

“Otolaryngology in the Caribbean - embracing the future and improving outcomes”

5th – 9th March 2017

Caribbean Association of Otolaryngology (CAO)

25th Annual Scientific Conference

Fort Young Hotel, Roseau,

Dominica, W.I.



PROGRAMME

Website: www.CAOENT.com

Welcome



Dear Friends and Colleagues,

Finally, the Annual Conference of the CAO will be held in the Dominica, Nature Isle of the Caribbean and one of its best kept secrets.

I have no doubt that the environment provided by our unspoilt natural beauty, winding rivers (365), hot Sulphur springs, fresh natural foods and warm friendly people will excite ALL your senses as well as your learning and participation in the diverse academic program.

I hope you will embrace the opportunity to soak in our hot springs, swim in waterfalls, hike our National trail, watch our resident whales and mingle with our indigenous Kalinago people.

I anticipate an exciting and memorable 25th Annual Conference and in the language of our indigenous Kalinago people MABRIKA! MABRIKA! WELCOME, WELCOME to DOMINICA, Nature Island of the Caribbean.

I guarantee this visit will not be your last and certainly your next escape to the Nature Isle will not wait twenty-five years.

Fraternally Yours,

Dr. Irving “Eipigh” Pascal.

Host/Vice –President, CAO

Introduction

About the CAO

The Caribbean Association of Otolaryngology (CAO) was established in 1993.

Our membership has grown over the years and we currently have members from all English-speaking Caribbean countries, as well as the Dutch Antilles, the United Kingdom and the United States of America.

Our objectives include the promotion of good clinical practice amongst colleagues, and sharing information on improvements in patient care.

For more information about the CAO, please visit: www.caoent.com

About this conference

Our conference theme this year is **“Otolaryngology in the Caribbean - embracing the future and improving outcomes”**

This is the 25th Annual Caribbean Association of Otolaryngology Conference, and the first time that CAO conference is being hosted in Dominica.

This conference is being held by the University of the West Indies in conjunction with the American Academy of Otolaryngology – Head and Neck Surgery and hosted in Dominica from Sunday 5th to Thursday 9th March 2017 at the Fort Young Hotel.

Conference venue and accommodation is at the Fort Young Hotel, Victoria Street, P.O. Box 519, Roseau, Dominica. This is within walking distance of the town centre. Alternative accommodation is also available at the nearby Garraway Hotel, 1 Dame Eugenia Charles Boulevard, Roseau, Dominica.

For the latest information about this conference, hotel booking, our partners and our sponsors, please visit our website at www.caoent.com

Conference host

Our Dominican host and Vice-President is Dr. Irving “Eipigh” Pascal M.B.,B.S., F.R.C.S.

General Information about our Programme

This year's programme consists of ten formal academic sessions over three days with academic presentations and discussions. The social program commences with an evening welcome reception on Sunday 5th March followed by other events including tours, boat ride and of course shopping sessions for the accompanying guests over the following days. There will be a formal banquet on Wednesday 8th March. Please contact the information and registration desk for further details on the social events programme for accompanying guests.

All academic sessions and events will be hosted at Fort Young Hotel unless otherwise stated.

Before planning your day, please consult the registration desk for an up-to date schedule of the presentations and social events as this printed programme may be subject to change.

Conference registration will take place in the corridor adjacent to the Conference room and will begin on Sunday 5th March at 2:00pm until 7:00pm. On subsequent days except Tuesday, information and registration desk will be open from 7:00am until 2:00pm.

CME Credits

This conference attracts category 1 CME credits from the University of the West Indies. Please consult the registration and information desk for further information on collection of your CME certificate.

Special Invited Guest Speakers

This year we are honoured to have three distinguished Guest Speakers; Professors Harold C. Pillsbury(USA), David Terris (USA), Suzy Duflo (French West Indies).

