Liste des posters selectionnes

1. R20 Otologie Ossiculoplasty in middle ear cholesteatoma surgery

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Introduction: Ossiculoplasty is an important step in the surgery of cholesteatoma. It aims to restore the continuity between the eardrum and the inner ear which is affected by the erosive process.

Objective: The aim of our study is to evaluate the functional results in chronic cholesteatomatous otitis media (CCOM) depending on to the ossiculoplasty type.

Patient and methods: We performed a retrospective study of medical charts of 227 patients managed with CCOM in adults during 13 years (2010-2022).

Results

The mean age was 39.8 years [8-85 years]. The sex ratio (F/M) was of 1.5.

Ossicular chain erosion was observed in 89%.

The stapes was eroded in 51.1%. Canal wall-up and canal wall-down tympanoplasty were respectively performed in 47.1% and 52.9% of cases.

Ossiculoplasty was performed in 150 cases. Type II and III ossiculoplasty were respectively performed in 60% and 40 % of cases. An autologous material was used in all cases.

Functional results after type II ossiculoplasty seems to be better than type III ossiculoplasty in terms of postoperative air conduction with and average gain of 37 dB in cases of type II ossiculoplasty while only 18 dB in cases of type III ossiculoplasty. Similarly, the air bone gap closure was higher in cases of type II ossiculoplasty with a statistically significant difference (p 0.045).

Conclusion: We conclude type II ossiculoplasty using provide better functional results in after middle ear cholesteatoma surgery.

2. R42 Carcinologie Anaplastic Thyroid Cancer : About 10 cases

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Objective

Anaplastic thyroid carcinoma, also known as undifferentiated thyroid carcinoma, is a rare, highly aggressive malignant tumor.

To study the clinical, evolutionary, and therapeutic features of anaplastic thyroid carcinomas.

Materials and methods:

Retrospective study of 10 cases collected in our department between 1994 and 2022.

Results:

They were 9 women and 1 man with a mean age of 50 years.

A cervical swelling was the mean reason of consultation in 100% of the cases. Dyspnea was noted in 3 cases. The average duration of the symptomatology was 14 weeks. The tumor was plunging into the mediastinum in 3 cases. In 6 cases there was an invasion of the trachea and/or the subhyoid muscles. Lymph node metastases were noted in 7 patients, bone metastases in 3 patients and pulmonary metastases in 2 cases. Histological confirmation of the diagnosis was made on the thyroidectomy specimen in 6 cases, and on a microbiopsy of the thyroid gland in 4 cases. A tracheotomy was performed in 3 cases. 6 patients had a total thyroidectomy. The rest of the patients were inoperable. Radiochemotherapy was indicated in all patients. 9 patients died after a mean delay of 11 months [8 months to 13 months]. One patient is still alive with a 1-month follow-up.

Conclusion: Anaplastic thyroid carcinoma is a cancer with a poor prognosis. Patients managed at the stage of localized disease can expect a better survival. Therapeutic research is exploring targeted therapies that block the EGF receptor or inhibit neoplastic angiogenesis

3. R65 Carcinologie Fine Needle Aspiration in the Investigation of Thyroid Nodules

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The objective was to describe the results of cytological exam in identifying the malignant or benign nature of nodules in order to refine their management.

Methods: We led a retrospective and descriptive study, spread over a period of 5 years from January 2016 to December 2020.Results: 200 patients were included in whom 208 thyroid nodules were examined. the median age was 46 years old. A female predominance was evident. The most frequent circumstance of discovery was an anterior cervical swelling in 65% of cases. All patients underwent cervical ultrasound for EUTIRADs classification and FNA, their results were reported according to the Bethesda classification. 56% of the patients underwent loboisthmetomy and 44% underwent total thyroidectomy. The histology exam was in favor of malignancy in 115 cases. The study showed a relationship between age, dysphonia, consistency, irregular borders, hypoechogenicity, microcalcifications and central vascularity with nodular malignancy. The comparison of the results of ultrasound and definitive anatomopathology concluded with a sensitivity of 80%, a specificity of 38.5%, a positive predictive value (PPV) of 66.2% and a negative predictive value (NPV) of 56.1%. FNA showed a sensitivity of 84%, a specificity of 71.6%, a PPV of 75.3% and a NPV of 81.1%. As for the extemporaneous exam, the sensitivity was 80.6%, the specificity 90.6%, a PPV of 89.2% and a NPV of 82.8%. Conclusion: An association between the different clinical, ultrasound criteria with cytological results can improve the sensitivity of thyroid carcinoma detection, thus a better selection of patients to be operated.

