

# 45<sup>th</sup> Annual Conference



Association of Otolaryngologists of India  
Delhi State

In Association with Department of ENT, LHMC, New Delhi

**September 22-24, 2023**

Venue :

Auditorium, Lady Hardinge Medical College  
New Delhi-110001

*Souvenir*





# **45<sup>th</sup> Annual Conference**

**of Delhi AOI**

**in association with Department of ENT  
ENT, Lady Hardinge Medical College, New Delhi.**

**22<sup>nd</sup> to 24<sup>th</sup> September 2023**

**Venue :  
Swarna Jayanti Auditorium, Lady Hardinge Medical College,  
New Delhi**

**DELHI AOICON 2023**

 **Annual Conference of Delhi AOI**   
**in association with Department of ENT**

**ENT, Lady Hardinge Medical College, New Delhi.**

**September 2023**

**Venue :**

**Swarna Jayanti Auditorium, Lady Hardinge Medical College, New Delhi**

**ORGANISING COMMITTEE**

- Patron  
Dr. Subash Giri, Director, LHMC  
Dr. S.K.Rasania, Vice Principal, LHMC  
Dr. Alok Thakar  
Dr. H.C. Taneja  
Dr. P.K. Rathore
- Organising Chairman  
Dr. Sunil Kumar
- Organising Secretary  
Dr. Vipin Arora
- Co-Organising Secretary  
Dr. Gautambir Singh  
Dr. Arunbha Chakravar
- Joint Organising Secretary  
Dr. Ravi Meher
- Finance Secretary  
Dr. Hitesh Verma
- Souviner Editor  
Dr. Suvercha Arya

**ADVISORY BOARD**

**Patrons**

- Dr. A.K. Agar wal
- Dr. P.P. Singh
- Dr. Devender Rai
- Dr. N.N. Mathur
- Dr. Ishwar Singh
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- Dr. Avinash Bijlani
- Dr. Nishi Sharma
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- Dr. Himanshu Swami
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- Dr. Anoop Raj
- Dr. Lakshmi Vaid
- Dr. J.C. Passey
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- Dr. Kanwar Sen
- Dr. Khaja Naseeruddin
- Dr. Neelima Gupta
- Dr. Amitabh Sharma
- Dr. Ashok Kumar
- Dr. Vikas Malhotra

## DELHI-AOI GOVERNING BODY

- |                      |                  |
|----------------------|------------------|
| • President          | Dr. Sunil Kumar  |
| • Past President     | Dr. H.C. Taneja  |
| • President Elect.   | Dr. Ravi Meher   |
| • Hony. Secretary    | Dr. Vipin Arora  |
| • Treasurer          | Dr. Hitesh Verma |
| • Ex. Officio Member | Dr. Ravi Meher   |
| • Website Incharge   | Dr. Rajesh Kalra |

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- Dr. Avinash Bijlani
- Dr. Kapil Sikka
- Dr. Gautambir Singh
- Dr. Neelima Gupta
- Dr. Kavita Goyal
- Dr. Manish Munjal
- Dr. Uday Monga
- Dr. Divya Agarwal
- Dr. Chirom Amit Singh
- Dr. D.K. Gupta

#### Co. Opted Members

- Dr. Sowrabh Arora
- Dr. Ishapreet Tuli

#### Scientific Committee

Dr. Rakesh Kumar

#### • Chairman

#### Members:

- Dr. Kapil Sikka
- Dr. Neelima Gupta
- Dr. Manish Munjal
- Dr. Hitesh Verma
- Dr. Vikram Wadhwa
- Dr. Gautambir Singh
- Dr. Nikhil Arora
- Dr. D.K. Gupta

# The Association of Otolaryngologists of India

## Delhi State Branch

### Office Bearers

Year	President	Hony. Secretary	Hony. Treasurer
1974	Dr. K.L. Sawhney	Dr. V.P. Sood	Dr. S.P. Singh
1975	Dr. I.S. Sindhu	Dr. V.P. Sood	Dr. R.P. Kumar
1976	Dr. P.C. Sagar	Dr. P.S. Saharia	Dr. B.M. Abrol
1977	Dr. C.M. Jain	Dr. S.C. ChanDr.a	Dr. V.P. Sood
1978	Dr. V.P. Sood	Dr. S.P. Singh	Dr. A.S. Bais
1979	Dr. R.R. Thukral	Dr. K.B. Sachdeva	Dr. T.R. Mehta
1980	Dr. P.S. Saharia	Dr. N.D. Puri	Dr. Dharam Paul
1981	Dr. (Col.) Waryam Singh	Dr. Sat Prakash	Dr. A.K. Aggarwal
1982	Dr. H.P. Raj Malani	Dr. P.L. Dhingra	Dr. A.K. Aggarwal
1983	Dr. S.P. Singh	Dr. R.C. Deka	Dr. J.K. Sahni
1984-85	Dr. K.B. Sachdeva	Dr. S.C. Gandotra	Dr. V.P. Vasudeva
1985-86	Dr. P.L. Dhingra	Dr. R.C. Deka	Dr. J.K. Sahni
1986-87	Dr. (Maj. Gen.) H.B. Singh	Dr. A.K. Aggarwal	Dr. T.S. Anand
1987-88	Dr. A.S. Bais	Dr. Gurdip Singh	Dr. K.B. Puri
1988-89	Dr. R.C. Deka	Dr. J.M. Hans	Dr. K.B. Puri
1889-90	Dr. (Brig.) S.L. Ojha	Dr. D.A. Tandon	Dr. Subirendra Kumar
1990-91	Dr. P. Ghosh	Dr. D.A. Tandon	Dr. Subirendra Kumar
1991-92	Dr. Sudhir Bahadur	Dr. Achal Gulati	Dr. Arjun Das
1992-93	Dr. A.K. Aggarwal	Dr. Achal Gulati	Dr. Arjun Das
1993-94	Dr. Sat Prakash	Dr. P.P. Singh	Dr. J.S. Passey
1994-95	Dr. S.C. Gandotra	Dr. P.P. Singh	Dr. N.C. Sinha
1995-96	Dr. A.K. Lahiri	Dr. V.P. Venkatachalam	Dr. N.C. Sinha
1996-97	Dr. T.S. Sidhu	Dr. Subirendra Kumar	Dr. P.K. Suneja
1997-98	Dr. V.P. Venkatachalam	Dr. Rajeev Puri	Dr. Rajeev Tandon & Dr. Sushil Bharti
1998-99	Dr. N.D. Puri	Dr. N.N. Mathur	Dr. M.C. Sarmah
1999-2000	Dr. Ashok Vaid	Dr. P.K. Suneja	Dr. M.C. Sarmah
2000-01	Dr. Anoop Raj	Dr. J.C. Passey	Dr. M.C. Sarmah
2001-02	Dr. (Lt. Gen.) R.C. Kochar	Dr. (Maj.) R.K. Bhardwaj	Dr. Ashok Kumar
2002-03	Dr. V.P. Venkatachalam	Dr. M.C. Sarmah	Dr. Ashok Kumar
2003-04	Dr. Ajay Swaroop Mathur	Dr. Devinder Rai	Dr. Alok Agarwal
2004-05	Dr. (Maj.) R.K. Bhardwaj	Dr. Rajesh Kalra	Dr. Alok Agarwal
2005-06	Dr. J.C. Passey	Dr. Arvind Soni	Dr. Sanjiv Kakkar
2006-07	Dr. N.N. Mathur	Dr. Sanjay Sood	Dr. Sanjiv Kakkar
2007-08	Dr. Atul Jain	Dr. Sudhir Majhi	Dr. Alok Gupta
2008-09	Dr. Dharam Paul	Dr. Rajesh Kalra	Dr. P.K. Khedwal
2009-10	Dr. Achal Gulati	Dr. L.M. Parashar	Dr. P.K. Khedwal
2010-11	Dr. Anil Monga	Dr. Alok Agarwal	Dr. Manish Munjal
2011-12	Dr. Devinder Rai	Dr. Ishwar Singh	Dr. Manish Munjal
2012-13	Dr. Arvind Soni	Dr. Sameer Aeron	Dr. Rajiv Nangia
2013-14	Dr. Sanjay Sood	Dr. Sameer Aeron	Dr. Rajiv Nangia
2014-15	Dr. Gurdeep Singh	Dr. Rahul Aggarwal	Dr. Divya Aggarwal
2015-16	Dr. Sunil Kapur	Dr. Rahul Aggarwal	Dr. Divya Aggarwal
2016-17	Dr. G.K. Tandon	Dr. Sowrabh Kumar Arora	Dr. Rajiv Adhana
2017-18	Dr. Alok Aggarwal	Dr. Sowrabh Kumar Arora	Dr. Rajiv Adhana
2018-19	Dr. Ashok Kumar	Dr. Ravi Meher	Dr. Rajiv Kumar
2019-20	Dr. Ishwar Singh	Dr. Ravi Meher	Dr. Rajeev Kumar
2020-21	Dr. Ishwar Singh	Dr. Ravi Meher	Dr. Rajeev Kumar
2021-22	Dr. HC Taneja	Dr. Vipin Arora	Dr. Hitesh Verma
2022-23	Dr. Sunil Kumar	Dr. Vipin Arora	Dr. Hitesh Verma



