



## Reader Digest

**Digested by Dr. Tarek Kandil, MD. Consultant, students Hospital, Cairo University**

### **1- Retrospective Analysis of Patients with Congenital Choanal Atresia Treated by Transnasal Endoscopic Surgery.**

Kinis V1, Ozbay M, Akdag M, Cetin M, Gul A, Yilmaz B, Sengul E, Topcu I.

#### **Abstract**

Congenital choanal atresia (CCA) is defined as a congenital failure in the development of communication between the nasal cavity and nasopharynx in newborns. It is the most common congenital anomaly of nose. Most of the patients presented with unilateral CCA. Neonates with bilateral CCA have severe respiratory distress after birth. Airway control with orotracheal intubation should be done immediately to save the life of neonate with bilateral CCA. After airway control, surgery should be performed as soon as possible. The aim of surgery is to create a patent nasal passage and to prevent restenosis with minimal morbidity. Transnasal endoscopic surgery of CCA has become the most popular treatment method. The retrospective review of 33 patients with CCA was presented in this study. The patients who were diagnosed at the neonate period and operated on in 6 months after birth were grouped as I (neonate). The patients who were diagnosed 6 months after birth were grouped as II (child-young adult). All patients were treated by transnasal endoscopic surgery. Stent were put in all patients to prevent restenosis. Although the restenosis rate was higher in group I (53.8%) than in group II (23.1%), it did not cause a statistically significant difference. Overall success rate of our surgical approach was 61.5%. Despite the surgical developments and many treatment modalities, restenosis is still the most challenging problem in CCA

J Craniofac Surg. 2014 Mar 20.

### **2- Adenoidal hypertrophy and the mandibular growth pattern in children].**

[Zhang H.](#)

#### **Abstract**

#### **OBJECTIVE:**

To assess the influence of nasal adenoidal hypertrophy (AH) in children on the mandibular growth pattern.

#### **METHOD:**

The patients were divided to two groups aged from 3 to 12 years. In the AH group (30 children), the cases who had symptom of NAO for more than two years and  $A/N \geq 0.71$  (the adenoids/nasopharynx according to the cephalometry) were selected. In the control group (28 children), the cases who had no symptom of NAO and  $A/N < 0.60$  were selected. All data of acoustic rhinometry (AR) and cephalometry were analyzed.



## **RESULT:**

Compared with the controls, the total nasal airway resistance (TNAR) was significant increased ( $P < 0.01$ ), the bilateria nasal cavity minimal cross sectional area (MCSA) was significant decreased ( $P < 0.01$ ), and the nasopharyngeal volume (NPV) was significant decreased ( $P < 0.01$ ). There were significant differences between the AH group and the controls in TNAR, NPV and MCSA. Comparing with the controls, the children with AH showed apparently vertical growth pattern, and larger gonion and retrusion chin. There was positive correlation between NPV and FH ratio.

## **CONCLUSION:**

It indicated that AH might be one of the factors related to the difference of craniofacial morphology, especially of the mandibular growth pattern.

Lin Chung Er Bi Yan Hou Tou Jing Wai Ke Za Zhi. 2013 Sep;27(17):955-8

## **3- European position paper on the anatomical terminology of the internal nose and paranasal sinuses.**

Lund VJ, Stammberger H, Fokkens WJ, Beale T, Bernal-Sprekelsen M, Eloy P, Georgalas C, Gerstenberger C, Hellings P, Herman P, Hosemann WG, Jankowski R, Jones N, Jorissen M, Leunig A, Onerci M, Rimmer J, Rombaux P, Simmen D, Tomazic PV, Tschabitscherr M, Welge-Luessen A.

