13th Malaysian International ORL-HNS Congress & 41st AGM of MSO-HNS
in conjunction with 7th Asian Society of Head and Neck Oncology (ASHNO)

3rd - 5th June 2021

Organised by
Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons (MSO-HNS)

In collaboration with
Chapter of Otorhinolaryngologists - Head and Neck Surgeons, College of Surgeons Malaysia
Malaysian Oncological Society

SOUVENIR PROGRAMME & ABSTRACT BOOK

www.ashnokl2021.org
Welcome Messages

- Congress Chairman & President Elect, Asian Society of Head and Neck Oncology & President, Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons / Chapter of Otorhinolaryngologists - Head and Neck Surgeons, College of Surgeons Malaysia
  
- President, Asian Society of Head and Neck Oncology

- Secretary General, Asian Society of Head and Neck Oncology

Organising Committee

Scientific Committee

Asian Society of Head and Neck Oncology Board 2021

Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons / Chapter of Otorhinolaryngologists - Head and Neck Surgeons, College of Surgeons Malaysia

Office Bearers 2020 - 2021

Faculty

Programme Summary

Daily Programme

- 3rd June 2021 (Thursday)
- 4th June 2021 (Friday)
- 5th June 2021 (Saturday)

Abstracts

- Lectures & Symposia
- Oral Presentations
- Poster Presentations
- Poster Presentations - Case Reports

Acknowledgements
WELCOME MESSAGE

Selamat Datang or Welcome (in the Malay language) to Malaysia.

On behalf of the Organising Committee, I would like to extend my warmest welcome to all colleagues from Asia and the world to the 7th Conference of the Asian Society of Head and Neck Oncology (ASHNO) from 3rd to 5th June 2021. This Congress is held virtually in conjunction with the 13th Malaysian International Otorhinolaryngology, Head and Neck Surgery (ORL-HNS) Congress and the 41st Annual General Meeting of the Malaysian ORL-HNS Society.

We are pleased to organise the Congress in collaboration with the Malaysian Oncological Society and the Chapter of Otorhinolaryngologists - Head and Neck Surgeons, College of Surgeons Malaysia. We strongly believe in a holistic approach in managing patients with head and neck tumors. Hence, we hope this Congress will increase our multidisciplinary teamwork in managing these patients.

The organisation of this combined conference has not been easy with the ever-changing landscape and scenarios vis-a-vis the COVID-19 pandemic. The Organising Committee has persevered and has arranged a conference which, I hope, will be beneficial to those who come and join us online.

The theme of the conference is “Bridging the Gap”. We have realised that there is still a gap between the developed, developing and the under-developed countries in managing head and neck tumors and thus the programme has been planned to focus on these areas. There is a wide array of topics ranging from the latest in technology and medications to the basic needs required in treating head and neck tumors. There are also oral and electronic poster presentations during the conference.

Lectures will be presented by international and local experts, involving head and neck surgeons, oncologists, radiologists, psychiatrists and many other specialties dealing with head and neck cancer.

Professor Dr Mohd Razif Mohamad Yunus
Congress Chairman &
President Elect, Asian Society of Head and Neck Oncology &
President, Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons / Chapter of Otorhinolaryngologists - Head and Neck Surgeons, College of Surgeons Malaysia
WELCOME MESSAGE

The upcoming 7th Congress of Asian Society of Head and Neck Oncology will be a challenging conference for all members. World-wide, the COVID-19 pandemic has changed totally the format of meetings and has blocked all offline international relationships. But with tremendous effort and dedication of Professor Dr Mohd Razif Mohamad Yunus and the Malaysian Societies, this virtual conference must be a fruitful and successful conference.

The Organising Committee is confident that this conference will bring innovation and further advancement in the scientific level and quality of the field of head and neck oncology. I am quite sure that this conference will stimulate further cooperation between well-known professionals and those who are just at the entrance. I hope that all participants will enjoy the conference.

Very Cordially.

Professor Dr Eun Chang Choi
President
Asian Society of Head and Neck Oncology
WELCOME MESSAGE

Welcome to the 7th ASHNO in Kuala Lumpur, Malaysia!

ASHNO is a Society with science, medicine, and friendship. It was established in 21st July 2008 in Taipei, Taiwan and then rotates among India, Japan, Philippine, Indonesia, Korea in every two years and finally comes to Malaysia.

This is a most difficult time ever for everyone, but we have never been beaten. I have to express my upmost respect to Professor Dr Mohd Razif Mohamad Yunus and his colleagues in the Malaysian ORL-HNS Society for their brevity and consistency to have the 7th ASHNO Congress come into reality.

Let’s enjoy the meeting.

CHEERS!

Professor Dr Sheng-Po Hao
Secretary General
Asian Society of Head and Neck Oncology
ORGANISING COMMITTEE

President  
Professor Dr Mohd Razif Mohamad Yunus

Secretary  
Dr Rohaizam Japar @ Jaafar

Treasurer  
Dr Avatar Singh A/L Mohan Singh

Hybrid Meeting  
Dr Hardip Singh Gendeh  
Dr Lum Sai Guan

Opening Ceremony  
Dr Liew Yew Toong

Secretariat  
Ms Molly Kong  
Mr Melvin Raj  
Ms Helen Chong
SCIENTIFIC COMMITTEE

Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons / Chapter of ORL-HNS, College of Surgeons Malaysia
Professor Dr Primuharsa Putra Sabir Husin Athar
Professor Dr Mohd Zulkiflee Abu Bakar
Dr Zahirrudin Zakaria
Associate Professor Dr Jeyanthi A/P Kulasegarah
Associate Professor Dr Mawaddah Azman
Associate Professor Dr Farah Dayana Zahedi

Malaysian Oncological Society
Dr Muhammad Azrif Ahmad Annuar
Associate Professor Dr Wan Zamaniah Wan Ishak
Dr Vaishnavi Jeyasingam

Free Paper & Poster Presentations
Professor Dr Marina Mat Baki
Professor Dr Irfan Mohamad
Associate Professor Dr Aneeza Khairiyah Wan Hamizan
Associate Professor Dr Norhafiza Mat Lazim
Dr Liew Kong Yew
Dr Nor Eyzawiah Hassan

Grand Debate
Dr Wong Chun Yiing
Dr Muhammad Azrif Ahmad Annuar
Dr Vaishnavi Jeyasingam
Professor Dr Mohd Zulkiflee Abu Bakar
Associate Professor Dr Wan Zamaniah Wan Ishak
Dr Noor Liza Ishak
ASIAN SOCIETY OF HEAD AND NECK ONCOLOGY
BOARD 2021

President
Eun Chang Choi

General Secretary
Sheng-Po Hao

President-Elect
Mohd Razif Mohamad Yunus

Governing Council Members
Abdullah T Al-Otieschan
Bambang Hermani
Belayat Hossain Siddiquee
Bernard Lyons
Chih-Yen Chien
Choakchai Metheetrairut
Christopher Goh
Chung Hwan Baek
Dan Fliss
Hong-Liang Zheng
Jeannette Marie S Matsuo
Khee Chee Soo
Liang Zhou
Pankaj Chaturvedi
Phakdee Sannikorn
Primuharsa Putra Sabir Husin Athar
Randall P Morton
Ryuichi Hayashi
Akihiro Shiotani
Shenoy Ashok
William I Wei
Ziv Gil
Phil Sang Chung
Tran Minh Truong
Nam P Tran
Maung Maung Khaing
Narmaya Thapa

Advisory Board Members
Alfredo Pontejos
Anil D’cruz
Balwant Singh Gendeh
I Bing Tan
Seiji Kishimoto
Uttam Kumar Sinha
Ken-Ichi Nibu
Kwang Hyun Kim
Marlinda Adham
MALAYSIAN SOCIETY OF OTORHINOLARYNGOLOGISTS
- HEAD AND NECK SURGEONS / CHAPTER OF
OTORHINOLARYNGOLOGISTS - HEAD AND NECK
SURGEONS, COLLEGE OF SURGEONS MALAYSIA
OFFICE BEARERS 2020 - 2021

President: Professor Dr Mohd Razif Mohamad Yunus
Immediate Past President: Professor Dr Tang Ing Ping
President-Elect: Dr Ahmad Nordin Afandi
Secretary: Dr Rohaizam Japar @ Jaafar
Treasurer: Dr Avatar Singh A/L Mohan Singh
Committee Members:
- Professor Dr Primuharsa Putra Sabir Husin Athar
- Professor Dr Salina Husain
- Professor Dr Marina Mat Baki
- Professor Dr Mohd Zulkiflee Abu Bakar
- Associate Professor Dr Norhafiza Mat Lazim
- Dr Zahirrudin Zakaria
- Associate Professor Dr Jeyanthi A/P Kulasegarah
- Dr Liew Kong Yew

[Image of office bearers]
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myung-Ju Ahn</td>
<td>Section of Hematology-Oncology&lt;br&gt;Department of Medicine&lt;br&gt;Samsung Medical Center&lt;br&gt;Sungkyunkwan University School of Medicine&lt;br&gt;Seoul&lt;br&gt;Korea</td>
</tr>
<tr>
<td>Ashok R Shaha</td>
<td>Head and Neck Oncology&lt;br&gt;Memorial Sloan Kettering Cancer Centre&lt;br&gt;New York&lt;br&gt;United States of America</td>
</tr>
<tr>
<td>Pankaj Chaturvedi</td>
<td>Center for Cancer Epidemiology&lt;br&gt;Tata Memorial Center&lt;br&gt;Mumbai&lt;br&gt;India</td>
</tr>
<tr>
<td>Eun Chang Choi</td>
<td>Department of Otorhinolaryngology&lt;br&gt;Yonsei University College of Medicine&lt;br&gt;Seoul&lt;br&gt;Korea</td>
</tr>
<tr>
<td>Melvin Chua Lee Kiang</td>
<td>National Cancer Centre&lt;br&gt;Singapore</td>
</tr>
<tr>
<td>Dan Fliss</td>
<td>Romania</td>
</tr>
<tr>
<td>Christopher Goh</td>
<td>Novena ENT-Head &amp; Neck Surgery&lt;br&gt;Mount Elizabeth Novena Specialist Centre&lt;br&gt;Singapore</td>
</tr>
<tr>
<td>Sheng-Po Hao</td>
<td>Department of Otolaryngology&lt;br&gt;Head and Neck Surgery&lt;br&gt;Shin Kong Wu Ho-Su Memorial Hospital&lt;br&gt;Fu-Jen University&lt;br&gt;New Taipei City&lt;br&gt;Taiwan</td>
</tr>
<tr>
<td>Jatin Shah</td>
<td>Head and Neck Oncology&lt;br&gt;Memorial Sloan Kettering Cancer Centre&lt;br&gt;New York&lt;br&gt;United States of America</td>
</tr>
<tr>
<td>Jun Ma</td>
<td>Sun Yat-sen University Cancer Center&lt;br&gt;Guangzhou&lt;br&gt;China</td>
</tr>
<tr>
<td>Marlinda Adham</td>
<td>University of Indonesia&lt;br&gt;Dr. Cipto Mangunkusumo Hospital&lt;br&gt;Jakarta&lt;br&gt;Indonesia</td>
</tr>
<tr>
<td>Jeannette Marie S Matsuo</td>
<td>Department of Otorhinolaryngology&lt;br&gt;Philippine General Hospital&lt;br&gt;Manila&lt;br&gt;Philippines</td>
</tr>
<tr>
<td>Name</td>
<td>Institution</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Ken-Ichi Nibu</td>
<td>Department of Otolaryngology - Head and Neck Surgery Kobe University Kobe Japan</td>
</tr>
<tr>
<td>Uttam Kumar Sinha</td>
<td>Head and Neck Surgery Keck School of Medicine University of Southern California Los Angeles United States of America</td>
</tr>
<tr>
<td>Alfredo Pontejos</td>
<td>University of the Philippines Philippine General Hospital Manila Philippines</td>
</tr>
<tr>
<td>Patravoot Vatanasapt</td>
<td>Department of Otorhinolaryngology Faculty of Medicine Khon Kaen University Thailand</td>
</tr>
<tr>
<td>Sandro V Porceddu</td>
<td>Faculty of Medicine University of Queensland Brisbane Australia</td>
</tr>
<tr>
<td>Chen-Chi Wang</td>
<td>School of Medicine National Yang-Ming University Taipei Taiwan</td>
</tr>
<tr>
<td>Roberto Puxeddu</td>
<td>Department of Otorhinolaryngology Head and Neck Surgery University of Cagliari Sardinia Italy</td>
</tr>
<tr>
<td>Joseph Wee Tien Seng</td>
<td>National Cancer Centre Singapore</td>
</tr>
<tr>
<td>I Bing Tan</td>
<td>Department of ENT/Head and Neck Surgery Maastricht University Medical Center Maastricht The Netherlands</td>
</tr>
</tbody>
</table>
LOCAL FACULTY

Abdullah Sani Mohamed
AVISENA Women’s and Children’s Specialist Hospital
Shah Alam, Selangor
Malaysia

Farah Dayana Zahedi
Department of Otorhinolaryngology - Head and Neck Surgery
Universiti Kebangsaan Malaysia
Kuala Lumpur
Malaysia

Adli Ali
Department of Paediatrics
Universiti Kebangsaan Malaysia
Kuala Lumpur
Malaysia

Firdaus Hariri
Department of Oral and Maxillofacial Clinical Sciences
University of Malaya
Kuala Lumpur
Malaysia

Anna Marie Nathan
Department of Pediatrics
University Malaya Medical Centre
Kuala Lumpur
Malaysia

Fuad Ismail
Department of Oncology and Radiotherapy
Universiti Kebangsaan Malaysia
Kuala Lumpur
Malaysia

Arman Zaharil Mat Saad
Plastic and Reconstructive Surgery Unit
MSU Medical Centre
Management and Science University
Shah Alam, Selangor
Malaysia

Goh Bee See
Department of Otorhinolaryngology - Head and Neck Surgery
Universiti Kebangsaan Malaysia
Kuala Lumpur
Malaysia

Asma Abdullah
Department of Otorhinolaryngology - Head and Neck Surgery
Universiti Kebangsaan Malaysia
Kuala Lumpur
Malaysia

Ho Kean Fatt
Mount Miriam Cancer Hospital
Penang
Malaysia

Asrul Abdul Wahab
Department of Medical Microbiology and Immunology &
Universiti Kebangsaan Malaysia
Kuala Lumpur
Malaysia

Iskandar Hailani
Department of Otorhinolaryngology Hospital
Kuala Lumpur
Malaysia
### LOCAL FACULTY

