british association for paediatric otorhinolaryngology

Annual Meeting 2024

Thursday 19th - Friday 20th September

Manchester Hall

36 Bridge Street

Manchester

M3 3BT

WC1H 9JP

Contents

WELCOME to MANCHESTER BAPO

A warm welcome from BAPO President – Neil Bateman, Royal Manchester Children's Hospital

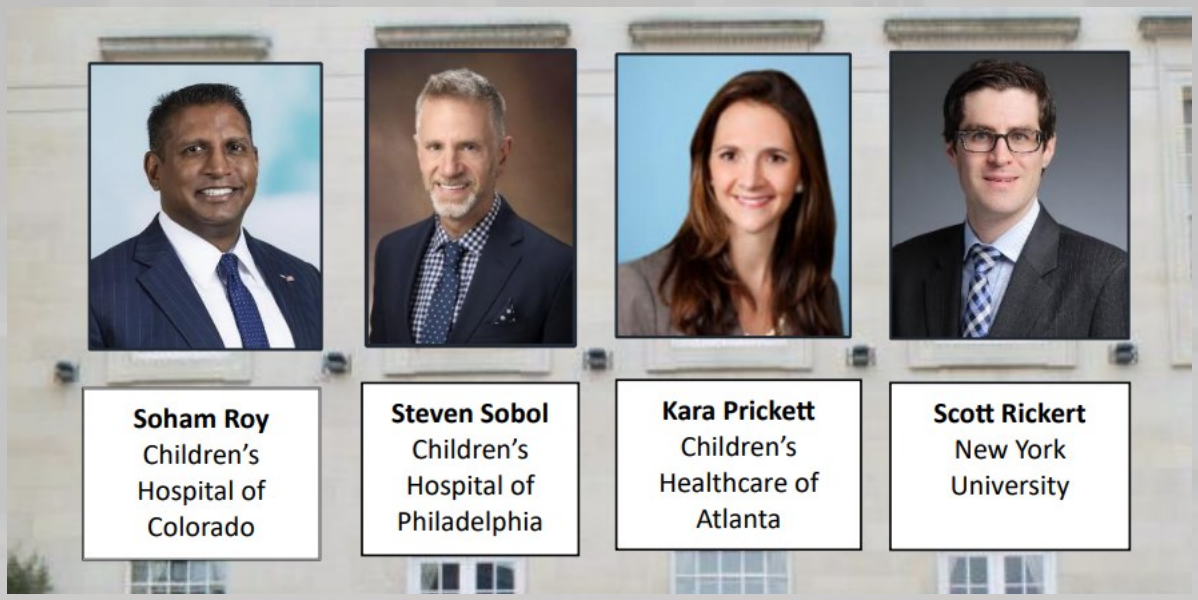
Dear Colleagues,

Welcome to the BAPO annual meeting and Manchester. We are delighted to have exceptional speakers including four North American guest speakers. Steve Sobol (Philadelphia) will deliver the prestigious John Evans lecture, which will be about wellness. We are also delighted to be joined by Kara Prickett (Atlanta), Soham **Roy (Denver) and Scott Rickert (New York) who are all world-renowned experts in the field.**

We hope that you enjoy the comprehensive program, catch up with friends, learn more about the latest developments in paediatric otorhinolaryngology, and I hope that you also experience the rich, vibrant, beautiful cultural diversity of Manchester, the birthplace of some of the most influential people in the world.

Neil Bateman on behalf of the BAPO Team

OUR KEYNOTE SPEAKERS



Day 1-Thursday 19th September			
0830	**0900**	***Registration***	
Session 1		**Welcome and BAPO Juniors**	
0900	0905	Presidents Welcome	Neil Bateman
0905	0920	JCST Curriculum Update	Sunil Sharma
0920	0935	BAPOJ Research Prize 2023 Winner Presentation	Harry Tustin
0935	1015	BAPOJ Research Prize 2024	**Chair** Kate Blackmore **Panel** Mira de Kruif Haytham Kubba Michael Kuo Soham Roy
1015	**1045**	***Coffee***	
Session 2		**Presidential Address and Keynote Talks**	
1045	1115	Presidential Address	Neil Bateman
1115	1200	John Evans Lecture: Wellness … According to Sobol	Steven Sobol
1200	1230	Ethics in Paediatric Otolaryngology: Making the difficult decisions.	Soham Roy
1230	**1330**	***Lunch: Defend your Poster (at 1pm)***	**Judges** Paula Coyle Aikaterini Dritsoula Lizzie Kershaw Deborah Quayle
Session 3		**General and Short Papers**	
1330	1440	Short Papers 1	**Chairs** Kate Stephenson Ellie Sproson
1440	1510	Building a Paediatric MDT Team	Kara Prickett

Please Turn Over for Rest of Day 1 Agenda

Day 1-Thursday 19th September (Continued)

1510	**1530**	***Coffee***	
Session 4		**Rhinology and Fellowship Panel**	
1530	1555	Approaches to Juvenile Nasal Angiofibroma	Raj Bhalla
1555	1640	Rhinology Panel	**Chair** Grace Khong **Panel** Raj Bhalla Anna Harrison Haytham Kubba Scott Rickett
1640	1715	BAPOJ Fellowship Panel	**Chair** Kate Blackmore **Panel** Grace Khong Emma Gosnell Sophie Wilkinson Jason Powell
1715	**1745**	***Drinks Reception & Fighting Talk***	
1715	1830	Fighting Talk (kindly sponsored by Smith & Nephew)	**Chair** Mike Saunders **Scorer** Rania Mehanna **Panel** Mira de Kruif Anna Harrison Haytham Kubba Soham Roy Steve Sobol Neil Bateman
END OF DAY 1			
Evening Social (tickets prebooked)			

Day 2- Friday 20th September			
0830	**0900**	***Registration & Coffee***	
Session 1		**Paediatric ENT and Allied Health**	
0900	0945	Emergencies in Paediatric ENT Panel	**Chair** Steve Powell **Panel** Michelle Wyatt Su De Keith Trimble Hanneke Bruijnzeel Nico Jonas
0945	1000	Pierre Robin Sequence /Cleft Palate Airway Management Pathway	Anna Harrison
1000	1015	Neurodisability and Paediatric ENT	Mira de Kruijf
1015	1030	Role of Allied Healthcare Professionals in Paediatric ENT	Christine English Jessica Richardson
1030	1045	AI in Paediatric ENT– Claude...My New Best Friend?	Andrea Burgess
1045	**1115**	***Coffee***	
Session 2		**Otology**	
1115	1135	Managing Hearing Loss in Children with Hypoplastic Cochlear Nerves	Simon Lloyd
1135	1150	Gene therapy for hearing loss	James Ramsden
1150	1235	Otology Panel	**Chair** James Ramsden **Panel** Simon Lloyd Jaya Nichani Simone Schaefer Andy Hall
1235	**1345**	**Lunch & Annual General Meeting (at 1pm)**	
Session 3		**Short Papers 2**	
1345	1455	Short Papers 2	**Chairs** Sarah O'Donnell Mat Daniel
1500	**1520**	***Coffee***	
1520	1550	The Performing Voice	Scott Rickert
Session 4		**Airway & Head and Neck**	
1550	1630	Airway Surgery Panel: Challenging Cases	**Chair** Mike Saunders **Panel** Michael Kuo Kara Prickett Steve Sobol Tash Kunanandam Ben Hartley
1630	1640	Prize Giving	
1640	1700	Closing Remarks, Presidential Handover and Invitation to BAPO 2025	
END OF CONFERENCE			

BAPOJ Research Grant Shortlisted Abstract

Applicant: Ben Talks

Supervisors: Michael Mather, Jason Powell

Background

Otitis media is the commonest cause of reversible hearing loss in children and a leading indication for childhood surgery. The adenoids are implicated in the pathogenesis of otitis media with effusion (OME). Traditional teaching that hypertrophic adenoids block the eustachian tube is likely an overly simplified explanation for a complex host-microbial interaction. Ongoing work in our group has suggested compromised adenoidal immune function (particularly B cell maturation) in children with OME. To date, mechanistic research studying OME has largely relied on rodent models, which do not have adenoids. We have recently developed a novel model of the human adenoid in our laboratory using adenoidectomy tissue. Concurrently, we have established a human middle ear epithelial model.

