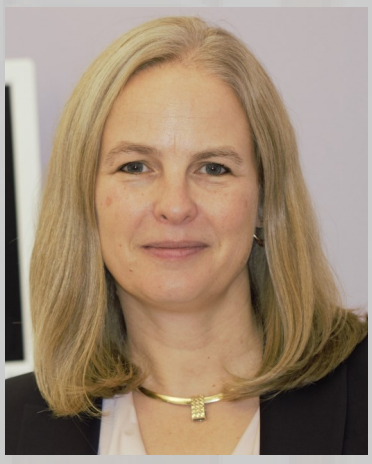
WELCOME to LONDON BAPO

A warm welcome from BAPO President – Michelle Wyatt, Great Ormond Street Hospital for Children



A very warm welcome to BAPO 2023.

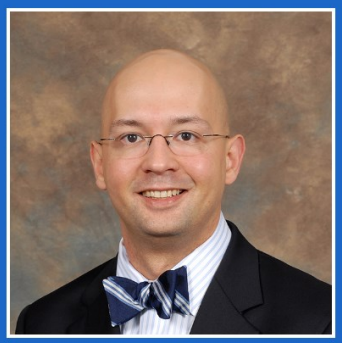
Our annual meeting offers a packed two days of events, including an engaging social programme. We welcome world-class speakers, the inauguration of the official BAPOJ Trainee Section, and exciting Research and Travelling Fellowship Competitions. Short paper prizes will be also be awarded again this year in honour of Amged El -Hawrani and Susanna Leighton.

We are honoured to have Baroness Helena Kennedy as a guest speaker. Professor Dana Thompson from Chicago will deliver the John Evans Lecture, Professor Alessandro de Alarcon from Cincinnati- one of only a few colleagues who have fellowships in paediatrics and laryngology, and Professor Francois Simon from Paris and co-founder of Otology in Paris will also share their experiences.

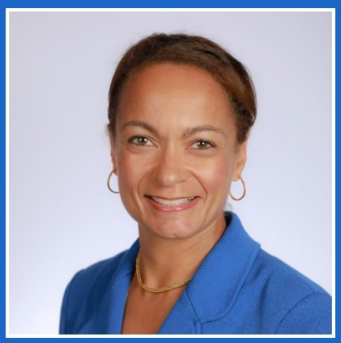
I wish you all a very enjoyable meeting.

OUR KEYNOTE SPEAKERS

Baroness Helena Kennedy QC



Alessandro de Alarcon
Cincinnati Children's Hospital, USA



Dana Thompson
Children's Hospital of Chicago, USA

Francois Simon
Necker-Hôpital Enfants Malades, France

Day 1- Thursday 14th September 2023			
0830	0910	*Registration*	
Session 1		**Guidelines / Rhinology / BAPO Juniors**	**Chair: Ravi Thevasagayam**
0910	0915	Presidents Welcome	Michelle Wyatt
0915	0930	Day Case Surgery Guidelines	Ravi Thevasagayam
0930	0945	Button Battery Ingestion Guidelines	Marianne Elloy
0945	1000	Leadership in Paediatric ENT surgery	Su De
1000	1030	Rhinology for the Paediatric ENT Surgeon	Ann Louise McDermott
1030	1035	Launch of BAPO Juniors	Kate Blackmore Emma Gosnell
1035	1100	Pitch Perfect - BAPOJ Research Prize	**Moderator: Kate Blackmore** Mira de Kruijf Haytham Kubba Hasnaa Ismail Koch
1100	1130	*Coffee*	
Session 2		**Keynote Addresses**	**Chair: Michelle Wyatt**
1130	1200	Equality & Diversity in Surgery	Baroness Helena Kennedy
1200	1245	John Evans Lecture: Re-Thinking Laryngomalacia	Dana Thompson
1245	1345	*Lunch & Defend Your Poster at 1300*	
Session 3		**Otology**	**Chair: Rania Mehanna**
1345	1415	Otology for the Paediatric ENT surgeon	Francois Simon
1415	1430	Implant options for microtia	Simon Carr
1430	1500	Panel: Interesting cases	**Moderator: Joe Manjaly** Jaya Nichani Francois Simon Simon Carr Rob Nash
1500	1530	*Coffee*	
Session 4		**Short Papers / BAPOJ**	**Chair: Alok Sharma**
1530	1630	Short Paper Session	Alok Sharma
1630	1700	BAPOJ Fellowship Panel	**Moderator: Kate Blackmore** Sunil Sharma Emma Gosnell Liam Sutton Shilpa Ojha Hanneke Bruinzeel
END OF DAY 1			
1700	*late*	***Social Event at Marquis of Cornwallis***	Drinks and canapes