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Institution</th>
<th>Location</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jeyanthi A/P Kulasegarah</td>
<td>Department of Otorhinolaryngology</td>
<td>University of Malaya</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td>Department of Otorhinolaryngology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head and Neck Surgery</td>
<td>Universiti Kebangsaan Malaysia</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mohd Razif Mohamad Yunus</td>
<td>Department of Otorhinolaryngology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Head and Neck Surgery</td>
<td>Universiti Kebangsaan Malaysia</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Julia Patrick Engkasan</td>
<td>Department of Rehabilitation Medicine</td>
<td>University of Malaya</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Muhammad Azrif Ahmad Annuar</td>
<td>Oncology Department</td>
<td>Prince Court Medical Centre</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kavita Reginald</td>
<td>Department of Biological Sciences</td>
<td>School of Medical and Life Sciences</td>
<td>Sunway University</td>
<td>Selangor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Malaysia</td>
</tr>
<tr>
<td>Muthukkumaran Thiagarajan</td>
<td>Department of Radiotherapy and Oncology</td>
<td>Hospital Kuala Lumpur</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marina Mat Baki</td>
<td>Department of Otorhinolaryngology</td>
<td>Universiti Kebangsaan Malaysia</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td>- Head and Neck Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nik Fariza Husna Nik Hassan</td>
<td>Department of Otorhinolaryngology</td>
<td>Universiti Sains Malaysia</td>
<td>Kota Bharu, Kelantan</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masaany Mansor</td>
<td>Department of Otorhinolaryngology</td>
<td>Universiti Teknologi MARA</td>
<td>Shah Alam, Selangor</td>
<td>Selangor</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Malaysia</td>
</tr>
<tr>
<td>Nik Ritza Kosai Nik Mahmood</td>
<td>Department of General Surgery</td>
<td>Universiti Kebangsaan Malaysia</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mawaddah Azman</td>
<td>Department of Otorhinolaryngology</td>
<td>Universiti Kebangsaan Malaysia</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td>- Head and Neck Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salina Husain</td>
<td>Department of Otorhinolaryngology</td>
<td>Universiti Kebangsaan Malaysia</td>
<td>Kuala Lumpur</td>
<td>Malaysia</td>
</tr>
<tr>
<td></td>
<td>- Head and Neck Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
LOCAL FACULTY

Siti Sabzah Mohd Hashim
Department of Otorhinolaryngology
Hospital Sultanah Bahiyah
Alor Setar, Kedah
Malaysia

Tengku Mohamed Izam Tengku Kamalden
Department of Otorhinolaryngology
Hospital Sultan Ismail
Johor Bahru, Johor
Malaysia

Suzina Sheikh
Department of Otorhinolaryngology
Universiti Sains Malaysia
Kota Bharu, Kelantan
Malaysia

Wan Zamaniah Wan Ishak
Clinical Oncology Unit
University of Malaya
Kuala Lumpur
Malaysia

Tang Ing Ping
Department of ORL-HNS
University Malaysia Sarawak
Kuching, Sarawak
Malaysia

Kent Woo
Allergy Immunology Clinic
Gleneagles Hospital
Kuala Lumpur
Malaysia
<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>3rd June 2021 (Thursday)</th>
<th>4th June 2021 (Friday)</th>
<th>5th June 2021 (Saturday)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>REGISTRATION</td>
<td>KEYNOTE LECTURE 1</td>
<td>KEYNOTE LECTURE 3</td>
</tr>
<tr>
<td>0700 - 0800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0800 - 0830</td>
<td></td>
<td>KEYNOTE LECTURE 1</td>
<td>KEYNOTE LECTURE 3</td>
<td>SYMPOSIUM 6</td>
</tr>
<tr>
<td>0830 - 0900</td>
<td></td>
<td>OPENING CEREMONY</td>
<td>KEYNOTE LECTURE 4</td>
<td>SYMPOSIUM 7</td>
</tr>
<tr>
<td>0900 - 0930</td>
<td></td>
<td>PRESIDENTIAL LECTURE</td>
<td>KEYNOTE LECTURE 5</td>
<td>SYMPOSIUM 7</td>
</tr>
<tr>
<td>0930 - 1000</td>
<td></td>
<td>SPONSORED KEYNOTE</td>
<td>KEYNOTE LECTURE 6</td>
<td></td>
</tr>
<tr>
<td>1000 - 1030</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1030 - 1100</td>
<td></td>
<td>Break &amp; Visit Virtual Booth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1100 - 1130</td>
<td></td>
<td>SYMPOSIUM 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1130 - 1200</td>
<td></td>
<td>SYMPOSIUM 2</td>
<td></td>
<td>SYMPOSIUM 8</td>
</tr>
<tr>
<td>1200 - 1230</td>
<td></td>
<td>SYMPOSIUM 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1230 - 1300</td>
<td></td>
<td>SPONSORED SYMPOSIUM 1</td>
<td>SPONSORED SYMPOSIUM 2</td>
<td></td>
</tr>
<tr>
<td>1300 - 1400</td>
<td></td>
<td>(Karl Storz)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1400 - 1430</td>
<td></td>
<td>Break &amp; Visit Virtual Booth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1430 - 1500</td>
<td></td>
<td>KEYNOTE LECTURE 2</td>
<td>LUNCH SYMPOSIUM (GSK)</td>
<td></td>
</tr>
<tr>
<td>1500 - 1530</td>
<td></td>
<td>GRAND DEBATE 1</td>
<td>Break / Friday Prayer</td>
<td>Annual Scientific Meeting</td>
</tr>
<tr>
<td>1530 - 1600</td>
<td></td>
<td>SYMPOSIUM 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1600 - 1630</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1630 - 1700</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1700 - 1730</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1730 - 1800</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1800 - 1830</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**2nd June 2021 (Wednesday)**

1400 hrs - ASHNO Board Meeting
DAILY PROGRAMME
3rd June 2021 (Thursday)

0700 - 0800  Registration

0800 - 0830  KEYNOTE LECTURE 1
Chairpersons: Mohd Zulkiflee Abu Bakar / Rohaizam Japar @ Jaafar
Update on the 8th TNM Staging for Head and Neck Cancer
Jatin Shah

0830 - 0850  OPENING CEREMONY
Emcee: Sakina Ghauth
Welcome Address by
President, Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons
Mohd Razif Mohamad Yunus
President, Malaysian Oncological Society
Muhammad Azrif Ahmad Annuar

0850 - 0930  PRESIDENTIAL LECTURE
Chairpersons: Mohd Zulkiflee Abu Bakar / Rohaizam Japar @ Jaafar
New Head and Neck Surgery Techniques Developed in Asia
Eun Chang Choi

0930 - 1030  SPONSORED KEYNOTE
Chairperson: Wan Zamaniah Wan Ishak
Evolving Management in Head & Neck Cancer
Myung-Ju Ahn

1030 - 1100  Break & Visit Virtual Booth

1100 - 1145  SYMPOSIUM 1 | Laryngeal Tumour
Chairpersons: Primuharsa Putra Sabir Hasin Athar / Mawaddah Azman
Conservation Surgery in the Management of Advanced Laryngeal Cancer
Alfredo Pontejos
Role of Advanced Laryngeal Imaging in Laryngeal Carcinoma
Marina Mat Baki
Comprehensive Rehabilitation after Total Laryngectomy
I Bing Tan
Non-Surgical Treatment in Laryngeal Cancer
Sandro V Porceddu

1145 - 1230  SYMPOSIUM 2 | Hypopharyngeal Tumour
Chairpersons: Hardip Singh Gendeh / Vaishnavi Jeyasingam
Transoral Robotic Surgery for Early Hypopharyngeal Carcinoma
Chen-Chi Wang
Non-Surgical Treatment in Early Staged Tumours
Fuad Ismail
DAILY PROGRAMME
3rd June 2021 (Thursday)

Free Flap Reconstruction in Hypopharyngeal Tumour - The Versatility of Anterolateral Thigh (ALT) Free Flap in Hypopharyngeal Reconstruction in Primary and Salvage Surgeries
Arman Zaharil Mat Saad

Gastric Pull Up Reconstruction
Nik Ritza Kosai Nik Mahmood

1230 - 1300  SPONSORED SYMPOSIUM 1 (Karl Storz)
Chairperson: Aneeza Khairiyah Wan Hamizan
Roles of Image Enhanced Endoscopy in Transoral Laryngeal Surgery
Roberto Puxeddu

1300 - 1400  Break & Visit Virtual Booth

1400 - 1430  KEYNOTE LECTURE 2
Chairperson: Noor Liza Ishak
How to Improve Head and Neck Tumour Services in Developing Countries
I Bing Tan

1430 - 1510  GRAND DEBATE 1 | Oral Carcinoma
Chairpersons: Wan Zamaniah Wan Ishak / Mohd Zulkiflee Abu Bakar
Oral Carcinoma: Current Role of Chemoradiation Therapy
Muthukkumaran Thiagarajan

Selective Neck Dissection in Oral Squamous Cell Carcinoma: Is it Necessary?
Pankaj Chaturvedi

1510 - 1615  SYMPOSIUM 3 | Salivary Gland Tumour
Chairpersons: Irfan Mohamad / Farah Dayana Zahedi
Salivary Gland Malignancies
Jeannette Marie S Matsuo

Chemoradiation in Salivary Gland Malignancies
Melvin Chua Lee Kiang

Static Reconstruction in Facial Palsy
Arman Zaharil Mat Saad

Cancer Rehabilitation
Julia Patrick Engkasan

1615 - 1815  MSO-HNS Annual General Meeting / Chapter of ORL-HNS
DAILY PROGRAMME
4th June 2021 (Friday)

0800 - 0825  KEYNOTE LECTURE 3
Chairpersons: Mohd Razif Mohamad Yunus / Jeyanthi A/P Kulasegarah
Clinical Research in Asia: Lessons from Tata Memorial Hospital, Mumbai
Pankaj Chaturvedi

0825 - 0855  KEYNOTE LECTURE 4
A Pragmatic Approach Towards Treatment of Locally Advanced HNSCC
Fuad Ismail

0855 - 0930  KEYNOTE LECTURE 5
Endoscopic Head and Neck Surgery
Sheng-Po Hao

0930 - 1005  KEYNOTE LECTURE 6
Completion Thyroidectomy: A Critical Appraisal
Ashok R Shaha

1005 - 1030  Break & Visit Virtual Booth

1030 - 1130  SYMPOSIUM 4 | Oropharyngeal Tumour
Chairpersons: Avatar Singh A/L Mohan Singh / Lum Sai Guan
P16-Positive Oropharyngeal SCC: Multi-Institutional Observation Study Based on Head and Neck Cancer Registry in Japan
Ken-Ichi Nibu

Emerging Strategy: Combining Radiotherapy and Immunotherapy
Ho Kean Fatt

Impact of COVID-19 Management on Head and Neck Cancer
Uttam Kumar Sinha

Treatment De-Escalation for HPV-Associated Oropharyngeal Squamous Cell Carcinoma
Joseph Wee Tien Seng

1130 - 1230  SYMPOSIUM 5 | Nasopharyngeal and Temporal Bone Carcinoma
Chairpersons: Norhafiza Mat Lazim / Zahirrudin Zakaria
Comprehensive Treatment for Locoregionally Advanced NPC
Jun Ma

Tips on NPC Surveillance
Christopher Goh

Clinical Experience in Endoscopic Endonasal Transpterygoid Nasopharyngectomy (EETN) in Local Residual or Recurrent Nasopharyngeal Carcinoma
Tang Ing Ping

Temporal Bone Malignancy: Should Neck Dissection and Parotidectomy be Routinely Performed?
Marlinda Adham
DAILY PROGRAMME
4th June 2021 (Friday)

1230 - 1300  SPONSORED SYMPOSIUM 2
Chairperson: Mawaddah Azman
Overview of Lenvatinib in Advanced Radioiodine-Refractory Thyroid Cancer and Real-World Clinical Experience
Wan Zamaniah Wan Ishak

1300 - 1430  LUNCH SYMPOSIUM (GSK)
Chairperson: Khaled Jaber
New Insights into Allergic Rhinitis
Kent Woo

Break / Friday Prayer

1430 - 1500  KEYNOTE LECTURE 7
Chairpersons: Rohaizam Japar @ Jaafar / Wong Chun Yiing
Surgical Approaches for Infratemporal Fossa Tumor Resection: Fifteen Years’ Experience of a Single Center
Dan Fliss

1500 - 1600  GRAND DEBATE 2 | Early Glottic Carcinoma
Chairpersons: Mawaddah Azman / Vaishnavi Jayasingam
Advocate for Surgery: Conservation Laryngectomy
Patravoot Vatanasapt

Early Glottic Cancer - Proponent for RT Over Surgery
Melvin Chua Lee Kiang

1600 - 1800  FREE PAPER PRESENTATIONS
Chairpersons: Jeyasakhty Saniasaya
DAILY PROGRAMME
5th June 2021 (Saturday)

0800 - 0900  SYMPOSIUM 6 | Tertiary Laryngology to Private Practise: Celebrating Differences
Chairpersons: Mohd Zulkiflee Abu Bakar / Rahmat Omar
Upper Airway Anaesthesia
Mawaddah Azman

Office-Based Procedures in Laryngology
Masaany Mansor

Evaluation of Laryngopharyngeal Reflux using Reflux Finding Score
Marina Mat Baki

Voice Therapy: What ENT Surgeons Should Know?
Nik Fariza Husna Nik Hassan

Laryngeal Cancer: Perspectives from a Private ENT Surgeon
Abdullah Sani Mohamed

0900 - 1000  SYMPOSIUM 7 | Paediatric ORL Symposium: Making a Big Difference in a Small Airway
Chairpersons: Liew Yew Toong / Nor Eyzawiah Hassan

OSA Assessment in Children
Siti Sabzah Mohd Hashim

Management of OSA in Children Under 4
Goh Bee See

Drug Induced Sleep Endoscopy Directed Surgery in Paediatrics Obstructive Sleep Apnoea
Jeyanthi A/P Kulasegarah

Management of OSA in Children with Pierre Robin Sequence
Suzina Sheikh

Pulmonologist Perspective for Management of Pediatric OSA
Anna Marie Nathan

Maxillofacial Perspective for the Management of Obstructive Sleep Apnea in Pediatric Patients with Craniomaxillofacial Syndromes
Firdaus Hariri

1000 - 1030  Break & Visit Virtual Booth

1030 - 1130  SYMPOSIUM 8 | Otology
Chairpersons: Zahirrudin Zakaria / Noor Liza Ishak

Cholesteatoma: How Delayed Diagnoses Become Morbidities?
Asma Abdullah

Common Issues in Mastoidectomy Causing Recurrence
Iskandar Hailani

Advanced Technique in Managing Cholesteatoma
Tengku Mohamed Izam Tengku Kamalden
DAILY PROGRAMME
5th June 2021 (Saturday)

1130 - 1230  SYMPOSIUM 9 | Opening the Pandora’s Box: The Future Path of ENT Recurrent Manifestation
Chairpersons: Lum Sai Guan / Aneeza Khairiyah Wan Hamizan
The ENT Conundrum in Primary Immunodeficiency: What Are We Missing?
Farah Dayana Zahedi

Auto-Inflammatory Disorders: Discovering the Role of Otorhinolaryngologist
Adli Ali

Connecting the Dots towards the Diagnosis of ENT Recurrent Manifestation
Asrul Abdul Wahab

Basic Overview of Current Immunotherapy Approaches in Allergic Rhinitis
Kavita Reginald

Subclinical Smell Dysfunction: A Gift COVID-19 Gives to the World
Salina Husain

1230 - 1400  Break & Visit Virtual Booth

1400 - 1530  Annual Scientific Meeting
Chairperson: Anuar Idwan Idris

1530 - 1600  CLOSING REMARKS
Chairpersons: Mawaddah Azman / Primuharsa Putra Sabir Husin Athar
Prize Announcement: Annual Scientific Meeting and Free Paper Presentation
Marina Mat Baki

Closing Speech
Mohd Razif Mohamad Yunus

1600  Adjourn
Head and neck anatomy is complex and is located in exposed area. There are many things to consider in the surgical treatment of head and neck cancer. Recently many new surgical techniques developed in Asia. New endoscopic, new robotic surgery was designed along with new surgical approaches. Especially for thyroid and salivary gland tumor surgery, neck node dissection, more esthetic and more functional procedure was designed. Trans-oral robotic surgery is rapidly propagating worldwide. Nodal metastasis is one of the most single important adverse prognostic factor in management of head and neck squamous cell carcinoma. We designed various types of approaches of neck dissection with robot. We could extirpate primary tumor and neck node simultaneously without any notable scar in face and neck area even with insertion of free flap to the defect. We think this type of neck dissection is technically feasible. This approach was quite useful not only to the young head and neck cancer patients but also to the children with benign or congenital head and neck tumor. With accumulation of the cases with robot assisted head neck surgery, we hereby suggest the concept of Esthetic Head and Neck Surgery and precision head and neck surgery which will be the advancing step of pulling quality of life of head and neck cancer patients upwards.

