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## SCIENTIFIC PROGRAMME

### Thursday 29

Start	End	Room	Title	Speakers
			<p><b>METHODS:</b> A new mannequin model for training of surgeons in microlaryngeal surgery has been developed. This includes an insertable larynx with abnormal pathology (including nodules, polyps, carcinoma). The consistency of the vocal fold material is similar to normal vocal folds and it can also be resected with a carbon dioxide laser. Trainees were observed inserting a laryngoscope and carrying out microlaryngeal procedures in patients at the beginning of their training and after carrying out 6 mannequin procedures. 5 parameters were scored before and after the training.</p> <p><b>RESULTS:</b> Trainee technique improved after the mannequin training.</p> <p><b>CONCLUSIONS:</b> Operating technique improved following the mannequin training as measured by the 5 parameters. This should improve the quality of care to patients in the future.</p>	
			<p><b>Macrophage migration inhibitory factor correlates with differentiation, recurrence and survival in patients with head and neck carcinoma</b></p> <p>Saussez S(1); Cludts S(1); Chevalier D(2); André S(3); Leroy X(4); Gabius HJ(3); Johnson B(5); Decaestecker C(6). Laboratory of (1)Anatomy, Faculty of Medicine and Pharmacy, University of Mons-Hainaut, Mons, Belgium. Departments of (2)Oto-Rhino-Laryngology and (4)Pathology, Faculty of Medicine, Hôpital Claude Huriez and Centre de Biologie-Pathologie - CHRU, Lille, France.(3)Institute of Physiological Chemistry, Faculty of Veterinary Medicine, Ludwig-Maximilians-University, Munich, Germany. (5)Department of Pediatric, Faculty of Medicine, Milwaukee, USA (6)Laboratory of Toxicology, Institute of Pharmacy, Université Libre de Bruxelles, Brussels, Belgium.</p> <p><b>OBJECTIVE:</b> Macrophage migration inhibitory factor (MIF), originally identified as a product of activated lymphocytes, has since been found to be produced by many different types of cells in the body. Several reports have linked MIF to fundamental processes that control cell proliferation, differentiation, angiogenesis, tumour progression and tumour immune escape. Related to these effects, the aims of the present study were 1) to examine MIF expression in relation to neoplastic progression of head-and-neck squamous cell carcinoma (HNSCC) by comparing normal epithelia (N_E) to low-grade dysplasia (Low_D), high-grade dysplasia (High_D) and carcinomas (CA); 2) to investigate whether a relationship exists between MIF expression and tumor differentiation, clinicopathologic features, and long-term prognosis.</p> <p><b>MATERIAL AND METHODS:</b> Using computer-assisted microscopy, the immunohistochemical expression of MIF was quantitatively evaluated on a series of 81 hypopharyngeal SCCs and 62 laryngeal SCCs (LSCCs). Using Western blot analysis, MIF expression was also determined on a series of 20 HNSCC fresh biopsies.</p> <p><b>RESULTS:</b> Our data revealed an association between MIF expression levels and neoplastic progression of HNSCCs. The MIF levels were significantly higher in CA than in N_E, Low_D or High_D, and the levels correlated with differentiation in hypopharyngeal SCCs. Finally, high levels of MIF expression were associated with rapid recurrence rates and dismal prognoses in our series of LSCCs.</p> <p><b>CONCLUSIONS:</b> For the first time (at least to the best of our knowledge), these results demonstrate that LSCCs expressing high levels of MIF have worse prognoses than those with low MIF levels.</p>	17
16:00	17:30	2. ZAFIR	<p><b>Free Oral Papers Session 6</b> Chair KLAUS ALBEGGER Co-Chair MANUEL MAÑOS PUJOL</p>	
			<p><b>Paediatric laryngotracheal reconstruction: experience from seven cases</b></p> <p>Zamzil Amin; Suzina Sheikh Abdul Hamid. International Islamic University Malaysia; University Sains Malaysia.</p> <p><b>OBJECTIVES:</b> To analyse difficulties and outcome of paediatric laryngotracheal reconstruction using cartilage graft for severe subglottic stenosis.</p> <p><b>METHODS:</b> Retrospective analysis of all laryngotracheal reconstruction done in our centres since the past 3 years from 2003-2006 including patient demographic, indications, procedures, complications and outcome in terms of decannulation.</p> <p><b>RESULTS:</b> Seven cases altogether, age ranging from 1 to 13 years. All had grade III and above Myer-Cotton classification for subglottic stenosis. In average, each patients requires six to seven procedures under general anaesthesia before successful decannulation. All cases of grade III stenosis were successfully decannulated within 1 year from reconstruction. One grade IV stenosis was decannulated slightly later after 18 months.</p>	1