Day 2- Friday 15th September 2023			
0830	0900	*Registration*	
Session 1		**General / Short Papers**	**Chair: Keith Trimble**
0900	0945	Panel: Controversies in Paediatric ENT	**Moderator: Neil Bateman** Julian Gaskin Kate Stephenson Dan Tweedie Hasnaa Ismail Koch Haytham Kubba
0945	1000	Immunology for ENT (PANDAS)	Prof Gareth Morgan
1000	1100	Short paper session	Keith Trimble
1100	1130	*Coffee*	
Session 2		**Keynote Addresses**	**Chair: Mike Saunders**
1130	1145	Presidential Address	Michelle Wyatt
1145	1200	Getting it Right First Time in Paediatric ENT	Sarah O'Donnell
1200	1245	Airway reconstruction – what about the voice?	Alessandro de Alarcon
1245	1345	*Lunch*	BAPO AGM
Session 3		**Aerodigestive / General**	**Chair: Andrea Burgess**
1345	1400	How to set up a FEES service	Jess Bewick
1400	1415	Time to roll the DISE?	Nico Jonas
1415	1430	Paediatric Laryngeal Reinnervation: Who and When to refer?	Kate Heathcote
1430	1445	Artificial Intelligence in Paediatric ENT	Eishaan Bhargava
1445	1500	Where are we with Tonsillectomy in 2023?	Steven Powell
1500	1530	*Coffee*	
Session 4		**Airway**	**Chair: Tash Kunanamdam**
1530	1550	New Approaches to Old Problems	Richard Hewitt
1550	1610	How to Manage Short Laryngeal Clefts	Alessandro de Alarcon
1610	1645	Panel: Interesting Cases	**Moderator: Tash Kunanamdam** Dana Thompson Alessandro de Alarcon Richard Hewitt
1645	1700	Closing remarks / Prizes/ Presidential handover/ Invite to BAPO 2024	
END OF CONFERENCE			

Short Papers Session 1

Thursday 14th September 2023- 15.30-16.30

JUDGES: Ben Hartley, Vikki Possamai, Mat Daniel

15.30-15.40 Calcium Hydroxylapetite (Radiesse) Injection in Type 1 Laryngeal Clefts

George Max Cooper, Michael Hopkins, Alok Sharma

15.40-15.50 Transcriptomic analysis of juvenile nasopharyngeal angiofibroma

Deepak Chandrasekharan, Adam Pennycuick, Helen Sheldon, Adrian Harris, Pablo Martinez-Devesa, Valentine Macaulay, Mahmood Bhutta

15.50-16.00 EXAMINING THE SAFETY OF DAY CASE TONSILLECTOMY IN CHILDREN AGED 2-3: A SINGLE TERTIARY CENTRES EXPERIENCE

M Atfeh, C Murkin, J Allen

16.00-16.10 A Multi-Centre Observational Study of Paediatric Head and Neck Abscesses

Timothy Davies, Anne Markey, Noor Janjua, Jacquline Chan, Kate Stephenson, Heather Newport, Thushita Kunanandam, Christine English, Jaya Nichani, Miran Pankhania, Ayla Tabaksert, Steven Powell, Jack Sandeman, Sarah O'Donnell, Mary Consunji, Rebecca Brown, Paula Coyle, Elizabeth Whittaker, Madhan Krishanan

16.10-16.20 Evaluation of the NHS monogenic hearing loss in a Tertiary Paediatric ENT unit

Irmak Sakin, Jessica Ball, Simon Holden, Ramsay Bowden, Manohar Bance, Jessica Bewick

16.20-16.30 In Vivo Engraftment of Autologous Gene-Corrected Airway Epithelium

Chun Lau, Elizabeth Maughan, Lei Wu, Krishna Kolluri, Maral Rouhani, Liam Sutton, Wenhui Song, Richard Hewitt, Sam Janes, Colin Butler, Robert Hynds

Calcium Hydroxylapetite (Radiesse) Injection in Type 1 Laryngeal Clefts

George Max Cooper, Michael Hopkins, Alok Sharma

Introduction: Laryngeal cleft (LC) is a congenital malformation, characterised by laryngeal penetration, silent aspiration, and resultant lung disease. Significant diagnostic controversies exist between the identification of type 1 LC or deep intra-arytenoid notch, whilst given its rarity, management approaches remain diverse, involving minimally invasive injections or surgical closure to improve swallowing function.

We aimed to evaluate the efficacy of Calcium Hydroxylapetite (CaHA, Radiesse, USA) injection for LC closure

Methods: A cohort of symptomatic patients initially referred to our tertiary service and diagnosed with type 1 LCs following Microlaryngoscopy/Bronchoscopy were identified between March 2011 to December 2020. Outcomes between patients who received speech and language therapy (SALT) alone or SALT with CaHA injection were compared.

Results: Seventeen type 1 laryngeal clefts were identified. Four patients with significant symptomatology received CaHA injections and SALT, whilst thirteen were managed conservatively with SALT alone. There were no significant differences between age at diagnosis and sex. No patients were managed with surgical closure.

All the injected patients achieved symptomatic resolution with a significant decrease in hospitalisation and need for prophylactic antibiotics. Furthermore, two of the initially conservatively managed patients later received injections. In comparison, no further treatment was required in the injection group (relative risk=1.88, 95% confidence interval: 0.10-33.66, p=0.67).

Discussion: LC injection is a simple, minimally invasive technique. Acting as an adjunct to SALT, laryngeal injection can significantly decrease morbidity and hospitalisation in LC patients. In our experience CaHA injections represent a safe and effective primary treatment for symptomatic type 1 LC.