Prof. Harold C. Pillsbury MD FACS was born in and is a Thomas J. Dark Distinguished Professor of Otolaryngology/Head and Neck Surgery Chair, Department of Otolaryngology/Head and Neck Surgery Executive Director, W. Paul Biggers Carolina Children's Communicative Disorders Program (CCCDP)

Prof. David J. Terris MD FACS is an ENT-otolaryngologist in Augusta, Georgia and is affiliated with multiple hospitals in the area, including Charlie Norwood VA Medical Center and Doctors Hospital. He received his medical degree from Duke University School of Medicine and has been in practice for more than 20 years. He is a world leading authority on diseases of the Thyroid and Parathyroid glands.

Prof. Suzy Duflo is the President of the Medical Community, Vice Dean of Medicine French West Indies University, Chief of the Department of ENT and Head and Neck Surgery, University Hospital of Pointe à Pitre, French West Indies

President’s Welcome from CAO

Dear Friends, CAO Members,

The Caribbean Association of Otolaryngologists is delighted to welcome you to our 25th Annual Conference in Dominica, held in association with The University of the West Indies and the AAOHNS.

We are honored to host outstanding international invited guest lecturers from the French Caribbean (Professor Suzy Duflo), the USA (Professors Harold Pillsbury and David Terris). We welcome them.

We are pleased with the wide ranging high quality Caribbean and North American participation, as we seek to evaluate and document the otolaryngology experience in the Caribbean. I am particularly inspired by the increasing activity and participation of Caribbean residents, as this bodes well for the development of Otolaryngology in the Caribbean.

There is no better place to assimilate new information presented, develop new perspectives and to share and discuss all issues Otolaryngology, than in the relaxed but academically focused meetings of the CAO. Sincere thanks to the hardworking team who made this meeting a reality.

We look forward to seeing old friends and making new acquaintances. We are proud to welcome you to the Caribbean, to Dominica and to the CAO.

Barbara Grandison

President CAO

**25TH ANNUAL CONFERENCE OF THE CARIBBEAN ASSOCIATION
OF OTOLARYNGOLOGISTS**

IN ASSOCIATION WITH UNIVERSITY OF THE WEST INDIES AND THE AAOHNS

Fort Young Hotel, Roseau

DOMINICA

MARCH 5 – 9, 2017

PROGRAMME

SUNDAY MARCH 5TH

9:00am – 9:00pm

ARRIVALS

2:00pm – 7:00pm

ARRIVALS / REGISTRATION

7:00pm – 10:00pm

COCKTAIL RECEPTION

MONDAY MARCH 6TH

7:00am – 9:00am

REGISTRATION

8:30am – 9:00am

Welcome & Opening Ceremony

Prayers – Dr. C. Johnson

Welcome: Minister of Health – Hon. Dr. Kenneth Darroux

Welcome: President CAO- Dr. B. Grandison

Opening remarks: V.P., CAO- Dr. I. Pascal

Academic Session 1

Moderator: Dr. George Roberts

9:10am – 9:40am

Evolution of Hearing Technology -

How Did We Get There

Prof. Harold Pillsbury (USA)

9:40am – 10:10am

Parotid Tumors: How to Manage

Prof. Suzy Duflo (French West Indies)

10:10am – 10:30am

Parotidectomy

Dr. Halda Shaw (Jamaica)

10:30am – 10:45am

Q & A

10:45am – 11:00am

Coffee Break and View Exhibits

Academic Session 2

Moderator: Dr. Marq Dowell

11:00am – 11:45am

Avoiding Disaster in Thyroid Surgery: 5 Critical Principles

Prof. David Terris (USA)

11:45am – 12:05pm

Endoscopic Thyroidectomy - Update

Prof Titus Duncan (USA)

12:05pm – 12:30pm

Thyroid Malignancies – Open Surgical Management

Dr. Halda Shaw (Jamaica)

12:30pm – 12:50pm

Thyroid Nodules, When to Operate

Prof Suzy Duflo (French West Indies)

12:50pm – 1:10pm

Q&A

1:10pm – 2:10pm

LUNCH

Academic Session 3

Moderator: Dr. St Clair Thomas

2:10pm – 2:30pm

Use of Gentian Violet in Chronic Ear Disease

Austin Trinidade (Trinidad & Tobago)