The gold standard in the management of advanced laryngeal cancer is still total laryngectomy. However, with the concern for functional outcomes and quality of life, other modalities are taken into consideration like open partial laryngectomies. The objective of this presentation is to discuss the different open partial laryngectomies specifically supracricoid laryngectomy and supratracheal laryngectomy. The history of the development of conservation surgery will be presented. The indications, contraindications, surgical technique and the comparable outcomes to total laryngectomy will be presented. In conclusion, supracricoid laryngectomy is a good alternative for T2, T3 and some T4 laryngeal cancer with good oncologic and functional outcomes and supratracheal laryngectomy can be done for advanced laryngeal cancer if cricoid cartilage is involved as long as 1 cricoarythenoid unit (CAU) is preserved.
INTRODUCTION
Since the first total laryngectomy by Billroth in 1873, the treatment of laryngeal cancer has improved considerably. Radiotherapy, chemo-radiation protocols, partial laryngectomies with or without laser surgery and even robot surgery have been introduced during the last decades, but preserving the larynx not always implies preserving the function. Unfortunately, despite all these advances in the conservative treatment of laryngeal cancer there will always remain a role for the total laryngectomy, so efforts to optimize the rehabilitation after this surgical procedure are of utmost importance.

METHODS
This presentation will highlight the evidence supporting comprehensive rehabilitation of not only the voice, but also pulmonary, swallowing and olfaction rehabilitation after total laryngectomy.

RESULTS
The larynx is more than just a ‘voice box’: due to its central position in the respiratory tract, its removal requires rehabilitation of all three ‘systems’ depending on respiratory airflow, i.e. the voice, the pulmonary system and the olfaction. Also swallowing after the total laryngectomy remains a point of attention since due to the damage caused by previous treatments to for instance the muscles of the oropharynx and upper esophageal sphincter, undisturbed deglutition is not always evident. Voice rehabilitation has been boosted by the introduction of the voice prosthesis. In 1988 a new low resistant indwelling voice prosthesis was developed in the Netherlands Cancer Institute. This prosthesis, known as the Provox, has become a worldwide accepted and widely used voice rehabilitation tool with favorable success rates of >90%. Pulmonary problems after TLE are inevitable since the upper airway is disconnected from the lower respiratory system with influence on the heating, moistening and filtering of the inhaled air. Also the olfaction is influenced by the disconnection of the upper airway. Swallowing after TLE can be cumbersome. It’s difficult to draw conclusions from a meta-analysis on swallowing disorders after TLE, mainly because of the many outcome measures, the lack of validated questionnaires for TLE patients, the lack of guidelines for swallowing investigations for TLE patients and a big heterogeneity in study designs.

CONCLUSION
Rehabilitation of various functions after total laryngectomy requires a dedicated team of clinicians, speech, swallowing and physical therapists working collaboratively to improve patient’s outcome.
NON-SURGICAL TREATMENT IN LARYNGEAL CANCER

Sandro V Porceddu
1Faculty of Medicine, University of Queensland, Australia
2Cancer Services, Princess Alexandra Hospital, Brisbane, Australia

INTRODUCTION
Radiation Therapy (RT) is an important modality in the non-surgical management of laryngeal cancer for both early and locally advanced disease.

METHODS
This presentation will highlight the evidence supporting the use of RT. It will compare the outcomes of RT with robotic and laser surgery for T1-2 disease as well as the outcomes for laryngeal preservation with chemoRT.

RESULTS
Data confirms that voice quality is acceptable with RT for early stage disease and still has a role in selected patients despite the increasing use of robotic and laser surgery. Where laryngeal function remains preserved at diagnosis, randomised data supports the role of chemoRT for locally advanced disease. The data comparing chemoRT to surgery and post-operative RT remains limited.

CONCLUSION
RT maintains an important role in the management of laryngeal cancer.

TRANSORAL ROBOTIC SURGERY FOR EARLY HYPOPHARYNGEAL CARCINOMA

Chen-Chi Wang
1School of Medicine, National Yang-Ming University, Taipei, Taiwan
2Department of Otolaryngology - Head & Neck Surgery, Taichung Veterans General Hospital, Taichung, Taiwan

INTRODUCTION
Transoral robotic surgery (TORS) has been used for treating hypopharyngeal cancer for several years. However, the long-term oncologic results and functional outcomes of TORS, the sparing rate of adjuvant irradiation after TORS, and the feasibility of neoadjuvant chemotherapy before TORS were seldom reported in literature.

METHODS
From Sep 2014 to May 2018, 20 patients with clinical T1 to T3 cancers of hypopharynx were prospectively recruited for TORS in a tertiary referral medical center. All 20 patients were suggested to receive TORS with neck dissection and Cisplatin-based neoadjuvant chemotherapy was given in 11 patients before the surgery. After TORS, the pathologic reports were used to assess the risk of disease and the need of adjuvant irradiation. After long term follow up, the survival was presented by Kaplan-Meier Method. Swallowing and voice function were reported by Functional outcome swallowing scale (FOSS) and Voice Handicap Index-10 (VHI-10).

RESULTS
The primary tumor sizes were all reduced in 11 patients who received neoadjuvant chemotherapy. TORS was finished successfully without major complications in 20 recruited patients. After surgery, only 40% of patients needed adjuvant irradiation with mean dosage of 5933 cGY. With mean follow-up of 38.9±14.7 months, The estimated 5-year disease-specific survival was 89.4%. In last follow up, 17 patients were alive without tracheostomy and tube feeding. The mean ±SD of FOSS (0.1±0.3) and VHI-10 (1.5±4.0) showed they had good functional outcomes.

CONCLUSIONS
TORS is an effective minimal invasive organ-preserving surgery. Irradiation could be avoided or dosage reduced in about half of our patients. The 5-year long-term survival and functional outcomes were satisfactory. Preliminary results showed neoadjuvant chemotherapy is a potential method for downsizing the tumor and facilitating tumor resection in TORS and it merits further investigation.
FREE FLAP RECONSTRUCTION IN HYPOPHARYNGEAL TUMOUR – THE VERSATILITY OF ANTEROLATERAL THIGH (ALT) FREE FLAP IN HYPOPHARYNGEAL RECONSTRUCTION IN PRIMARY AND SALVAGE SURGERIES

Arman Zaharil Mat Saad¹, Mohd Razif Mohamad Yunus², Adzim Poh Yuen³, Siti Muyassarah Rusli³

¹Plastic and Reconstructive Surgery Unit, MSU Medical Centre, Management and Science University, Shah Alam, Malaysia
²Department of Otorhinolaryngology Head and Neck Surgery, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
³Plastic and Reconstructive Surgery Unit, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

INTRODUCTION
Reconstruction of hypopharyngeal defect is challenging as it involves creating a functional conduit that need to serve multiple purpose that include swallowing and rehabilitation of speech. The patient usually has already had radiation therapy as an initial treatment which make the wound bed and surrounding tissue perfusion compromised. In the setting where primary surgery has had anastomotic complications, a salvage reconstruction is even more difficult in the face of overlying infection and microbial colonization.

METHODS
A two years retrospective review of all consecutive cases of hypopharynx reconstruction using free anterolateral thigh free flap in two institutions were conducted. Patients’ basic demographic data were collected, including tumour and resulting defect characteristic at the time of surgery, early and delayed complications that include flap and its donor site.

RESULTS
Six patients were included in the series. All were Chinese men, except one Malay. In three of the patients, the surgery was done as a salvage of previously unsuccessful primary reconstruction (pectoralis major flap, gastric full up and primary repair in partial pharyngectomy). In 5 patients, additional skin was required for the neck coverage due to skin involvement and defect following the resection using multiple perforators and double skin paddle either as chimeric or sequential flaps. One patient has microvascular thrombosis that required exploration and redo of the anastomosis. Another patient had anastomosis rupture and required multiple re-exploration and redo of the anastomosis (after 3 weeks of the initial operation). Two cases have minor lower anastomotic leaked that manage expectantly and one case has anastomotic junction stenosis that required endoscopic dilatation.

CONCLUSION
The ALT flap is a safe and versatile option for the reconstruction of hypopharyngeal defect either in primary or in salvage situation with acceptable complication rates.
INTRODUCTION
In the last decades «Image-Enhanced Endoscopy» (IEE) technologies (such as I-Scan, NBI and IMAGE1 S™) have been developed for a detailed in vivo evaluation of neoangiogenetic vascular patterns, improving the diagnostic accuracy of the laryngeal endoscopy and also the evaluation of tumor margins during surgery.

The authors report their experience with the use of IEE during CO2 laser transoral microsurgery (CO2 TOLMS) with the aim to evaluate the impact of these technologies on the incidence of positive superficial margins.

METHODS
We retrospectively analysed 190 patients affected by early glottic cancer (Tis-T2) who underwent CO2 TOLMS from November 2010 to December 2020 at the Unit of Otorhinolaryngology, University of Cagliari, Italy. Intraoperative diagnostic evaluation was performed with 0°/30° rigid endoscope, systematically coupled from 2015 with NBI and Image 1S. Surgical margins were considered positive in presence of at least carcinoma in situ at the surgical margin. The chi-squared test was used to compare the incidence of positive superficial margins in patients treated before IEE implementation (pre-IEE group, 2010-2014) versus those operated on thereafter (IEE group, 2015-2020).

RESULTS
The present study included 171 males and 19 females (mean age of 66.2 years, range of 23-87 years) who underwent CO2 TOLMS classified according to European Laryngological Society. Pre-IEE group included 78 patients, among these 5 patients showed positive superficial margins. The IEE group included 112 patients, among these 5 patients showed positive superficial margins. Patients of the IEE group showed a lower but not statically significant proportion of positive superficial margins (4.5% versus 6.4%, p < 0.55).

CONCLUSIONS
IEE represent an additional tool on diagnosis and management of laryngeal cancer. The routine use of pre- and intraoperative IEE technologies increases the accuracy of neoplastic superficial spreading evaluation, reducing the percentage of involved superficial margins.
INTRODUCTION
In 2001, the Indonesian ENT society decided to change the name of their society by adding: surgery of the head and neck. It became clear that there was a need for a curriculum in head and neck surgery to rectify this step.

METHODS
This presentation will highlight the author’s personal experience in paving ways to improve head and neck tumour services in the South East Asian region.

RESULTS
In 2005 an international team of Head and Neck surgeons decided to put hands together to help Indonesia to build on a program to start education in the field of Head and neck surgery and oncology. This has resulted in a group of doctors dedicated to Head and Neck surgery in Indonesia (Head and neck consultants), the establishment of the Indonesian multidisciplinary Head and Neck working group the “PERDOKLI” and in the end the membership of Indonesia of the IFHNOS in 2012. Since 2001 also a collaboration project between The Rajavithy Hospital in Bangkok and a team of Dutch Head and Neck surgeons covering a yearly head and neck program for Thai ENT residents was initiated. This program has grown into an international program with teachers and participants now from several Thai universities, Korea, Philippines, Indonesia, Malaysia, Taiwan and Israel. Especially the collaboration with the KhonKaen University was unique because of their excellent facilities for cadaver dissection courses. Since 2005 collaboration with Malaysia was intensified with mutual Head and Neck conferences and several fellows from Thailand, Indonesia and Malaysia have been educated partly in the Netherlands. To further improve Head and Neck tumor services in developing countries it’s mandatory to build on national training centers in combination with fellowships abroad and a solid curriculum including the Global On Line Fellowship of the IFHNOS. Digital patient records, cancer registration and data management are important to collect information about treatment results. Without knowledge of treatment results improvements are difficult.

CONCLUSION
It is imperative to continuously improve the head and neck tumour services through curriculum development and monitoring, regional and international collaboration as well as empowering national training centers.

ORAL CARCINOMA: CURRENT ROLE OF CHEMORADIATION THERAPY
Muthukkumaran Thiagarajan
Department of Radiotherapy and Oncology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Surgery remains the mainstay of curative treatment of oral cancers. Post-operative chemoradiotherapy complements the surgical outcome in high risk patients. Radical chemoradiation is reserved in cases of refusal of surgery or medically inoperable patients. Management of long term toxicities in survivors remains a huge challenge.
The primary modality of treatment for oral squamous cell carcinoma includes surgery addressing the primary and neck metastasis. The presence of cervical lymph node metastasis reduces the overall survival by 50% and the presence of extranodal extension further decreases it by half. If nodal metastasis is present clinically, there is no doubt in addressing the neck but controversy still surrounds treatment decisions when the patient is clinically N0. In spite of numerous diagnostic advances, the rate of occult metastases to cervical nodes has remained upwards of 20%. Selective neck dissection has been the standard of care for clinically node negative necks in many oncological setups. This has been a result of a major volume of recent literature favoring neck dissection over watchful waiting. A recent randomised trial has further demonstrated a significant survival benefit of addressing the neck in clinically N0 cases. Numerous publications have also focused on establishing the extent of nodal clearance necessary for adequate disease control. Limited levels of dissections have also been advocated in select groups of patients. Sentinel node biopsy has recently been given due consideration as an alternative to selective neck dissection, however its universal application has been limited. This presentation will focus on the current evidence and treatment guidelines that describe the role of selective neck dissection in oral cancers and future advances.

Salivary gland malignancies (SGM) are histologically diverse head and neck cancers, with distinct differences in clinical presentation and disease trajectories between tumours that are low and high grades. Where feasible, surgery should be the primary modality of treatment for SGM, and the type of surgery (nerve sparing versus non-nerve sparing) is dependent on the extent of the primary tumour. Nonetheless, post-operative radiotherapy (PORT) is almost always required in patients with SGM, especially for those individuals harbouring high-risk features of high-grade disease, adenoid cystic histological subtype, close or positive margins, T3-4 tumours, and tumours with perineural involvement. On this note, investigators from the recent COSTAR randomised controlled phase III trial provided the first guidance on target delineation for PORT in resected parotid gland malignancies. Meanwhile, the role of combinatorial chemotherapy with PORT remains uncertain and prospective trials are ongoing. Nonetheless, there have been anecdotal reports in salivary duct variant SGMs, where there may be a role for combining hormonal or targeted therapy with PORT.

**SELECTIVE NECK DISSECTION IN ORAL SQUAMOUS CELL CARCINOMA: IS IT NECESSARY?**

Pankaj Chaturvedi
Center for Cancer Epidemiology, Tata Memorial Center, Mumbai, India

**CHEMORADIATION IN SALIVARY GLAND MALIGNANCIES**

Melvin Chua Lee Kiang
1National Cancer Centre Singapore, Singapore
2National University of Singapore, Singapore

Salivary gland malignancies (SGM) are histologically diverse head and neck cancers, with distinct differences in clinical presentation and disease trajectories between tumours that are low and high grades. Where feasible, surgery should be the primary modality of treatment for SGM, and the type of surgery (nerve sparing versus non-nerve sparing) is dependent on the extent of the primary tumour. Nonetheless, post-operative radiotherapy (PORT) is almost always required in patients with SGM, especially for those individuals harbouring high-risk features of high-grade disease, adenoid cystic histological subtype, close or positive margins, T3-4 tumours, and tumours with perineural involvement. On this note, investigators from the recent COSTAR randomised controlled phase III trial provided the first guidance on target delineation for PORT in resected parotid gland malignancies. Meanwhile, the role of combinatorial chemotherapy with PORT remains uncertain and prospective trials are ongoing. Nonetheless, there have been anecdotal reports in salivary duct variant SGMs, where there may be a role for combining hormonal or targeted therapy with PORT.