Aims

We aim to build on this work by creating a novel 'disease in a dish' model of the adenoid and middle ear. This model will help identify the aetiology of OME and future therapeutic targets.

Methods

Adenoid samples from children with OME (n=10) and controls (children with obstructive sleep apnoea, n=10) are stored in our group. These cells will be cultured in the laboratory and challenged with antigens and live clinical isolates for common otopathogens, such as S. pneumonia. We will identify the immune response to these stimuli, including differential antibody production (IgA/IgM/IgG) and cytokine production (IL-21, IFN-alpha/beta), in samples from OME and control children. Cellular composition of the adenoid cultures will also be characterised using immunofluorescence imaging and flow cytometry. Mechanistic findings will be validated in experiments including middle ear epithelial cultures.

BAPOJ Research Grant Shortlisted Abstract

Title: The sinonasal microbiome in PCD, friend or foe?

Applicant: Mr William Tsang (University Hospital Southampton)

Supervisor: Professor Rami Salib (University Hospital Southampton)

Introduction:

Primary Ciliary Dyskinesia (PCD) is a condition with significant otologic and sinonasal burden for affected children attending ENT services. Up to 56% of patients have nasal symptoms every day(1). PCD patients have characteristic nasal findings of inferior turbinate hypertrophy and stagnant pooling mucopus. Stagnant secretions are likely a key bacterial reservoir. Poor upper airway symptom control significantly reduces productivity and exacerbates lower airway symptoms, untreated hearing loss in children negatively impacts development (2). There are around 50 currently identified pathogenic genetic variations that cause PCD(3). Curiously, sinonasal symptoms worsen with increasing age in PCD, and the link between ciliary ultrastructure defect and symptom severity is currently unknown(1). Lung microbiome disturbance in PCD patients has been associated with worse symptoms, with reduced bacterial diversity consistently observed(4). Bacterial dysbiosis may drive symptoms in the upper airway.

We will characterise the sinonasal microbiome of one of the largest UK PCD patient cohorts. Identifying a "problematic microbiome" associated with worse ENT symptoms may lead to better patient stratification, and preventative treatments. Longitudinal microbiome sampling of PCD patients may lead to the prevention of an exacerbation prior to the development of symptoms and will inform novel therapies including sinonasal microbiome transplantation.

Methods:

16S rRNA sequencing of sinonasal microbiome of patients with PCD

Traditional culture of usual pathogens associated with PCD

ENT phenotyping of PCD patients and comparison to genomic data

Outputs:

Characterisation of the PCD microbiome

Longitudinal comparison of PCD microbiome matched to exacerbation history

Establish a nasal secretion and sputum biobank for further testing.

References:

1. Lam YT, Papon JF, Alexandru M, Anagiotos A, Armengot M, Boon M, et al. Sinonasal disease among patients with primary ciliary dyskinesia: an international study. ERJ Open Res. 2023 May;9(3):00701–2022.
2. Goutaki M, Lam YT, Alexandru M, Anagiotos A, Armengot M, Boon M, et al. Characteristics of Otologic Disease Among Patients With Primary Ciliary Dyskinesia. JAMA Otolaryngol-- Head Neck Surg. 2023 Jul 1;149 (7):587–96.
3. Cant E, Shoemark A, Chalmers JD. Primary Ciliary Dyskinesia: Integrating Genetics into Clinical Practice. Curr Pulmonol Rep. 2024 Mar 1;13(1):57–66.
4. Ahmed B, Cox M, Cuthbertson L, James P, Gardner L, Cookson W, et al. Comparison of the airway microbiota in children with chronic suppurative lung disease. BMJ Open Respir Res. 2021 Dec 1;8:e001106.

BAPOJ Research Grant Shortlisted Abstract

Applicant: Alexander Collingwood

ENT CT2: North West

Title:

Lost in Translation: Are we doing enough to support parents with limited English proficiency during the consent process?

Background

Informed consent is vital for patients undergoing surgery. Literature suggests patients with limited English proficiency (LEP) face significant barriers to understanding procedural consent even with an interpreter. This may cause parental anxiety when consenting for paediatric procedures. In Bury and Oldham many non-English speaking parents speak Urdu or Bengali.

Objectives

Does establishing a digital aid when consenting parents for paediatric ENT procedure(s) (adenotonsillectomy and/or grommets) improve understanding and recall in parents with LEP.

Methods

A digital cartoon strip in Bengali or Urdu aiding parental understanding of the procedure(s) and explanation to the child would be commissioned.

Parents' whose child is undergoing adenotonsillectomy and/or grommets, spoke Bengali or Urdu requiring an interpreter, would be recruited and randomised into groups A or group B.

Group A would be consented using an interpreter alone. Group B would be consented with an interpreter and parents would be given access to the digital aid.

On the day of their child's procedure(s), parents would be asked to mark a Likert scale 1-10 (1 being least confident and 10 being most confident), how confident they felt recalling the indications, risks and benefits of the procedure.

Results

Parametric tests appropriate to cohort size would be used to analyse the qualitative data and establish if there was a significant difference in recall between the two groups.

Relevance

LEP patients can feel vulnerable in a healthcare setting. Poor translation and inadequate communication during consent risks widening existing healthcare inequalities. This research aims to highlight and address the issue.