2:30pm – 2:50pm

Cochlear Implant in the Eastern Caribbean

S. Linton, R. Forde (Barbados)

2:50pm – 3:10pm

Indications for Use of CO2 Lasers in Head & Surgery

Prof James Fortson (USA)

3:10pm – 3:25pm

Q&A

3:25pm – 3:40pm

Coffee Break & View Exhibits

Academic Session 4

Moderator: Dr Austin Trinidade

3:40pm – 4:00pm

Malignant Change in an Inverted Papilloma

D. Richards (resident) & S. Juman (T&T)

4:00pm – 4:20pm	Rectal Adenocarcinoma Metastasizing to The Larynx Drs. G. Jugmohansingh (resident), D. Dan, S. Juman, R. Banfield & S. Medford (Trinidad & Tobago)
4:20pm – 4:35pm	Q&A
5:00pm – 7:30pm	TOUR

TUESDAY MARCH 7TH 2017

Academic Session 5

Moderator: Dr. Wesley Miller

8:00am – 8:30am	Evolution of Sleep Surgery Dr. David Dillard (USA)
8:30am – 8:50am	Obesity Related Otolaryngology Disorders RN. Rekha Umoh (USA)
8:50am – 9:20am	The Future of Otolaryngology in America What Will the Next 5 Years Look Like? Prof. Harold Pillsbury –USA
9:20am – 9:35am	Q&A
9:35am – 9:50am	Coffee Break and View Exhibits

Academic Session 6

Moderator: Dr. Robert Ramsingh

9:50am – 10:10am	Nasoseptal Abscess after Dental Procedure Dr. Fermin Stewart (USA)
10:10am – 10:30am	Retropharyngeal Abscess EWMSC Experience Drs. Nicholas Figaro (resident), S. Juman (Trinidad & Tobago)
10:30am – 10:50am	Pilot Study on Percutaneous Drainage of Deep Neck Abscesses R. Ramoutar (resident) & S. Juman (Trinidad & Tobago)
10:50am – 11:05am	Q&A
11:05am – 12:30pm	AGM

12:30pm – 1:30pm	LUNCH
1:30pm	Tour to Portsmouth including Ross University Offshore School of Medicine & the Indian River
5:00pm – 7:00pm	Boat trip back to Roseau

WEDNESDAY MARCH 8TH

Academic Session 7

Moderator Dr Solaiman Juman

8:00am – 8:30am	Pathophysiology Differential Diagnosis, ENT Management of Intractable hiccups Dr. Halda Shaw – Jamaica
8:30am – 9:00am	Balloon Sinoplasty Indications, Benefits & Considerations for the Caribbean Prof. James Fortson (USA)
9:00am – 9:20am	Giant Ameloblastoma Marcus Daniel & Shivanand Maharaj (residents) (Trinidad & Tobago)
9:20am – 9:40am	Trans Oral Approach to the Neck Spine Dr. Fermin Stewart (USA)
9:40am – 9:55am	Q & A
9:55am – 10:10am	Coffee Break & View Exhibits

Academic Session 8

Moderator: Dr. Winston Campbell

10:10am – 10:30am	Acute Lead Intoxication: Gunshot wounds Dr. Gerold Rach
10:30am – 10:50am	Ingested Foreign Body Leading to Necrotizing Fasciitis & Esophageal Perforation G. Jugmohansingh (resident), S. Juman & S. Medford, (Trinidad & Tobago)

10:50am – 11:10am	Audit of Microbiology of Acute Pharyngotonsillitis & Acute Otitis Externa at POSGH Shivanand Maharaj (resident) & Wendell Dwarika
11:10am – 11:30am	Updates on Peritonsillar Abscesses R.Ramoutar (resident), S. Juman (T&T)
11:30am – 11:45am	Q&A
12noon – 1:00pm	LUNCH

Academic Session 9

Moderator: Dr Leonard Surage

1:00pm – 1:20pm	Case report – Rhinoscleroma R. Ramoutar (resident), S.Juman (Trinidad & Tobago)
1:20pm – 1:40pm	Head & Neck Cancer in Curacao - A Retrospective Study 2004 – 2014 Gerold Rach (Curacao)
1:40pm – 2:00pm	Approach to Generalized Lymphadenopathy N. Figaro (resident), S. Juman (Trinidad & Tobago)
2:00pm – 2:15pm	Q & A
2:15pm – 2:30pm	Coffee Break & View Exhibits