# Message from Director, LHMC



निदेशक कार्यालय  
OFFICE OF THE DIRECTOR

लेडी हार्डिंग मेडिकल कॉलेज  
Lady Hardinge Medical College

श्रीमती सुचेता कृपलानी अस्पताल एवं कलावती सरन बाल अस्पताल  
Smt Sucheta Kriplani Hospital & Kalawati Saran Children's Hospital

नई दिल्ली-११०००१  
New Delhi-110001

स्वास्थ्य सेवा महानिदेशालय, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार  
दिल्ली विश्वविद्यालय, दिल्ली में संबन्धित  
Directorate General of Health Services, Ministry of Health & Family Welfare, Govt. of India  
Affiliated to Delhi University, Delhi



Dear friends,

I am delighted to know that ENT Department of Lady Hardinge Medical College, New Delhi is organizing the 45th Annual Conference of Otorhinolaryngologists. The branch has been an important part of healthcare, dealing with various problems right from birth to elderly. The amount of contribution of ENT to healthcare and community as a whole has been immense and truly uplifting.

The branch has for a long time brought about change in those suffering from chronic upper respiratory infections, hearing loss and other problems as well as cosmetic surgeries. Newer advances spanned all subspecialties, including over-the-counter hearing aid options in otology, expanding treatment options for rhinitis in rhinology, innovative laser-safe endotracheal tubes in laryngology, and advances in noninvasive and surgical treatment options for obstructive sleep apnea, are some of the examples.

The knowledge base and practice of ENT has been ever evolving with major strides being achieved on a regular basis. Hence, I believe this annual conference will help in renewing the knowledge base for effective treatment of all.

  
(DR. SUBHASH GIRI)

Director  
Lady Hardinge Medical College,  
New Delhi

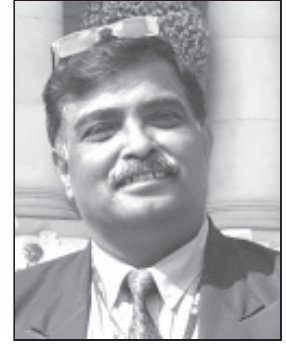
# Message from Vice Principal, LHMC



भारत सरकार

स्वास्थ्य सेवा महानिदेशालय

लेडी हार्डिंग मेडिकल कॉलेज और सम्बंधित अस्पताल, नई दिल्ली  
उप प्रधानाचार्य कार्यालय



Dear All,

I'm taking immense pleasure in announcing the 45<sup>th</sup> Annual Conference of Association of Otolaryngologists of India, Delhi state, which will be held at our prestigious institute, Lady Hardinge Medical College, New Delhi in September 2023.

Otolaryngology is a very important field where lots of innovations are coming up daily. In this era of mobile phones, gadgets, Bluetooth speakers; it is a very important issue to take care of our hearing. Moreover increase in the life expectancy is a good part but it also comes with presbycusis, which needs to be given importance. HearScope app displaying abnormal otoscopy results, classified, and with confidence level.

In the era of Digital otoscopy with AI diagnostic support which will be making diagnosis of ear disease more accessible. Modern ENT practices methods are going to be a part of this conference as we get to learn more about contemporary otology and related head and neck surgery. Given today's advances in science and technology, I believe that such types of conferences has the unprecedented opportunity to champion transformational innovation that could drive better outcomes for all people struggling with ENT issues.

I would like to invite you all to join this conference to learn and gain from each other.

(DR. S. K. RASANIAS)

Vice Principal & Director Professor  
Lady Hardinge Medical College,  
New Delhi

## *Message from President*



### **Invitation from President, Delhi-AOI**

Dear Friends,

I am delighted to announce the 45<sup>th</sup> Annual Conference of Association of Otolaryngologists of India, Delhi State, which will be organised at Lady Hardinge Medical College, New Delhi in the month of September 2023. This would be a wonderful opportunity for all of us to get connected in the best time in Delhi after decorated G20 Summit ends with moto of “Vasudeve Katmbakm” (वसुधैव कुटुंबकम्).