### **Abstract**

The advent of endoscopic sinus surgery led to a resurgence of interest in the detailed anatomy of the internal nose and paranasal sinuses. However, the official Terminologica Anatomica used by basic anatomists omits many of the structures of surgical importance. This led to numerous clinical anatomy papers and much discussion about the exact names and definitions for the structures of surgical relevance. This European Position Paper on the Anatomical Terminology of the Internal Nose and Paranasal Sinuses was conceived to re-evaluate the anatomical terms in common usage by endoscopic sinus surgeons and to compare this with the official Terminologica Anatomica. The text is a concise summary of all the structures encountered during routine endoscopic surgery in the nasal cavity, paranasal sinuses and at the interface with the orbit and skull base but does not provide a comprehensive text for advanced skull base surgery. It draws on a detailed review of the literature and provides a consensus where several options are available, defining the anatomical structure in simple terms and in English. It is recognised that this is an area of great variation and some indication of the frequency with which these variants are encountered is given in the text and table. All major anatomical points are illustrated, drawing on the expertise of the multi-national and multi-disciplinary contributors to this project.

Rhinol Suppl. 2014 Mar;(24):1-34



#### **4- Endoscopic management of posterior epistaxis: a review.**

McClurg SW, Carrau R

##### **Abstract**

Il trattamento delle epistassi posteriori ha subito significativi cambiamenti negli ultimi anni. I recenti dati prospettici e retrospettivi hanno dimostrato che il trattamento chirurgico endoscopico delle epistassi posteriori presenta dei vantaggi rispetto al tamponamento nasale e/o all'embolizzazione previa angiografia ed in particolare in termini di dolore, rapporto costo-beneficio, effetti collaterali, e infine in termini di controllo di sanguinamento. Il trattamento endoscopico chirurgico delle epistassi posteriori include la cauterizzazione diretta e la legatura dell'arteria sfenopalatina e/o cauterizzazione dell'arteria etmoidale anteriore. Nonostante le evidenze presenti in letteratura un protocollo universale non è stato ancora realizzato. Questa revisione della letteratura offre un aggiornamento sui dati attuali sull'argomento, proponendo un algoritmo per il trattamento delle epistassi posteriori.

The paradigm for the management of epistaxis, specifically posterior epistaxis, has undergone significant changes in the recent past. Recent prospective and retrospective data has shown that the endonasal surgical management of posterior epistaxis is superior to posterior nasal packing and angiography/embolization with regards to various factors including pain, cost-effectiveness, risk and overall control of bleeding. Endonasal endoscopic surgical techniques for posterior epistaxis include direct cauterization and transnasal endoscopic sphenopalatine/ posterior nasal artery ligation or cauterization with or without control of the anterior ethmoidal artery. Despite the evidence provided by the current literature, a universal treatment protocol has not yet been established. This review article provides an up-to-date assessment of the available literature, and presents a structured paradigm for the management of posterior epistaxis.

Acta Otorhinolaryngol Ital. 2014 Feb;34(1):1-8.

#### **5- Utility of computed tomography scans in predicting need for surgery in nasal injuries.**

Peterson BE1, Doerr TD2.

##### **Abstract**

In many centers, computed tomography (CT) scan is preferred over plain film radiographs in the setting of acute nasal injury because CT scan is thought to be more sensitive in predicting nasal bone fracture. However, the usefulness of CT scans in predicting the need for surgery in acute nasal injury has not been well-studied. We conducted a retrospective review of 232 patients with known nasal bone fracture and found very similar rates of surgery in patients with a diagnosis of nasal fracture by CT scan as by nasal radiographs (41 and 37%, respectively). This suggests that experienced clinical examination remains the gold standard for determining the need for surgery in isolated nasal trauma, regardless of CT findings.

Craniofacial Trauma Reconstr. 2013 Dec;6(4):221-4.



## **6- Exposure to environmental factors and relationship to allergic rhinitis and/or asthma.**

Azalim S1, Camargos P2, Alves AL3, Senna MI4, Sakurai E5, Schwabe Keller W6.