Transcriptomic analysis of juvenile nasopharyngeal angiofibroma

Deepak Chandrasekharan, Adam Pennycuick, Helen Sheldon, Adrian Harris, Pablo Martinez-Devesa, Valentine Macaulay, Mahmood Bhutta

Background:

Juvenile nasal angiofibroma (JNA) is a rare benign tumour of unknown aetiology affecting only adolescent males. It can result in major epistaxis and treatment is by pre-surgical embolization followed by surgical resection, sometimes requiring major craniofacial resection.

Here we test whether JNA results from inappropriate expression of androgen responsive fibroblast growth factors (FGF) and their receptors (FGFR).

Methods:

With ethical approval, patients undergoing surgery for JNA had samples of tumour and control normal inferior turbinate tissue removed. RNA extraction and transcriptomic analysis using Affymetrix microarray was performed. Principle component analysis (PCA) and linear models for microarray data was used to identify differentially expressed genes and pathway analysis performed comparing with gene ontology datasets.

Results:

JNA tumour samples and control tissue were collected from 8 patients. RNA extraction and transcriptomics was successful in 7 tumour and 7 control tissues. PCA showed tumour was significantly different from normal tissue and pathway analysis showed statistically significant upregulation of the developmental WNT5a/ROR2 pathway with FGF10 and FGFR2/3 downregulation.

Discussion:

The WNT5a/ROR2 axis is known to be involved in embryonic lung development supporting the embroyonic origin hypothesis. ROR2 provides a potential unexplored therapeutic target for monoclonal antibodies (e.g. ozuriftamab vedotin currently in phase I/II trials for ROR2 related malignancies). Likewise the involvement of androgen regulated secreted paracrine factor FGF10 provides another target. Future work will be to validate these transcriptomic findings with immunohistochemistry and in vitro drug assays to select the best therapeutic target for clinical translation.

EXAMINING THE SAFETY OF DAY CASE TONSILLECTOMY IN CHILDREN AGED 2-3: A SINGLE TERTIARY CENTRES EXPERIENCE

M Atfeh, C Murkin, J Allen

Objectives

In the Getting it Right First Time era, Otolaryngologists are increasingly considering day-case operating for paediatric tonsillectomy. Our current practice is to arrange an overnight ward or High Dependency Unit bed for all children either aged under 3, under 15kg or with comorbidity/social contraindication. This work aims to determine the safety of our current aged based parameter that establishes day-case suitability and draw conclusions regarding optimising our operating.

Methods

An audit of all tonsillectomy cases performed on children aged 2-3 on the date of operating, between January 2018 and August 2022.

Results

79 patients were identified, with the average being 30 months of age. Weight of patients ranged between 8.7kg to 19.2kg. Sixty-six patients were booked ward beds, eight were booked HDU beds and five had no bed arranged. Post-operatively two patients were discharged, 63 occupied a ward bed and six patients went to HDU. Complications occurred in 17 cases. Three complications occurred intraoperatively, three occurred in recovery, seven occurred on the ward (all occurring >4hrs post procedure) and five occurred post-discharge. One patient experienced both an intraoperative and ward based complication.

Conclusions:

Of the complications that occurred six (7.5%) would have been captured intraoperatively or in recovery with a four hour observation period. Seven complications that occurred on the ward would have been missed (8.8%) should these patients have been operated on as day-cases. Five of these ward based complications (6.3%) were serious enough to necessitate a prolonged stay (>1 day), suggesting significant harm may have come to patients should our trust have abandoned this age-based parameter.

The National Paediatric Head and Neck Abscesses Project

Timothy Davies, Anne Markey, Noor Janjua, Jacquline Chan, Kate Stephenson, Heather Newport, Thushita Kunanandam, Christine English, Jaya Nichani, Miran Pankhania, Ayla Tabaksert, Steven Powell, Jack Sandeman, Sarah O'Donnell, Mary Consunji, Rebecca Brown, Paula Coyle, Elizabeth Whittaker, Madhan Krishanan

Introduction: In winter of 2022 the incidence of abscesses in the Head and Neck in paediatric patients was higher than seen in previous years. Our aim was to form a national database of paediatric patients admitted with sinogenic, otogenic, deep and superficial neck abscesses in winter of 2022/2023 and compare the incidence of abscesses and associated complications with previous years.

Methods: A National working group was formulated and demographic, disease specific, management and outcome data for patients admitted September 2022 – February 2023 were collected.

Results: Data were submitted from 11 sites across the UK. 253 patients with abscesses of the head and neck were admitted during the study period, 93 between September and November and 160 between December and February. This spike is greater than seen in previous years when compared to public health England data. Rate of intracranial complication rose from 10% in September-November to 20% in December to February. 97% of patients with complications had streptococcal infection.

Discussion: A spike in the incidence paediatric abscesses in the head and neck was seen in the Winter 2023, and with a higher rate of associated complications. A high rate of group A streptococcal infections were seen in both groups and in those patients with intracranial complications. The aetiology for the spike and the associated rise in complication rate is unclear but may be secondary to pathogenicity of Group A streptococcus during winter of 2022/2023 or a lack of exposure of paediatric patients to pathogens due to COVID-19 lockdowns.