4. **R66 Carcinologie Oncologic outcomes of early glottic cancers with anterior commissure involvement treated with transoral laser microsurgery**

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Objective: Investigating the carcinologic outcomes of transoral endoscopic CO2 laser microsurgery (TLM) in the treatment of early glottic cancers with invasion of the anterior commissure (AC). Methods: A retrospective descriptive study collating 18 patients operated for early glottic cancer via a type Va laser cordectomy (according to the European classification of laryngology of laser cordectomies ELS 2007 modified) at the ENT and cervico-facial surgery department of the Salah Azaiez institute over a period of 04 years (2012-2015).Therapeutic decisions were made within a multidisciplinary team after a work-up including endoscopy and cervico thoracic CT. Results: The mean age was 64.4 years. Seventeen patients were male. Sixteen of them were smokers. The exposition was good in all cases. All tumors were classified as T1 (78% T1a and 12% T1b). After laser surgery, 4 patients presented on anatomopathological exam with tumoral marginal limits. These patients required second-look surgery to detect and treat residual disease. Two patients presented local relapses within a mean time of 07 months. One patient presented a massive tumor recurrence in the AC infiltrating the thyroid cartilage requiring a total laryngectomy followed by postoperative radiotherapy. The 3-year overall survival (OS) rate was 100% while the 03-year disease-free survival (DFS) rate was 88.9%. The local control rate using laser alone was 83.33%. The rate of laryngeal preservation was 94.44%. Conclusion: In our experience, TLM is a reliable tool in the treatment of T1 glottic carcinomas with AC invasion. Nevertheless, good exposure, adequate instruments and advanced surgical experience are necessary.

5. **R83 Chirurgie cervico-faciale Facial nerve Schwannoma revealed by a clinical and radiological parotid swelling**

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Introduction: Facial nerve neuromas are rare, benign slow-growing tumors. They occur all along the nerve's course from the cerebellopontine angle to the parotid region. The presenting symptoms vary with the tumor location, and size.

Objective: We aim to survey the occurrence, clinical presentations, diagnosis and management of patients with intraparotid facial nerve schwannoma.

Materials and methods: A case report about intraparotid facial nerve schwannoma treated at ENT, head and neck surgery department,in Farhat Hached Hospital, Sousse.

Results:

A 38-year-old female patient presented to our department with a painless parotid mass which gradually increased in size since one year. There were no other associated signs.

Clinical examination revealed a left, 3 cm, well defined and mobile intraparotid mass. No cervical adenopathy was evident. Thre was no peripheral facial palse.

On cervical ultrasound examination we found a left well-defined hypoechoic and homogeneous intraprotid mass which was approximatively 4 cm in diameter.

Magnetic resonance imaging (MRI): 24*23 mm left parotid mass widening the mastoid notch, hypointense on T1-weighted sequences and hyperintense on T2- weighted sequences, suggesting a pleomorphic adenoma.

Patient had surgical resection of the schwannoma via parotidectomy. Postoperatively, she had peripheral facial palse classified as grade IV according to House-Brackmann.

Pathological examination concluded to a facial nerve schwannoma.

Conclusion: Facial nerve schwannomas arising as parotid tumors are rare. Imaging should be imaging is of central interest. The treatment and outcomes strictly depend on the characteristics and extent of the tumour.

6. **R153 Otologie Tumors of the external auditory canal (EAC)**

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OBJECTIVE: Tumors of the external auditory canal (EAC) are rare. Benign tumors are dominated by osteomas. Squamous cell carcinoma (SCC) is the most common malignant tumor.

To study the epidemic-clinical and radiological characteristics of the tumors of the (ACE) as well as their therapeutic modalities.

Material and methods: Retrospective study of 12 cases collected in our ENT department between 2000 and 2023.

RESULTS

These were 9 men and 3 women. The average age was 51.4 years. Symptomatology was hearing loss (6 cases), tinnitus (3 cases), otorrhea (2 cases) and otalgia (1 case).

Our series included 7 cases of osteoma, one case of myxoma, one case of solitary fibrous tumor (SFT), one case of basal cell carcinoma and 2 cases of squamous cell carcinoma.

Examination revealed a pedicular neoformation of bony consistency in 7cases and a tissue formation filling the EAC in 5 cases. The CT scan of the rocks was suggestive of osteoma in 7 cases, showing a non-aggressive tissue lesion in 2 cases, a tumoral process with osteolysis in 2 cases and extended to the parotid region in 1 case.

Tumor removal was performed in cases of benign tumors. External petrectomy with lymph node dissection was performed in the cases of malignant tumors. The evolution was good in all cases.