**STATIC RECONSTRUCTION IN FACIAL PALSY**

Arman Zaharil Mat Saad
Plastic and Reconstructive Surgery Unit, MSU Medical Centre, Management and Science University, Shah Alam, Selangor, Malaysia

**INTRODUCTION**
A static facial nerve reconstruction mainly aims to give a symmetrical face at rest.

**METHODS**
This presentation will highlight the role of static reconstruction in facial palsy.

**RESULTS**
Though a dynamic reconstruction is superior to a static reconstruction following facial nerve palsy, static reconstructions may benefit certain patient where more extensive surgery is not feasible due to underlying medical conditions. Some area of reconstruction like eyelids works well with static reconstruction with the use of gold weight and lid tightening. There are many options available for static reconstruction which includes the use of slings (fascial, tendon or alloplastic materials), skin excisions, lifting procedures, botulinum toxin injection and etcetera. Some of these techniques will be discussed.

**CONCLUSION**
The static reconstruction has a clear role in the management of facial palsy.
The World Health Organisation defines rehabilitation as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment”. In simpler words, rehabilitation helps persons to be as independent as they can in performing their daily activities such as eating, walking, schooling, working and leisure activities. People with cancer faces challenge physical, psychological, and emotional impairment wither due to the cancer itself or as side effect of treatments. Cancer rehabilitation is a multidisciplinary program that helps people with cancer maintain and restore their physical and emotional well-being. Cancer rehabilitation has been shown to improve functioning, fatigue and quality of life during and after treatment. Survivors of head and neck cancer patient have multiple impairment such as speech, swallowing, respiration, fatigue, and pain. Treatment advances leads to better survival for patients with head and neck cancer, thus health-care providers must not neglect patient's rehabilitation needs. This can best be accomplished through a comprehensive, coordinated approach, utilizing interdisciplinary clinical and community resources aimed at facilitating the rehabilitation process and ultimately achieving individualized rehabilitation goals. This lecture will provide the general concepts of rehabilitation, cancer rehabilitation and finally focus on the specific rehabilitation needs and intervention for patients with head and neck cancer.

INTRODUCTION
“Minimalism” is the art of modern head and neck surgery to preserve the function, ease the reconstruction and may improve the patients’ quality of life. There is a paradigm shift from open to minimally invasive endoscopic approach in head and neck Surgery.

METHODS
This presentation will highlight the advantages, disadvantages, indications and contraindications of endoscopic head and neck surgery.

RESULTS
The endoscopic head and neck surgery shares similar principals of resection and reconstruction, with the open counterpart. Through endoscopic approach, a tumour can be targeted directly, or either through a natural or a created opening. Sometimes, no open procedure is required and no, or less later reconstruction is needed. However, the pursuit of oncological sound negative surgical margins should be still the same for either open or endoscopic approaches for head and neck tumors. Here are some potential merits of minimally invasive endoscopic approach: (1) Through natural or created opening (2) Mini-invasive (no destruction for approach) (3) Angular view, illumination, focus (4) Powerful instrumentation (5) Navigation, image guide (6) Bioglu material for reconstruction. Along the years, the endoscopic trend in the management of head and neck tumors is moving from skull base, nasopharynx, nose and paranasal sinuses, oral cavity, oropharynx, down to larynx and hypopharynx. However, as we practice the paradigm shift of surgical approach in head and neck, from open to endoscopic, the indications and contraindications of endoscopic approaches are still in evolution.

CONCLUSION
The endoscopic head and neck surgery is recognized as the best practice of “Minimalism”. Let's welcome a brand-new era of minimally invasive endoscopic head and neck Surgery.
INTRODUCTION
Involvement of human papillomavirus (HPV) as a carcinogenic factor for oropharyngeal squamous cell carcinoma (OPSCC) has become widely known.

METHODS
With the aim of developing optimal treatment strategies, we have conducted a nationwide retrospective cohort study based on the Head and Neck Cancer Registry operated by the Japan Society for Head and Neck Cancer. In this study, 688 patients newly diagnosed as having p16-positive OPSCC from 2011 to 2014, who had clinical information and follow-up data after curative-intent therapy, were enrolled from 35 institutions.

RESULTS
Regarding the initial treatment modalities, chemoradiation (CCRT), induction chemotherapy, and surgery groups showed similar relapse free survival (RFS) and overall survival (OS). Of note, 8th TNM classification along with 7th TNM accurately predicted RFS and OS. In T1N0 (n=23) and T2N0 (n=56) patients, 3-year OS and RFS rates of CCRT and RT groups were 100%, 3-year OS rates of the surgery group were 94.4% (Stage I) and 92.9% (Stage II), respectively. In the patients with 8th stage I-II treated by CCRT, 5-year RFS and OS rates of the patients treated with CDDP ≥160mg/m² (n=114) were 91.4% and 92%, whereas those treated CDDP <160 mg/m² (n=17) were 74.3% and 69.5%, respectively. The 5-year RFS and OS rates were significantly different between these two groups.

CONCLUSIONS
These results suggest that at least 160mg/m² of CDDP should be administrated during CCRT for the treatment of t p16-positive 8th stage I-II OPSCC.

SYMPOSIUM 4 - Oropharyngeal Tumour

TREATMENT DE-ESCALATION FOR HPV-ASSOCIATED OROPHARYNGEAL SQUAMOUS CELL CARCINOMA
Joseph Wee Tien Seng
National Cancer Centre Singapore, Singapore

With the realisation that outcomes have dramatically improved in patients with HPV= oropharyngeal cancers, questions have arisen whether it is possible to de-escalate treatments to reduce treatment related morbidity. De-escalation strategies involving radiotherapy, chemotherapy and surgery will be addressed.
INTRODUCTION
The main objectives of post-treatment surveillance are to detect tumour recurrence or second primary tumours early. It is also essential to address the complications of treatment and to provide emotional support where necessary.

METHODS
There are several modalities of post-treatment surveillance which include history, physical examination, nasendoscopy, imaging studies (PET, MRI, CT, US) and serology (EBV DNA, TFT). Published data to support the use of these modalities and the optimum frequency that they should be carried out will be discussed.

RESULTS
There is no consensus in the literature on the optimum frequency of follow-up visits after treatment with curative intent. However, tumour recurrence is more common in the first 3 years after treatment and follow-up visits should be more frequent in the first few years after treatment. There is some evidence that PET-CT may be the most sensitive imaging modality for surveillance.

CONCLUSION
It is unclear whether surveillance provides any survival advantage. Nevertheless, a structured surveillance protocol will provide the clinician some guidelines to adhere to.
INTRODUCTION
Endoscopic endonasal transpterygoid nasopharyngectomy (EETN) has emerged as a viable treatment option for local residual or recurrent NPC. Multidisciplinary discussion is needed to determine patient’s eligibility for EETN. The factors that exclude patients from EETN surgery include extensive involvement of parapharyngeal space, internal carotid artery, cavernous sinus with multiple cranial nerve palsies, extension into brain parenchymal and presence of distant metastasis. The surgery is purely via endoscope with four hands technique. Adequate sinonasal corridor with extended medial maxillectomy and posterior septectomy is crucial to have panoramic view of the field of surgery.

METHODS
A retrospective clinical record review was carried out for EETN cases done in Sarawak General Hospital from June 2013 till May 2017.

RESULTS
A total of 55 locally recurrent NPC patients (rT1-rT4) underwent EETN with curative intent performed by single skull base surgeon, with postoperative adjuvant chemotherapy but without postoperative radiotherapy. There were no major postoperative complications. During a mean follow-up period of 18-month post-surgery, five patients (9.1%) had residual disease or recurrence at the primary site. All five patients underwent re-surgery. One patient at rT3 passed away 6 months after re-surgery due to distant metastasis complicated with septicaemia. The 1-year local disease-free rate was 93% and the 1-year overall survival rate was 98%.

CONCLUSION
EETN is an emerging treatment option for locally recurrent NPC, with relatively low morbidity and encouraging short-term outcome. However, successful surgical outcome requires an experienced team and highly specialised equipment. Long-term outcome is yet to be determined due to the lack of longer follow-up and bigger cohort study.

TEMPORAL BONE MALIGNANCY: SHOULD NECK DISSECTION AND PAROTIDECTOMY BE ROUTINELY PERFORMED?
Marlinda Adham
Department of Otorhinolaryngology Head and Neck, Faculty of Medicine Universitas Indonesia,
Dr. Cipto Mangunkusumo Hospital, Jakarta, Indonesia

Malignant neoplasms of the temporal bone are rare, accounting for approximately 0.2% of all head and neck malignancies. Surgical resection has been considered the standard of care. Surgical management of these tumors is predicated on and tailored to the extent of disease. The goal of surgery is to extirpate disease, achieving a negative margin and minimizing morbidity or mortality.

Lateral temporal bone resection is required to treat most tumors. Auriculectomy, parotidectomy, mandibulectomy, craniotomy and neck dissection are performed based on staging and location of tumor.

The parotid gland can be involved by either direct extension through the fissures of Santorini or by metastatic spread to intraparotid lymph nodes. Some research found patients with temporal bone cancer had salivary gland invasion, then superficial parotidectomy at a minimum should be performed with LTBR.

Although overall nodal involvement is low, and level II and III are most commonly involved, neck dissection and parotidectomy permit accurate tumor staging.

Adjuvant radiotherapy is recommended for temporal bone tumors staged T2 and higher. Adjuvant chemotherapy has an emerging role for T3 and T4 tumors.
Allergic diseases peak at different ages with AD and food allergy predominate at early childhood and asthma then AR increasing over time. Allergic Rhinitis is a risk factor for asthma with having an uncontrolled rhinitis negatively impacting asthma control to the same degree as smoking. Several therapeutic trial observations has been done on the treatment of Allergic rhinitis and asthma ranging from antihistamine to intranasal corticosteroid.

BACKGROUND
The aims of this study were to report our center’s experience with infratemporal fossa (ITF) tumors, to review the treatment modalities and outcomes.

METHODS
Data of patients that underwent resection of ITF tumors in a single tertiary referral medical center were collected and analyzed.

RESULTS
Sixty-three patients were included. Sarcoma was the most common pathology (18%; 29%). The most common surgical approach was the preauricular-orbitozygomatic approach (24%; 38%), followed by endoscopic, craniofacial resection, and combined approaches. Forty-seven patients (75%) required reconstruction, 23 (49%) involving free tissue transfer. Thirty-five patients (76%) with malignant lesions required adjuvant therapy consisting of radiotherapy, chemotherapy, or both. Thirty-three patients suffered from complications related to surgery or adjuvant therapy. The three- and five-years survival rates for malignancy were 82% and 66%, respectively.

CONCLUSION
Complete surgical resection of ITF involving tumors is feasible, providing good long-term survival. Multidisciplinary approach is the key for success.
In patients with early-stage cancer of the glottis, RT has been able to deliver optimal results both in terms of tumour control and long-term preservation of voice. However, arguments against RT have longed focused on the prolonged duration of treatment (4-6 weeks of daily RT) and the occurrence of severe acute toxicities during treatment, including RT-induced dermatitis, pain, inability to eat and loss of voice due to cord oedema. These toxicities are largely a consequence of historical methods of RT using 2-dimensional techniques with poor control of radiation doses. Arguably, with contemporary techniques of IMRT and image guidance, we have observed a dramatic reduction and lessening of these toxicities, without compromising on historical tumour control rates. With such optimistic outcomes, there is no shadow of doubt that RT remains the superior modality of choice in the treatment of early glottic cancer.

Glottic cancer has a unique pattern of cancer spreading due to its embryonic development and anatomical barriers within the larynx. This gives rise to the low risk of regional and distance metastasis of the early glottic cancer, representing a true localized cancer, with promising oncologic outcomes from single treatment modality, i.e. either surgery or radiation. Various approaches for laryngeal conservation surgery have been used for early glottic cancer, from open conservation laryngectomy, to transoral laser microsurgery (TLM), and transoral robotic surgery (TORS). Currently, TLM is widely accepted as a standard primary treatment for early glottic cancer, with comparable local control to the radiation therapy, while more promising on survival and laryngeal preservation. It is also more feasible than other approaches in around the world. With the procedure, the treatment can be completed within a day or days, comparing to radiation therapy within weeks. Besides, the functional outcomes, i.e. voice quality, the complication, and salvage treatment for its failure needs to be taken into account. In this debate, the presentation will emphasize on decision making based on evidence in comparison between the two options to support selection of the most appropriate treatment for the patient.

In patients with early-stage cancer of the glottis, RT has been able to deliver optimal results both in terms of tumour control and long-term preservation of voice. However, arguments against RT have longed focused on the prolonged duration of treatment (4-6 weeks of daily RT) and the occurrence of severe acute toxicities during treatment, including RT-induced dermatitis, pain, inability to eat and loss of voice due to cord oedema. These toxicities are largely a consequence of historical methods of RT using 2-dimensional techniques with poor control of radiation doses. Arguably, with contemporary techniques of IMRT and image guidance, we have observed a dramatic reduction and lessening of these toxicities, without compromising on historical tumour control rates. With such optimistic outcomes, there is no shadow of doubt that RT remains the superior modality of choice in the treatment of early glottic cancer.
INTRODUCTION
The sensory receptors of the nasal passages, tongue base, supraglottis and glottis protect the lower airway from offending particles by initiating gag and cough. Obtunding these reflexes by applying local analgesia to these passages can potentially allow visualization and intervention to the supraglottis, glottis and subglottis.

METHODS
This review will highlight the techniques described in the literature for in-office upper airway anaesthesia. It will compare the different techniques and highlight our local 10-year experience (2008-2018) in its efficacy in performing various office interventions in laryngology.

RESULTS
Data confirms that upper airway anaesthesia is safe with no life-threatening complications. It is given to have better visualization of the lower airway, making the need for examination under anaesthesia obsolete. Additionally, it has been used locally for several office interventions including botulinum toxin and steroid laryngeal injections as well as vocal fold medialization.

CONCLUSION
Upper airway anaesthesia is a prerequisite in office laryngological interventions.
EVALUATION OF LARYNGOPHARYNGEAL REFUX USING REFLUX FINDING SCORE

Marina Mat Baki, Nurhamizah Mahmud Mohayuddin, Farah Dayana Zahedi, Aneeza Khairiyah Wan Hamizan, Mawaddah Azman
Department of Otorhinolaryngology - Head and Neck Surgery, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia

INTRODUCTION
Laryngopharyngeal reflux (LPR) is a condition where there is regurgitation of gastric contents into the laryngopharynx and it is often associated with many laryngeal disorders. The signs and symptoms of LPR are nonspecific, making diagnosis of LPR difficult. Reflux finding score (RFS) comprises assessment of laryngeal findings (presence of subglottic edema, ventricle obliteration, vocal fold edema, posterior commissure hypertrophy, diffuse laryngeal edema, laryngeal erythema, thick endolaryngeal mucus and granulation tissue) was developed in order to standardize the evaluation of laryngeal findings of LPR. However the assessment of the laryngeal findings using RFS is limited by the nature of subjective evaluation that also dependent on the clarity of images captured by endoscopy systems. Therefore, the aim of the study is to investigate the reliability of RFS assessment using a high definition endoscopy system.