			<p><b>Our experience with balloon dilation in management in subglottic stenosis (SGS)</b></p> <p>M Pellicer1, F Pumarola1, E Perelló1, S Cardellús2, M Saderra1. 1 Department of Otolaryngology, Vall d'Hebron Hospital, Barcelona; 2 Department of Otolaryngology, Clinic Hospital, Barcelona.</p> <p><b>OBJECTIVES:</b> Surgery has been the standard treatment for benign tracheal stenosis for decades, as it has shown durable results and low morbidity. However, the low 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-mature SGS.</p> <p><b>METHODS:</b> We describe our experience in balloon dilation in 21 subglottic stenosis. We performed endoscopic placement of angioplastic catheter balloon at 3 A. Adjuvant treatment was topical administration of Mitomycin © (0.4 mg/ml) and antireflux therapy.</p> <p><b>RESULTS:</b> We discuss our results in selected cases of immature 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 need Single-Stage Laryngotracheoplasty (SS-LTP) (2) or Cricotracheal Reconstruction (CTR) (1).</p> <p><b>CONCLUSIONS:</b> The balloon dilation is an easy and useful procedure to avoid surgery in selected cases.</p>	9
			<p><b>Surgical treatment for bilateral vocal cord paralysis - laryngeal function and quality of life</b></p> <p>Harnisch W; Brosch S; Hagen R. Department of Otorhinolaryngology, Head and Neck Surgery, Würzburg.</p> <p><b>OBJECTIVES:</b> aim of this study was to evaluate the longterm effect of surgical treatment on laryngeal function and quality of life.</p> <p><b>METHODS:</b> 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 spirometry test results were correlated with symptom specific self-assessment questionnaires like the voice handicap index (VHI) and the chronic respiratory disease questionnaire (CRQ). Indirect microlaryngostroboscopy was performed to evaluate residual recurrent nerve activity and to derive the glottal area index (GAI).</p> <p><b>RESULTS:</b> 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 time. Pulmonary data varied widely and were not correlated with the glottal area index. Patient's subjective dyspnea, quality of life and physical functioning improved with increased expiratory airflow.</p> <p><b>CONCLUSIONS:</b> Surgical success in terms of an enlarged 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.</p>	53
			<p><b>Reconstruction function after laryngeal trauma. A case report.</b></p> <p>de Jong F.I.C.R.S., de Beer B.A. Department of ENT-Head and neck Surgery/Phoniatrics, Academic Medical Centre St Radboud Nijmegen, The Netherlands.</p> <p><b>OBJECTIVES:</b> In the pertinent case report, reconstruction of laryngeal function in a 20 year old woman with multitrauma and laryngeal trauma after car accident is described.</p> <p><b>METHODS:</b> The initial situation consisted of malformation and defect of the right vocal fold and ventricular fold. The right arytenoid cartilage was turned into anterior direction. A supraglottic oedema reached the midline at the right side right. The anterior part of the left vocal fold was adherent to the right hemilarynx, while the posterior part was normal. Glottal closure was severely insufficient and the voice was almost aphonic. The patient had poor acceptance and coping strategies. Treatment with laser, Goretex® stenting, approximation thyroplasty and augmentation with autologous fat was carried out in different stages.</p> <p><b>RESULTS:</b> Functional reconstruction was achieved at three levels: vocal folds, ventricular folds and ary-epiglottal folds. Objectively, voice restoration was considerable. However acceptance remained poor.</p> <p><b>CONCLUSIONS:</b> Functional reconstruction after laryngeal trauma may be achieved at various laryngeal levels. This case also underlines the importance of adequate psychological coaching besides surgical treatment in this type of trauma.</p>	76