Scientific Committee has lined up an excellent and all inclusive scientific programme for the need of trainees and practicing surgeons alike. All aspects of modern ENT practice will be covered in this conference including contemporary otology, rhinology, head and neck surgery. I humbly invite you to join this meeting to rekindle our friendship and learn from each other.

A handwritten signature in blue ink, appearing to be 'S. Kumar', written over a horizontal line. Below the signature, the date '26.8.23' is written in blue ink.

(Dr. Sunil Kumar)

LHMC





## *Message from President Elect*



**Dr Ravi Meher**

(MS, DNB, FRCS(Glasg), FACS, FIMSA, MNAMS)

Director Professor

Department of ENT

Maulana Azad Medical College and associated Lok Nayak Hospital

New Delhi- 110002

India

Email- ravimeher@gmail.com

I am honoured to welcome you all to the 45<sup>th</sup> Annual Conference of the Delhi AOI (DELHI AOICON 2023) at Lady Hardinge Medical College. The organising team led by Dr Sunil Kumar, Dr Vipin Arora and Dr Hitesh Verma has put lot of hard work for this conference. This conference provides an excellent platform for us to learn, share, and collaborate the field of ENT. The faculty and speakers of the conference this year have been carefully chosen and I am sure listening them will be an academic feast.

I also encourage all the delegates to actively participate in the discussions, workshops, and presentations in the conference. Your insights and experiences are invaluable, and they have the potential to influence the trajectory of otolaryngology. Let us seize this opportunity to learn from one another, inspire innovation, and ultimately, elevate the standard of care we provide to our patients.

The academic activities of the Delhi AOI have improved a lot over the last two years. I congratulate Dr Vipin Arora for enhancing the academics of the association by conducting various workshops, seminars, webinars, and conference activities throughout his tenure and significantly raising the bar.

The attendance in monthly clinical meeting is very poor now days and as an active member of our association I will request all of you to please attend and contribute to monthly clinical meetings. The meeting is good way of learning and I will request all the heads of different institution to please encourage their students and residents to attend it.

I wish for a very successful, productive, and inspiring conference.

Sincerely,  
Ravi Meher  
President Elect

# *Message from Secretary*



It gives me immense pleasure to invite you all for 45th Annual conference of Delhi AOI at Lady Hardinge Medical College. We have tried to put up a great scientific program and I hope it will be an academic feast for everyone.

As far as last year is concerned we had very successful monthly clinical meetings. This year we organized a Delhi AOI Annual picnic at Pratapgarh farms. It was very well attended by members and everyone had a good time.

Hands on Mandibular workshop was organized at LHMC, which was widely attended by residents.

I wish to thank Dr Sunil Kumar, President Delhi AOI for his continued support throughout the year in various activities of Delhi AOI and finally the conference. Lastly I wish to thank all the members of organizing team of Delhi AOICON 2023 for their contribution in organizing this conference.

Wishing you all the very best

**Dr. Vipin Arora**

Director Professor, UCMS

Honorary Secretary AOI, Delhi Chapter.

## *Message from Finance Secretary*



It is an honour and a privilege to work as Treasurer in such a prestigious organization AOI, Delhi State Branch. I truly appreciate the hard work and dedication of the AOI team and the Department of ENT at LHMC have put into planning this conference. The commitment to delivering an academic feast for all attendees is commendable, and I do not doubt that it will be an enriching experience for everyone in attendance. I would also like to extend my gratitude to Dr. Vipin Arora, the Organizing Secretary, for his tireless efforts in streamlining the organizational aspects of the conference. Dr. Sunil Kumar, the President of Delhi AOI, deserves special thanks for his continued support and guidance throughout the year, both in the various activities of Delhi AOI and in the preparation for this conference. This is indeed a significant achievement and reflects the professionalism and dedication of the team. I look forward to the 45th Annual Conference and benefiting from the knowledge-sharing and networking opportunities it will provide. Once again, I thank the entire team member for their support & guidance and valuable contributions.

Warm regards,

**Hitesh Verma**

MS, DNB, MBA, MNAMS

Additional Professor

Department of Otorhinolaryngology,

AIIMS, NEW DELHI

## *Message from Editor*



I cordially invite everyone to the 45th Annual Conference of the Association of Otolaryngologists (AOI) of India, Delhi State, which will be held at the Lady Hardinge Medical College, New Delhi on September 22-24, 2023. The organizing team is excited to provide you with a learning and enriching experience at this conference. AOICON 2023, the largest conference for Otolaryngologists and Head and Neck Surgeons, will be a veritable scientific and academic feast with interactive sessions, key note lectures, orations, panel discussion and resident activities. The souvenir has been lovingly rendered to depict the AOI, Delhi state branch's journey thus far. It also includes all of the details of this well-planned conference for your convenience.

Your presence will create an edging impact and it will be a great source of encouragement for us. Looking forward to attend this educational and social event with you all.

**Dr. Suvercha Arya**

Senior Resident

MAMC

Editor

Delhi AOI



# DELHI AOI ORATION

## DR. DEEPAK SARIN



Dr. Sarin completed his medical school (MBBS) from the All India Institute of Medical Sciences. He subsequently did his Residency in Otolaryngology (ENT) and Head & Neck Surgery also from the All India Institute of Medical Sciences. He graduated with the Kamani Charity Trust Prize (Gold Medal) as well as the Mukut Sahariya Award. He spent a further 3 years as a Senior Resident in the department during which time he developed a strong interest in Head & Neck Surgery.

In 2003, he was accepted as a Clinical Fellow in the ACGME accredited Head & Neck and Skull Base Program at the Sylvester Comprehensive Cancer Center at the University of Miami in Florida, USA. During his tenure there for 2 years he received advanced training in the field of Head & Neck Surgery and performed close to 400 state of the art operations.

He moved back to India in 2005 and established the Department of Head & Neck Surgery at Sir Ganga Ram Hospital in Delhi. In 2007 he moved to Artemis Health Institute in Gurgaon as the Head of the department.

In 2011 he moved to Medanta, The Medicity in Gurgaon where he heads the department of Head and Neck Oncology Surgery. He has expanded the department and established the subspecialties of Laser surgery, Robotic Surgery and Minimally invasive surgery within the field.

### **Publications, Presentations and Research**

Dr Sarin has been invited multiple times for speaking on treatment of the diseases in his field on national and international forums. He has conducted basic research and on the role of laminin-10 in squamous cell carcinoma to try and understand how these cancers invade and spread. He has presented Grand Rounds in the US on two occasions. He has multiple publications to his name in national and international indexed journals. He has contributed a chapter to the upcoming 6<sup>th</sup> edition of Stell & Maran's Textbook of Head and Neck Surgery and Oncology.