METHODS
46 participants of LPR group and 20 participants of healthy group were recruited. The LPR group was recruited when the reflux symptom index (RSI) was more than 13 with absence of obvious nasal symptoms. Examination of the larynx was performed using a video laryngostroboscopy (Pentax Medical) utilizing white light. The videos were saved in the system’s digital capture module which were then anonymized and the audio was muted. Two raters comprise a laryngologist (R1) and a non-laryngologist ORL surgeon (R2) evaluated the video laryngeal findings using RFS independently. The assessment was repeated two weeks after the first evaluation. The inter- and intra-rater reliability of raters in evaluating RFS was assessed using intraclass correlation.

RESULTS
Of 66 participants, there were 42 females and 24 males with mean age of 38.32 (13.05) years old. The inter-rater reliability of R1 and R2 for the first and second evaluation was strong with ICC of 0.86 and 0.83, respectively. For the intra-rater reliability, the ICC was 0.97 for R1 and 0.91 for R2.

CONCLUSION
This study showed that excellent agreement can be achieved in evaluating RFS in possible LPR and healthy participants when a high definition endoscopy system is used. Further study on the use of enhanced laryngeal imaging in assessing laryngeal findings of LPR and the correlation with results of reflux tests is recommended.

VOICE THERAPY: WHAT ENT SURGEONS SHOULD KNOW?

Nik Fariza Husna Nik Hassan
Department of Otorhinolaryngology, Universiti Sains Malaysia, Kota Bharu, Kelantan, Malaysia

The aim of voice therapy is to rehabilitate the patient’s voice to a level of function that enables the patient to fulfill daily voice and/or speech communication needs. The success of voice therapy is dependent upon correct medical diagnosis, functional assessment of voice use, therapist’s knowledge and skill and patient compliance. However, not all hospitals in Malaysia have the luxury of in house voice therapists. Hence, it is important to empower the ENT surgeons with basic knowledge in voice therapy to improve management of dysphonic patients.
LARYNGEAL CANCER: PERSPECTIVE FROM A PRIVATE ENT SURGEON
Abdullah Sani Mohamed
AVISENA Women’s and Children’s Specialist Hospital, Shah Alam, Selangor, Malaysia

Laryngeal cancer is the second most common head and neck cancer in Malaysia. There will be several occasions where the ORL surgeons in the private hospitals are the first point of contact. It is important for the surgeons to know to what extent the role they play in the management of these patients. The private ENT surgeons can manage the entire array starting from the diagnosis, investigation, treatment and follow up. This depends on the expertise, special interest and facilities available at the various hospital. After history and clinic examination, doing a direct laryngoscopy and taking a biopsy is very doable in almost all hospitals. If necessary, a CT scan evaluation could be done in private. This would greatly help even if the patient then decides to be managed in the government setting later. In the case of a smaller tumour, laser or even robotic surgery could be done in private. In Avisena specialist hospital, there is a mechanism already in place for visiting ENT surgeon to partake in head and neck surgery where indicated. Follow up and rehabilitation of laryngeal cancer patients should also be feasible in private practise. Although there are very few reported cases of definitive treatment, Avisena has had several patients who underwent the initial diagnostic evaluation at its premises. The main restricting factor is cost. Hence making the full treatment only feasible in the patients with full health insurance. The full array of treatment is feasible in private practise. It all depends on the availability of the expertise and the consent of the patient, bearing in mind of the cost of such a decision.

OSA ASSESSMENT IN CHILDREN
Siti Sabzah Mohd Hashim
Department of Otorhinolaryngology, Hospital Sultanah Bahiyah, Alor Setar, Kedah, Malaysia

Children with severe forms of sleep disordered breathing require careful clinical assessment and investigations. Although an attended polysomnogram is the best investigation available thus far, limitations exist in its availability. This presentation deals with recommendations for assessment in children with suspected obstructive sleep apnea, tailored for the local practice.
INTRODUCTION
Treatment approaches to paediatric obstructive sleep apnea (OSA) continue to evolve as the underlying causes are complex. Adenotonsillectomy has been recommended as the first line of treatment in majority of the cases. However, there are cases where residual or persistent OSA may occur due to severe OSA, obese, those with concurrent asthma or allergic rhinitis (AR), or children with predisposing oropharyngeal or maxillomandibular factors. The co-existence of AR has long been considered as a risk factor for OSA. Other important factor which is obesity is associated with an increase in the prevalence and the severity of OSA. It may play an important role in the persistence and aggravation of OSA over time.

METHODS
A retrospective study on paediatric adenotonsillectomy was carried out from November 2011 until October 2016 at UKM Medical Centre. Medical record of patients aged 2 to 12 years old who underwent adenotonsillectomy was retrieved for data collection.

RESULTS
Recurrent tonsillitis either with or without obstructive symptoms were the main of indication (60%), followed by SDB (29%) and OSA (7%) for adenotonsillectomy. At six months post adenotonsillectomy, all patient no longer had recurrent sore throat but five patients still has snoring (3.5%) and twenty-two complained of partial snoring (15.4%). Allergic rhinitis was found to be the commonest co-morbidity (40%) in cases with snoring and SDB. Almost 10% had con-comitant medical problem including asthma. Another study carried out in 2013 on quality of life amongst paediatric patients with OSA who underwent adenotonsillectomy at our center reported that those with allergic rhinitis had lesser improvement on quality of life score post-operatively followed by obesity.

CONCLUSION
There is no single approach will fit all patients. Those with residual OSA need to be pro-actively identified and managed comprehensively using individualized strategies that address the possible underlying risk factors.

INTRODUCTION
Drug Induced Sleep Endoscopy (DISE) directed surgery in children with obstructive sleep apnoea has provided an alternative diagnostic option for more comprehensive management of their condition.

METHODS
Results of a systematic review on DISE directed surgery in children will be discussed.

RESULTS
Seven clinical research articles were identified. Seven studies were of level III evidence: retrospective, case-control and prospective series. Altogether, there were 996 patients with male predominance of 61%. Surgical decision was changed in 295 patients (30%) following DISE. Most patients (86%) underwent a multilevel surgery based on DISE. Complications were documented in 3 studies.

CONCLUSIONS
Analysis of the results indicated that DISE directed surgery was an effective and safe therapeutic approach to treating paediatrics obstructive sleep apnoea.
**MANAGEMENT OF OSA IN CHILDREN WITH PIERRE ROBIN SEQUENCE**

Suzina Sheikh  
Department of Otorhinolaryngology, Universiti Sains Malaysia, Kota Bharu, Kelantan, Malaysia

Pierre Robin Sequence is a congenital disorder classically characterized by an underdeveloped mandible, glossoptosis, and airway obstruction. Patients with airway obstruction require careful multidisciplinary evaluation prior to definitive intervention. This presentation highlights the various emergency and definitive surgical interventions for the management of obstructive sleep apnea in children with Pierre Robin Sequence.

**PULMONOLOGIST PERSPECTIVE OF THE MANAGEMENT OF PEDIATRIC OSA**

Anna Marie Nathan  
Department of Pediatrics, University Malaya Medical Centre, Kuala Lumpur, Malaysia

With the rising incidence of obesity, it is no surprise that paediatric obstructive sleep apnoea syndrome (OSAS) is on the rise too. As a paediatric pulmonologist, there are many challenges faced by us: 1) Diagnostics: Finding a suitable alternative to fully attended polysomnography (PSG) is a significant limitation in a resource-limited country like Malaysia. Therefore, guidelines need to consider this limitation and offer suitable management options and their limitations should be highlighted e.g., home PSGs. 2) Management: After surgical intervention, i.e., tonsillar+– adenoidectomy, positive airway pressure (PAP) therapy, is the next option if OSAS is persistent. However, with the market being inundated with “machines”, it can be quite confusing to all. Are all machines suitable for children? What pressures should we be using in them? 3) Compliance: be it PAP therapy, nasal steroids etc, compliance is a big issue which in times both children and adults, seems insurmountable. What are the strategies that work to improve compliance, especially to PAP therapy? The above issues will be addressed and pragmatic solutions to these problems shall be presented.

**MAXILLOFACIAL PERSPECTIVE FOR THE MANAGEMENT OF OBSTRUCTIVE SLEEP APNEA IN PAEDIATRIC PATIENTS WITH CRANIOMAXILLOFACIAL SYNDROMES**

Firdaus Hariri  
Department of Oral and Maxillofacial Clinical Sciences, University of Malaya, Kuala Lumpur, Malaysia

INTRODUCTION  
Obstructive sleep apnoea is one of the major functional discrepancies secondary to structural abnormality among paediatric patients with craniomaxillofacial syndromes. The airway obliteration can be due to severe midface hypoplasia such as in Crouzon or Apert syndromes or secondary to severe micrognathia in Nager or Treacher Collins syndromes.

METHODS  
This presentation highlights the maxillofacial interventions in various paediatric craniomaxillofacial syndromes presenting with obstructive sleep apnoea.

RESULTS  
The primary aim of maxillofacial intervention for the treatment of OSA is to achieve adequate airway opening via midface advancement or mandibular lengthening which can be achieved with traditional surgical procedures such as Le Fort osteotomy or mandibular sagittal split osteotomy, respectively. The advancement of tissue engineering in medical field has made distraction osteogenesis applicable in craniomaxillofacial diseases. This technique provides superior bony lengthening through controlled traction and simultaneously expand the surrounding soft tissues thus minimizing relapse. Nevertheless, maxillofacial interventions would involve comprehensive planning and appropriate case assessment tailored to each patient as these procedures carry the risk of serious morbidity and require technical precision. Apart from reducing morbidity and optimizing the surgical outcomes, the integration of technology advancement in complex maxillofacial interventions such as tissue engineering and 3D printing has significantly contributed to the promising success in this reconstructive field.

CONCLUSION  
Various maxillofacial interventions aimed at midface advancement or/and mandibular lengthening play a vital role in the multidisciplinary management of paediatric craniomaxillofacial syndromes presenting with obstructive sleep apnoea.
BACKGROUND
Cholesteatoma is an abnormal, noncancerous skin growth than can develop in the external ear, middle ear, mastoid and petrous apex. It can be acquired or congenital. The aim of the study isto review cases of cholesteatoma with delayed diagnoses resulting in morbidity.

METHOD
A retrospective study conducted from 2010-2020. Patients with a delayed diagnosis of cholesteatoma from the Otorhinolaryngology clinic, Universiti Kebangsaan Malaysia Medical Centre (UKMMC) were evaluated.

RESULT
We have 10 cases of delayed diagnosis of cholesteatoma resulting in morbidity. All of our patients underwent modified radical mastoidectomy and 3 needed to undergo craniotomy with neurosurgery.

CONCLUSION
Patients presenting with severe otalgia and persistent ear discharge require urgent treatment especially children and the mentally challenged. High resolution computed tomography scan (HRCT) is imperative to diagnose cholesteatoma and its complications. Magnetic resonance imaging is indicated in patients with raised intracranial pressure or when the HRCT scan shows tegmen erosion. Those patients with intact tympanic membranes with a whitish mass medial to the tympanic membrane require urgent HRCT scan and hearing assessment.

COMMON ISSUES IN MASTOIDECTOMY CAUSING RECURRENCE
Iskandar Hailani
Department of Otorhinolaryngology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

Mastoidectomy refers to exanteration of mastoid air cells, a common procedure carried out for chronic infections affecting the mastoid, with or without cholesteatoma. Disease recurrence post mastoidectomy is a major concern among ENT surgeons. This entity warrants a comprehensive evaluation of possible causative factors. Addressing these causative factors will lead to improved outcomes and reduced recurrence.
ADVANCED TECHNIQUE IN MANAGING CHOLESTEATOMA  
Tengku Mohamed Izam Tengku Kamalden  
Department of Otorhinolaryngology, Hospital Sultan Ismail, Johor Bahru, Johor, Malaysia

INTRODUCTION
The approach to cholesteatoma surgery needs rethinking as what applied to current surgery may not comply with the current principle of middle ear ventilation. The theory of formation of cholesteatoma does need to be revamped, however the way we manage it, need major modifications.

METHODS
A total of 38 patients presenting to Hospital Sultan Ismail with cholesteatoma will be presented. Cohen’s Endoscopic Ear Surgery (EES) Class 3 was performed in all patients. Outcome of these cases have been promising with complete resolution of symptoms in 70% of the cases.

CONCLUSION
The disease of middle ear remained a daunting task for many, however a deeper understanding regarding middle ear anatomy is changing the landscape of how we deal with cholesteatoma in the future.

THE ENT CONUNDRUM IN PRIMARY IMMUNODEFICIENCY: WHAT ARE WE MISSING?

Farah Dayana Zahedi¹, Mohd Ikram Abdul Hakim¹, Salina Husain¹, Asma Abdullah¹, Goh Bee See¹,
Adli Ali², Lokman Mohd Noh³, Intan Hakimah Ismail¹, Saraiza Abu Bakar⁴
¹Department of Otorhinolaryngology - Head and Neck Surgery, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
²Department of Paediatric, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
³Department of Paediatric, Women and Children Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
⁴Department of Paediatric, Hospital Pengajar Universiti Putra Malaysia, Serdang, Selangor, Malaysia

INTRODUCTION
Primary immunodeficiency (PID) causes recurrent infection including ear, nose and throat infection. The ENT manifestation in PID was not well studied before. The aim of the presentation is to highlight the ENT manifestation that may occur in PID patients and indication for referral to pediatric of the cases that suspected PID.

METHODS
PID patients were screened for any ENT manifestations by history and physical examinations. The results were tabulated and presented as descriptive result.

RESULTS
Majority of PID patients has ENT manifestation (83%) either as the presenting complaints, during the PID diseases progression or newly diagnosed by screening. The most common ENT recurrent infection in PID patients was otitis media and recurrent tonsillitis. Rhinosinusitis was also one of the manifestations in PID as well. From Jeffrey Modell Foundation, Primary Immunodeficiency Resource Centre, the 2 from 10 warning sign for PID were recurrent ear and nose infection (four or more new ear infections within 1 year and two or more serious sinus infections within 1 year).

CONCLUSION
All patients with PID need to be screened for ENT manifestations and referral should be made accordingly. Patients with recurrent ENT manifestations and infections should be screened for PID and should be referred to pediatrician for further management.
INTRODUCTION
Autoinflammatory disorders (AID) is comparatively a new disease entity being only recently established around 20 years ago. Often mistaken as autoimmune disease, AID is a group of disorder resulted from a defect or dysregulation in the innate immune system, clinically manifesting with chronic systemic inflammation.

METHODS
Based on the recently described systems-based classification of AID, searched on MEDLINE/PubMed Central were conducted for each classified AID disorder. Each disease entity was reviewed for presence of manifestations involving the ear, nose and throat (ENT), including the related management concerning to the field of otorhinolaryngology.

RESULTS
Some AID mainly presented with ENT manifestations, and patients’ primary consultation shown to significantly involve visit to otorhinolaryngologist. In other AID, the affected lesion may include anatomical region within the interest of an otorhinolaryngologist, in which cases were referred to for further management. Additionally, most AID are involving inflammatory pathways that may chronically leads to manifestation in the ENT region, thus an understanding of the underlying pathology and early review may alleviate and preventing the possible clinical sequela. Accurate diagnosis of AID as the cause of the ENT manifestation shown to fine-tune the management and subsequently improve the patient outcomes, while reducing the sequela related to disease progression.

CONCLUSION
Although generally considered to be rare, with the rapidly expanding identification of new different diseases, many of AID cases were misdiagnosed and inadequately treated. Awareness of AID as a disease entity among otorhinolaryngologist ensures a prompt and correct diagnosis is being made and the affected patients are managed appropriately.

INTRODUCTION
Recurrent infections are among the common recurrent manifestations seen in the ENT practice. This could indicate underlying immunodeficiency including primary immunodeficiency diseases.