Evaluation of the NHS monogenic hearing loss in a Tertiary Paediatric ENT unit

Irmak Sakin, Jessica Ball, Simon Holden, Ramsay Bowden, Manohar Bance, Jessica Bewick

Background

Hearing loss is the most common sensory disorder and can have a significant impact on childhood development with regards to speech, language, education, social functioning, cognitive abilities, and quality of life. The R67 genetic hearing loss panel was introduced in England 2021 which has expanded the diagnostics available to many more families. Our MDT present the results from January 2021 to April 2023.

Methods

Following the introduction of mainstream testing we conducted a retrospective review at Addenbrookes Hospital, Cambridge. Demographics, referral patterns, family history, degree of hearing loss, patient age at the time of the genetic test, genetic test outcomes, and rehabilitation option were recorded and descriptively analysed.

Results

Fifty-two paediatric patients with mild to profound hearing loss who had genetic testing were included. 67.3%(n=35) had a monogenic cause of hearing loss identified, 26.92%(n=14) had negative results, at least one variant of uncertain significance was identified in 7.69% (n=4). Among those with positive results, 25.71% were diagnosed with syndromic causes of hearing loss whereas 74.28%(n=26) suggested non-syndromic hearing loss with 65.71% (n=23) being autosomal recessive and 8.57%(n=3) being autosomal dominant. DFNB1, DFNB4 and DFNB16 were the most frequent diagnoses.

Discussion

Our experience has shown that the introduction of the R67 hearing loss panel has improved diagnosis of genetic forms of hearing loss. The increased diagnosis has improved counselling and prognostic information for families. This data when used alongside data from other UK centres will help identify which genes should be targeted for novel gene therapies in the future.

In Vivo Engraftment of Autologous Gene-Corrected Airway Epithelium

Chun Lau, Elizabeth Maughan, Lei Wu, Krishna Kolluri, Maral Rouhani, Liam Sutton, Wenhui Song, Richard Hewitt, Sam Janes, Colin Butler, Robert Hynds

Objectives:

Patients with LAMA3-deficient junctional epidermolysis bullosa (JEB) suffer from extreme airway fragility and a 50% mortality risk from airway failure. We have demonstrated in vitro functional correction of EB patient-derived airway epithelial cell cultures using a clinically-employable lentiviral vector containing LAMA3. Using our rabbit model of tracheal surgery, we aimed to develop and test a clinically viable strategy for ex vivo gene correction and re-implantation of airway epithelial cells.

Methods:

We performed short segment tracheal resection and primary anastomosis in 10 New Zealand White Rabbits and established epithelial cell cultures from each animal's airway. We transduced cultures, using our candidate lentiviral vector, with GFP-luciferase. GFP+ cells were sorted, expanded and seeded onto fibrin sheets and wrapped around bespoke 3D-printed soft tubular stents before reimplantation into the animals via tracheotomy following tracheal de-epithelialisation by abrasion. At 4 or 10 days, stented tracheal segments were explanted and examined for live cell engraftment using bioluminescence imaging.

Results:

In all 10 animals, GFP+-luciferase+ cultures were successfully established, expanded to clinically-viable numbers within 21 days, and reimplanted with only mild surgical complications (2 animals developed small skin dehiscences following second surgeries). Live cell engraftment was clearly visible on each graft as clusters of luciferase+ cells. Luciferase gene fragment was also detected by PCR in DNA extracted from grafted areas. Luciferase+ cells were sufficiently viable that cultures could be re-established after 10 days in vivo.

Conclusion:

This successful proof-of-concept study represents a clinically viable strategy for ex vivo airway epithelial correction capable of GMP production.

Short Papers Session 2

Friday 15th September 2023- 10.00-11.00

JUDGES: Ben Hartley, Vikki Possamai, Mat Daniel

10.00-10.10 **Management of laryngeal clefts over the last 10 years in a tertiary paediatric centre – What is success?**

Jack Oliver Lee, Evie Charlotte Wood, Sanjeev Gupta

10.10-10.20 **Is Unilateral Tonsillar Enlargement (UTE) indicative of Lymphoma in children? A cross-sectional survey at a tertiary paediatric centre**

Aryaki Soni, Rohit Verma

10.20-10.30 **Aortopexy and Posterior Tracheopexy for airway malacia in children: A 15 year experience of open and thoroscopic approach**

Liam Sutton, Elizabeth Maughan, Kiersten Pianosi, Guled Jama, Maral Rouhani M, Richard Hewitt, Nagarajan Muthialu, Colin Butler, Paolo de Coppi

10.30-10.40 **Streamlining the genetic testing pathway in paediatric hearing loss**

Agata Oliwa, Ruth Richardson, Steven Powell

10.40-10.50 **Retrospective Audit of Plain Radiographs After Paediatric Cochlear Implantation**

Mustafa Thamer, Iulia Bujoreanu, Daniel Hajioff

10.50– 11.00 **Paediatric Tracheostomy Transfer Safety Checklist – Improving Tracheostomy Safety for Children: A Prospective Closed Loop Audit**

Holly Hendron, Felix Chappell, Suying Man, Courtney Allen, Samantha Gainfort, Claire Cornwell, Shradha Sharma

Management of laryngeal clefts over the last 10 years in a tertiary paediatric centre – What is success?