CONCLUSIONS: Osteomas and ECs are the most common histological types. Some tumors are exceptional such as myxomas and TFS. Treatment is based on surgery.

7. **R182 Otologie Superior semicircular canal dehiscence syndrome: about 3 cases**

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Aim: Superior semicircular canal dehiscence syndrome (SCDS) is an uncommon condition caused by a bony defect of the superior semicircular canal. Patients can experience symptoms of vertigo and oscillopsia, and may present with autophony, hyperacusis, pulsatile tinnitus and hearing loss. Our objective is to draw awareness of clinicians to this entity since it could be a missed cause of dizziness and auditory symptoms.

Patients and methods: We report 3 cases of SCDS diagnosed at ENT department of Taher Maamouri hospital of Nabeul.

Results:

Case1: a 51 year-old woman presented with left tinnitus and hearing loss. Otoscopic examination showed an intact tympanic membrane. Audiometric test revealed a mixed hearing loss of the left ear with an air bone gap of 40dB. As for impedancemetry, reflexes were present.

Case2: a 68 year-old woman presented with hearing loss and dizziness. There were no abnormalities at otoscopy. Audiometric test showed a mixed hearing impairement.

Case3: a 60 year-old female presented with a left hearing loss and tinnitus. Otoscopy was normal. Audiometric test revealed a conductive hearing loss of the left ear with an air bone gap of 40dB.

In all cases, CT imaging of the temporal bone confirmed the diagnosis of SCDS.

Conclusion: SCDS is a condition with troubling ear symptoms and vertigo. Being non-dangerous, it is sufficient to provide a thorough explanation for the symptoms and advice about coping strategies, balance exercises and, if necessary, use of assisted hearing devices. Surgical treatment may be appropriate for patients with severe symptoms.

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8. R176 Rhinologie Sphenoidal osteo-dural defect : About two cases

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Objective: We present two cases of cerebrospinal fluid (CSF) leak from the sphenoid sinus.

We aim through this case report to expose diagnostic and therapeutic strategies for sphenoidal osteo-dural defects.

Case report:

Two 42-year-old male patients presented to our ENT department with a 6-month intermittent clear watery nasal discharge. Their medical history did not include neither cranial nor endonasal surgery. They both had a history of trauma. Endoscopy showed unilateral rhinorrhea. Computed tomography (CT) scans showed 5 mm and 6 mm unique bone defects of the lateral-superior sphenoidal roof.

Magnetic resonance imaging (MRI) was only performed in one case confirming the bone defect as well as its localization. It did not reveal any herniating tissue. Osteodural defect was repaired, in both

cases, via an endonasal endoscopic approach allowing a closure with overlay grafts including abdominal fat and fascia lata. Recurrence occurred in both cases. In the first case, revision surgery consisted of a transcranial approach. In the second case, we opted for an endonasal endoscopic approach with a multilayer technique with an uneventful post-operative recovery.

Conclusion: CSF leak from the sphenoid sinus is a rare event. High-resolution CT scan is an effective diagnostic tool. Its surgical treatment is challenging. Endoscopic endonasal approach is the standard of treatment.

9. R49 Carcinologie Adenocarcinoma of the sphenoid sinus: Two illustrative cases

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Our aim was to present two rare cases of sphenoid sinus adenocarcinoma: the first one was primitive and the other was secondary. We tried to focus on the clinical aspect of the disease.

1st Observation:

A 55-years old female with medical history of Budd Chiari syndrome consulted for diplopia and left facial swarming evolving since 2months.clinical examination found a typical left Gradenigo's Syndrome, associating the fifth and sixth cranial nerves palsy. Nasal endoscopy and cervical examination were normal. Magnetic resonance imaging showed an aggressive process of the left sphenoid sinus with Gadolinium heterogeneous enhancement. Trans-sphenoidal biopsy concluded to a tubulo papillary adenocarcinoma. Metastatic origin of the tumour was ruled out by whole body CT scan, mammography and colonoscopy. As the patient was inoperable, palliative radiation therapy was advocated.

2nd Observation:

A 53-years old female with history of gastric adenocarcinoma treated by neoadjuvant chemotherapy and gastrectomy presented with a right unilateral hearing loss, facial palsy and diplopia. Clinical examination found a grade IV peripheral right facial palsy associated to ipsilateral fifth and sixth cranial nerve palsies. Computed tomography scan showed an osteolytic process of the sphenoid bone with extension to the right internal auditory meatus. Endonasal biopsy was performed. Histological examination concluded an adenocarcinoma displaying the same features as the primitive gastric cancer. Palliative radiation therapy was advocated.