METHODS
The initial laboratory investigations that help to screen for the underlying causes include full blood count, serum immunoglobulins and lymphocytes immunophenotypes. Subsequently, further laboratory tests such as IgG subclass, vaccine-specific IgG (tetanus and pneumococcal), nitroblue tetrazolium (NBT) assay and cellular-mediated analysis maybe performed depending on the initial clue.

RESULTS
Primary antibody deficiency is perhaps the most common condition associated with this recurrent manifestation. Primary antibody deficiency diseases include agammaglobulinemia, selective IgA deficiency, common variable immunodeficiency, IgG subclass deficiency, and specific antibody deficiency among others. Other types of primary immunodeficiency diseases can also present with recurrent ENT infections particularly recurrent otitis media and sinusitis albeit not very common.

CONCLUSION
It is important to accurately diagnose this condition because proper management could avoid adverse consequences such as irreversible organ damage.
INTRODUCTION

Allergic rhinitis (AR) is an IgE-mediated allergic disease that is triggered by the inhalant allergens that affects the upper airways. Mild AR is treated using pharmacotherapy, while allergen immunotherapy (AIT) is recommended for patients having moderate to severe allergic rhinitis (AR) that cannot be controlled using pharmacotherapy, or who experience unacceptable side effects due to medical therapy.

METHODS

This presentation highlights the role of allergen immunotherapy in the treatment of allergic rhinitis. A detailed account of the different types of allergen immunotherapy will be presented.

RESULTS

Allergen immunotherapy (AIT) is the only disease-modifying therapy for the treatment of allergies. It provides rapid symptomatic relieve, improves the patient’s quality of life and has demonstrated to have long-term relief of symptoms even after the immunotherapy period has ended. Current AIT approaches include subcutaneous (SCIT) and sublingual (SLIT) administration methods. SCIT and SLIT preparations are available for house dust mite, tree pollens and grass pollens. The mechanisms of AIT can be broadly classified into rapid desensitization, where effector cells are less responsive to allergen, early tolerance with the generation of T- and B- regulatory cells and specific ‘blocking’ IgG antibodies, and sustained tolerance. While AIT has been beneficial for the majority of patients that it is prescribed to, it has the potential to result in adverse effects, as current AIT preparations are based on natural extracts that contain allergens with intact IgE-epitopes. Due to the nature of AIT which requires high doses to induce the tolerance response, IgE-mediated adverse effects are observed in some AIT receivers. New AIT approaches that are being tested in experimental setting are based on purified allergen molecules or peptides that are devoid of the IgE epitope, but still contain immunogenic portions to stimulate the immune system. Other routes of immunization such as intralymphatic and epicutaneous immunotherapies are also being tested as another means to reduce adverse reactions to AIT preparations.

CONCLUSION

AIT modifies the disease progression and has been shown to be clinically effective in Allergic Rhinitis.
ORAL PRESENTATIONS

18  THE PREVALENCE OF COMPLEMENTARY AND ALTERNATIVE MEDICINES AMONG ALLERGIC RHINITIS PATIENTS IN MALAYSIA
Khaw Chok Tong, Norasnieda Md Shukri, Ramiza Ramza Ramli, Najib Majdi bin Yaacob

30  CROSS-SECTIONAL STUDY ON HEALTH-RELATED QUALITY OF LIFE AMONG NASOPHARYNGEAL CANCER SURVIVORS IN HOSPITAL MELAKA, MALAYSIA
Mohamed Iliyas S A K, Vijayaprakas R R, Abd Razak Ahmad

37  PECTORALIS MAJOR MYOCUTANEOUS FLAP IN HEAD AND NECK RECONSTRUCTION BY OTORHINOLARYNGOLOGY SURGEON: OUR EXPERIENCE AND ITS OUTCOME
Siew Chung Cheah, Sai Guan Lum, Shamina Sara Moses, Chun Yiing Wong

43  TRANSPLUMINAL MIGRATION OF OESOPHAGEAL FOREIGN BODIES: A SERIES OF THREE PATIENTS
Lim Iu Tong, Avatar Singh A/L Mohan Singh, Viji A/L Ramasamy, Ong Fei Ming, Suhana binti Abdul Rahim, Lina Ling Chooi

45  PREVALENCE OF SENSORINEURAL HEARING LOSS, WITH SYMPTOM OF TINNITUS AND VERTIGO IN TYPE 2 DIABETES MELLITUS IN MALAYSIA: A CROSS SECTIONAL STUDY AMONGST PATIENT ATTENDING ENDOCRINE CLINIC AT AMPANG PUTERI SPECIALIST HOSPITAL BETWEEN JUNE 2020 TO DECEMBER 2020
Azizah Ahmad, Anis Nadia Hussin, Sharifah Sakinah S Othman Al-Yahya, Aminuddin Saim

46  NEW PROPOSAL TO REVISE CLASSIFICATION FOR SQUAMOUS CELL CARCINOMA OF EXTERNAL AUDITORY CANAL AND MIDDLE EAR
Hirotaka Shinomiya, Natsumi Uehara, Takeshi Fujita, Masanori Teshima, Akinobu Kakigi, Ryohei Sasaki, Ken-Ichi Nibu

47  THE EUSTACHIAN TUBE BALLOON DILATATION VERSUS CONVENTIONAL MEDICAL TREATMENT IN TREATING EUSTACHIAN TUBE DYSFUNCTION: A PILOT STUDY
Tan Sui Teng, Noor Dina Hashim, Asma Abdulllah

48  EFFECTIVENESS OF NASAL ENDOSCOPE STERILIZATION USING A NOVEL Rig-S™ DEVICE: A RANDOMIZED CONTROLLED TRIAL
Azlina Ab Rani, Salina Husain, Farah Dayana Zahedi, Asma Abdulllah

59  A PROSPECTIVE MULTI-CENTERED RANDOMIZED CONTROLLED TRIAL COMPARING COLD STEEL DISSECTION AND BLEND MODE MONOPOLAR TONSILLECTOMY IN PEDIATRIC POPULATION
Foong Seong Kin, Mawaddah Azman, Marina Mat Baki, Abdullah Sani Mohamed, Mohd Razif Mohamad Yunus, Halimuddin Bin Sawali, Yong Doh Jeing, Haridip Singh Gendeh

60  THE STUDY OF OSTEITIC CHANGES IN CT PARANASAL SINUS OF ATOPIC AND NON-ATOPIC CHRONIC RHINOSINUSITIS
Nur Sa’adah binti Mohamad, Abdulla B, Mohamad S, Aziz M E

61  PROGNOSTIC FACTORS AFTER TRANSORAL RESECTION OF EARLY HYPOPHARYNGEAL CANCER
Keisuke Iritani, Tatsuya Furukawa, Masanori Teshima, Hirotaka Shinomiya, Naoki Otsuki, Ken-Ichi Nibu
63 UNIVERSITI KEBANGSAAN MALAYSIA MEDICAL CENTRE EXPERIENCE IN MANAGING TEMPORAL BONE CARCINOMA: WHAT CAN WE LEARN?
Khairil Afif Mahmud, Noor Dina Hashim, Fuad Ismail, Mohd Razif Mohammad Yunus, Asma Abdullah

84 RELIABILITY OF THE ‘M-LINE’ IN THE PREDICTION OF THE FACIAL NERVE POSITION IN PATIENTS WITH PAROTID NEOPLASMS
Cheah Pei Fen, Punithamalar Krishnan, Lawrence Kong Sing Siong, Goh Liang Chye, Yeoh Aik Guan, Mohd Razif Mohamad Yunus

86 A GLOTTIC CLOSURE TECHNIQUE FOR SEVERE ASPIRATION AFTER THE TREATMENT OF HEAD AND NECK CANCER
Tatsuya Furukawa, Kotaro Tamagawa, Hirokazu Komatsu, Keisuke Iritani, Shun Tatehara, Masanori Teshima, Hirotaka Shinomiya, Ken-Ichi Nibu

105 A REVIEW OF 18 YEARS’ EXPERIENCE MANAGING SALIVARY GLAND TUMOR’S IN HOSPITAL SELAYANG, MALAYSIA
Muhammad Adam Mohd Shariff, Faridah Hassan, Noraziana Fadzilah, Zainal Azmi Zainal Abidin

112 ANTERIOR ETHMOID “GENU”: A NEW ANATOMICAL LANDMARK TO GUIDE FRONTAL SINUS AND ANTERIOR ETHMOID ENDOSCOPIC SURGICAL DISSECTION
Kugan Raman, Revadi Govindraju, Mohammad Nazri bin Md Shah, Naishadh Patil, Karl James

118 THE NASOCARDIAC REFLEX DURING NASOENDOSCOPY: A COMMONLY OVERLOOKED RISK
Arthur Wong, Mohd Zulkiflee Abu Bakar

124 THE EFFECTS OF SUBTHALAMIC NUCLEUS DEEP BRAIN STIMULATION ON SLEEP QUALITY AND POLYSOMNOGRAPHIC PARAMETERS IN PATIENTS WITH PARKINSON’S DISEASE
Andrew Charles Gomez Junior, Chong Aun Wee, Mohd Adzeil bin Bakri, Kamal Azrin Abdullah @ Kalai Arasu Muthusamy, Lim Shen-Yang

146 DOUBLE STAGED SLEEVE RESECTION OF LARYNGOTRACHEAL TUMOUR OF PAPILLARY AND FOLLICULAR THYROID CARCINOMA
Rachel Lim, Ikram Hakim, Mawaddah Azman, Nani Harlina Md Lata, Rohaizak Muhammad, Shahrun Niza Abdullah Suhaimi, Marina Mat Baki

188 LYMPH NODE METASTASIS AND ADVERSE FEATURES EVALUATION IN LARYNGEAL CANCER
Marlinda Adham, Ika D Mayangsari, Ferucha Moulanda
POSTER PRESENTATIONS

27  ORAL TONGUE CANCER, A RETROSPECTIVE STUDY OF AN 8-YEAR SINGLE CENTRE EXPERIENCE
Tabitha Shirani, Viji Ramasamy, Suhana Abdul Rahim, Lina Ling Chooi, Kanivannen Arasu, Avatar Singh

28  INCIDENCE OF FACIAL NERVE PARESIS BEFORE AND AFTER PAROTIDECTOMY AT HEAD & NECK SURGERY CENTRE
Rathakrishnan Venkataraman, Viji Ramasamy, Suhana Abdul Rahim, Kanivannen Arasu, Avatar Singh

29  THYROID SURGERY OUTCOME DONE BY ORL-HNS IN HOSPITAL TAIPING FROM JANUARY 2016 - DECEMBER 2020: A RETROSPECTIVE STUDY
Aminuddin Ansari, Avatar Singh, Suhana Abdul Rahim, Lina Ling Chooi, Choo Choon Sean, A Kanivannen, Viji Ramasamy

31  SURGICAL VERSUS CONVENTIONAL WEIGHT LOSS THERAPY FOR OBSTRUCTIVE SLEEP APNEA, A RANDOMIZED CONTROLLED TRIAL: QUANTITATIVE AND QUALITATIVE OUTCOME
Mawaddah Azman, Ng Sze Yin, Abdullah Sani Mohamed, Marina Mat Baki, Mustafa Mohammed Taher, Nik Ritza Kosai

32  5-YEARS SURVIVAL RATE OF NASOPHARYNGEAL CARCINOMA PATIENTS IN HOSPITAL TAIPING FROM JANUARY 2008 - DECEMBER 2016: A RETROSPECTIVE STUDY
Mohammad Zakwan bin Mohamed Zin, Avatar Singh, Suhana Abdul Rahim, Lina Ling Chooi, Choo Choon Sean, A Kanivannen, Viji Ramasamy

33  OUTCOME OF NECK DISSECTION IN A SINGLE CENTRE: A 9 YEARS EXPERIENCE
Muhammad Haziq Ghufran Muhammad Fauzi, Suhana Abdul Rahim, Lina Ling Chooi, Choo Choon Sean, A Kanivannen, Viji Ramasamy, Avatar Singh

35  QUALITY OF LIFE OF CHRONIC RHINOSINUSITIS WITH ALLERGIC RHINITIS PATIENTS FOLLOWING IMMUNOTHERAPY
Mohamed Iliyas Sultan Abdul Kader, Lee Suk Sian, Abd Razak Ahmad, Arnil George Sirimanne, Nurulwafa Hussain, Mohd Razif Mohammad Yunus

42  OUTCOME OF LARYNGEAL SQUAMOUS CELL CARCINOMA: A RETROSPECTIVE STUDY IN A SINGLE CENTRE
Ilamathi Balakrishnan, Suhana Abdul Rahim, Lina Ling Chooi, Choo Choon Sean, Kanivannen Arasu, Viji Ramasamy, Avatar Singh

52  ASSOCIATION BETWEEN PATIENT-REPORTED OUTCOME OF DYSPHAGIA AND PENETRATION-ASPIRATION SCALE AMONG POST RADIOTHERAPY NASOPHARYNGEAL CARCINOMA PATIENTS
Tey Kai Jun, Noor Dina Hashim, Kong Min Han, Avatar Singh A/L Mohan Singh

58  PREVALENCE OF LARYNGOPHARYNGEAL REFLUX AND ITS ASSOCIATED FACTORS AMONG STAFF OF FACULTY OF MEDICINE AND HEALTH SCIENCES OF UNIVERSITI PUTRA MALAYSIA
Noor Liza Ishak, Teh Wei Xiang, Natrah Izaham, Shurrtty Lechumanan, Mohd Hazmi Mohamed

65  PAROTID CARCINOMA: A COMPREHENSIVE CLINICAL REVIEW FROM A SINGLE TERTIARY HOSPITAL IN SOUTHERN MALAYSIA
Irfan Affandi Hamid, Jothi Shanmuganathan, Khairina Khairuddin, Mohd Razif Mohammad Yunus
POSTER PRESENTATIONS

75 PROSPECTIVE EVALUATION OF RADIATION-INDUCED LATE TOXICITIES IN HEAD AND NECK CANCERS IN UNIVERSITY MALAYA MEDICAL CENTRE
Norhidayu Salimin, Anita Zarina Bustam

81 TREATMENT OUTCOME FOR LOCAL RECURRENT NASOPHARYNGEAL CARCINOMA IN UNIVERSITY MALAYA MEDICAL CENTRE FROM 2010-2017
Yusra Hadi, Nur Fadhlina Abdul Satar

87 PREVALENCE AND FACTORS ASSOCIATED WITH DIZZINESS AND IMBALANCE AMONG ELDERLY WITH HEALTHY AGEING IN MALAYSIA
Mohd Hazmi Mohamed, Haritharan A/L Sivakumari, Nur Hanisah Hasbullah, Aliah Shahdina Shahrizal, Noor Liza Ishak

90 EXTENT OF RADICAL NECK DISSECTION IN PATIENTS WITH ORAL CANCER AND NECK LYMPH NODE METASTASIS: A CLINICAL ANALYSIS
Masanori Teshima, Keisuke Iritani, Shun Tatchara, Tatsuya Furukawa, Hirotaka Shinomiya

97 EARLY TRANSTHYROHYOID INJECTION LARYNGOPLASTY UNDER LOCAL ANAESTHESIA IN A SINGLE TERTIARY CENTER
Chow Xiao Hong, Siti Farhana Johari, Luqman Rosli, Adi Farhan Abd Wahab, Mawaddah Azman, Marina Mat Baki

100 SENSITIVITY AND SPECIFICITY OF MODIFIED BEATY RISK FACTORS FOR PATIENT UNDERWENT TONSILLECTOMY IN HOSPITAL AMPANG
Ein Wan Chin, Shahrul Hitam, Eyzawiah Hassan, Hafiz Jaafar, Siti Asmat Md Arepen