Academic Session 10

Moderator Dr. Vincent Clarke

2:30pm – 2:50pm	Head & Neck Manifestations of Embryonal Rhabdomyosarcoma Drs. N. Mohammed, D. Shim, W. Dwarika & S. Dookhoo (Trinidad & Tobago)
2:50pm – 3:10pm	Cock-Mar (Sleep Paralysis) Dr. Leonard Surage (St. Lucia)
3:10pm – 3:30pm	2 Difficult Cases. What Do You Suggest??
3:30pm – 3:50pm	Q&A
3:50pm – 4:00pm	Closing Remarks



“Otolaryngology in the Caribbean - embracing the future and improving outcomes”

7:30pm – 10:30pm

BANQUET

THURSDAY MARCH 9TH

POST CONFERENCE TOURS & FAREWELLS

ABSTRACTS

Head & Neck Cancer in Curacao - A Retrospective Study 2004 – 2014

Gerold H. Rach, Curacao.

This retrospective study is performed to obtain the figures of the incidence of malignant tumors in the Head and Neck region in the island of Curaçao, in the period of ten years. The localization of the pathology is mapped. Risk factors as smoking and alcohol abuse as a causal factor is studied. Also the increase of HPV as a risk factor is detected. Dental care of the population can also be a risk factor. Comparison with The Netherlands is done. No data available in of the Caribbean Islands to compare.

The stage of the tumor in the TNM classification will be studied. Patients are seeking help in a more advanced stage of the tumor. The applied therapy with the survival rate will be revealed by this study, so that the oncology committee has a better insight of their treatment.

Acute Lead “Intoxication”: Gunshot wounds

Gerold H. Rach, Curacao.

Due to increasing hard crime and terrorist incidents gunshot wounds are now increasingly seen in the emergency department of hospitals. Especially in patients with such an injury in the neck region there is a diagnostic and therapeutic challenge because of the many vital structures which take place in this area. The risk of injury to one of their extending visceral or vascular organs such as esophagus, larynx and trachea and carotid arteries, nerves and spinal column is very large.

Gunshot Injuries require a different approach from stab injuries. Depending on the ammunition used there may be more or less tissue injury. Ballistics of the weapons and ammunition used will be highlighted. It also will be discussed what needs to be done in the acute phase, and how the problem can be approached to the best. When to undergo surgery in the acute phase and when there is no urge for surgery or rather should be awaited.

Diagnostic methods in imaging will pass in review and its limitations discussed.

Goal is for the general otolaryngologist to gain knowledge about gunshot injuries.

An audit of the causative organisms of acute pharyngotonsillitis and acute otitis externa at an urban hospital setting in Trinidad.

S. Maharaj & W.Dwarika, Port-of-Spain General Hospital, Trinidad & Tobago

Introduction

This audit examined the microorganisms isolated from patients admitted to the otolaryngology service at an adult tertiary institution in an urban setting. Current antimicrobial treatment for acute pharyngotonsillitis and acute otitis externa (AOE) are based on international guidelines.

Hence, it was the goal of this audit to identify the organisms causing infections in the local setting and to examine their sensitivity and resistance patterns.

Methods

Microbiologic specimens were collected from 110 cases of acute pharyngotonsillitis and 78 cases of AOE by physicians working in the department of otolaryngology at the Port-of-Spain General Hospital (POSGH) from January 2015 to February 2017.

Results

The data was sorted and analyzed based on age grouping, gender and pathogens involved. 89% of the cases of AOE grew bacteria, pseudomonas accounting for 40% and the other 54% were mixed organisms. Only 21% of throat swabs grew significant organisms, 4.5% Group A strep, 3.6% Group B strep and 7.2% Candida.