Jack Oliver Lee, Evie Charlotte Wood, Sanjeev Gupta

Objectives

To assess the management of laryngeal clefts and success of surgical intervention in the context of laryngeal cleft grading.

Methods

A retrospective review of the records of patients diagnosed with a laryngeal cleft (0-18 years) between 2012 and 2021.

Results

The total number of patients included was 39 with clefts graded borderline type I (18%), type I (64%), type II (8%), type III (8%) and type IV (3%). Four patients were excluded against the review criteria. Patients were managed either conservatively (46%) or surgically (54%). Patients selected for surgery (n=19) were managed with either endoscopic (90%) or open techniques (10%). A single endoscopic procedure achieved complete resolution of symptoms in 40% of patients with both type I borderline and type I clefts, with the remaining 60% experiencing improvement with some residual symptoms. In endoscopic type II repair (n=2) and open type III repair (n=2), one patient from each cleft category achieved complete resolution in symptoms, with the other experiencing improvement with some residual symptoms and additional revision surgeries.

Conclusions

Our findings demonstrate that our procedures were safe, with no major complications across all cleft grades. Endoscopic techniques were successful in reducing rates of aspiration and recurrent chest infections, particularly in patients with type I clefts. Patients with a higher cleft grading were shown to be at an increased risk of residual symptoms and revision surgeries and this is likely to be related to severity of the congenital comorbidities associated with these clefts.

Is Unilateral Tonsillar Enlargement (UTE) indicative of Lymphoma in children? A cross-sectional survey at a tertiary paediatric centre

Aryaki Soni

Background

Unilateral Tonsillar Enlargement (UTE) is a common Paediatric presentation in ENT but may indicate Lymphoma so clinicians may elect to perform tonsillectomy for histology. However, Lymphoma is unlikely to present with UTE in the absence of B symptoms or an atypical presentation. Furthermore, tonsillectomy carries risk of bleeding. However, delayed diagnosis of Lymphoma is a worse outcome. This cross-sectional survey and literature review evaluated the diagnostic yield of tonsillectomy for histology and associated complications.

Methods

Literature search: existing literature was reviewed between 1992 and 2022 using relevant keywords to determine risks of Lymphoma.

Survey: Data was collected from 146 UTE patients who underwent tonsillectomy over a 6-year time-period at a tertiary Paediatric unit.

Results

Literature search: 15 papers were identified. These concluded that malignancy is rarely found in patients without B-type symptoms or atypical presentations. Additionally, clinical judgement of asymmetric tonsils is often incorrect, and many referrals are not true UTE.

Survey: There were 2 cases of Lymphoma (1.37%). Both had atypical presentations where UTE was not in isolation. There were 5 post-operative bleeds (3.42%) and 1 episode of uvular swelling which caused an obstructed airway and 1 episode of night terrors due to general anaesthetic giving an overall complication rate of 4.79%. There were no deaths.

Conclusions

Refinement of inclusion criteria for tonsillectomy for histology will increase the procedure's diagnostic yield. It should be reserved for patients with a strong clinical indication of malignancy (atypical presentation, B symptoms) to avoid causing unnecessary postoperative complications.

Aortopexy and Posterior Tracheopexy for airway malacia in children: A 15 year experience of open and thoroscopic approach

Liam Sutton, Elizabeth Maughan, Kiersten Pianosi, Guled Jama, Maral Rouhani M, Richard Hewitt, Nagarajan Muthialu, Colin Butler, Paolo de Coppi

Objectives:

To report and analyse the characteristics and results of open and thoroscopic aortopexy and posterior tracheopexy for the treatment of airway malacia.

Methods:

We report a retrospective consecutive case series of paediatric patients undergoing aortopexy for the treatment of airway malacia at quaternary referral centre between December 2006 and January 2021. Outcome measures included days to extubation, continued need for non-invasive ventilation, further intervention in the form of tracheostomy and death.

Results:

169 patients underwent aortopexy; 147 had open procedures, 22 thoroscopic and 29 additionally had a posterior tracheopexy. Mean follow up was 8.46yrs (range 1-20yrs). Most common site of airway malacia was the trachea (n=106, 62.7%); 48(27.8%) had additional involvement at the bronchi with tracheobronchomalacia(TBM). 15(8.9%) had bronchomalacia(BM) only. Incidence of bronchial disease was lower in the thoracoscopic than open group (13.6% vs 42.18%; p=0.0187). Mean time to extubation was 1.45 days, 2.59 days, 5.23 days in tracheomalacia, TBM and BM groups respectively (p=0.003). Mean time to extubation was 1.35 days, 2 days, 3.67 days and 5 days in patients with external vascular compression, TOF/OA, primary airway malacia and laryngeal reconstruction respectively (p=0.0006). There were 21 mortalities across the cohort; all were in the open group. 71.4% (n=15) had bronchial involvement of their airway malacia.

Conclusions:

Open and thoroscopic aortopexy are effective treatments for airway malacia in children. We have identified that involvement of the bronchi is a risk factor for adverse outcomes and the optimum treatment for this patient cohort is still debatable.