**ORATION TOPIC :**  
**SURGERY FOR PRIMARY HYPERPARATHYROIDISM**

## **DR. V P SOOD ORATION**

### **MR MUNISH SHANDILYA**



#### **Qualifications**

MS(ENT,) FRCS Ed(OTO), FRCS (ORL-HNS); Chairman EAFPS Focus Group of outcomes, research and Irelands National Delegate to EAFPS ( European Academy of Facial Plastic Surgery)

Mr. Shandilya started his journey with Masters in ENT surgery from India's premier institute and came to Ireland in 1993 with a wealth of surgical experience. Over the next two decades he trained through the RCSI and achieved an Intercollegiate Fellowship Examination, he trained in rhinology and facial plastic surgery with a Fellowship in Academic Medical Centre, Amsterdam. He was the first Irish Gold Medallist in the combined British universities advanced surgical otology workshop, presented at RSM in London. He worked as consultant otolaryngologist in Waterford from 2006-2010 and is in private practice UPMC Whitfield Hospital since. Mr. Shandilya is the EAFPS National Delegate, as well as lecturing internationally for rhinoplasty procedures. Mr. Shandilya is the Leading Rhinoplasty Surgeon in Ireland for the last decade. He has delivered nearly 70 lectures internationally on Rhinoplasty his area of interest. He is an internationally recognised Rhinoplasty surgeon who is known for his efforts to optimise patient selection and patient satisfaction in Rhinoplasty.

**ORATION TOPIC :  
PSYCHOLOGY OF RHINOPLASTY**

## DR. P.K. KAKAR ORATION

### DR. ANIL K. LALWANI



ANIL K. LALWANI, MD is Associate Dean for Student Research, tenured Professor and Vice Chair for Research, and Co-Director of Columbia Cochlear Implant Program in the Department of Otolaryngology at Columbia University Vagelos College of Physicians and Surgeons. In addition, he serves as the Medical Director of Perioperative Services at New York Presbyterian — Columbia University Irving Medical Center. He has served as the President of American Neurotology Society (2014-2015), President of the American Auditory Society (2017- 2018), and currently serve as Vice President of New York Otological Society. He previously served as Chairman, Department of Otolaryngology-Head & Neck Surgery at New York University School of Medicine. Dr. Lalwani earned his M.D. from the University of Michigan Medical School in 1985 and subsequently completed his internship in General and Thoracic Surgery at Duke University Medical Center and his residency in Otolaryngology-Head and Neck Surgery at University of California San Francisco (UCSF). Following subspecialty training in Neurotology and Skull base surgery, he served as Senior Staff Fellow at the National Institute on Deafness and Other Communication Disorders, National Institute of Health. In 1994, he joined the faculty at UCSF as an assistant professor and rose to the rank of Professor in 2002.. He is the author of more than 250 peer-reviewed articles, and numerous book chapters; his h-index is 68. He serves on the editorial board of numerous leading otolaryngology journals; he is the founding Field Chief Editor of the journal *Frontiers in Audiology and Otology*. He is the Section Editor of *Otological Society Best Practice* – a popular feature published in *Laryngoscope*. He has published numerous books including the textbook defining the subspecialty of Pediatric Otology and Neurotology. The 6th edition of *RECENT ADVANCES IN OTOLARYNGOLOGY-HEAD AND NECK SURGERY* was published in January 2017. More recently, Dr. Lalwani's *OTOLOGY, NEUROTOLOGY, AND SKULL BASE SURGERY* volume of Sataloff's *Comprehensive Textbook of Otolaryngology Head & Neck Surgery* was published. The 4th edition of his highly successful book, *CURRENT DIAGNOSIS & TREATMENT IN OTOLARYNGOLOGY-HEAD & NECK SURGERY* was published in 2020; it has been previously translated into Spanish, Turkish, and Portuguese.

### ORATION TOPIC :

**CONQUERING BARRIERS TO PRECISION INNER EAR MEDICINE**

# LIFETIME ACHIEVEMENT AWARD

## DR DHARAM PAUL



Dr. Dharam Paul is associated with Otolaryngology for the last 50 years.

He did his DLO in 1968 and M.S. (ENT) from lady hardinge medical College in 1975 and DHA from YMCA in 1982.

He has worked in safdarjung, RML and Lady Harding Medical Collage in various capacities.

He worked as bonafide teacher ENT in UCMS for about 4 years. He worked as ENT specialist and H.O.D. in ESI Hospital Basai Darapur for 18 years.

Dr. Dharam Paul has National and International publications.

LARYNGOSCOPE JUNE 1981

Sinus infection and Adenotonsillitis in Pediatric Patients

It was published in Laryngoscope in 1980 and its abstract was widely circulated in 27 countries. He read this at All India ENT Conference held at CUTTAK.

JOURNAL OF LARYNGOLOGY AND OTOLOGY JLO 1993

Salivary Megalith with Sialocutaneous and Sialo Oral Fistula. He read this paper at All India ENT Conference at Nagpur.

He worked as Consultant ENT Surgeon to Republic of ZAMBIA.

After retirement he joined as Senior consultant at MGS Hospital and Sunder Lal Jain Hospital. He was Treasurer of Association in 1980 and was president AOI Delhi Chapter in 2008-9 and had active participation in association activities & conducted a picnic also.

He is working as president of West Town Otolaryngology Club for Last 6 Years to conduct CME's.



# LIFETIME ACHIEVEMENT AWARD

## DR LALIT KUMAR KOCHHAR



Air Commodore Dr. Lalit Kumar Kochhar VSM- life membership-2 is the active member of AOI (Delhi Branch) since last 4 decades and regularly participates in most of the social and professional activities of the association. His date of birth is 21.06.1942.

He passed MBBS in 1966 from Jabalpur Medical College and joined Armed Forces Medical Services in July 1967. At the initial years of services he served as General medical officer Senior Medical Officer at various Air Force Hospitals located in Eastern and Western sector including field areas. In 1971 he was posted at Air Force Station Pathankot as Squadron Medical Officer and took part in 1971 war. In spite of having a plaster in the leg carried out his medical duties. In the year 1973 to 1975 he was posted to Armed Forces Medical college for Post graduate training (specialization in ENT) and subsequently passed MS ENT from Pune University in 1976. He has posted to various Army and Air Force hospitals as an ENT specialist in Eastern and Southern Command. With devotion, hard work, determination, maturity, he did very well as an ENT specialist. For distinguished services of high order in year August 1984, he was awarded, Chief of Air Staff commendation- followed by Vashistha Seva Medal Jan., 1987 by President of India. He was honored with NES Gold Medal in 1988 and Bhartiya Chikitsak Ratan Award by National Education and Human Resource Organization. He was also awarded Lifetime Achievement award by AOI Gurgaon in August 2021 and felicitated by Chief Minister of Haryana for his distinguished services in Nov., 2022 at Chandigarh.