110 EPIDEMIOLOGY AND CLINICOPATHOLOGICAL FEATURES OF PATIENTS WITH ORAL SQUAMOUS CELL CARCINOMA SEEN AT A TERTIARY REFERRAL CENTRE IN SARAWAK
Hans Prakash Sathasivam, Shim Chen Kiong, Pavithren Nadaesan, Tan Yy Jean, Lim Woci Tatt, Lee Sie Wei

111 A 5-YEARS RETROSPECTIVE STUDY OF SURGICAL OUTCOMES OF AN EARLY AND DELAYED FACIAL NERVE DECOMPRESSION
Kalaiselvi Thuraisingam, Asfa Najmi Mohamad Yuso, Hafeza Ahmad, Iskandar Hailani

131 CORRELATION BETWEEN QUANTITATIVE LARYNGEAL ELECTROMYOGRAPHY AND VOICE ASSESSMENT IN UNILATERAL VOCAL FOLD PARALYSIS
Irise Chen Hoi Khin, Zuraini Mohammad Nasir, Rabani Remli, Mawaddah Azman, Marina Mat Baki

139 NASAL BITTER TASTE TESTING AS A SCREENING TOOL IN CHRONIC RHINOSINUSITIS
Ramiza Ramza Ramli, Shankar Ramasundram

140 THE EFFECT OF MOMETASONE FURATE NASAL SPRAY ON BLOOD OXYGENATION IN ALLERGIC RHINITIS PATIENTS
Ramiza Ramza Ramli, Khalid Mohamad Azizul Fitri, Rosdan Salim, Amirozi Ahmad

141 THE STUDY ON POST-TONSILLECTOMY PAIN RELIEF AND WOUND HEALING BY USING BISMUTH IODOFORM PARAFFIN PASTE (BIPP) ON DISSECTED TONSILLAR BED
Ramiza Ramza Ramli, Rahimah Idris
<table>
<thead>
<tr>
<th>Abstract ID</th>
<th>Title</th>
<th>Authors</th>
</tr>
</thead>
<tbody>
<tr>
<td>145</td>
<td>OLFACTORY &amp; TASTE DYSFUNCTION IN COVID-19 PATIENTS: PATHOGENESIS AND ASSOCIATED FACTORS</td>
<td>Siti Asmat Md Arepen, Nor Azirah Salahuddin, Eyzawiah Hassan</td>
</tr>
<tr>
<td>154</td>
<td>OBJECTIVE ASSESSMENT OF FREY’S SYNDROME VIA MINOR’S STARCH IODINE TEST</td>
<td>Norhafiza Mat Lazim</td>
</tr>
<tr>
<td>162</td>
<td>SINGLE CENTRE EXPERIENCE OF ENDOSCOPIC CARTILAGE GRAFT BUTTERFLY MYRINGOPLASTY</td>
<td>Leong Jia Ern, Kok Wai Leong</td>
</tr>
<tr>
<td>169</td>
<td>DIABETES MELLITUS IN HEAD &amp; NECK INFECTIONS: 18 YEARS’ EXPERIENCE IN A SINGLE TERTIARY CENTRE</td>
<td>Athierah Muhammad, Masaany Mansor, Faridah Hassan, Zainal Azmi Zainal Abidin</td>
</tr>
<tr>
<td>170</td>
<td>CORRELATION OF GROWTH HORMONE AND INSULIN LIKE GROWTH FACTOR IN CHILDREN WITH OBSTRUCTIVE SLEEP APNOEA SYNDROME: A COMPARISON OF OBESE AND NON-OBESE CHILDREN</td>
<td>Jasintha Vani Raja Sekaran, Mohd Zulkiflee Abu Bakar, Anna Marie Nathan, Jeyanthi Kulasegarah</td>
</tr>
<tr>
<td>174</td>
<td>FACTORS ASSOCIATED WITH NEUROCOGNITIVE IMPAIRMENT AMONGST OBSTRUCTIVE SLEEP APNOEA PATIENTS</td>
<td>Mohd Hazmi Mohamed, Nur Farihan Mohd Zairi, Jebacinta Roobini James, Amar Thaqeef Noor Alami, Azlan Iskandar Ishak, Saraiza Abu Bakar</td>
</tr>
<tr>
<td>175</td>
<td>HOSPITAL PUTRAJAYA 10 YEARS’ EXPERIENCE ON SLEEP SURGERY OUTCOME BY ESS AND PSG</td>
<td>M’Trinyanasuntari, Fauziah Nasir, Balwinder Singh</td>
</tr>
</tbody>
</table>
POSTER PRESENTATIONS - CASE REPORTS

8 EXTERNAL AUDITORY CANAL METASTASIS IN NASOPHARYNGEAL CARCINOMA: A CASE REPORT
   Shea Ann Wee, Zubaidah Hamid, Azreen Zaira Abu Bakar, Shahrul Hitam

10 ENDOSCOPIC SKULL BASE REPAIR OF CSF LEAK USING TISSEEL GLUE - HOSPITAL AMPANG EXPERIENCE: CHALLENGES IN LATERALLY PLACED SPHENOID DEFECT WITH HERNIATION
   Siti Aisyah Mohamed, M Hazri Hamal, Shahrul Hitam

11 AN UNCOMMON COMPLICATION OF OTITIS MEDIA IN THE ONLY HEARING EAR: BEZOLD ABSCESS
   Siang Poon Goh, Noor Dina Hashim, Faizah Mohd Zaki, Asma Abdullah

12 IBUPROFEN-INDUCED ALLERGIC REACTION PRESENTING AS A SPONTANEOUS RETROPHARYNGEAL AND LARYNGEAL HEMATOMA: A CASE REPORT
   Judge Serjitsjruup Kaur, B Indirani, S Ram Kumar Sharma

13 NECK SWELLING, EXPECT THE UNEXPECTED!
   Kar Mun Ooi, Mohamad Hazri Hamal, Shahrul Hitam

14 AN INTRIGUING CASE OF UNILATERAL NASAL BLOCKAGE
   Kar Mun Ooi, Shahrul Hitam, Nor Azirah Salehudin, Eyzawiah Hassan

15 AN UNUSUAL PRESENTATION OF NODULAR FACITIS: A RARE CASE
   Najihah Nordi, Razak I, Siti Norain Roslim, Shahrul Hitam

16 THE ROLE OF EXTRA-ENDOLARYNGEAL SUTURE LATERALIZATION: HOW WE MANAGE IN RECALCITRANT SUBGLOTTIC STENOSIS IN OUR CENTRE
   Norazila Abdul Rahim, Ariff Sobani, Masaany Mansor, Nik Fariza Husna Nik Hassan

17 A CASE REPORT: CHRONIC SIALOLITHIASIS OF SUBMANDIBULAR GLANDS WITH SIALOCUTANEOUS FISTULA IN THE NECK
   Norazila Abdul Rahim, Intan Kartika Kamarudin, Masaany Mansor

19 GIANT SINONASAL SCHWANNOMA
   Khaw Chok Tong, Jothi Shanmuganathan, Irfan Mohamad, Premalatawati Krishna

20 POST TRAUMATIC PSEUDOANEURYSM OF A BRANCH OF FACIAL ARTERY
   Khaw Chok Tong, Mohd Khairi Md Daud, Nor Khairina binti Khairuddin, Salinawati binti Bakin

21 AN ENTHRALLING CASE OF PAROTID GLAND TUMOUR
   Malinda Jeet Kaur, Siti Nurafiqah Sharuddin, Shahrul Hitam, Eyzawiah Hassan, Nor Azirah Salahuddin, Siti Asmat Mat Arepen

22 MALT LYMPHOMA OF MAXILLARY SINUS: A RARITY OF AGGRESSIVENESS
   Malinda Jeet Kaur, Siti Aisyah Mohamed, Azrin Anuar, Siti Norain Roslim, Shahrul Hitam

23 A RARE CLINICAL ENTITY: HYPOPHARYNGEAL CARCINOMA WITH MUSCULOSKELETAL METASTASIS
   Siti Nurafiqah Sharuddin, Malinda Jeet Kaur, Shahrul Hitam, Khairullah Anuar
24 PALATINE TONSILLAR METASTASIS OF PRIMARY LUNG CARCINOMA: A RARE CASE
Siti Nurafigah Sharudin, Roslim-Siti Norain, Shahrul Hitam

25 INTRAORAL MATURE TERATOMA IN NEWBORN: A CASE REPORT
Norshazwani Mohd Izhar, Zubaidah Hamid, Shifa Zulkifli, Azrin Anuar

34 5-FLUOROURACIL-INDUCED MOOD DISORDER IN A PATIENT WITH TONGUE CARCINOMA
Mohamed Iliyas Sultan Abdul Kader, Lee Suk Sian, Abd Razak Ahmad, Arnil George Sirimanne, Nurulwafa Hussain, Mohd Razif Mohammad Yunus

36 SYNCHRONOUS LARYNGEAL SQUAMOUS CELL CARCINOMA AND ADENOCARCINOMA OF COLON: A CASE REPORT
Najihah Nordin, Thilagam T, Siti Asmat, Eyzawiah Hassan

38 KAPOSI SARCOMA OF THE LARYNX, AN UNUSUAL ENCOUNTER
Athierah Muhammad, Loo Lit Yee, Tuang Geng Ju

40 HYPERPNEUMATISATION OF PARANASAL SINUSES AND MASTOID AND VALSAVA’S MANEUVER: A MISSING LINK?
Theresa Teoh Chiu Hoong, Guhan Kumarasamy, Ranveer Singh Gill

41 INFECTED FUNGAL BALL IN CONCHA BULLOSA: A RARE CAUSE OF HEADACHE
Nurfarissa binti Hussin, Farah Iryani binti Izani

44 THE SOLIDARITY OF SWEET AND SOUR OF SALIVARY STORIES. A SERIES OF FIVE PATIENTS
Lim Iu Tong, Norhafiza binti Mat Lazim, Nasibah Mohamad, Anani Aila binti Mat Zin

50 PLEOMORPHIC ADENOMA OF PARAPHARYNGEAL SPACE: OUR MANAGEMENT
Intan Kartika Kamarudin, Muhamad Ariff Soban, Alan Basil Peter, Norazila Abdul Rahim, Masaany Mansor

51 THE PURSUIT OF BALANCE
Intan Kartika Kamarudin, Noor Shairah Mat Barhan

53 FAST AND FURIOUS: A CASE OF DEEP NECK ABSCESS IN PREGNANCY
Johannas M Yusof, Azwarizan A Halim, Mawaddah Azman

54 RAMSAY HUNT SYNDROME: WHERE ARE THE VESICLES?
Farhan Fader, Hardip Singh Gendeh, Goh Bee See

55 A RARE CASE OF SYNCHRONOUS CARCINOMA OF RENAL CELL CARCINOMA AND TONSILLAR CARCINOMA
Aishah Harizah Abdullah Alwi, Gendeh Hardip Singh, Mohd Razif Mohamad Yunus

56 METASTATIC CERVICAL LYMPH NODES FROM PROSTATE CANCER: IS IT POSSIBLE?
Siti Sarah Jasmin binti Abdul Aziz, Mohd Razif Mohamad Yunus

57 A PTERYGOID PLEXUS VARIANT CAUSING RECURRENT EPISTAXIS: RARE BUT POSSIBLE
Siti Sarah Jasmin Abdul Aziz, Salina Hussain, Farah Dayana Zahedi, Aneeza Khairiyah Wan Hamizan
**POSTER PRESENTATIONS - CASE REPORTS**

62 **TUBERCULOSIS OF EAR MIMICKING CHOLESTEATOMA**  
Shea Ann Wee, Thilagam T, Shahrul Hitam

64 **BILATERAL PAROTID KIMURA DISEASE: WHAT WE SHOULD DO IN THIS RARE ENTITY**  
Irfan Affandi Hamid, Jothi Shanmuganatha, Khairina Khairuddin, Mohd Razif Mohamad Yunus

66 **ATYPICAL PRESENTATION OF PAPILLARY THYROID CARCINOMA: HIGHLIGHT OF TWO CASES**  
Nur Sa’adah Mohamad, Norhafiza Mat Lazim

67 **KAWASAKI DISEASE MASQUERADING AS RETROPHARYNGEAL OEDema**  
Lawrence Kong Sing Siong, Ranveer Singh Gill, Guhan Kumarasamy

68 **A COMBINED TRACHEAL OPENING AND ENDOSCOPIC PROCEDURE FOR REMOVAL OF AN ASPIRATED FOREIGN BODY**  
Irfan Affandi Hamid, Salina Hussain, Goh Bee See, Hardip Singh Gendeh

69 **CERUMINOUS ADENOMA OF THE EXTERNAL AUDITORY CANAL: A RARE NEOPLASM WITH BENIGN CLINICAL BEHAVIOUR**  
Siti Sarah binti Mohd Ramli, Asma Abdulllah, Suria Hayati Md Pauzi

70 **A RARE CASE OF EXTRANODAL NK-T CELL LYMPHOMA NASAL TYPE: THE “MASQUERADE” ACUTE PERITONSILITIS**  
Ein Wan Chin, Siti Nor’ain Roslim, Eyzawiah Hassan

72 **A DIAGNOSTIC CHALLENGE: NODULAR FASCIITIS AS A GREAT MIMICKER OF SOFT TISSUE SARCOMA**  
Tung Siew Yoong, Guhan Kumarasamy, Ranveer Singh Gill

73 **SURGICAL APPROACH ON CONGENITAL MIDLINE CERVICAL CLEFT- A CASE REPORT OF A RARE CONGENITAL ANOMALY**  
Khoo Veejie, Azman Ali, Faredza Aliyaa Zakawi

74 **NASOLACRIMAL DUCT MALIGNANCY OR IgG4 RELATED DISEASE? A CURIOUS CASE REPORT OF A NASAL VESTIBULE MASS AND REVIEW OF LITERATURE**  
Khoo Veejie, Julius Goh Liang Chye, Puvaneswaran A/L Dakshinamurthi

77 **HIDDEN PARAPHARYNGEAL EXTRACRANIAL PSAMMOMATOUS MENINGIOMA: A DIAGNOSTIC AND SURGICAL DILEMMA**  
Rebecca Wilfred, Hardip Singh Gendeh, Sai Guan Lum, Marina Mat Baki, Mohd Razif Mohamad Yunus

79 **PRIMARY NASOPHARYNGEAL OLFATORY NEUROBLASTOMA WITH INTRACRANIAL EXTENSION: A CASE REPORT**  
Wannitta E Ting Wong, Siow Ping Loong, Gagandeep S Mann, Prepageran Narayanan

82 **LIFE THREATENING CERVICAL NECROTIZING FASCIITIS**  
Shafawati Mohd Zulkifli, Mohd Zambri Ibrahim, Hardip Singh Gendeh

83 **ECTOPIC PAPILLARY THYROID CARCINOMA ARISING IN THE BACKGROUND OF THYROGLOSSAL DUCT CYST: A CASE REPORT AND DISCUSSION ON MANAGEMENT**  
Lim Iu Tong, Avatar Singh Mohan Singh, Suhana Abdul Rahim, M Shiraz Qamil, Baharudin Abdullah
POSTER PRESENTATIONS - CASE REPORTS

85 CRANIOFACIAL FIBROUS DYSPLASIA: AN APPROACH TO MANAGING A NEWLY DIAGNOSED BENIGN LESION AND A RECURRENT MALIGNANT LESION
Ganesan Kuppan, Rohaizam Japar Jaafar, Zakinah Yahaya, Amali Ahmad