Short Papers Session 1

Thursday 19th September 2024- 13.30-14.40

CHAIRS: Ellie Sproson, Kate Stephenson

13.30-13.40 Endoscopic Treatment of Tracheooesophageal Fistulae by Trichloroacetic Acid Chemocauterisation

Elizabeth Maughan, Liam Sutton, Andrew Hoey, Deepak Chandrasekharan, Colin Butler

Great Ormond Street Hospital, London UK

13.40-13.50 Tracheostomy Decannulation to Non-Invasive Ventilation (NIV) in Paediatric Patients

Andrew Hoey, James Rudd, James Johnston, Jo Cooke, Michelle Wyatt

Great Ormond Street Hospital, London UK

13.50-14.00 A single-cell transcriptomic atlas of the developing human middle ear epithelium

Benjamin Talks. Michael Mather, Christopher Ward, Muzlifah Haniffa, Jason Powell

Newcastle University

14.00-14.10 Utilisation of Steroid-Eluting Stents in the Management of Choanal Atresia

Pia Doh, Oliver Wright, Michael Saunders

University Hospitals Bristol and Weston

14.10-14.20 Vocal cord palsy after paediatric cardiac surgery: a five year case review

Ysabelle Embury-Young, Lucy Yurek, Julian Gaskin, Shaffi Mussa

Gloucester Royal Hospital

14.20-14.30 Laser-Assisted Endoscopic Cricotracheal Stenosis Resection (CTSR) in Paediatric Congenital Cartilaginous Subglottic Stenosis

Mohammed Halawani, Abdullah Arafat, Jaber Alshammari

King Abdullah Specialized Children Hospital (KASCH), King Abdulaziz Medical City (KAMC), National Guard Health Affairs (NGHA), Riyadh, Saudi Arabia

THURSDAY, 19 SEPTEMBER

SHORT PAPERS 1

13:30 – 14:40

13:30 – 13:40

TITLE : Endoscopic Treatment of Tracheooesophageal Fistulae by Trichloroacetic Acid Chemocauterisation

PRESENTING AUTHOR AND INSTITUTION : Elizabeth Maughan, *Great Ormond Street Hospital, London UK*

CO-AUTHORS: Liam Sutton, Andrew Hoey, Deepak Chandrasekharan, Colin Butler

INTRODUCTION AND AIMS

Recurrent tracheooesophageal fistulae (TOF) following tracheoesophageal fistula/oesophageal atresia (TOF/OA) repair, or symptomatic TOF pits without fistulae, represent a challenging treatment dilemma, as re-do surgery is technically challenging with a higher rate of complications. Trichloroacetic acid (TCA) is gathering international momentum as a useful topical therapy in these circumstances.

MATERIALS AND METHODS

We report here our first 10 cases of TOF managed by topical endoscopic TCA chemocauterisation at Great Ormond Street Hospital between April 2023 and June 2024, All TOF/pit diagnoses were confirmed using interventional radiology and underwent multidisciplinary discussion. Patients were managed with up to 3 TCA administrations to one or both luminal surfaces (depending on TOF/pit anatomy), spaced 1 month apart.

RESULTS

9/10 patients had undergone primary TOF/OA repair in infancy. Median age of presentation was 30 months. Patient 10 was newly diagnosed with TOF at 5 years following investigations for nocturnal cough and had no other medical co-morbidities. TCA was technically possible in all cases. 8/10 patients have shown TOF closure or improvement in pit size with symptomatic improvement/resolution (median = 1 treatment). 1 patient returned to theatre anyway after 1 TCA treatment for their oesophageal atresia and underwent concurrent TOF pit repair. 1 child had no improvement and underwent unsuccessful third open TOF repair. Although airway noises were often more prominent in the first 24 hours post-procedure, there were no incidences of prolonged side-effects.

CONCLUSION

TCA chemocauterisation of TOF/pits appears to be well-tolerated with good treatment response and should be considered in the paediatric aerodigestive multidisciplinary setting.

THURSDAY, 19 SEPTEMBER

SHORT PAPERS 1

13:30 – 14:40

13:40 – 13:50

TITLE : Tracheostomy Decannulation to Non-Invasive Ventilation (NIV) in Paediatric Patients

PRESENTING AUTHOR AND INSTITUTION : Andrew Hoey, *Great Ormond Street Hospital*

CO-AUTHORS: James Rudd, James Johnston, Jo Cooke, Michelle Wyatt

INTRODUCTION AND AIMS

Tracheostomies, while providing a secure airway, impacts speech, language, and overall development in children. This places a significant burden on caregivers. Tracheostomy decannulation supported by non-invasive ventilation (NIV) is a growing practice in adults but remains underexplored in paediatrics. This study reviews our experience and protocol for decannulating paediatric patients to NIV at Great Ormond Street Hospital for Children.

MATERIALS AND METHODS

A retrospective review of electronic records from the past 13 years was conducted, identifying patients undergoing tracheostomy decannulation to NIV. Data collected included demographics, diagnoses, polysomnography results, outcomes, and reasons for failure. Our protocol involves microlaryngoscopy and bronchoscopy (MLB) for airway assessment, gradual downsizing of the tracheostomy tube, and acclimatisation to NIV masks. A 5-day transition integrated care protocol (ICP) is implemented, including tube capping and face mask pressure support.

RESULTS

Eight patients (3 male, 5 female) underwent decannulation to NIV, with a success rate of 87.5%. Indications included congenital central hypoventilation syndrome, intracerebral haemorrhage, multi-level airway obstruction, and bilateral cord palsy. Median age at decannulation was 7 years (range 3-13). Four patients had previously failed decannulation attempts. Successful decannulation typically occurred within 10 days post-MLB. One patient failed due to breath holding and poor NIV mask tolerance.

CONCLUSION

Decannulation to NIV in paediatric patients is feasible and beneficial, reducing the burden of tracheostomy. Our protocol, involving close multi-disciplinary approach, has shown success in a heterogenous patient group. Further multi-centre prospective studies are recommended to validate these findings and explore broader applications.

THURSDAY, 19 SEPTEMBER

SHORT PAPERS 1

13:30 – 14:40

13:50 – 14:00

TITLE : A single-cell transcriptomic atlas of the developing human middle ear epithelium

PRESENTING AUTHOR AND INSTITUTION : Benjamin Talks, *Newcastle University*

CO-AUTHORS: Michael Mather, Christopher Ward, Muzlifah Haniffa, Jason Powell

INTRODUCTION AND AIMS

Otitis media is a leading cause of childhood antibiotic use and surgery. The middle ear epithelium plays a vital homeostatic role in maintaining ear health, both producing defence proteins and hosting mucosal immune response. However, our understanding of this complex interface is largely based upon rodent models of the middle ear. Here, we aim to profile the human developmental middle ear epithelium and establish a culture model as a platform for future translational work.

MATERIALS AND METHODS

Middle ear epithelium was isolated from a human 13 post-conception week sample provided by the Human Developmental Biological Resource. The sample was split in two: the first part being processed fresh and the second part being cultured at an air liquid interface for 3 weeks prior to dissociation into a single cell suspension and 5' single-cell RNA sequencing. Cell populations were identified using canonical marker genes and recursive clustering. Differentially expressed genes and gene set enrichment analysis were used to compare cell populations.

RESULTS

We have generated the first single-cell transcriptomic atlas of the human middle ear epithelium, containing >14,000 cells and identifying 22 cell types and states. Epithelial cells undergo mucociliary differentiation during air liquid interface culture into varied epithelial cell types. However, overall cellular diversity is reduced in the culture model compared to in vivo tissue.

CONCLUSION

The middle ear epithelium provides a complex barrier for invading pathogens and air liquid interface models offer a promising platform for further translational research.

THURSDAY, 19 SEPTEMBER

SHORT PAPERS 1

13:30 – 14:40

14:00 – 14:10

TITLE : Utilisation of Steroid-Eluting Stents in the Management of Choanal Atresia

PRESENTING AUTHOR AND INSTITUTION : Pia Doh, *University Hospitals Bristol and Weston*

CO-AUTHORS: Oliver Wright, Michael Saunders

INTRODUCTION AND AIMS

Choanal atresia, a rare congenital disorder, is the complete blockage of the nasal choanae by either bone, membranous soft tissue, or mixed. Surgery involves drilling/debriding tissue to achieve a patent airway. Re-stenosis of the lumen is common, and patients often require multiple procedures to achieve lasting patency. Steroid-eluting stents, more known for their use in sinus surgery1, have been recently introduced in surgical management of choanal atresia in paediatric patients, and so far shown to be highly successful2,3.