Streamlining the genetic testing pathway in paediatric hearing loss

Agata Oliwa, Ruth Richardson, Steven Powell

Introduction

Historically, genetic testing for children with hearing loss (HL) has been activated by clinical geneticists after a clinical assessment for the family. The R67 Monogenic HL panel is a mainstreamed test, meaning that this can be requested directly by non-geneticists. This direct requesting aims to reduce delays in the patient diagnostic pathway by reducing additional referrals and appointments. We wanted to evaluate how its implementation was proceeding in Newcastle.

Methods

Patients attending the paediatric HL clinic in Newcastle between 19/8/21-18/8/22 were identified and data on their presentation, clinic attendance, genetic testing requests and results collected. This period captured patients who underwent genetic testing before and after the streamlining the testing pathway.

Results

31 (52.5%) of the 59 patients identified, had a discussion about genetic testing in ENT clinic. Of those who had genetic testing (17, 54.8%), 12 (70.6%) had it requested from ENT. 7 (58.3%) were diagnosed with a monogenic cause of HL: two with GHB2-, one wit MYO7A-, BTD-, SPATA5-, COL11A2- and CDH23-related HL. Other causes of HL included congenital CMV (1 patient, 4.5% of 22 tested) and MRI abnormalities (4, 17.4% of 23). A similar proportion of patients were diagnosed with monogenic or syndromic HL in the group of patients who had their testing requested before the streamlining of the pathway (55.6%).

Discussion

Discussing, consenting and activating genetic testing directly from paediatric ENT clinic reduces delays in diagnostic pathway while yielding a similar diagnostic rate. Clinical genetics support through MDT working facilities post testing management.

Retrospective Audit of Plain Radiographs After Paediatric Cochlear Implantation

Mustafa Thamer, Iulia Bujoreanu, Daniel Hajioff

Introduction:

We reviewed the outcomes of modified Stenver's radiographs in children following cochlear implant surgery at Bristol Royal Hospital for Children.

Methods:

Electronic surgical, audiological, and imaging records were reviewed in all patients under 16 at implantation between 2007 and 2022.

Results:

We analysed 627 radiographs from 352 patients. 285 had bilateral implants and 10 (2.8%) did not undergo imaging. Suboptimal electrode placement was found in 11 ears (1.8%). Incomplete insertion was the most common issue (6 ears) followed by tip fold-over (3 ears). One patient with bilateral type 3 incomplete partitions had partial electrode migration into the internal auditory meati. Intra-operative electrophysiology detected only one case of incomplete insertion.
Three parents chose early surgical re-positioning with successful outcomes. Four of the conservatively managed patients underwent single ear testing. There was no difference between ears in the three with minor incomplete insertions or tip fold-over. One had a 50% insertion with worse audiological function on that side (41dB vs. 32dB on McCormick toy testing).

Conclusion:

Based on the small number of cases of suboptimal insertion in our series, minor degrees of incomplete insertion or tip fold-over had no measurable effect on outcomes. One patient with more significant (50%) incomplete insertion had worse function relative to the contralateral ear. Intraoperative electrophysiology failed to detect most suboptimal insertions, so post-operative imaging is still required to detect cases that may benefit from surgical re-positioning.

Paediatric Tracheostomy Transfer Safety Checklist – Improving Tracheostomy Safety for Children: A Prospective Closed Loop Audit

Holly Hendron, Felix Chappell, Suying Man, Courtney Allen, Samantha Gainfort, Claire Cornwell, Shradha Sharma

Children with tracheostomies are at risk of adverse airway incidents without adequate tracheostomy supervision and care, including when undergoing surgical procedures which require them being transferred across several clinical areas during their admission. To ensure patient safety during these transfers, we developed and implemented a Tracheostomy Transfer Safety Checklist at our tertiary paediatric hospital.

A closed-loop prospective audit was conducted between September 2021-May 2023. The tracheostomy Clinical Nurse Specialist (CNS) team monitored the completion of the checklist for each tracheostomised child admitted for surgery, following their journey from the ward to theatre, recovery, and back to the ward. A safety-score was calculated based on the checklist completion. Real-time feedback was provided about missing/incomplete entries. A formal CNS-led education programme was then delivered across all relevant clinical areas to improve staff understanding about the importance of the checklist requirements. A second cycle was conducted following these interventions.

In cycle 1: N=14 patients, cycle 2: N=7 patients. Safety-scores improved over time within both cycles, with correlation coefficients of 0.448 and 0.632, respectively. In the first cycle, the mean safety-score was 73.6%. Following formal CNS-led education, the second cycle showed a significant improvement, with a mean safety-score of 97.8% (p=0.0004).