Conclusion

The most common microorganisms involved in AOE seem to be in keeping with international trends. Microorganisms cultured from throat swabs in particular are guided by international protocols for most common pathogens involved. To gain better guidance from swab results, discussion with our microbiological colleagues and a continuation of this study with a larger sample and better sensitivity testing would be needed.

A Rare Giant Ameloblastoma

M Daniel & S Maharaj, Port-of-Spain General Hospital, Trinidad & Tobago

Ameloblastomas are the second most common benign tumor arising from odontogenic epithelium. They represent one percent of all mandibular lesions, demonstrate an equal male to female gender distribution and occur most commonly in the second to fourth decades of life. Ameloblastomas can be classified into three main subtypes; unicystic, multicystic or peripheral. They may show various biological patterns which range from cystic expansion to rarely, a more aggressive solid mass and even malignant transformation. All of these can occasionally grow to a gigantic size, as was seen in this case.

Clinically, they can manifest as a painless swelling with associated facial deformity, periodontal disease, loss of dental pieces and pain, if the swelling impinges on adjacent structures. A literature search for giant ameloblastomas revealed about thirteen cases, all of which were reported in the eastern hemisphere.

These types of tumors only grow to extreme sizes in developing countries due to social and economic factors and difficulties in accessing healthcare. To our knowledge, this is the largest such tumor ever reported in the literature, measuring more than 20cm in its greatest diameter. This case was treated with radical excision and mandibular reconstruction with a titanium plate.

Therefore, it was the purpose of this paper to present a case of a rare giant ameloblastoma and outline the challenges encountered in offering surgical treatment and follow-up in our setting.

Cochlear Implant In The Eastern Caribbean: A Case Report And Review Of The Literature

S Linton, R Forde' Department of Otolaryngology, The Queen Elizabeth Hospital, Martindale's Road, St. Michael.

INTRODUCTION

Universal new-born screening is a proven method for identifying patients with congenital hearing loss. Missed cases can result in irreversible delays in speech and language development. Research has shown that early intervention results in better outcomes. There is no published literature in the West Indies regarding local new-born hearing screening and cochlear implantation and this is the first case performed in our department of otorhinolaryngology. This report highlights a case of paediatric cochlear implantation and aims to review new-born hearing screening and cochlear implantation.

Keywords: cochlear implant, profound sensorineural hearing loss, newborn screening

Short title: Cochlear Implant in Barbados, a case report

Pathophysiology Differential Diagnosis, ENT Management of Intractable hiccups

Dr. Halda Shaw, Kingston, Jamaica

Intractable hiccups are always associated with serious health problems including primary and metastatic cancers somewhere in the aero digestive tracts. a review of the central, plethora of peripheral and autonomic nerves which enable the hiccup reflex is instructive, considering that the purpose of this reflex is unclear.

Thyroid Malignancies – Open Surgical Management

Dr. Halda Shaw, Kingston, Jamaica

Thyroid Malignancies represent 1 percent of all cancers with a deviation of 0.5 % in most countries. It is at least 3 times higher in women than men. The spectrum of precipitating factors in thyroid cancers include familial (genetic) radiation, organophosphates and other chemical toxins.

- Thyroid carcinomas arise from the 2 cell types present in the thyroid gland.
- The endodermally derived follicular cells gives rise to papillary, follicular and probably Anaplastic carcinomas.
- The neuroendocrine-derived calcitonin-producing C cells gives rise to MTCs, Thyroid lymphomas arise from intrathyroid lymphoid tissue.
- Sarcomas likely to arise from connective tissues in the thyroid gland.

Thyroid carcinoma most commonly presents as a painless palpable firm solitary nodule increasing in size with age. Patients or clinicians discover most of these nodules during routine palpation of the neck. Palpable thyroid nodules are present in approximately 4-7% of the general population, and most represent benign disease. High resolution ultrasonography reportedly depicts thyroid nodules in 20-70% of randomly selected individuals. An estimated 5-10% of solitary thyroid nodules are malignant and 20-30 % undergo malignant change if left alone.