MATERIALS AND METHODS

We retrospectively looked at paediatric patients who underwent surgical repair of choanal atresia at a tertiary paediatric centre and had at least one mometasone-eluting stent (PROPEL®) inserted intraoperatively. Complications and post-operative restenosis rate were recorded.

RESULTS

A total of 4 patients had PROPEL® stent inserted for choanal atresia from 2023-2024. Age of the patients ranged from 1 week to 14 years old. Patients 1 and 2 had one stent inserted for revision surgery of unilateral choanal atresia. Patients 3 and 4 required two stents for bilateral choanal atresia. Post-operative care included use of steroid nasal spray and follow up in clinic 1 month after surgery. Only Patient 4 was found to have restenosis of the left choana at follow up, thus required revision surgery. The rest have had no signs of restenosis after 6 months. No other complications were recorded.

CONCLUSION

Steroid-eluting stents can be safely and successfully used in management of choanal atresia in the paediatric population, and may reduce re-stenosis rates and the need for revision surgery.

THURSDAY, 19 SEPTEMBER

SHORT PAPERS 1

13:30 – 14:40

14:10 – 14:20

TITLE : Vocal cord palsy after paediatric cardiac surgery: a five year case review

PRESENTING AUTHOR AND INSTITUTION : Ysabelle Embury-Young, *Gloucester Royal Hospital*

CO-AUTHORS: Lucy Yurek, Julian Gaskin, Shaffi Mussa

INTRODUCTION AND AIMS

Children that undergo cardiac surgery are at risk of developing vocal cord palsy (VCP) due to intraoperative damage to the recurrent laryngeal nerve (RLN). The reported incidence of VCP after paediatric cardiac surgery ranges from 1.1% to 67% and the incidence of VCP recovery ranges from 14% to 84%.

MATERIALS AND METHODS

We aimed to identify the incidence of VCP after paediatric cardiac surgery and its long-term outcomes between 2018-2022 through retrospective analysis of all paediatric cardiac surgery cases at a tertiary centre.

RESULTS

1517 cases were identified with a 5.4% (n=82/1517) VCP incidence. 93.9% (n=77/82) left-sided VCP and 6.1% (n=5/82) right-sided. 12.2% (n=10/82) cases were consented for VCP. Post-operative signs included: 81.7% dysphonia (n=62/87) and 26.8% aspiration risk (n=22/82). 75.6% (n=62/82) cases had an NGT and 7.3% (n=6/82) had a PEG post-operatively. Recovery of VCP was 37.8% by mean 9 months. One case (1.2%) required VC medialisation at 45 months post-operatively.

CONCLUSION

This is the largest retrospective case series of VCP and the first to report consent rates for VCP following paediatric cardiac surgery in the United Kingdom. We report a VCP incidence of 5.4% with a low recovery rate (37.8%). Significant morbidity was associated with VCP with significant follow-up periods. The low rate of consent for VCP reported in this study suggests further work is required to ensure patients' families are well-informed of the significant morbidity associated with VCP. Further research is required to establish accurate recovery rates for VCP secondary to cardiac surgery to help inform prognosis and ongoing management of these patients.

THURSDAY, 19 SEPTEMBER

SHORT PAPERS 1

13:30 – 14:40

14:20 – 14:30

TITLE : Laser-Assisted Endoscopic Cricotracheal Stenosis Resection (CTSR) in Paediatric Congenital Cartilaginous Subglottic Stenosis

PRESENTING AUTHOR AND INSTITUTION : Mohammed Halawani, *King Abdullah Specialized Children Hospital (KASCH), King Abdulaziz Medical City (KAMC), National Guard Health Affairs (NGHA), Riyadh, Saudi Arabia*

CO-AUTHORS: Abdullah Arafat, Jaber Alshammari

INTRODUCTION AND AIMS

Subglottic stenosis (SGS) in children can be a congenital condition or acquired through injury such as from prolonged intubation. Surgeons face challenges in choosing the best SGS treatment for a particular patient because of variability in the success rate of each technique. Conventional open surgical resection and reconstruction have been proven effective but, in recent years, endoscopic surgery has become more prevalent as it eliminates the incision and reduces the surgery time and subsequent hospital stay. &e purpose of this retrospective case study was to report on an endoscopic technique using a CO2 laser for cricotracheal stenosis resection (CTSR) for high-grade congenital SGS.

MATERIALS AND METHODS

From forty-five paediatric patients who underwent endoscopic in- tervention as a primary modality of treatment for high-grade SGS in a tertiary referral centre, a total of eight patients who met the inclusion criteria have been included in our study. &is small patient series is the first to use a CO2 laser alone as a single excision tool to eliminate complex congenital SGS and restore airway patency. &e procedure's goal was to return the airway to an early stage of postintubation injury prior to scar formation; therefore, surgical sessions at intervals of 2–3 weeks were performed to ensure natural epithelization, to remove any granulation tissue, and manage fibrosis. Successful treatment was defined as a resolution of symptoms, restoration of a normal patent airway with no stenosis, and decannulation.

RESULTS

success rate was 75%.

CONCLUSION

First, the CO2 laser should be reconsidered as an excision tool for congenital SGS because of its low risk of exacerbating preexisting stenosis. It allows the surgeon to restore and augment the airway without the need for open surgery or dilatation. Second, the shorter interval between procedures is crucial for controlling the healing process and making sure that it is proceeding properly.

Short Papers Session 2

Friday 20th September 2024- 13.45–14.55

CHAIRS: Sarah O'Donnell, Mat Daniel

13.45-13.55 The burden of paediatric acute otitis media with discharge: a qualitative study

Elliott Heward, Judith Lunn, James Dempsey, Jaya Nichani, Iain Bruce

Manchester University NHS Foundation Trust

13.55-14.05 Continuous laryngoscopy during exercise testing for exercise induced laryngeal obstruction and the efficacy of surgical management in a paediatric cohort

Katharine Hamlett, Paul Burns, Sophie Wilkinson, David Wynne

Royal Hospital for Children Glasgow

14.05-14.15 Outcomes following paediatric tonsillectomy from a UK tertiary centre: Imperial College Healthcare NHS Trusts expe rience during the COVID-19 pandemic

Gani Nuredini, Paula Coyle

Imperial College Healthcare NHS Trust

14.15-14.25 A systematic review and meta-analysis of antimicrobial chemoprophylaxis for recurrent acute otitis media in children

Xicheng Peng, Jason Powell, Michael Mather, Zeynep Elcioglu

Newcastle University

14.25-14.35 Is it safe to cauterise both sides of the nasal septum at the same time in children with nosebleeds?