During his total service he was posted on various very important assignments, where he carried out his duties as an outstanding officer and raised from a specialist to advisor, Sr Advisor and Consultant of ENT of the Armed Forces Medical Services. During the last posting at Army Hospital (R & R) Delhi Cantt he served as HOD & Consultant ENT, where he brought up the ENT Department at international level. He has given significant contribution for the Academic development and modernization of the ENT Department as a SR Consultant.

He retired on 30th June, 2001 on superannuation from Army Hospital, took over the job as Sr ENT Consultant of many large hospital at Gurgaon & Delhi. He was the Sr. Consultant, Professor and teacher for DNB students and DNB co-ordinator for 20 years at Jaipur Golden Hospital Rohini.

# OUTSTANDING CONTRIBUTIONS AWARD

## **DR. AJAY SWAROOP MATHUR**

Senior Consultant, Department of ENT  
Chairman, Board of Management  
Sir Ganga Ram Hospital



Did his MBBS from the prestigious Maulana Azad Medical College New Delhi in 1976.

He did his clinical training at Lok Nayak Jai Prakash Narain Hospital New Delhi.

He joined the DLO course at Maulana Azad in 1978 and completed in 1979.

He joined M. S. (ENT) course at Maulana Azad in 1979 and completed in 1981. He was awarded the prestigious SS Tolani Gold Medal by the Delhi University for standing 1st in the M.S. (ENT) course.

He joined as Sr. Resident in the Department of ENT Lok Nayak Jai Prakash Narain Hospital in 1981 and continued till 1984 under Dr. Prem K Kakkar (Padamshree).

In 1984 he joined Sir Ganga Ram Hospital as Jr. Consultant. By virtue of his hard work and perseverance he became Associate Consultant and then became Sr. Consultant.

He has been the chairman of Department of ENT since 2006 and under his dynamic leadership the department has progressed and now is one of the premier Departments in the country having a cutting edge technology boasting of CO2 Laser, Navigation instrument for sinus surgery etc.

Dr. Ajay Swaroop has many academic achievements. He served as Editor of the Journal of ENT (Delhi State). He was the President of the society of ENT (Delhi State). He has attended and conducted various seminars, work shops and hands on clinics in various aspects of ENT. He has publications in reputed journals international and national.

He has conducted DNB practical exam and is an examiner for DNB Exam. He has been an assessor for institutions applying for DNB recognition.

Dr. Ajay Swaroop was inducted in the Management Board in the year 2001.

He served as Joint Secy.- cum- Treasurer , Board of Management from year 2011-2016

He served as Secy.- cum- Treasurer , Board of Management from year 2016-2022

He has taken over as Chairman, Board of Management, Sir Ganga Ram Hospital from September 2022.

# OUTSTANDING CONTRIBUTIONS AWARD

## **LT GEN AJITH NILAKANTAN**

Commandant Army Hospital  
(Research and Referral)



Lt Gen Ajith Nilakantan assumed the prestigious appointment of Commandant, Army Hospital (Research & Referral) with effect from 01 September 2023. Prior to assuming the present appointment, he was Director General Hospital Services (Armed Forces) at Office of DGAFMS, New Delhi.

The General Officer is a graduate of Government Medical College Trivandrum (1980 batch). He was then commissioned into Army Medical Corps (AMC) in 1987. He completed his Masters in Otolaryngology (ENT) from AFMC Pune and subsequently trained at Tata Memorial Hospital Mumbai in Head-Neck Cancer Surgery.

The General Officer has headed the Department of ENT- Head & Neck Surgery in various super-specialty and apex hospitals of Armed Forces Medical Services including Command Hospital Kolkata, Base Hospital Delhi Cantt, Army College of Medical Sciences and Army Hospital (Research & Referral). He was also Professor and Head (ENT-HNS) at Armed Forces Medical College Pune. Subsequently he successfully commanded 167 Military Hospital Pathankot and Command Hospital (Eastern Command) Kolkata. As a Commandant of Military Hospital Pathankot and Command Hospital (Eastern Command) Kolkata during COVID Pandemic, he ensured that both hospitals were fully functional treating all the patients including veterans along with COVID patients. He established 'Swasty' Wellness Clinic and Mother-Child Care Centre. He also served as Dean and Deputy Commandant of Army Hospital (Research & Referral) Delhi till earlier this year.

He is a Journal Reviewer for Indian Journal of Otolaryngology and Head & Neck Surgery, Annals of Indian Academy of Otorhinolaryngology Head and Neck Surgery and Medical Journal Armed Forces India.

He is Past President of Indian Academy of Otorhinolaryngology Head Neck Surgery (IAOHNS) (2017-18) and is currently a Board of Governors member. He has been conferred as Honorary Fellow of IAOHNS. He has been National Executive Committee member & Treasurer of Foundation for Head & Neck Oncology.

For his meritorious service, the General Officer has been awarded with General Officer Commanding-in-Chief (Western Command) Commendation in 2013 and Chief of Army Staff Commendation in 2014. He has been awarded Chief of Air Staff Award for Best published paper in Surgery & Allied Subjects at Armed Forces Medical Research Conference in 2009, and DGAFMS Award for Meritorious Armed Forces Medical Research Committee Projects in 2018 and 2019.

He has authored numerous scientific research publication in national and international medical journals and has authored two books - 'Manual of Clinical Audiology & Neonatal Hearing screening' (version 2013) and 'Manual of Head & Neck Oncology' (versions 2015, 2018).

The General Officer is social golfer and takes keen interest in Carnatic music, Indian fine arts, culture and philosophy and also Shakespearean literature.

# OUTSTANDING CONTRIBUTIONS AWARD

## PROF. ALOK THAKAR

AIIMS, New Delhi



- Fellow, Neuro-otology and Skull Base Surgery, Aintree University Hospital, UK. (2003)
- Specialist Registrar, Liverpool/ Merseyside rotation, U.K. (1995-1997)

### Significant Honours and Awards-

INTERNATIONAL COMMONWEALTH FELLOWSHIP UK 2003, training in Neuro-Otology and Skull Base Surgery.

UICC INTERNATIONAL CANCER TECHNOLOGY TRANSFER FELLOWSHIP(2007) awarded by the UICC (International Union Against Cancer for training at Kiel, Germany on "Trans-oral CO2 Laser Surgery for Laryngeal and Hypopharyngeal Cancers"

INDO-US SCIENCE AND TECHNOLOGY FOUNDATION TRAVEL GRANT (IUSSTF) (2010) to visit the University of Pennsylvania and to observe and train in TRANS-ORAL ROBOTIC SURGERY.