Malignant change in an inverted papilloma

D.Richards, S Juman & R Fundora, Department of Otolaryngology, Eric Williams Medical Sciences Complex, Trinidad & Tobago & DM Otorhinolaryngology Programme, Department of Clinical Surgical Sciences, Faculty of Medical Sciences, University of the West Indies, St Augustine, Trinidad & Tobago

Inverted Papillomas is a fairly uncommon type of neoplasm of the sinonasal tract. One of the subtypes of Schneiderian Papillomas, it is well known for its tendency to recur and malignant progression. It is also associated with multiple etiological factors. Viral infection in particular is an emerging causative factor and its statistical significance is still being investigated. The surgical approach to this type of tumor is currently under much debate. With current advances in endoscopic sinus surgery some surgeons are able to get a similar recurrence rate as compared to open procedures but however, common consensus is lacking.

In this unique case in which the patient had a recurrence and malignant progression within a year after the initial surgery and concurrent IgG and IgM positive titres for EBV we look at various possible etiological factors particularly viral infection (EBV and HPV) and the different surgical approaches to this type of tumor. HPV Immunohistochemistry tests were done on all surgical specimen. A major teaching point in this case is the choice of operation for the initial presentation of the tumor

Rectal Adenocarcinoma Metastasizing to The Larynx

Drs. G. Jugmohansingh (resident), D. Dan, S. Juman, R. Banfield & S. Medford, (Trinidad & Tobago)

Secondary cancers to the larynx are a very uncommon entity accounting for 0.09 - 0.4% of all laryngeal tumours. Up until December 2016, there were thirteen reported cases of colorectal adenocarcinoma and one case of a rectal carcinoid tumour metastasizing to the larynx. Only five cases of rectal adenocarcinoma had been documented to metastasize to the larynx.

This is a case report of a 51 year old Indo Trinidadian male who presented with a right-sided neck mass and hoarseness of 5 months duration. Flexible laryngoscopy revealed the presence of a lesion on the right arytenoid which was biopsied and confirmed to be an adenocarcinoma. A metastatic lesion was suggested. The patient had been diagnosed with a rectal adenocarcinoma three years before. Immunohistochemistry was performed on the laryngeal biopsy and this indicated that the lesion was of gastrointestinal origin. A CT scan of the chest, abdomen and pelvis was performed and confirmed the recurrence of a rectal mass without lung or liver involvement. The patient died soon after diagnosis from renal complications without further treatment of the cancer.

The exact pathogenesis of spread of cancer from the rectum to the larynx has not been worked out but there are several theories that have been proposed. These include the hematogenous route, lymphatic route, vertebral venous plexus and endochondrial ossification of the larynx with the possible formation of bone marrow.

Retropharyngeal Abscess – the EWMSC Experience

N. Figaro, S. Juman & R. Fundora, Department of Otolaryngology, Eric Williams Medical Sciences Complex, Trinidad & Tobago & DM Otorhinolaryngology Programme, Department of Clinical Surgical Sciences, Faculty of Medical Sciences, University of the West Indies, St Augustine, Trinidad & Tobago

Aim: To review the demographics and management of Retropharyngeal Infections (RPI)

Method: A retrospective chart review was done of patients diagnosed with retropharyngeal infections by the Otorhinolaryngology department of Eric Williams Medical Sciences Complex, Trinidad between 1st January 2016 – December 31st 2016. The data of 12 patients were reviewed ages ranging between 1 to 15 years.

Results: Of the 12 patients, all were pediatric. The most common clinical presentations were fever, neck pain, neck stiffness. With the use of CT imaging 58.3% patients were diagnosed with retropharyngeal cellulitis, 33.3% with retropharyngeal phlegmon and 8.3% with retropharyngeal abscess. Conservative treatment with intravenous antibiotics and corticosteroids were sufficient for 91.6% patients while surgery was necessary for 8.3% patients. The average length of hospitalization for RPI was 4 days.

Conclusion: Retropharyngeal infections are more common in the pediatric population. Despite its limitations CT imaging is quite useful for the diagnosis and localization of RPI. The decision of conservative versus surgical treatment of RPI are not merely made by radiological diagnosis but more importantly clinical acumen.

Pilot study on percutaneous drainage of deep neck space abscesses.