Ivy Drake, Hazel Fountain, Haytham Kubba

Royal Hospital for Children Glasgow

14.35-14.45 OSA in children and the obesity epidemic – the benefit of adenotonsillectomy vs NIV in the management of OSA in children with high BMI

Avgi Loizidou, Claudia Nogueira, Jennifer Magill, Cyntha de Bosco

Royal London Hospital

FRIDAY, 20 SEPTEMBER

SHORT PAPERS 1

13:45 – 14:55

13:45 – 13:55

TITLE : The burden of paediatric acute otitis media with discharge: a qualitative study

PRESENTING AUTHOR AND INSTITUTION : Elliot Heward, *Manchester University NHS Foundation Trust*

CO-AUTHORS: Judith Lunn, James Dempsey, Jaya Nichani, Iain Bruce

INTRODUCTION AND AIMS

Acute otitis media with discharge (AOMd) results from a tympanic membrane perforation secondary to AOM. Currently there is a limited understanding of the impact that AOMd has on children and young people (CYP) and their families. There is also no evidence demonstrating how this condition is managed within the NHS. Interviews with CYP and their parents and focus groups with medical professionals were used to explore these topics.

MATERIALS AND METHODS

Overall 26 CYP, with a history of AOMd within a year of participation, and 28 medical professionals were recruited across the UK from June 2023 to March 2024. Medical backgrounds varied: Primary Care (n=17), ENT (n=7), Emergency Department (n=4). Thematic analysis was performed by three reviewers.

RESULTS

The majority of CYP (96.2%) had suffered with multiple episodes of AOMd. Parents described pain as the worst feature followed by sleep disturbance, crying and hearing problems. Parents found accessing healthcare services and patient information challenging which increased parental anxiety. Frequently antibiotic overuse was a concern amongst many parents. Medical professionals acknowledged AOMd can be challenging to manage. There was heterogenous management strategies dependant on location of work. The majority of GPs and emergency care staff use oral amoxicillin, based on NICE recommendations, compared with ENT doctors who use predominantly topical antibiotics.

CONCLUSION

AOMd has a significant and previously unknown impact on CYP and their families everyday lives. Improved patient information materials are required. Evidence based management guidelines should be developed to standardise care.

FRIDAY, 20 SEPTEMBER

SHORT PAPERS 1

13:45 – 14:55

13:55 – 14:05

TITLE : Continuous laryngoscopy during exercise testing for exercise induced laryngeal obstruction and the efficacy of surgical management in a paediatric cohort

PRESENTING AUTHOR AND INSTITUTION : Katharine Hamlett, *Royal Hospital for Children Glasgow*

CO-AUTHORS: Paul Burns, Sophie Wilkinson, David Wynne

INTRODUCTION AND AIMS

Exercise-induced laryngeal obstruction (EILO) can be a cause of exercise induced dyspnoea (EID), defined as transient upper airway obstruction with either a supraglottic and/or glottic component. The gold standard for diagnosing EILO is continuous laryngoscopy during exercise (CLE). We present our CLE technique and propose that supraglottoplasty for selected cases of supraglottic EILO, is a valid, safe and effective treatment.

MATERIALS AND METHODS

We present a retrospective, latterly prospective, case series of patients referred to our centre with symptoms suggestive of EILO. Patients underwent pre-CLE cardiopulmonary exercise testing. CLE was later performed on the cycle ergometer, consisting of a short, high intensity workload. A fibreoptic videolaryngoscope with video stack is manipulated by an ENT clinician for the test duration, to achieve an optimal view of the larynx. Patients found to have positive indicators for EILO on CLE were offered surgery.

RESULTS

27 children underwent CLE testing between 2015 and 2023. There were 10 males and 17 females with an average age of 12.6 years, range 7.9 - 17.9 years. Supraglottic EILO was evident in 16 patients, with 4 having secondary clinical findings on CLE. 15 underwent direct laryngotracheobronchoscopy. 13 underwent cold-steel supraglottoplasty. 8 carers completed post-operative questionnaires, with symptoms scored on a scale of 1-10. Average pre-operative score was 8/10, compared to 1/10 post-operatively.

CONCLUSION

This series shows a high incidence of EILO in children referred for EID. CLE testing can be successfully performed in children. We have found supraglottoplasty to be a safe and effective procedure for improving symptoms of EILO in this population.

FRIDAY, 20 SEPTEMBER

SHORT PAPERS 1

13:45 – 14:55

14:05 – 14:15

TITLE : Outcomes following paediatric tonsillectomy from a UK tertiary centre: Imperial College Healthcare NHS Trusts experience during the COVID-19 pandemic

PRESENTING AUTHOR AND INSTITUTION : Gani Nuredini, *Imperial College Healthcare NHS Trust*

CO-AUTHOR: Paula Coyle

INTRODUCTION AND AIMS

National guidelines have highlighted the safety of day-case tonsillectomy. This study evaluates the outcomes of paediatric tonsillectomy at a UK tertiary centre during the COVID-19 pandemic.

MATERIALS AND METHODS

A retrospective analysis was conducted on patients <18 years who underwent tonsillectomy between April 2021-September 2022. Data on post-operative events until discharge and re-attendance within 14 days were recorded. High-risk subgroups were analysed: Subgroup A (aged 2 and weighing 12-15 kg) and Subgroup B (severe OSA on polysomnography). Binary logistic regression assessed whether age, weight, sex, or procedure time predicted extended hospital stay (>1 night) or need for oxygen.

RESULTS

A total of 117 patients underwent tonsillectomy, median age 4 (62% male). OSA/SDB accounted for 88%. Same-day discharge rate was 26%. Post-operatively, 86 patients were admitted. Of those admitted, 70 (81%) remained well overnight, and 76 patients (88%) were discharged the next day. In Subgroup A (n=17, average weight = 13.4kg), two had transient oxygen desaturations. Fourteen were discharged the next day. In Subgroup B (n=34), four had transient desaturations with a further two requiring supplementary oxygen overnight. Both were off oxygen by 8am. Weight (p=0.071, need for oxygen model) and procedure time (p=0.052, length of stay model) approached significance for predicting outcomes.

CONCLUSION

This study offers early insights into paediatric tonsillectomy outcomes during the COVID-19 pandemic. Same-day discharge rate was lower than the national average. Most patients, including high-risk groups, remained clinically stable and were discharged within 24 hours. Future work will focus on a prospective study measuring outcomes following implementation of our day-case guidelines.

FRIDAY, 20 SEPTEMBER

SHORT PAPERS 1

13:45 – 14:55

14:15 – 14:25

TITLE : A systematic review and meta-analysis of antimicrobial chemoprophylaxis for recurrent acute otitis media in children

PRESENTING AUTHOR AND INSTITUTION : Xicheng Peng, *Newcastle University Medical Student*

CO-AUTHORS: Jason Powell, Michael Mather, Zeynep Elcioglu

INTRODUCTION AND AIMS

Introduction: Acute otitis media (AOM) is the leading cause for antibiotic prescribing in children under two. Recurrent AOM (rAOM) affects a subset of children, impacting quality of life, socioeconomic status, and posing a risk of long-term sequelae. Chemoprophylaxis is a common intervention, though practice varies greatly within the UK. The increasing controversy surrounding antimicrobial chemoprophylaxis is due to the recognition of adverse lifelong effects of early childhood antibiotic use and its potential contribution to global antibiotic resistance. Aim: To summarise the current evidence regarding chemoprophylaxis in paediatric rAOM.

MATERIALS AND METHODS

Methods: A search of Medline and Embase was conducted following PRISMA guidelines. The primary outcome measure was AOM episodes. Meta-analysis was performed using a random-effects model.