A specialised checklist can improve patient safety for tracheostomised children being transferred across clinical areas. To implement a checklist successfully, adequate education to engage staff and maintain safety standards is necessary. The CNS plays a fundamental role in providing this support and encouraging multidisciplinary collaboration across the hospital to ensure safe tracheostomy care

Posters

JUDGES: Ellie Sproson, Grace Khong, Chris Pepper

1. **Intracochlear Gene Therapy for Norrie Disease**

   Deepak Chandrasekharan, Aara Patel, Oliver Coombe-Tennant, Carlos Aguilar, Mike Bowl, Robert Nash, Jane Sowden

2. **Prevention of suture extrusion using Biodesign surgical matrix, a retrospective case series**

   John Bass , Michael Edwards, Prodip Das

3. **Improving the consent process for paediatric otolaryngology procedures with electronic consent forms**

   O. Blanshard, D. Sharma, P. Coyle

4. **Reducing carbon foot print in paediatric ENT one tonsillectomy at a time**

   Sharifah Sara Syed Badrol, Justin JY Yeo

5. **Endoscopic Balloon Dilatation is Safe and Effective in Children Under Two**

   George Max Cooper, Michael Hopkins, Alok Sharma

6. **Rising incidence of acute mastoiditis: Observations from a tertiary paediatric referral centre**

   Eloise Owen

7. **Big tonsils, big adenoids - does paediatric operative tonsil grade predict adenoid grade?**

   Adam Garrard, Miss Paula Coyle

8. **POST-OPERATIVE OUTCOMES IN PAEDIATRIC PATIENTS WITH SEVERE OSA IN A LONDON TERTIARY CENTRE**

   Prerana Gogoi, Robert Guy Hooper, Paula Coyle

9. **Microlaryngoscopy/Bronchoscopy Alone is Frequently Non-Diagnostic in Neonates**

   George Max Cooper, Michael Hopkins, Alok Sharma

10. **The Role of Artificial Intelligence in Paediatric ENT: A National Multicentre Patient and Parent Perspective**

    Ruby Sekhon, Tobias James, Mary Veronica Consunji, Alechi Nduka, Emma Whitehall, Sunil Sharma, Sarah O'Donnell, Lakhbinder Pabla, Paula Coyle, Eishaan Kamta Bhargava

11. **Do reminder criteria improve suitability of paediatric ENT emergency clinic accepted referrals?**

    Prerana Gogoi, Adam Garrard, Paula Coyle

12. **Eosinophilic Eosophagitis in Paediatric Patients: An Ear, Nose and Throat Perspective**

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14. **REDUCING THE NUMBER OF PAEDIATRIC DAYCASE TONSILLECTOMY/ADENOTONSILLECTOMY RE-ADMISSIONS**

John Plangkat Yaro, Tawakir Kamani , Ratnayaka Roshan. Oliver Marshall

15. **Audit on pediatric day case tonsillectomies: Reducing post operative observation time**

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Chelsea Roy

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Irina-Maria Marinescu, Artemis-Camelia Florescu, Andrei Borangiu, Dan-Cristian Gheorghe

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Artemis-Camelia Florescu, Irina-Maria Marinescu, Matei-Corneliu Deleanu, Andrei Borangiu, Dan-Cristian Gheorghe

32. Neonatal airway obstruction, a hairy situation

Kade Harbert, Hassan Al Ansari, Ashok Raghavan, Eishaan Bhargava

33. WEEKEND CHILDREN'S PREOPERATIVE ASSESSMENT AND PREPARATION FOR SURGERY

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34. 7q11.23 duplication syndrome: Challenges of ear surgery for cholesteatoma management

Dioni Petsiou, Marcel Geyer

35. THE DEVELOPMENT OF A JOINT SPEECH AND LANGUAGE THERAPY AND OTORHINOLARYNGOLOGY PAEDIATRIC WARD ROUND FOR CARDIAC PATIENTS AT A TERTIARY CENTRE IN THE UK

Hamad Khan, Amber Dhillon, Julia Robinson, Naomi Simpson, Ahmed Yoneis, Nimeshi Jayakody, Andrea Burgess, Hasnaa Ismail-Koch

36. A patient centred approach for the treatment of subglottic haemangioma

George Max Cooper, Michael Hopkins, Alok Sharma

37. Endoscopic injection of Botox as treatment for cricopharyngeal spasm

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   Hamad Khan, Amber Dhillon, Ahmed Yoneis, Nimeshi Jayakody, Andrea Burgess, Hasnaa Ismail-Koch

4. **A SERIES OF 6 CASES IN 2 WEEKS OF CHILDREN PRESENTING WITH INTRACRANIAL COLLECTIONS OF OTOGENIC AND SINOGENIC ORIGIN**

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5. **Enhancing Care Pathways for Children with Epistaxis: Parental Advice and Guidance on Extended Bactroban Treatment**

   Hamad Khan, Amber Dhillon, Ahmed Yoneis, Nimeshi Jayakody, Andrea Burgess, Hasnaa Ismail-Koch

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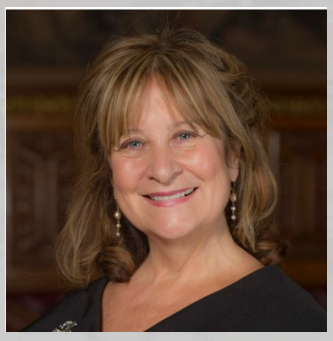
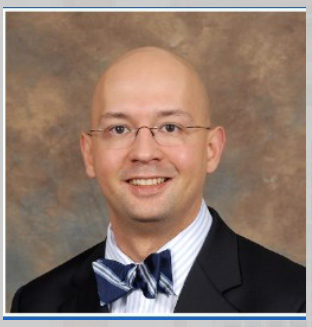


Baroness Helena Kennedy QC is one of Britain's most distinguished lawyers. She has spent her professional life giving voice to those who have least power within the system, championing civil liberties and promoting human rights. She also chaired an independent review of diversity in the Royal College of Surgeons of England's professional leadership.



