

## Abstract Selection

### **Tuberculosis in ear, nose, and throat practice its presentation and diagnosis**

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**Purpose** The aim of this study was to increase awareness of the different presentations of head and neck tuberculosis (TB) and to discuss its diagnostic difficulties.

**Materials and method** A retrospective analysis of patients who presented to us, at a secondary referral hospital, primarily with TB of head and neck was done from January 1999 to July 2003.

**Results** A total of 117 patients presented with primary head and neck TB during the study period. Most of these (95%) had cervical lymphadenopathy, 2 patients had laryngeal TB, and there was 1 patient each of TB of cervical spine, oropharynx, ear, and retropharyngeal abscess. Forty-one were males, and 76 were females. Thirty percent of cases had associated lung or other organ TB. Nine percent gave history of previous or subsequent TB.

**Conclusions** 1) Diagnosing TB requires a high index of suspicion. 2) Tuberculosis of the cervical lymph nodes is the commonest presentation followed by laryngeal TB. 3) Fine needle aspiration cytology (FNAC) is a reliable and easy way to diagnose TB. However, newer diagnostic tests will increase the yield of positive cases and should be used whenever required. 4) In the larynx, the vocal cords were the commonest site affected and laryngeal TB need not be associated with lung TB or positive sputum always. 5) Patients who have TB of head and neck must be investigated to exclude pulmonary or systemic TB. 6) In cases of previous or subsequent TB infection, culture and drug sensitivity is indicated to reduce the problem of multiple drug resistance.

### **Radioguided neck dissection in recurrent metastatic papillary thyroid carcinoma**

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Although radioguided surgery has been used for the excision of sentinel nodes in breast cancer and melanoma, sparse literature exists describing its use in thyroid cancer. We report a 69-year-old patient with a previous total thyroidectomy and lymph node dissection for papillary carcinoma who was subsequently found to have recurrent metastatic disease. After a therapeutic dose of radioactive iodine, a hand-held gamma-probe was used to selectively dissect the neck. The patient was offered radioguided revision neck dissection to remove the disease using residual radioactivity of the original therapeutic iodine 131 dose. Our case report seeks to demonstrate a recent example of our use of the gamma-probe in radioguided surgical excision of recurrent metastatic papillary thyroid carcinoma.

### **Cogan's syndrome: a cause of progressive hearing deafness**

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In 1934 Morgan and Baumgartner first described a nonsyphilitic interstitial keratitis (IK) associated with vestibuloauditory dysfunction (Morgan RF, Baumgartner CF, Menier's disease complicated by recurrent interstitial keratitis. Excellent result following cervical ganglionectomy. *West J Surg* 1934;**42**:628). Cogan was the first to describe this syndrome as a clinical entity with the report of 5 additional cases in 1945 (Cogan DA: Syndrome of nonsyphilitic interstitial keratitis and vestibuloauditory symptoms. *Arch Ophthalmol* 1945;**33**:144–9). Since that time, more than 100 cases of Cogan's syndrome (CS) have been in the literature. Cogan's syndrome is a rare clinical disease, which primarily affects young adults; however, published reports range from 2.5 to 60 years for age of onset (Kundell Sp, HD Ochs: Cogan's syndrome in childhood. *J Pediatr* 1980;**97**:96–8). This disease primarily affects whites and is believed not to be hereditary. Typical CS is characterized by IK and vestibuloauditory dysfunction. The IK usually occurs with sudden onset and is characterized by photophobia, lacrimation, and eye pain. The vestibuloauditory dysfunction is usually bilateral, presenting with tinnitus, sensorineural hearing loss, and acute episodes of vertigo. Atypical CS presents with significant inflammatory eye disease (ie, scleritis, episcleritis, retinal artery occlusion, choroiditis, retinal hemorrhages, papilloedema, exophthalmos, or tenonitis) with or without IK (*Laryngoscope* 1960;**70**:447–9). In this report, we describe a typical case of CS, in which the hearing loss was unresponsive to corticosteroid therapy.

### **Closure of the donor site of the free radial forearm flap: a comparison of full-thickness graft and split-thickness skin graft**

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**Introduction** Donor-site complications of free radial forearm flaps (FRFF) after closure with a split-thickness skin graft (STSG) have been reported repeatedly. Different types of closure of the donor site have been advocated to reduce donor-site complications. In our practice, a V-Y closure with a local full-thickness skin graft (FTG) is performed generally.

**Purpose** A retrospective follow-up study was performed comparing subjective and objective outcomes of FTG versus STSG closure. FRFF donor site closure in 34 head and neck cancer patients (15 STSG, 19 FTG) was studied.

**Results** Both methods of closure showed good function, sensibility, and esthetic outcome. No statistical differences between the 2 methods could be shown.

**Conclusion** V-Y local donor site closure is a good technique which prevents an additional donor site scar and discomfort when performing an STSG closure.

### **What the clinician wants to know: surgical perspective and ultrasound for lymph node imaging of the neck**

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Imaging of lymph node metastases in the neck can have two major indications: (1) prognosis and assisting with choice of treatment;

(2) staging and detection of clinically occult metastases in different levels of the neck. Both indications are discussed. The role and limitations of US and US-guided fine-needle aspiration cytology are also reviewed.