RESULTS

Results: Qualitative assessment of 20 studies and quantitative meta-analysis of nine studies showed a risk ratio of 0.59 (95% CI 0.45 – 0.77, n=1087 children) for antibiotics. Subgroup analysis indicated co-trimoxazole as the most effective. Data limitations include varied geographical locations and heterogenous interventions, limiting generalisability. Most studies were from the pre-PCV era, potentially affecting microbiology and AOM incidence.

CONCLUSION

Conclusion: While AOM episodes are a significant outcome measure, incorporating patient-reported outcomes on development and quality of life would provide a fuller picture. Economic evaluations of alternatives are needed for consensus. Translational studies on bacterial-host interactions can elucidate low-dose antibiotic prophylaxis mechanisms. Clinicians must balance the benefits of antimicrobials with the risks of adverse effects and antimicrobial resistance when considering chemoprophylaxis in rAOM.

FRIDAY, 20 SEPTEMBER

SHORT PAPERS 1

13:45 – 14:55

14:25 – 14:35

TITLE : Is it safe to cauterise both sides of the nasal septum at the same time in children with nosebleeds?

PRESENTING AUTHOR AND INSTITUTION : Ivy Drake, *Royal Hospital for Children Glasgow*

CO-AUTHORS: Hazel Fountain, Haytham Kubba

INTRODUCTION AND AIMS

It is often recommended that, in children with bilateral epistaxis, only one side of the nasal septum should be cauterised at a time in order to reduce the risk of septal perforation. This advice may have been reasonable when hot wire electrocautery was in common use. The risk of septal perforation after silver nitrate cautery is unknown but probably low.

MATERIALS AND METHODS

Retrospective casenote review of children attending the nurse-led epistaxis clinic between 2019 and 2022.

RESULTS

920 children were seen in the nurse-led clinic between January 2019 and December 2022. Six hundred and one children (79%) underwent nasal cautery. Simultaneous bilateral nasal cautery was carried out in 176 (29%) children. Our follow up period ranged between 303 days and 1,744 days, with a median of 809.5 days. No child presented to emergency or ENT services with septal perforation or any other complication of simultaneous bilateral nasal cautery.

CONCLUSION

To the author's knowledge, this is the largest study assessing the safety of simultaneous bilateral nasal cautery with silver nitrate in children. No adverse results have been found after cauterising both sides of the septum at the same sitting, and doing so potentially saves time and money for patients and the health service.

FRIDAY, 20 SEPTEMBER

SHORT PAPERS 1

13:45 – 14:55

14:35– 14:45

TITLE : OSA in children and the obesity epidemic – the benefit of adenotonsillectomy vs NIV in the management of OSA in children with high BMI

PRESENTING AUTHOR AND INSTITUTION : Avgi Loizidou, *Royal London Hospital*

CO-AUTHORS: Claudia Nogueira, Jennifer Magill, Cyntha de Bosco

INTRODUCTION AND AIMS

Paediatric obesity the new epidemic with over 390 million children and adolescents aged 5–19 years recorded as being overweight in 2022, increasing the prevalence of high BMI children form 8% in 1990 to 20% in 2022. Obese children are 5 times more likely to grow into obese adults and subsequently are at much greater risk of metabolic disease, mental health conditions and risk of developing cancer as adults. The estimating NHS cost from obesity is raising to £6.5 billion by 2050. To combat this Complications of Excess Weight (CEW) Clinics have been established nationally as part of a funded 2-year pilot programme.

MATERIALS AND METHODS

At the Royal London Hospital we have a Tier 3 Complications of Excess Weight (CEW) paediatric service with links to respiratory, cardiology, ENT, endocrine and general surgery. We present how this service established and run. We conducted a single central retrospective cohort analysis of the prevalence of obesity in children referred with SDB/OSA. Assessing the risks and benefits of performing adenotonsillectomy in high BMI children for the treatment of OSA vs non-invasive ventilation only, and the need for revision surgery.

RESULTS

Complete set of results to be presented at the BAPO September meeting.

CONCLUSION

Increase prevalence of childhood obesity has increased the incidence of OSA in children. Adenotonsillectomy may not totally resolve the symptoms of OSA in some of these high BMI children with occluding tonsils and significant adenoidal hypertrophy. Some children have subsequently needed non-invasive ventilation other upper airway surgery (after sleep endoscopy) and bariatric surgery.

Posters

JUDGES: Paula Coyle, Aikaterini Dritsoula, Lizzie Kershaw, Deborah Quayle

1.Characteristic of central compartment atopic disease in pediatric age group
Mohannad Al-qudah, Aseel Jonidi
Jordan University of science & Technology

2.Presenting with Post Op Pain after a Tonsillectomy: A sign of cost-of-living crisis?
Alina Kashif, Nikita Bhoombla, Ellen Meredith, Paula Coyle
Imperial College Healthcare NHS Trust

3.What do you do? Identifying global norms for starvation times post airway endoscopies with the use of topical lignocaine
Emma Gosnell, Katrina Mason, Isabelle Williams, Karen Wouters, Chris Pepper
Evelina London Children's Hospital

4.Are two year old patients appropriate for daycase MLTB? A case study from a tertiary paediatric centre
Joanne Ridgley-Vaidya, Isobel Marks, Timothy Davies, Sunil Sharma
Alder Hey Children's Hospital

5.Reducing the environmental impact of paediatric adenotonsillectomies through rationalising surgical instrument trays
Charlotte Arnold, Ameeth Sanu
Morriston Hospital, Swansea Bay University Health Board

6.Hydrogen Peroxide Gargles in Post-Tonsillectomy Bleeding – A Retrospective Study
Hesham Khalid, Filippo Cainelli, Raiza Imperial, Jie Lily Huang, Hamid Daya
St George's University Hospitals NHS Foundation Trust

7.Local versus out of area referrals for grommet insertion for children in a tertiary paediatric ENT hospital
Isobel Marks, Su De
Alder Hey Children's Hospital

8.How I do it: a suture lateralisation procedure for bilateral vocal cord paralysis
Frederick Green, James Johnston, Benjamin Hartley
Great Ormond Street Hospital for Children

9.Do young children have to wait longer for grommets?
Isobel Marks, Su De
Alder Hey Children's Hospital

10. Comparison of porcine small intestinal submucosa (pSIS) and autologous graft material for repairing tympanic membrane perforation: A systematic review and meta-analysis
Muhammad Suleiman, Emma Finnegan, Matteo Lazzeroni
Hull University Teaching Hospitals

11.A multicentre audit of nasal foreign body management in the paediatric population
Jacob Duffin, Holt Walters, Ayla Tabaksert, Trung Ton, Kate Blackmore
Newcastle Hospitals NHS Foundation Trust

12.Representation Matters- Improving diversity of skin colour reward stickers in the paediatric ENT Outpatient setting
Katrina Mason, Isabelle Williams, Emma Gosnell, Shaun Selvadurai, Sean Blaney, Sharon Green, Chris Pepper, Shradha Sharma
Evelina Children's Hospital

13.Safety of Intracapsular tonsillectomy in ARFID patients, a report of 2 cases.
Mohammad Alsalem
Alder Hey Children's Hospital