S Juman^{1,2}, R Fundora^{1,2}, R Rampersad³, R Ramoutar^{1,2}, S Roop^{3,4}

1. Department of Otolaryngology, Eric Williams Medical Sciences Complex, Trinidad & Tobago

2. DM Otorhinolaryngology Programme, Department of Clinical Surgical Sciences, Faculty of Medical Sciences, University of the West Indies, St Augustine, Trinidad & Tobago

3. Department of Radiology, Eric Williams Medical Sciences Complex, Trinidad & Tobago

4. DM Radiology, Faculty of Medical Sciences, University of the West Indies, St Augustine, Trinidad & Tobago

Objective:

- (1) To present the cases of two percutaneously drained deep neck abscesses
- (2) To prospectively compare and differentiate between traditional incision and drainage and percutaneous drainage of deep neck space abscesses in selected patients

Methods: All patients presenting to our institution in the past 3 months with a CT confirmed deep neck space abscess, without significant sepsis or airway compromise were evaluated by an

interventional radiologist, during the first normal working hours immediately after presentation. Empiric antibiotic therapy was commenced at presentation. Patients matching relevant inclusion criteria and who provided informed consent were subjected to percutaneous ultrasound guided aspiration and drain placement. Close monitoring of clinical status was done and evolution followed by repeat ultrasound evaluation to determine if any further treatment by incision and drainage was needed. Evaluation continues and is expected to continue for 9 more months, providing a study period of 1 year.

Results: Two cases have thus far met inclusion criteria and have had ultrasound guided percutaneous drainage of the deep neck space abscess.

Peritonsillar abscess: Updates and our previous two years' experiences

S Juman, R Fundora & R Ramoutar, Department of Otolaryngology, Eric Williams Medical Sciences Complex, Trinidad & Tobago & DM Otorhinolaryngology Programme, Department of Clinical Surgical Sciences, Faculty of Medical Sciences, University of the West Indies, St Augustine, Trinidad & Tobago

Objective: (1) To audit the incidence of peritonsillar abscesses and outcomes of various management strategies in the previous two years in a single tertiary institution in Trinidad & Tobago.

(2) To present a review of the current literature, highlighting areas of new study and controversy.

Methods: (1) A retrospective descriptive study was done by looking at the files for all patients seen by the Otolaryngology department of a single tertiary institution during a two year period from 2015 to 2016. All intervention implemented and outcomes were analyzed using descriptive statistical tools.

(2) Online databases were searched using the keywords “peritonsillar abscess” and “quinsy”. Results were narrowed down to the most recent 5 years and then by the most relevant studies, highlighting issues with pathogenesis, investigation and treatment modalities.

Results: (1) Of the 12 cases identified by the methodology, we found a 1:1 male:female ratio, 3 cases underwent conservative management of antibiotic therapy alone, 4 had traditional incision and drainage and 5 cases had needle aspiration. Average hospital stay was about 3 days regardless of intervention with overall stay averaging 3.3 days. Women had a longer hospital stay on average to men. Two children were included in the study and of the 10 adults, the average age was 26.4 years.

(2) Pathogenetic factors and the unifying theory of tonsillitis, intratonsillar abscess and peritonsillar abscess were included, as well as comparative studies of medical versus surgical management, corticosteroid use and antibiotic specification were covered.

Rhinoscleroma: A case report and review of literature

S Juman, D Shim, R Fundora, R Ramoutar, Department of Otolaryngology, Eric Williams Medical Sciences Complex, Trinidad & Tobago & DM Otorhinolaryngology Programme, Department of Clinical Surgical Sciences, Faculty of Medical Sciences, University of the West Indies, St Augustine, Trinidad & Tobago

Background: Rhinoscleroma is a rare granulomatous disease that affects the aerodigestive tract. We present the first recorded case in our population.