### **Abstract**

**Introduction and objectives.** Studies analyzing risk factors, multiple indoor and outdoor factors related to asthma and/or allergic rhinitis (AR) in childhood, are very rare. The presented study was carried out to simultaneously assess host-related, indoor and particulate matter exposure with current allergic rhinitis (AR) and/or asthma in children (6-7 years) and adolescents (13-14 years). **Material and methods.** The method was a cross-sectional population-based study in which participants were diagnosed by means of the International Study of Asthma and Allergies in Childhood (ISAAC) written questionnaire. **Results.** Exposure to indoor risk factors were verified in 1,302 individuals, in which the prevalence of AR, asthma and ARasthma comorbidity were 37.3%, 28.4%, and 16%, for children and 31.5%, 16.2%, and 10.5% for adolescents, respectively. Smoking during pregnancy was associated with current asthma (OR=1.5), second-hand smoking with AR-asthma comorbidity (OR=1.4) and visible mold on the walls with current AR, asthma, and AR-asthma comorbidity (OR=1.6). In a subgroup of 590 children, in addition to the indoor risk factors, exposure to PM10 was assessed. In this joint analysis, there was association with the same previously mentioned risk factors ( $p$  values  $\leq 0.5$ ) and a negative association to PM10 ( $p \leq 0.002$ ). **Conclusion.** The results suggest that avoidance of smoking during pregnancy, second-hand smoking and exposure to mould at home can contribute to reducing current AR and/or current asthma. Exposure to PM10 was not associated with the prevalence rate of these diseases.

Ann Agric Environ Med. 2014 Mar 31;21(1):59-63.

## **7- Chronic granulomatous invasive fungal sinusitis: an evolving approach to management.**

Halderman A1, Shrestha R, Sindwani R.

### **Abstract**

#### **BACKGROUND:**

Chronic granulomatous invasive fungal sinusitis (CGIFS) is rare and a consensus on ideal management is lacking. We present an extensive case managed successfully with a conservative approach.

#### **METHODS:**

Case report and literature review.

#### **RESULTS:**

The patient presented with unilateral proptosis, papilledema, and headache. Imaging revealed an infiltrative process with extensive intracranial and intraorbital involvement. Biopsy showed fungal elements and granulomatous reaction consistent with CGIFS. The patient was managed with conservative surgery and long-term oral voriconazole.



## **CONCLUSION:**

This case supports a conservative surgical approach in some patients with extensive CGIFS. Oral voriconazole is effective and has significant advantages over more toxic agents administered intravenously.

Int Forum Allergy Rhinol. 2014 Apr;4(4):280-3.

## **8- Bilateral juvenile nasopharyngeal angiofibroma: Report of a case.**

Wu EC1, Chark DW, Bhandarkar ND.

### **Abstract**

### **BACKGROUND:**

Juvenile nasopharyngeal angiofibroma (JNA) is the most common benign neoplasm of the nasopharynx. Almost always unilateral on diagnosis, JNAs are locally invasive and may extend across the midline, giving a false bilateral appearance; as such, true bilateral JNA is exceedingly rare. We present a recent case of true bilateral JNA.

### **METHODS:**

Single case report of a patient with bilateral JNA, including clinical presentation, diagnosis, and management.

### **RESULTS:**

The patient presented with unilateral nasal obstruction and recurrent epistaxis. Computed tomography and magnetic resonance imaging demonstrated bilateral, noncontiguous masses. Angiography revealed independent vascular supplies from each respective side with no bilateral supply noted. The patient underwent preoperative embolization followed by endoscopic surgical removal of the larger mass; no complications were noted. Follow-up at 2 years demonstrated no recurrence or growth.

### **CONCLUSION:**

The vast majority of JNAs are unilateral, though invasive growth to the contralateral side may appear "bilateral" in presentation. Proper identification of true bilateral JNA is helpful in guiding management, wherein excision of both tumors may not be necessary

Int Forum Allergy Rhinol. 2014 Mar 24.



## **9- Nasopharyngeal squamous cell carcinoma: a comparative analysis of keratinizing and nonkeratinizing subtypes.**

Vazquez A1, Khan MN, Govindaraj S, Baredes S, Eloy JA.