14.Aiming to avoid increasing health inequalities by prescribing post tonsillectomy painkillers for all
Ian Lilly, I Williams, O QiJia, S Selvadurai, K Mason, E Gosnell, A North, K Lai, D Tweedie, V Possamai,, L Ferguson, S Sharma, L Jablenska, N Amin, C Pepper
Evelina London Children's Hospital

15.Paediatric desmoplastic fibroma of the frontal sinus: a unique site of origin and review of the literature.
Victoria Evans, Heikki Whittet
Morriston Hospital (Swansea Bay University Health Board)

Posters

16.How do we define "cure" in obstructive sleep disordered breathing in children living with severe obesity?
Manjeevan Singh, Camille Ball, Claire Nissenbaum, Eishaan Bhargava, Zoe Burton
University of Sheffield Medical School

17.Electronic consenting in paediatric ENT: a literature scoping review, re-audit of completeness, and parent perspective.
Oliver Blanshard, D Sharma, Paula Coyle
Imperial College Healthcare NHS Trust

18.Guidance on management of Otogenic Sigmoid Sinus Thrombosis
Sara Mahmood, Sunil Sharma, Anne Markey, Anthony Windeth
Alder Hey Children's Hospital

19.Supraglottoplasty for managing Obstructive Sleep Apnoea in children in a tertiary referral centre
Fadzlien Zahari, Aikaterini Dritsoula
Leeds Teaching Hospitals NHS Trust

20.Should noise levels in neonatal intensive care units be modified to improve patient safety and outcomes?
Azkah Sardar, Elizabeth Trayling, Thomas Hampton
The University of Glasgow

21.Redesigning the Pathway for Children with Permanent Childhood Hearing Impairment (PCHI) in a District General Hospital – a Closed Loop Audit
Natalia Gibbery, Breeane Garland, William Wakeford, Dimitrios Ioannidis
Colchester Hospital, East Suffolk and North Essex NHS Foundation Trust

22.Understanding and Overcoming Barriers: Lessons from a 10-Year Review of Managing Permanent Childhood Hearing Impairment
Natalia Gibbery, Breeane Garland, Dimitrios Ioannidis
Colchester Hospital, East Suffolk and North Essex NHS Foundation Trust

23.Acquired von Willebrand syndrome secondary to Wilms' tumour manifesting as a nasal haematoma
Ayla Tabaksert, Kate Blackmore
South Tees Hospital

24.Tonsil Pathology in PTEN Hamartoma Syndrome
Callum Findlay, Lauren Cairns, Kwamena Amonoo-Kuofi, Nimesh Patel
Department of Otolaryngology, University Hospital Southampton NHS FT

25.PTEN Hamartoma Tumour Syndrome: An Unusual Cause of Recurrent Sleep-disordered Breathing
Chai Jin Lim, Eishaan Kamta Bhargava, Diana Sarah Johnson
University of Sheffield

'26.The Reserve List' – A solution to short-notice theatre cancellations in Paediatric ENT
Michael Hopkins, Alok Sharma
Royal Hospital for Children and Young People, Edinburgh

27.Evaluating lead times from referral to assessment in the paediatric ENT flexible nasendoscopy clinic for infants with upper aiway obstruction: A single centre quality improvement project
Isabelle Justine Williams, Alexander North, Daniel Tweedie, Sradha Sharma
Evelina London Children's Hospital

28.Benign tonsillar hyperplasia presenting as a large obstructing oropharyngeal mass in a child
Isabelle Justine Williams, Alexander North, Victoria Possamai
Evelina London Children's Hospital

29.Are We Giving Parents Enough Information? The SAIL Criteria Applied to Paediatric ENT
Simon Morris, Rhodri Costello
Morriston Hospital Swansea

30.Should intranasal steroids be given routinely to post-adenoidectomy patients for symptom control?
Li Ling Choo, Yasmin Abbas
Wexham Park Hospital (Frimley Health Foundation Trust)

Posters

31.Clinical Significance and Diagnostic Approach for Paediatric Unilateral Tonsillar Enlargement: Insights from a Retrospective Analysis
Iulia Bujoreanu, Alexandra Nelson, Mariella Williams, Julian Gaskin
Bristol Children's Hospital, Bristol, UK

32.Referral Management in Paediatric ENT
Jayamala Patel, Avgoustinos Ioannou, Mat Daniel
University of Nottingham

33.Effect of frenotomy on maternal experience of feeding in infants with posterior ankyloglossia
Aria Amir Ghasemi, Jenny Hilton, Shayan Shahidi, Eleanor Sproson
Department of Otolaryngology, University Hospital Portsmouth NHS Trust, Portsmouth, United Kingdom

34.Return to theatre rate for arrest of post-tonsillectomy haemorrhage in children has not fallen with increased use of coblation tonsillectomy
Jeremy Reid, Thomas Beech, Jameel Muzaffar
University Hospitals Birmingham NHS Foundation Trust

35.Evaluating the Efficacy and Safety of Intralesional Bevacizumab in the Treatment of Recurrent Respiratory Papillomatosis: A Systematic Review
Hannah Walter, Mihiar Atfeh
Peninsula Medical School, University of Plymouth

36.Coblation Tonsil Surgery for Children with Implanted Medical Devices – is it Safe?
Alexander North, Shradha Sharma, Daniel Tweedie
Evelina London Childrens Hospital

37.Evaluation of Coblation Turbinate Reduction in Paediatric Patients
Uttara Srinivasan, Tanya Gupta, Kiran Varadharajan
Royal Surrey County Hospital

38.Are paediatric ENT patients having their operations closest to home?
Naining Xu, Joanne Ridgley-Vaidya, Sujata De
Alder Hey Children's Hospital

39.Audit of Paediatric Epistaxis Referrals
Ayla Tabaksert, Claire McLarnon
Great North Children's Hospital, Royal Victoria Infirmary, Newcastle upon Tyne

40.Implementing BAPO Daycase Tonsillectomy guidelines in UHDB
John Yaro, Tawakir Kamani
Royal Derby Hospital

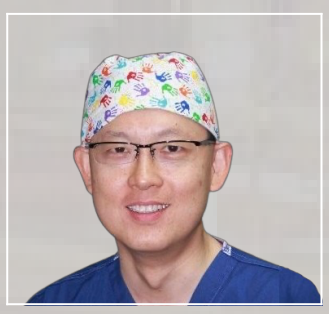
Speakers

Steven E. Sobol, MD, MSc, FRCS(C), FAAP, is an attending surgeon with the Center for Pediatric Airway Disorders at Children's Hospital of Philadelphia.
Otolaryngology Site Director, Middleman Family Pavilion at Children's Hospital of Philadelphia, King of Prussia, PA
Associate Surgery Director for OR Operations and Growth, Middleman Family Pavilion at Children's Hospital of Philadelphia, King of Prussia, PA
Attending Surgeon, The Center for Pediatric Airway Disorders
Professor, Department of Otorhinolaryngology: Head & Neck Surgery, Perelman School of Medicine at the University of Pennsylvania
Director, Program Integration and Wellness, Department of Otorhinolaryngology: Head and Neck Surgery, Perelman School of Medicine