Conclusion: Sphenoid sinus adenocarcinoma is a rare entity with misleading clinical presentations. Cranial nerves palsies mean advanced disease.

10. R36 Otologie Jugulotympanic paraganglioma: a rare cause of peripheral facial nerve palsy

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Service ORL CHU RABTA

Background: Head and neck paragangliomas (HNPG) are rare, vascular, and predominantly benign neoplasms of neural crest origin. Jugulotympanic paragangliomas are the next most frequent after carotid body tumors, accounting for 20–30% of HNPG. We discuss the case of Jugulotympanic paraganglioma presenting with tinnitus and peripheral facial nerve palsy and we review the literature concerning their management.

Case presentation: We present the case of a 77-year-old woman with 3-year history of left-sided pulsatile tinnitus and hearing loss. Initially, the diagnosis of idiopathic tinnitus was adopted, and the patient was treated with vasodilators. The patient was refered to our institution during her follow-up because she didn't notice any improvement. The otoscopic examination revealed a reddish-blue pulsatile mass behind an intact tympanic membrane associated to Souques' sign and asymmetrical forehead wrinkles. CT-scan showed a large, avidly enhancing vascular mass centered in the left middle ear extending extra- and intra-cranially. Contrast-enhanced MRI combined with contrast-enhanced MR angiography (MRA) revealed early intense arterial enhancement tumor with the presence of vascular flow voids ("salt and pepper" appearence). Due to the high surgical risk and the patient's advanced age, we opted for conventional radiotherapy and close follow-up.

Conclusions: A thorough etiological investigation is mandatory in all cases of unilateral pulsatile tinnitus and facial paralysis. Identifying patients with retrotympanic vascular masses forms the first step in the diagnostic process of JTPG. Nowadays, nonsurgical strategies are the first-line treatment for most JTPG.

11. R114 Rhinologie **Severity and radiological score in nasal polyposis associated with asthma : comparison between asthmatic and non-asthmatic patients**

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Objective: This work aims to provide an overview of chronic rhinosinusitis with nasal polyps (CRSwNP) in asthmatic patients focusing on its radilogical presentations.

Materiels and methods: This is a retrospective study about 150 patients operated for CRSwNP during a 9-year period between November 2011 and December 2020.

Results:

Our series included 70 men (46.7%) and 80 women (53.3%) with a sex ratio of 0.87. Asthma was noted in 62 patients (41.3%).

There was no statistically significant correlation between asthma and the clinical stage of nasal polyposis ($p>0.05$).

The mean Lund Mackay score was 21.01 in non-asthmatics and 21.94 in asthmatics. It appears that asthma was not objectively correlated with a higher Lund Mackay radiologic score ($p=0.14$).

There is a more pronounced involvement of the sphenoidal sinuses in asthmatic patients. The involvement of the other sinuses and the ostio meatal complex was almost the same in patients with and without asthma.

Conclusion: Asthma-associated CRSwNP is recognized as a more aggressive subtype of CRSwNP. In our population of patients, asthma is an additional symptom and the radiologic presentation has no therapeutic implication for asthmatic patients.

12. Impact de la rhinite allergique sur les résultats audiométriques de l'otite séromuqueuse opérée

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L'objectif de notre étude était de décrire l'impact de la RA sur les résultats audiométriques des enfants opérés pour une OSM.

Méthodes: Nous avons mené une étude rétrospective incluant les enfants ayant eu une pose d'un aérateur transtympanique pour une OSM à notre service [2014-2021]. Nous avons comparé l'évolution audiométrique de deux groupes (GI= OSM avec RA confirmée, GII = OSM sans RA).

Résultats:

Nous avons inclus 60 enfants d'âge moyen égal à 6,5 ans. La prévalence de RA était de 43%. Le GI avait une perte auditive moyenne (PAM) de 43dB contre 39 pour GII. Le grain auditif moyen à trois et six mois de la pose de l'ATT était plus faible pour GI (18 dB contre 21,5 dB à trois mois et 16 dB contre 18,5 dB à six mois en l'absence de RA).

La durée moyenne de pose de l'ATT était de 13 mois. Après son extraction, la PAM était de 19dB pour GII et 27 dB pour GI. En postopératoire, 32% des enfants ont présenté une otorrhée, dont 25% appartenant au GI. La récidive de l'OSM a été observée chez 5% des enfants du GI et 2% du GII.

Conclusion : La RA représente un facteur aggravant la surdité liée à l'OSM même après la chirurgie. Son dépistage est indispensable dans la prise en charge de l'OSM chez l'enfant.