NATIONAL SHAKUNTALA AMIR CHAND PRIZE(2002) by the Indian Council of Medical Research (National Award) for Excellence in biomedical research. Awarded for "Treatment Strategies in Head-Neck Cancer : Optimizing Cure and disability limitation".

NES GOLD MEDAL AWARD by the Neuro-otological and Equilibriometric Society of India for Original Research contribution to Neuro-otology (2000-2001).

KAMANI CHARITY TRUST PRIZE by All India Institute of Medical Sciences for the Best Postgraduate Student in ENT, 1990.

### Significant Nominations / Elected Positions

- President, Neuro-Otological & Equilibriometric Society of India (NES), 2011-2012.
- Treasurer, Skull Base Surgery Society of India 2012-2015
- Honorary Secretary, Foundation for Head Neck Oncology, 2013-2015
- Honorary Secretary, Neuro-Otological & Equilibriometric Society of India(NES),1999-2001, & 2001- 2003
- Honorary Vice President, Otorhinolaryngologic Research Society of AIIMS (ORSA), 2011
- President-elect, Neuro-Otological & Equilibriometric Society of India (NES), 2009-2011.
- Editorial Board member, JOURNAL OF ENT MASTERCLASS, UK. 2010-2013.
- Editorial Board Member, THE OTORHINOLARYNGOLOGIST, UK. 2010.
- Editorial Board Member, OTORHINOLARYNGOLOGY CLINICS- AN INTERNATIONAL JOURNAL, 2011
- Editorial Board Member, INTERNATIONAL ONLINE JOURNAL OF OTORHINOLARYNGOLOGY, 2009
- Editorial Board Member , OTOLOGY INDIA (Journal of the Indian Society of Otolology ), 2002-2004
- Section Editor, Image of the week, INTERNATIONAL JOURNAL OF HEAD & NECK SURGERY.
- Member- National workshop on Curriculum planning for Otolaryngology and Head and Neck Surgery.



## Winners 2022 Annual Conference

MUKUT SAHARIA RESIDENT AWARD PAPER :	Dr Deeksha Sharma LHMC
FREE PAPER AWARD	Dr Megha Jain
RAJ RP SONI VIDEO AWARD	Dr Rajeev Kumar, AIIMS, New Delhi
DR ARUN GOYAL JUNIOR CONSULTANT AWARD	Dr Avani Jain
SENIOR CONSULTANT AWARD	Dr Anand Gupta, GMCH, Chandigarh
BEST POSTER AWARD	Dr Manisha Yadav, Dr BSA Hospital, Delhi
DR. ANOOP RAJ RESIDENT QUIZ	Dr Gaurav & Dr Mayank, AIIMS, New Delhi
PRAKASH VED MONGA TEMPORAL BONE DISSECTION	Dr Salman Khan & Dr Avinash, AIIMS, New Delhi
BEST PUBLICATION AWARD	Dr Hitesh Verma, AIIMS, New Delhi
PROFESSOR P GHOSH AWARD FOR INNOVATION IN OTOLARYNGOLOGY	Dr Srinivas Dorasala

## Winners of Abrol Trophy for the Best Presentation in Monthly Clinical Meeting

<b>YEAR</b>	<b>INSTITUTION</b>
1974-75	Irwin Hospital
1975-76	Lady Hardinge Medical College
1976-77	Safdarjang Hospital
1977-78	LNJP Hospital
1979-80	Safdarjang Hospital
1980-81	Army Hospital
1982-83	Northern Railway Central Hospital
1983-84	Sir Ganga Ram Hospital
1984-88	Army Hospital
1988-89	Lady Hardinge Medical College
1989-90	Maulana Azad Medical College
1991-92	Sir Ganga Ram Hospital
1992-93	Lady Hardinge Medical College
1993-94	Northern Railway Central Hospital
1995-96	Army Hospital
1996-97	Maulana Azad Medical College
1997-98	Army Hospital
1998-99	Lady Hardinge Medical College
1999-2000	Safdarjang Hospital
2000-01	Army Hospital (R&R)
2004-05	Army Hospital (R&R)
2005-06	Army Hospital (R&R)
2006-07	AIIMS
2007-08	Army Hospital (R&R)
2008-09	Maulana Azad Medical College
2009-10	Lady Hardinge Medical College
2010-11	Army Hospital (R&R)
2011-12	MAMC
2012-13	GTB Hospital
2013-14	GTB Hospital
2014-15	AIIMS & Safdarjang Hospital
2015-16	Army Hospital (R&R)
2016-17	Army Hospital (R&R)
2017-18	Army Hospital (R & R)

## Lifetime Achievement Award of AOI Delhi State Branch

The association of Otolaryngologists of India, Delhi State branch, instituted a Lifetime Achievement Award in 2006 when first such award was announced in the 29th Annual Conference. A need for such an award was being felt for a long time as during its long existence of more than thirty years a generation of very eminent ENT surgeons had done most exceptional and creditable work. It was always important to highlight the outstanding work done by the luminaries and to bring it in forefront. This itself can act as a catalyst for motivating and inspiring the younger generation. A Lifetime Achievement Award is but a gesture by the association to pay its gratitude for the excellence achieved during lifetime. The present secretary during his first tenure in 2004-05 started proceedings in the governing body to formulate the policy for awarding this prestigious honour. After ratification by the general body, the set of rules was adopted and are reproduced below for posterity:

### Selection Panel

- Shall comprise of five members.
- President, Immediate Past President, President Elect, Secretary, Treasurer.
- President shall be the chairperson of the selection panel.
- Secretary shall convene the meeting.
- No bids shall be invited and the selection panel shall decide the award after discussing eligible candidates as per laid down guidelines.
- The panel shall meet without advertising the purpose but is empowered to ask for the biodata and achievements of eligible candidates.
- The selection panel can decide for not awarding the award for a particular year.
- Lobbying for any candidate shall be discouraged.
- In case of a tie, chairperson's decision shall prevail.