Dr. Soham Roy is an ENT-otolaryngologist in Aurora, Colorado and is affiliated with multiple hospitals in the area, including UCHealth University of Colorado Hospital and Children's Hospital Colorado.
For Soham Roy, MD, MMM, who worked as a professional violinist for several years before becoming an otolaryngologist, being able to perform violin on stage with one of his longtime patients was “one of the coolest things I ever did.”
Chair of Pediatric Otolaryngology, Childrens Hospital Colorado Professor and Vice Chair for Pediatrics, University of Colorado School of Medicine
President Elect Society for Ear Nose and Throat Advancement in Children (SENTAC)

Dr. Kara K. Prickett MD, is an associate professor with joint appointments in the Departments of Otolaryngology and Pediatrics at Emory University School of Medicine.
Dr. Prickett works clinically as a pediatric otolaryngologist at Children's Healthcare of Atlanta and specializes in the care of neonatal and pediatric head and neck tumors and airway concerns. She serves as a member of several multidisciplinary treatment teams at Children's: the head and neck cancer team, which treats sarcomas, salivary gland tumors, odontogenic tumors, and other rare malignancies; the pediatric thyroid surgery team, which cares for both benign and malignant thyroid lesions; and the fetal care team, which manages prenatally diagnosed neck or airway lesions requiring special attention or intervention during delivery. Dr. Prickett is academically active in departmental and university-wide patient safety and quality improvement measures, and educates medical trainees on the science of quality improvement in healthcare.

Dr. Scott M. Rickert is an ENT-otolaryngologist in New York, New York and is affiliated with multiple hospitals in the area, including NYC Health and Hospitals-Bellevue and NYU Langone Hospitals.
Associate Professor, Department of Otolaryngology-Head and Neck Surgery at NYU Grossman School of Medicine
Associate Professor, Department of Pediatrics at NYU Grossman School of Medicine
Associate Professor, Hansjorg Wyss Department of Plastic Surgery at NYU Grossman School of Medicine
Chief, Division of Pediatric Otolaryngology
Director, Pediatric ENT Bellevue Hospital
Associate Director, Pediatric ENT, Tisch Hospital



Michael Kuo- Consultant Paediatric Otolaryngologist

Birmingham Children’s Hospital

Speakers

Harry Tustin

ENT Specialist Trainee

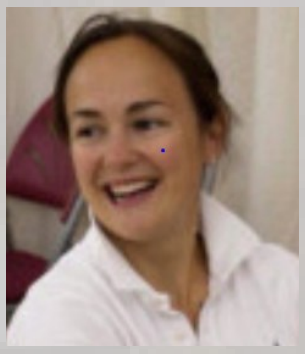
BAPOJ Research Prize Winner 2023

Paula Coyle- ENT Consultant, subspecialist Paediatric ENT

University College London Hospital

Aikaterini Dritsoula- ENT Consultant, subspecialist Paediatric ENT

The Leeds Teaching Hospitals NHS Trust



Lizzie Kershaw- Paediatric ENT Consultant

Leeds General Infirmary

Marianne Elloy- Consultant Paediatric Otolaryngologist

University Hospitals of Leicester NHS Trust

Speakers

Michelle Wyatt- 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) (term ends September 2024)

Consultant Paediatric Otolaryngologist

Royal Manchester Children's hospital

Neil Bateman- BAPO President

Consultant Paediatric Otolaryngologist

Royal Manchester Children's Hospital

Nico Jonas- Consultant Paediatric Otolaryngologist

Addenbrookes Hospital , Cambridge

Speakers

Mira de Kruijf- Consultant Paediatric Otolaryngologist

Royal Manchester Children's Hospital

Tash Kunanandam- Consultant Paediatric Otolaryngologist

Royal Hospital for Children, Glasgow

Su De- Consultant Paediatric Otolaryngologist

Alder Hey Children's Hospital, Liverpool

Haytham Kubba- Consultant Paediatric Otolaryngologist

Royal Hospital for Children, Glasgow

Rania Mehanna- Consultant Paediatric Otolaryngologist

Children's Health Ireland at Crumlin, Dublin

Speakers

Deborah Quayle-Consultant ENT Surgeon with a specialist interest in Paediatric ENT

Bradford Royal Infirmary

Kate Blackmore- Consultant Paediatric Otolaryngologist

James Cook University Hospital, Middlesborough

Dan Tweedie- Consultant Paediatric Otolaryngologist

Evelina Children's Hospital, London

Raj Bhalla- Consultant ENT Surgeon/Rhinologist & Skull Base Surgeon

Royal Manchester Children's Hospital

Manchester Royal Infirmary and Salford Royal Hospital

Jaya Nichani- Consultant Paediatric Otolaryngologist

Royal Manchester Children's Hospital

Speakers

Anna Harrison- Consultant Paediatric Otolaryngologist

Royal Manchester Children's Hospital

Ravi Thevasagayam- Consultant Paediatric Otolaryngologist

Sheffield Children's Hospital

Andrea Burgess– Consultant Otolaryngologist Royal Hampshire County Hospital, Winchester & Southampton Children's Hospital, University Hospital Southampton

Hanneke Bruinzeel– Paediatric Otorhinolaryngology Fellow

Royal Manchester Children's Hospital

Sarah O'Donnell—Consultant Otorhinolaryngologist

Leeds General Infirmary

Speakers

Sophie Wilkinson—Consultant Paediatric Otolaryngologist

Queens Medical Centre, Nottingham

Sunil Sharma- Consultant Paediatric Otolaryngologist

Alder Hey Children's Hospital, Liverpool, UK

Mike Saunders—Consultant Paediatric Otolaryngologist

Bristol Royal Hospital for Children

Kate Stephenson- Consultant Paediatric Otolaryngologist

Birmingham Children's Hospital

Jason Powell- MRC Clinician Scientist and Honorary Consultant Paediatric ENT Surgeon

Newcastle University & Great North Children's Hospital ,Newcastle

Speakers

Ellie Sproson– Consultant Otolaryngologist

Portsmouth University Hospitals & Southampton Children's Hospital, University Hospital Southampton

Jessica Richardson– Trainee Advanced Clinical Practitioner

Royal Manchester Children's Hospital

Grace Khong- Consultant Paediatric Otorhinolaryngologist

Alder Hey Children's Hospital, Liverpool, UK

Ben Hartley- Consultant Paediatric Otolaryngologist
Great Ormond Street Hospital for Children, London

Mat Daniel- Consultant Paediatric Otolaryngologist
Nottingham University Hospitals

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

Speakers

Simon Lloyd- Consultant ENT surgeon with a specialist interest in Otology, Neuro-otology & Skull base surgery

Honorary Professor of Otolaryngology Manchester University

James Ramsden- Consultant Otorhinolaryngologist with a specialist interest in Otology and Paediatric ENT

Oxford Children's Hospital & The John Radcliffe Hospital, Oxford

Simone Schaefer- Consultant Paediatric Otolaryngologist

Royal Manchester Children's Hospital

Steven Powell- Consultant Paediatric Otolaryngologist

Great North Children's Hospital and Freeman Hospital, Newcastle

Andy Hall- Consultant Paediatric Otolaryngologist

Noah Ark Children’s Hospital Cardiff

Speakers

Christine English – Advanced Clinical Practitioner

Royal Manchester Children's Hospital

Here to Help

Organisational Support

Rachael Lawrence

Paediatric ENT Fellow

Royal Manchester Children's Hospital

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