International Cancer Imaging Society.

**Implications for clinical staging of metastatic cutaneous squamous carcinoma of the head and neck based on a multicenter study of treatment outcomes**

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**Background** Cutaneous squamous cell carcinoma (SCC) of the head and neck is a common cancer that has the potential to metastasize to lymph nodes in the parotid gland and neck. Previous studies have highlighted limitations with the current TNM staging system for metastatic skin carcinoma. The aim of this study was to test a new staging system that may provide better discrimination between patient groups.

**Methods** A retrospective multicenter study was conducted on 322 patients from three Australian and three North American institutions. All had metastatic cutaneous SCC involving the parotid gland and/or neck and all were treated for cure with a minimum followup time of 2 years. These patients were restaged using a newly proposed system that separated parotid disease (P stage) from neck disease (N stage) and included subgroups of P and N stage. Metastases involved the parotid in 260 patients (149 P1; 78 P2; 33 P3) and 43 of these had clinical neck disease also (22 N1; 21 N2). Neck metastases alone occurred in 62 patients (26 N1; 36 N2). Ninety percent of patients were treated surgically and 267 of 322 received radiotherapy.

**Results** Neck nodes were pathologically involved in 32% of patients with parotid metastases. Disease recurred in 105 (33%) of the 322 patients, involving the parotid in 42, neck in 33, and distant sites in 30. Parotid recurrence did not vary significantly with P stage. Disease-specific survival was 74% at 5 years. Survival was significantly worse for patients with advanced p stage: 69% survival at 5 years compared with 82% for those with early p stage ( $p = 0.02$ ) and for those with both parotid and neck node involvement pathologically: 61% survival compared with 79% for those with parotid disease alone ( $p = 0.027$ ). Both univariate and multivariate analysis confirmed these findings. Clinical neck involvement among patients with parotid metastases did not significantly worsen survival ( $p = 0.1$ ).

**Conclusions** This study, which included a mixed cohort of patients from six different institutions, provides further information about the clinical behavior of metastatic cutaneous SCC of the head and neck. The hypothesis that separation of parotid and neck disease in a new staging system is supported by the results. The benefit of having subgroups of P and N stage is uncertain, but it is likely to identify patients with unfavorable characteristics that may benefit from further research.

**Does crying turn tympanic membranes red?**

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The diagnosis of acute otitis media is based on several clinical factors. One of these factors is the color of the tympanic membrane

(TM). Crying can cause flushing and hyperemia of the face. The purpose of this study is to determine whether crying affects the color of tympanic membranes. Infants and toddlers (age 30 months or less) evaluated in an outpatient clinic or primary care pediatrician's office for routine well-baby checks who received at least 2 parenteral immunizations were enrolled on a convenience basis. Ill children were excluded. The initial physician assessed crying and TM color/visibility. Following immunizations, a second physician assessed crying and the TM color/visibility. Color differences were stratified by the degree of crying. One hundred twenty-one study subjects received 2–5 parenteral immunizations. TM colors were most often in the pink range or less. Only 2 TMs were assessed as light red and none were assessed as red. Twenty-eight percent of the TMs with greater crying on the second exam were noted to be redder on the second exam compared to the first exam versus 11% for the comparison group ( $p = 0.0007$ ); 19% of the TMs with greater crying on the second exam were noted to be redder by 2 or more increment levels compared to the first exam versus 5% for the comparison group ( $p = 0.0004$ ); 31% of the TMs with greater crying on the second exam at the 3+ and 4+ level were noted to be redder on the second exam compared to the first exam versus 14% for the comparison group ( $p = 0.003$ ). Our data indicate that, in some instances, crying can result in an increase in pinkness of the TM. Crying in well children does not result in a red tympanic membrane.

**Surgical emphysema following tonsillectomy**

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Complications of tonsillectomy have been well documented. However subcutaneous emphysema of the neck following tonsillectomy has rarely been described. We report a case of this complication in a young man who forcefully performed Valsalva's maneuver following a tonsillectomy.

**Characterization of hearing loss in aged type II diabetics**

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Presbycusis – age-related hearing loss – is the number one communicative disorder and a significant chronic medical condition of the aged. Little is known about how type II diabetes, another prevalent age-related medical condition, and presbycusis interact. The present investigation aimed to comprehensively characterize the nature of hearing impairment in aged type II diabetics. Hearing tests measuring both peripheral (cochlea) and central (brainstem and cortex) auditory processing were utilized. The majority of differences between the hearing abilities of the aged diabetics and their age-matched controls were found in measures of inner ear function. For example, large differences were found pure-tone audiograms, wideband noise and speech reception thresholds, and otoacoustic emissions. The greatest deficits tended to be at low frequencies. In addition, there was a strong tendency for diabetes to affect the right ear more than the left. One possible interpretation is that as one develops presbycusis, the right ear advantage is lost, and this decline is accelerated by diabetes. In contrast, auditory processing tests that measure both peripheral and central processing showed fewer declines between the elderly diabetics and the control group. Consequences of elevated blood sugar levels as possible underlying physiological mechanisms for the hearing loss are discussed.