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### Scientific Programme

**Thursday 29**

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<td>Free Oral Papers Session 6</td>
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<td><strong>Paediatric laryngoplasty reconstruction: experience from seven cases</strong></td>
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Zarir Anni, Sana Shaha Abdal Harim, International Name: University Malaysia, University Sains Malaysia

**OBJECTIVES:** To analyse difficulties and outcomes of paediatric laryngoplasty reconstruction using cartilage graft for severe subglottic stenosis.

**METHODS:** Retrospective analysis of all laryngoplasty reconstructions done in our centres since the past 7 years from 2003-2004 including patient demographics, indications, procedures, complications and outcomes in terms of decannulation.

**RESULTS:** Seven cases altogether, age ranging from 1 to 13 years. All had grade III and above Marn-Cotton classification for subglottic stenosis. In average, each patient requires six to seven procedures under general anesthesia before successful decannulation. All cases of grade III stenoses were successfully decannulated within 1 year from reconstruction. One-grade IV stenosis was decannulated slightly later after 18 months.

| 16:15 | 17:15 | 3    | Our experience with balloon dilation in management of subglottic stenosis (SGS) |          |

M Felerl, I Pomporsi, I Peesko, I Szakales. 1 Department of Otolaryngology, Vall d’Hèbron Hospital, Barcelona, 2 Department of Otolaryngology, Clinic Hospital, Barcelona.

**OBJECTIVES:** Surgery has been the standard treatment for benign tracheal stenosis for decades, as it has shown durable results and low morbidity. However, the lack incidence of these lesions, the intrinsic technical difficulty of the surgery, and frequent patient comorbidities lead to significant postoperative complications. Our goal was to minimize those by means of balloon dilation of non-surgical SGS.

**METHODS:** We describe our experience in balloon dilation in 21 subglottic stenoses. We performed endoscopic placement of a balloon catheter balloon at 3.3 A. Adjacent treatment was topical administration of Mitomycin (0.4 mg/cm²) and intraarterial therapy.

**RESULTS:** We discuss our results in selected cases of immuable subglottic stenosis with balloon dilation in 18 out of 21 patients, SGS was solved without need of further treatment. In 3 out of 21 patients new Single Stage Laryngoplasty (SSL) was done and in 4 patients new laryngoplasty was done.

**CONCLUSIONS:** Balloon dilation is an easy and useful procedure to avoid surgery in selected cases.

| 17:15 | 18:15 | 4    | Surgical treatment for bilateral vocal cord paralysis - laryngeal function and quality of life |          |


**OBJECTIVES:** Aim of this study was to evaluate the long-term effect of surgical treatment on laryngeal function and quality of life.

**METHODS:** 10 patients, who underwent surgical treatment for bilateral vocal cord paralysis at least 6 months prior to clinical assessment were included in this study. Objective measures of acoustic parameters of voice as well as flow-volume data were recorded on 3 separate visits. Flow-volume data were recorded on three separate visits. The voice handicap index (VHI) and the chronic respiratory disease questionnaire (CRQ), indirect laryngoscopy was performed to evaluate residual resection nodule activity and to judge the glottal area index (GAI).

**RESULTS:** Residual recurrent nerve activity was seen in 9 of 10 patients and correlated with voice range and perturbation parameters. Subjective voice handicap increased with high breathiness and low maximal phonation. Pulmonary data worsened and were not correlated with the glottal area index. Patient's subjective dynamic, quality of life and functional improvement increased with increased respiratory airflow.

**CONCLUSIONS:** Surgical success in terms of an elevated glottal area might not lead to sufficient respiratory improvement and patient's satisfaction. The acquisition of special breathing techniques seems beneficial for voice quality as well as effectiveness of respiration, both leading to enhanced quality of life.


**OBJECTIVES:** The present case report, reconstruction function after laryngeal function in a 20-year-old woman with laryngeal and laryngeal trauma after an accident is described.

**METHODS:** 10 patients, who underwent surgical treatment for bilateral vocal cord paralysis at least 6 months prior to clinical assessment were included in this study. Objective measures of acoustic parameters of voice as well as flow-volume data were recorded on 3 separate visits. Flow-volume data were recorded on three separate visits. The voice handicap index (VHI) and the chronic respiratory disease questionnaire (CRQ), indirect laryngoscopy was performed to evaluate residual resection nodule activity and to judge the glottal area index (GAI).

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