### **Abstract**

### **BACKGROUND:**

Nasopharyngeal squamous cell carcinoma (NPSCC) is uncommon in non-endemic regions. Two major histologic subtypes are recognized: keratinizing (K-NPSCC) and nonkeratinizing (NK-NPSCC). We hypothesize that significant differences exist between the 2 in terms of demographic, clinicopathologic, survival, and prognostic features. We aim to show that differentiating between the 2 subtypes is perhaps the most important first step at the time of diagnosis.

### **METHODS:**

Using a retrospective cohort design, the U.S. National Cancer Institute's Surveillance, Epidemiology, and End Results (SEER) registry was used to extract data on the 2 major subtypes of NPSCC. Frequency, incidence, and relative survival (RS) were analyzed comparatively. Regression analysis was conducted and hazard ratios (HRs) calculated.

### **RESULTS:**

A total of 1624 cases were identified: 1234 (76.0%) cases of NK-NPSCC and 390 (24.0%) cases of K-NPSCC. Five-year RS was 60.6% for NK-NPSCC and 40.5% for K-NPSCC. Regression analysis revealed K-NPSCC to be a poor prognostic factor (HR 2.1; 95% confidence interval, 1.8-2.6;  $p < 0.0001$ ). Other factors associated with a poor prognosis included female gender in K-NPSCC, age greater than 44 years in both groups, and advanced-stage disease at diagnosis. Favorable prognostic factors included Asian/Pacific Islander race, and treatment with radiation therapy. Higher histologic grade did not portend a worse prognosis for either group.

### **CONCLUSION:**

NPSCC remains an uncommon malignancy in the United States. K-NPSCC and NK-NPSCC represent 2 different histologic entities with important clinical differences. K-NPSCC carries a worse overall prognosis when compared to NK-NPSCC

[Int Forum Allergy Rhinol.](#) 2014 Apr 14



## **10-Diagnosis and treatment of snoring in adults-S2k Guideline of the German Society of Otorhinolaryngology, Head and Neck Surgery.**

Stuck BA1, Dreher A, Heiser C, Herzog M, Kühnel T, Maurer JT, Pistner H, Sitter H, Steffen A, Verse T.

### **Abstract**

#### **OBJECTIVES:**

This guideline aims to promote high-quality care by medical specialists for subjects who snore and is designed for everyone involved in the diagnosis and treatment of snoring in an in- or outpatient setting.

#### **DISCUSSION:**

To date, a satisfactory definition of snoring is lacking. Snoring is caused by a vibration of soft tissue in the upper airway induced by respiration during sleep. It is triggered by relaxation of the upper airway dilator muscles that occurs during sleep. Multiple risk factors for snoring have been described and snoring is of multifactorial origin. The true incidence of snoring is not clear to date, as the incidence differs throughout literature. Snoring is more likely to appear in middle age, predominantly in males. Diagnostic measures should include a sleep medical history, preferably involving an interview with the bed partner, and may be completed with questionnaires. Clinical examination should include examination of the nose to evaluate the relevant structures for nasal breathing and may be completed with nasal endoscopy. Evaluation of the oropharynx, larynx, and hypopharynx should also be performed. Clinical assessment of the oral cavity should include the size of the tongue, the mucosa of the oral cavity, and the dental status. Furthermore, facial skeletal morphology should be evaluated. In select cases, technical diagnostic measures may be added. Further objective measures should be performed if the medical history and/or clinical examination suggest sleep-disordered breathing, if relevant comorbidities are present, and if the subject requests treatment for snoring. According to current knowledge, snoring is not associated with medical hazard, and generally, there is no medical indication for treatment. Weight reduction should be achieved in every overweight subject who snores. In snorers who snore only in the supine position, positional treatment can be considered. In suitable cases, snoring can be treated successfully with intraoral devices. Minimally invasive surgery of the soft palate can be considered as long as the individual anatomy appears suitable. Treatment selection should be based on individual anatomic findings. After a therapeutic intervention, follow-up visits should take place after an appropriate time frame to assess treatment success and to potentially indicate further intervention

Sleep Breath. 2014 Apr 13