Clinical case:

A 43-years-old diabetic, hypertensive female presented with nasal obstruction, pain and minimal epistaxis to our institution. Her obstructive symptoms were unresolved with intranasal steroids and were present constantly. Epistaxis consisted of droplets of blood, appearing and resolving sporadically, with no clots or other rhinorrhoea. On examination, a mass was observed within the anterior nasal septum with nasal septal deviation to the left. The nasal passages were still patent and endoscopy showed no other masses present. No lymphadenopathy was noted. CT scan findings showed a mass in the anterior nasal cavities bilaterally. She underwent an unevenful excision of the nasal mass and had an uneventful recovery. Histological evaluation of the mass showed features of rhinoscleroma.

Conclusion: This represents the first recorded case of rhinoscleroma in Trinidad & Tobago.

Generalized lymphadenopathy - When excisional biopsies don't cut it!

N. Figaro, S. Juman & R. Fundora, Department of Otolaryngology, Eric Williams Medical Sciences Complex, Trinidad & Tobago & DM Otorhinolaryngology Programme, Department of Clinical Surgical Sciences, Faculty of Medical Sciences, University of the West Indies, St Augustine, Trinidad & Tobago

Generalized lymphadenopathy is not an uncommon clinical finding. Whether due to a primary or secondary cause, generalized lymphadenopathy bears a clinical undertone of urgency to both the patient and clinician and as such a methodological approach to lymphadenopathy can disclose the accurate diagnosis with minimal discomfort in a timely fashion.

This case highlights the dilemma that the clinician encounters despite extensive clinical workup and multiple excisional biopsies fail to provide a definitive diagnosis.

Head and neck manifestations of embryonal rhabdomyosarcoma

N.Mohammed , WD Shim, S Dookhoo , C Johnatty , B France ,S Seepersad & S Barrow

Rhabdomyosarcoma (RMS) is the commonest soft tissue sarcoma in childhood with the embryonal subtype being the most frequently discovered. The head and neck region accounts for approximately 40% of all rhabdomyosarcomas. Notwithstanding this evidence, RMS, in particular head and neck rhabdomyosarcoma (HNRMS) is an exceedingly rare diagnosis and has undergone much elucidation over the past four decades in research, especially the paradigm shift in oncological treatment of these aggressive tumours. We present two interesting cases of HNRMS encountered at the ENT Department, Port of Spain General Hospital, in two female patients ages 16 and 27 years. The HNRMS sites are a unilateral orbit, paranasal sinus,

nasal cavity, nasopharynx tumour complex and a hypopharyngeal tumour discovered in a gravid patient respectively.

WE THANK OUR SPONSORS



FUTURENTSURGICAL

Spouses and Accompanying Guests Programme

Sunday 5th March

7:00 – 10:00 pm Cocktail Reception

Monday 6th March

10am Tour to the Valley (Includes visit to Fresh Water Lake, Trafalgar Falls.)

5:30 – 7:30 pm Evening visit and bath at Screws Hot Sulphur Spring Baths

Tuesday 7th March

1:00 pm Tour to Portsmouth (Indian River +/- Cabrits.)

5:00 – 7:00 pm Return to Roseau via Boat tour

Wednesday 8th March

Morning Free. Individual visit to Roseau and Botanical Gardens. Suggested.

7:30 – 10:30 pm Evening Banquet

ACKNOWLEDGEMENTS

This conference has steadily grown in membership over the years and despite all the demands, including economic and social, placed on us and our Corporate friends, we are very fortunate to have several conference sponsors and exhibitors as listed in this booklet. We would like to sincerely thank them for their continued support of our CAO conference.

We would like to convey our warmest thanks to all our speakers, especially to our special guests Professor Harold C. Pillsbury (USA), Professor David Terris (USA) and Professor Suzy Duflo (French Caribbean) who would have helped to make this conference an excellent academic experience and a stimulating one.

A special thank you to our CAO partners, the University of the West Indies (UWI) and the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS), former President of CAO, Dr. Halda Shaw, our current President, Dr. Barbara Grandison, Dr. James Fortson who all teamed up in arranging the CME certificates.

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And finally, sincere thank you to all the participants (from all corners of the Caribbean and beyond) attending our conference, without whom this event would not have taken place. We truly hope that you have had a successful and enjoyable conference and social experience.

We look forward to welcoming you at our next CAO conference in 2018.