88 SCHWANNOMA OF THE EXTERNAL NOSE: REPORT OF TWO CASES AND LITERATURE REVIEW
Geng Ju Tuang, Farah Dayana Zahedi, Salina Husain

91 SILENT MASSIVE BLEEDING FROM AN ECTOPIA LINGUAL THYROID: A CASE REPORT
Preetpal K Bhatt, Atiqah Farah Zakaria, Mohamad Doi

92 OLFACTORY NEUROBLASTOMA WITH ACUTE OPHTHALMIC MANIFESTATION: AN UNUSUAL PRESENTATION
Amarpreet Singh Gill, Gan Boon Chye, Ng Pui Foong, Chenthilnathan Periasamy, Zahirrudin Zakaria

93 BENIGN EXOPHYTIC SINONASAL PAPILLOMA OF THE SPHENOID SINUS MIMICKING A MALIGNANT TUMOUR: A CASE REPORT
Sasitharan Paskaramoorothy, Boon Chye Gan, Chenthilnathan Periasamy, Zahirrudin Z A

94 SUPPOSED OTOLARYNGOLOGY EMERGENCY WHICH PRESENTS LATE: BILATERAL CONGENITAL CHOANAL ATRESIA
Ting Lorna Kang Ni, Bee Sec Goh, Sawali Halimuddin

95 A CURIOUS CASE OF SYPHILIS CAUSING RETROPHARYNGEAL ABSCESS WITH AIRWAY COMPROMISE: ARE WE MISSING A COMMON ETIOLOGY?
Syafina Hanafi, Chua Sze Hang, Goh Liang Chye

98 T-TUBE IN A COMPLETE SUBGLOTTIC STENOSIS: IS IT WORTHWHILE?
Nur Eliana Ahmad Tarmizi, Mawaddah Azman, Marina Mat Baki

99 PRIMARY LARYNGEAL TUBERCULOSIS MANIFESTED AS UNILATERAL IRREGULAR VOCAL FOLD LESION
Lum Sai Guan, Tey Kai Jun, Mawaddah Azman, Marina Mat Baki

104 A REPORT OF TWO UNUSUAL CASES OF EXTRALUMINAL MIGRATING FOREIGN BODIES IN THE NECK
Kalaiselvi Thuraisingam, Nazirah Baharudin, Rohaizam Jaafar, Hafeza Ahmad, Elangkumaran Krishnan

113 NASAL MYIASIS FOLLOWING RE-IRRADIATION FOR SINONASAL SQUAMOUS CELL CARCINOMA: A CASE REPORT
Ooi Po Lin, Wan Zamaniah binti Ishak

119 INTRACOCHLEAR SCHWANNOMA: THE LOCATION VS PATTERNS OF HEARING LOSS
Noor Dina Hashim, Khairunnisak Misron, Hae Eun Noh, Jinna Kim, Seo Jin Moon, Dong Hee Han, In Seok Moon

123 ROLE OF SPEECH THERAPY FOR RECURRENT LARYNGEAL SACCULAR CYST IN ADULT: A CASE REPORT
Azlul Syakirah Zaghlool, Nor Azirah Salahuddin, Shahrul Hitam, Siti Norain Roslim, Siti Asmat Md Arepen
POSTER PRESENTATIONS - CASE REPORTS

125 RARE CHEMOTHERAPY-RELATED TRACHEOESOPHAGEAL FISTULA SECONDARY TO LYMPHOMA
Ang Qi Xuan, Sakina Ghauth, Liew Yew Toong

126 AN EXTREMELY RARE CASE OF SPINDLE CELL SARCOMA IN NECK
Aimi Athirah Azmi Murad, Loo Lit Yee, Zainal Azmi Zainal Abidin

127 RARE ORGANISM - FILOBASIDIUM UNIGUTTULATUM CAUSING FUNGAL SUPRAGLOTTITIS
Ahda Farhah Mohd Kutubudin, Ali Haron, Marina Mat Baki

130 SYNCHRONOUS TUMOR OF LARYNX AND NASOPHARYNX WITH LITERATURE REVIEW
Syarifah Nafissah Al-Yahya, Norhasizah Saffudin, Shiraz Qamal Muhammad Abdul Kadar, Carren Teh Sui Lin, Sobani Din, Abdul Rahim Md Din, Marina Mat Baki

132 DOUBLE BUBBLE ON THE NECK: BILATERAL BRANCHIAL CLEFT CYST
Saravana Selvi Sanmugam, Azreen Zaira Abu Bakar, Eyzawiah Hassan

133 ORAL LESION IN RHEUMATOID ARTHRITIS
Dinie Qistina Rajalie, Azreen Zaira Abu Bakar, Eyzawiah Hassan

134 KISSING IN THE RETROPHARYNX
Azreen Zaira Abu Bakar, Syisy Ana Abd Jalal

135 SUPRAGLOTTIC NON-HODGKIN B-CELL LYMPHOMA - A CASE REPORT
Alifah Lott, Khairudin Abdullah, Zalilah Musa

136 NASOPHARYNGEAL TUBERCULOSIS
Mohammad Nazmi Mohammad Kazmin, Thilagam Thangavelu, Shahrul Hitam, Siti Asmat Md Arepen, Eyzawiah Hassan

143 BALLOON IN THE MOUTH CAUSING CONGENITAL STRIDOR
Ahda Farhah Mohd Kutubudin, Bee See Goh, Hashimah Ismail, Nik Azrizie Muhamed

144 RECURRENT RHINOLITH: A RARE INTRANASAL FOREIGN BODY IN ADULT MALE
Ahda Farhah Mohd Kutubudin, Rosli Mohd Noor, Zulkiflee Salahuddin, Farah Dayana Zahedi

147 VASCULAR SINONASAL TUMOURS: A BRIEF EXPERIENCE AT HOSPITAL KUALA LUMPUR - A CASE SERIES
Santiyamadhi Subramanyan, Elangkumaran Krishnan

148 A REPORT OF TWO UNUSUAL CASES OF ATYPICAL DISTANCE METASTASIS OF BREAST MALIGNANT PHYLLODES TUMOUR TO ORAL CAVITY
Nazirah Baharudin, Alliah Hanum Mohd Yusoff, Syafazaima Abd Wahab

149 CAROTID BLOW-OUT SYNDROME: CHALLENGES IN MANAGEMENT OF EPISTAXIS IN A POST-SURGICAL INTERVENTION AND RADIATED PATIENT
Siang Poon Goh, Rebecca Welfred, Salina Husain, Ing Ping Tang

150 UNCOMMON INITIAL PRESENTATION OF NASOPHARYNGEAL CARCINOMA
Nor Azirah Salahuddin, Azreen Zaira Abu Bakar, Siti Asmat Md Arepen, Mawaddah Azman, Eyzawiah Hassan
POSTER PRESENTATIONS - CASE REPORTS

151 DERMAL FAT GRAFT FOR RETROMANDIBULAR DEPRESSION IN SALIVARY GLANDS SURGERY
Norhafiza Mat Lazim

152 WHEN THE TEETH BITES DURING SWALLOWING
Zahirrudin Zakaria @ Azidin, Loh Zheng Hao, Thevagi Maruthamuthu, Khairul Bariah N, Yeoh Xing Yi, Voon Kelvin

153 ANTERIOR ADVANCEMENT FLAP STOMAPLASTY FOR STOMAL STENOSIS
Norhafiza Mat Lazim

155 OVERCOMING SEVERE UPPER AIRWAY OBSTRUCTION WITH LINGUAL TONSILLECTOMY: A CASE REPORT
Azlan I Ishak, Mohd Hazmi Mohamed, Noor Liza Ishak

156 AGGRESSIVE NODAL MANIFESTATION OF POORLY DIFFERENTIATED THYROID CARCINOMA AND ITS MANAGEMENT CHALLENGES
Yi Wee Lim, Maya Mazuwin Yahya, Sharifah Emilia Tuan Sharif, Norhafiza Mat Lazim

157 TEMPORALIS MUSCLE FLAP AS AN OPTION FOR MAXILLARY DEFECT RECONSTRUCTION
Alliah Hanum Mohd Yusoff, Nazirah Baharudin, Syafazaima Abd Wahab

158 CHALLENGES IN DIAGNOSING CLASSICAL HODGKIN’S LYMPHOMA NODULAR SCLEROSING TYPE OF PAROTID GLAND, A RARE CASE: CASE REPORT
M’Trinyanasuntari, James Kok W L, Balwinder Singh

159 HEAD AND NECK RECONSTRUCTION: THE RIGHT AND THE BEST OPTION
Amirah Sufian, Nazirah Baharudin, Alliah Hanum Mohd Yusoff, Syafazaima Abd Wahab

160 CITELLI’S ABSCESS: A RARE CASE
Yuanzhi Cheah, Boon Han Kevin Ng, Moses Shamina Sara, Ing Ping Tang

161 MALIGNANCY MIMICKING AS BENIGN NECK LESION
Eric Tan Jin Wee, Sharir Asrul bin Asnawi, Hatta Zuraida

163 A RARE EXTRA CARDIAC RHABDOMYOMA OF THE FLOOR OF MOUTH. WHAT CAN WE LEARN?
Noraimi binti Khamalrudin, Mohd Razif Mohamad Yunus

164 HOLE IN THE NECK! A CASE OF CERVICAL NECROTIZING FASCIITIS
Hanisah Hithayathullah, Azreen Zaira Abu Bakar

165 THE BABY CRIES.. “WHAT HAPPENED TO YOUR FACE?”
Hanisah Hithayathullah, Shifa Zulkifli

166 FUNGAL SINUSITIS WITH UNRESOLVED FACIAL NERVE PALSY
Yuszaini Azri Baharudin, Zalilah Musa, Khairuddin Abdullah

167 PRIMARY LARYNGEAL LYMPHOMA, MISTAKEN IDENTITY OF LARYNGEAL POLYP IN AN UPPER AIRWAY EMERGENCY. A CASE REPORT
Khadijah Mohd Nor, Tan Sui Teng, Shantini Jaganathan
BASALOID SQUAMOUS CELL CARCINOMA OF SOFT PALATE: A RARE CASE REPORT
Jeeven Velayutham, Sharmini Kuppusamy, Zubaidah Hamid

TONSILLAR TUBERCULOSIS WITH COEXISTING LYMPHOMA: A CASE REPORT
Li Ping Teoh, Chian Ling Tang, Pek Ser Heng, Li Yun Lim

GIANT PLEOMORPHIC ADENOMA OF SUBMANDIBULAR GLAND
Tan Shi Nec, Saravanan Gopalan, Marzuki Zainal Abidin, Rubinderan M, Primuharsa Putra SH A

CASE OF SUPRASTRUCTURE MAXILLECTOMY: A NEW CLASSIFICATION BECKONS?
Reggie George John, Jereme Gan, Lim Ming Yann

ACUTE RHINOSINUSITIS WITH COMPLICATIONS: GOLD STANDARD OF IMAGING
Surintheren Kumar Tamilchelvan, Zubaidah Hamid, Sharmini Kuppusamy

CASE REPORT OF PARAPHARYNGEAL ABSCESS WITH VOCAL CORD PALSY SECONDARY TO TRAUMA
Mahesh Balasubramaniam, Zubaidah Hamid, Sharmini Kuppusamy

PERSISTENT TRACHEOCUTANEOUS FISTULA (PCTF) SEQUELAE OF TRACHEOSTOMY DECANNUATION: A PICTORIAL DESCRIPTION OF REPAIR WITH CONCHAL CARTILAGE GRAFT AND LITERATURE REVIEW
Nor Amilah Mohd Ramli, Revadi Govindaraju, Jeyanthi Kulasegarah

ENDOSCOPIC EXCISION OF AN INTRALUMINAL GRANULATION TISSUE USING A MICRODEBRIDER
Jesvin Kaur Sukudew Singh

COBLATOR ASSISTED POSTERIOR CORDECTOMY IN BILATERAL ABDUCTOR PALSY. A CASE REPORT
Nurul Atikah Zakaria, Kok Wai Leong

A CASE OF RIGHT TONSILLAR NON-KERATINIZING SQUAMOUS CELL CARCINOMA WITH INVOLVEMENT OF CONTRALATERAL NASOPHARYNX
Maryam J M Shahriman, Kalaiselvi Thuraisingam, Syafazaima Abd Wahab

SYNCHRONOUS METASTATIC NASOPHARYNGEAL CARCINOMA WITH THORACIC SPINAL METASTASIS
Salch Khaled Aboud Al-Juboori, Steuphen Roy, Siti Aisyah Alias, Irfan Mohamad

A MALIGNANT LYMPHOMA PRESENTING AS A NON-HEALING ORAL ULCER
Ahmad Izani Mohd Safian, Faezahtul Arbaeyah Hussain, Azlan Husin, Irfan Mohamad

METASTATIC LUNG ADENOCARCINOMA TO THE ORAL CAVITY
Irfan Mohamad, Mohd Naquddin Mohd Najib, Muhammad Nasri Abu Bakar, Hasme Zam Hashim

HERPES SIMPLEX SUPRAGLOTTITIS: PRESENTATION & MANAGEMENT
Wan Ashekal, Sharmini Kuppusamy, Zubaidah Hamid
187 A RARE CASE OF EPIDERMOID CYST OF THE PAROTID GLAND AND MASTOID CAVITY
Noor Adilah Ab Rahman, Zubaidah Hamid, Sharmini Kuppusamy

189 GLOTTIC STAPHYLOCOCCUS AUREUS IN A PATIENT WITH SYSTEMIC LUPUS ERYTHEMATOSUS: VIDEOLARYNGOSTROBOSCOPIC CHARACTERISTICS
Siti Sarah Mohd Ramli, Marina Mat Baki

190 FACIAL NERVE PALSY FOLLOWING A BEE STING. A CASE REPORT
Khairullah bin Anuar, Maimunah Abdul Muna’aim

192 BRACHYTHERAPY AS DEFINITIVE RADIOTHERAPY IN AN ADVANCED STAGE ADENOID CYSTIC CARCINOMA OF THE BUCCAL MUCOSA
Siti Hajariah, Gokula Kumar Appalanaido, Jasmin Jalil, Muhamad Yusri Musa, Chong Soon Eu

193 HYBRID BRACHYTHERAPY FOLLOWED BY INTENSITY MODULATED RADIATION THERAPY (HyBIRT) TECHNIQUE FOR THE DEFINITIVE MANAGEMENT OF LOCALIZED TONGUE CANCER
Gokula Kumar Appalanaido, Jasmin Jalil, Mohd Zahri Abdul Aziz, Muhamad Yusri Musa, Siti Hajariah Kamarudin, Siti Noor Fazliah
ACKNOWLEDGEMENTS

The Organising Committee of the 13th Malaysian International ORL-HNS Congress & 41st Annual General Meeting of Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons (MSO-HNS) in conjunction with 7th Asian Society of Head and Neck Oncology (ASHNO) would like to express its appreciation to the following for their support and contributions:

DIAMOND SPONSOR

GlaxoSmithKline Pharmaceutical Sdn Bhd
Merck Sharp & Dohme (Malaysia) Sdn Bhd

GOLD SPONSOR

Karl Storz / UMMI Surgical Sdn Bhd

SILVER SPONSOR

Carl Zeiss Sdn Bhd
Easmed Sdn Bhd
Eisai (Malaysia) Sdn Bhd
Inova Pharmaceuticals (Singapore) Pte Ltd
Jetpharma (M) Sdn Bhd
Johnson & Johnson (M) Sdn Bhd
Mylan Healthcare Sdn bhd
Olympus (Malaysia) Sdn Bhd
Pentax Medical Singapore Pte Ltd
Primed Medical Sdn Bhd
Sandoz Malaysia
SYS Healthcare Sdn Bhd