### Guidelines for Selection

- Award can be given only to one person in a year.
- Age : 60 years or more.
- Shall be an active life member/ordinary member of good standing, without any arrears, of AOI Delhi State Branch for a minimum of 20 years.
- Active participation in association activities: attendance in monthly clinical meetings, annual conferences, picnic, general body meetings, and executive meetings.
- Contribution to the AOI Delhi State Branch : Executive post held; institution of any award, trophy or scholarship, financial help of the association.
- Academic achievements: Professional degrees, any medals and awards, orations and guest lectures, contributions for advancement of the speciality, contribution in dissipation of knowledge, development of any procedure.
- Publication : In national and international journals, any books, chapter in books, editor or guest editor of journals and books.
- Professional achievements : Highest professional position achieved, administrative experience in any Government or private institution.
- Contribution to society : Social work, charity and establishment of institution for public in general, participation in state programmes for disease control, membership of NGO or other social bodies.
- Achievement in society : Any award or recognition by government societies other than ENT association.

The award is in its 4th year of existence. It comprises of a shawl, citation and a memento. The President does the honours on behalf of the entire Delhi AOI fraternity.

### Scroll of Honours

2006	Dr. V.P. Sood, Dr. S.C. Gaudi & Dr. V.P. Venkatachalam (Joint Winners)	2014	Dr. A.S. Bais
		2015	Dr. A.K. Lahiri
2007	Prof. Prem K. Kakarl	2016	Dr. Narottam Puri
2008	Prof. Santosh K. Kacker	2017	Dr. Sudhir Bahadur
2009	Dr. Brij Mohan Abrol	2018	Dr. Ashok Vaid
2010	Prof. (Dr.) P. Ghosh	2019	Dr. A.K. Aggarwal
2011	Prof. (Dr.) P.S. Saharia	2020	Dr. Anoop Raj
2012	Dr. (Lt. Gen.) R.C. Kochhar	2022	Dr. J.C. Passey
2013	Dr. A.R. Marwah	2023	Dr. Lalit Kochhar & Dr. Dharam Paul

# Temporal Bone Dissection Competition

Temporal bone dissection is a very important aspect of learning the intricacies of mastoid surgery. Considering the abundance of ear disease in India, it is of paramount importance that all otolaryngologists are trained in temporal bone surgery. The Association of Otolaryngologists of India (Delhi State Branch) took the initiative for conducting temporal bone dissection competition for residents. There are well laid out guidelines for the competition, which is held as a pre-conference activity. Teaching institutions conducting postgraduate course and DNB nominate one of their residents or participate in the competition. All the dissected bones are displayed on the first day of the Annual Conference when the results are declared.

The inaugural Dr. Sandeep Bhari Memorial Temporal Bone Dissection Competition was held at Batra Hospital on May 1st, 2005. Dr. Santosh Kacker, Dr. A.S. Bais and Dr. A.K. Lahiri judged the dissected bones. Dr. Sunil Kathuria and Dr. Sanjiv Kakkar were supervisor and coordinator respectively. The candidates were asked to perform one of these three exercises:

- Cortical Mastoidectomy, posterior tympanotomy and marking the site for cochleostomy.
- Facial nerve exposure from first genu to digastric ridge.
- Modified Radical Mastoidectomy with ossiculoplasty (interposition of incus between handle of malleus and stapes head).

It is a matter of great pleasure that Dr. Anil Monga, a well-known Otologist has taken the initiative of sponsoring this competition in the name of his parents. The temporal bone competition of AOI Delhi State Branch has been christened as Prakash and Ved Monga Temporal Bone Dissection Competition and shall run in this form for ten years.

Year	Name of the Competition	Venue	Judges	Winner	Institution
2005	Dr. Sandeep Bahri Memorial Temporal Bone Dissection Competition	Batra Hospital and Medical Research Centre	Dr. S.K. Kacker Dr. A.K. Lahiri Dr. A.S. Bais	Dr. Manish Prakash	AIIMS
2006	Temporal Bone Dissection Competition	MAMC	Dr. M.K. Taneja	Dr. Sunil Aggarwal Dr. B.B. Khatri Dr. Manish Munjal	MAMC
2007	Prakash & Ved Monga Temporal Bone Dissection Competition	Batra Hospital and Medical Research Centre	Dr. A.S. Bais Dr. Anil Monga Dr. S.S. Panwar	Dr. Chandrasekhran Dravid	SJH
2008	Prakash & Ved Monga Temporal Bone Dissection Competition	Batra Hospital and Medical Research Centre	Dr. Arvind Soni Dr. L.M. Parashar	Dr. Chandrasekhran Dravid Dr. V. Natesh and Dr. Rajeev Kumar	SJH and Aruna Asaf Ali Hospital
2009	Prakash & Ved Monga Temporal Bone Dissection Competition	Pushpanjali Crosslay Hospital	Dr. Atul Jain Dr. S. Maheshwari Dr. A. Chakravarty	Dr. Rohit Verma	AIIMS
2010	Prakash & Ved Monga Temporal Bone Dissection Competition	MAMC	Dr. N.N. Mathur Dr. J.K. Sahni Dr. Sunil Kathuria	Dr. Rajeev Dr. Chirom Amit	AIIMS
2011	Prakash & Ved Monga Temporal Bone Dissection Competition	MAMC	Dr. N.N. Mathur Dr. Kathuria	Dr. Sarvjeet Singh Dr. Radha Madhav Sahu	SJH
2012	Prakash & Ved Monga Temporal Bone Dissection Competition	MAMC		Dr. Ankush Dr. Kirti Shroff	MAMC
2013	Prakash & Ved Monga Temporal Bone Dissection Competition	MAMC		Dr. Tripti Brar Dr. Divya Gupta Dr. Shilpi Aggarwal Dr. Ramandeep Kaur	MAMC UCMS
2014	Prakash & Ved Monga Temporal Bone Dissection Competition	MAMC	Dr. Gurdip Singh Dr. Anil Monga Dr. Ravi Meher	Dr. Arvind Kairo Dr. B. Sumanth	AIIMS
2015	Prakash & Ved Monga Temporal Bone Dissection Competition	MAMC	Dr. Atul Jain Dr. Sunil Kathuria	Dr. Bhinyram Dr. Krishna	AIIMS
2016	Prakash & Ved Monga Temporal Bone Dissection Competition	AIIMS	Dr Sharad Maheshwari Dr Rakesh Kumar	Dr Sasikrishna Dr Bhinyaram	AIIMS
2017	Prakash & Ved Monga Temporal Bone Dissection Competition	MAMC	Dr Sumit Mrig Dr R.K. Bhardwaj	Dr Ramandeep Dr Kunwar Parvez	UCMS
2018	Prakash & Ved Monga Temporal	AIIMS		Dr. Shikha Patel, Dr. Noothanapati Nageswara Rao	AIIMS
2019	Prakash & Ved Monga Temporal	AIIMS		Dr. Krupa Sankha Dr. Vignesh J	DDU Hospital
2021	Prakash & Ved Monga Temporal	AIIMS	Dr. Susan John Dr. Sunil Kathuria Dr. Rajesh Bhardwaj	Dr. Sabari Rajan Dr. Firoz Ahmed	VMMC
2022	Prakash & Ved Monga Temporal	AIIMS	Dr. Sunil Kathuria Dr. Shalabh Sharma	Dr. Salman Khan Dr. Avinash	AIIMS



## Winners of the Dr. Anoop Raj Resident's Quiz

**The Association of Otolaryngologists of India, Delhi State Branch**, took the initiative of starting a Quiz Competition for Residents. This proved to be a huge success. It had been so popular that not only other state branches emulated it but also a similar competition was started in the national Annual Conference of **The Association of Otolaryngologists of India**. The quiz is for residents and offers an excellent scope for learning in an interesting format. It consists of a written elimination round. The qualifiers in this round go to the final round where they are exposed to verbal, audio visual and rapid-fire questions of different aspects of Otolaryngology.