Alessandro de Alarcon is the Director of the Center for Pediatric Voice Disorders, Medical Director of the Complex Airway Unit and an integral member of the Aerodigestive and Esophageal Center at Cincinnati Children's Hospital Medical Center, USA

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Marianne Elloy- Consultant Paediatric Otolaryngologist

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Anne Louise McDermott- Consultant Paediatric Otolaryngologist
Birmingham Children's Hospital

Speakers

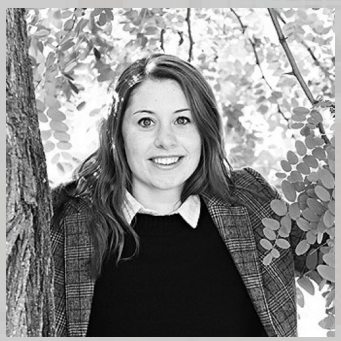
Michelle Wyatt- BAPO President

Consultant Paediatric Otolaryngologist

Great Ormond Street Hospital for Children, London

Hasnaa Ismail-Koch- Consultant Paediatric Otolaryngologist

Southampton Children's Hospital, University Hospital Southampton



Emma Gosnell– BAPO Trainee Representative, Otolaryngology specialty trainee (Health Education North West)

Neil Bateman- Consultant Paediatric Otolaryngologist

Royal Manchester Children's Hospital

Nico Jonas- Consultant Paediatric Otolaryngologist

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Alok Sharma- Consultant Paediatric Otolaryngologist

Royal Hospital for Sick Children, Edinburgh

Speakers

Mira de Kruijf- Consultant Paediatric Otolaryngologist

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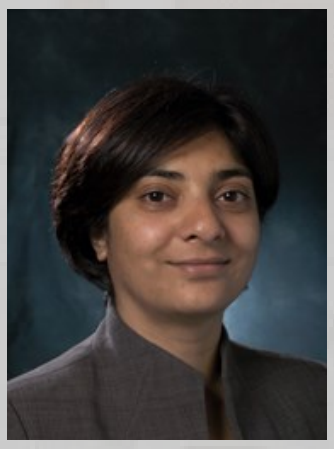
Tash Kunanandam- Consultant Paediatric Otolaryngologist

Royal Hospital for Children, Glasgow



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Haytham Kubba- Consultant Paediatric Otolaryngologist

Royal Hospital for Children, Glasgow

Rania Mehanna- Consultant Paediatric Otolaryngologist

Children's Health Ireland at Crumlin, Dublin

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Simon Carr- Consultant Otolaryngologist

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Kate Blackmore- Consultant Paediatric Otolaryngologist

James Cook University Hospital, Middlesborough

Dan Tweedie- Consultant Paediatric Otolaryngologist

Evelina Children's Hospital, London

Shilpa Ojha- Paediatric Otorhinolaryngology Fellow

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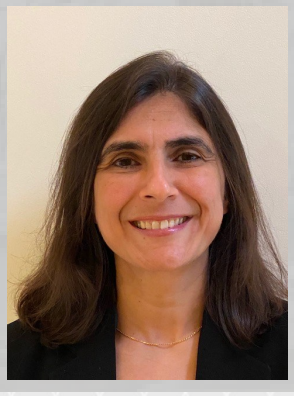

Jaya Nichani- Consultant Paediatric Otolaryngologist

Royal Manchester Children's Hospital

Rob Nash- Consultant Paediatric Otolaryngologist

Great Ormond Street Hospital for Children, London

Speakers

Joseph Manjaly- Consultant Otologist, Hearing Implant & ENT Surgeon for adults & children

University College London Hospitals NHS Foundation Trust

Ravi Thevasagayam- Consultant Paediatric Otolaryngologist

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Liam Sutton– Senior Clinical Fellow

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Hanneke Bruinzeel– Paediatric Otorhinolaryngology Fellow

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Sunil Sharma- Consultant Paediatric Otolaryngologist

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Mike Saunders—Consultant Paediatric Otolaryngologist

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Kate Stephenson- Consultant Paediatric Otolaryngologist

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The HCA Portland Hospital for Women and Children, London

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Leeds General Infirmary

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Grace Khong- Consultant Paediatric Otorhinolaryngologist

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Mat Daniel- Consultant Paediatric Otolaryngologist
Nottingham University Hospitals

Keith Trimble- Royal Victoria Hospital (RVH) and Royal Belfast Hospital for Sick Children

Speakers

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Addenbrookes Hospital, Cambridge

Kate Heathcote- Consultant Otorhinolaryngologist

Robert White Centre for Voice , Airway & Swallow

University Hospitals Dorset

Eishann Bhargava- Consultant Paediatric Otolaryngologist

Sheffield Children's Hospital

Steven Powell- Consultant Paediatric Otolaryngologist

Great North Children's Hospital and Freeman Hospital, Newcastle

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