Year	Winners	Institution
1991	Dr. Rakesh Kakani & Dr. Ajit Mann Singh	AIIMS
1992	Dr. Ashutosh Kacker & Dr. Alok Thakar	AIIMS
1993	Dr. Atul Ahuja & Dr. Arun Thareja	LHMC
1994	Dr. Atul Ahuja & Dr. Shelly Chadha	LHMC
1995	Dr. Atul Ahuja & Dr. Shelly Chadha	LHMC
1996	Dr. Balbir Gandhi & Dr. Pawan Sardana	LHMC
1997	Dr. Sameer Nivaskar & Dr. D.N. Jha	AIIMS
1998	Dr. Sanjeev Gupta & Dr. D.N. Jha	AIIMS
1999	Dr. Siddharth Shankar Ghosh & Dr. Neelima Mishra	SJH
2000	Dr. M. Diwakar & Dr. Gagan Kumar	AIIMS
2001	Dr. Venkatarthikeyan & Dr. Manish Prakash	AIIMS
2002	Dr. M.T. Friji & Dr. Ravi Kant	SJH
2003	Dr. Manish Gupta & Dr. M.T. Friji	SJH
2004	Dr. Arun Wadhawan & Dr. Shalabh Rustogi	UCMS
2005	Dr. Harpreet Singh & Dr. Garima Aggarwal	AIIMS
2006	Dr. Geeta Kathuria & Dr. Neeru Chugh	LHMC
2007	Dr. Payal Garg & Dr. Shilpi Sharma	SJH
2008	Dr. Himanshu Swami & Dr. Nidhi Maggo	R&R Hospital
2009	Dr. Shashi Dhar & Dr. Sammitra Kumar	LHMC
2010	Dr. Ankush Sayal & Dr. Tripti Bar	MAMC
2011	Dr. Ankush Sayal, Dr. Virad & Dr. Kirti	MAMC
2012	Dr. Asha & Dr. Sharad	R&R Hospital
2013	Dr. Ipshit Panda & Dr. Dev Jani	St. Stephen's Hospital
2014	Dr. Parag & Dr. Kiran	PGI, Chandigarh
2015	Dr. Divya & Dr. Kanika	MAMC
2016	Dr. Ashima Saxena & Dr. Ravi Shanker	MAMC
2017	Dr. Avani Jain & Dr. Komal Lamba	MAMC
2018	Dr. Sahil Maingi & Dr. Vijith	RML Hospital
2019	Dr. Raman Sharma & Dr. Nivea	MAMC
2021	Dr. Sonali Malhotra & Dr. Deeksha Sharma	LHMC
2022	Dr. Gaurav & Dr. Mayank	AIIMS

## MUKUT SAHARIA RESIDENT AWARD PAPER

S.No.	Name	Institution	Title
MS 1	KIRAN MAHI	Deen Dayal Upadhyay Hospital New Delhi	Role of platelet-rich plasma in treatment of primary atrophic rhinitis
MS 2	SONALI MALHOTRA	LHMC, New Delhi	Is there fungal infestation in paediatric chronic otitis media - Mucosal disease
MS3	MAHESHKUMAR.A	AIIMS, New Delhi	A prospective study of functional outcomes after bony vs soft tissue reconstruction for posterior mandibular defects
MS4	PRAHLADA D R	AIIMS, New Delhi	Evaluation of respiratory and voice outcomes in patients with unilateral vocal cord palsy post injection laryngoplasty
MS5	UPAMANYU KASHYAP	AIIMS, New Delhi	Clinico radiological correlation in ascertaining the end point of treatment of Invasive Fungal Sinusitis
MS6	MRIGANK	RML, New Delhi	Comparison of response parameters of water and air caloric stimulation using videonystagmography in vertigo
MS7	YUVANESH K	AIIMS, New Delhi	An observational study to correlate site of obstruction in obstructive sleep apnea with eustachian tube dysfunction and reflux disorders
MS8	KANIKA ARORA	Sharda Hospital, Greater Noida	Prospective analysis of hearing thresholds in patients of chronic renal failure undergoing haemodialysis.
MS9	ARUSHI GUPTA	Sir Ganga Ram Hospital, New Delhi	Correlation of preoperative serum calcium and parathormone with the size of a solitary adenoma in primary hyperparathyroidism
MS10	DIWASH SUNAR	AIIMS, New Delhi	Randomized control trial to evaluate efficacy of nasal douching in the treatment of allergic rhinitis
MS11	RIYA	Sharda Hospital, Greater Noida	Evaluation of the incidence and etiology of hearing loss in patients coming to Sharda hospital, Greater Noida, Uttar Pradesh, India
MS12	NOOPUR GUPTA	RML, New Delhi	Correlation of serum vitamin b12 and folate levels with sensorineural hearing loss in type 2 diabetes
MS13	ASWATHY A	RML, New Delhi	To study biofilm formation in chronically discharging cases of chronic otitis media
MS14	SWEZAL LOHIA	MAMC, New Delhi	Evaluation of depth of invasion of Carcinoma tongue by MRI in comparison to histopathological depth and its correlation with neck metastasis
MS15	RISHABH VERMA	RML, New Delhi	Evaluation of hearing profile in newly diagnosed cases of primary hypothyroidism.
MS16	SHEELA	VMMC, Delhi	Tracheobronchial foreign bodies: Evaluation and retrieval by rigid bronchoscopy

## BEST POSTER AWARD

S.No.	Name	Institution	Title
P1	SHAFAT AHMAD	MAMC	An unusual case of tongue entrapment in a plastic water bottle
P2	PRIYANKA SHARMA	LHMC	A case series in Head and Neck oncology
P3	RINKU SHERAWAT	LHMC	Case series of extra nasopharyngeal angiofibroma
P4	AKHIL BAHUGUNA	LHMC	A rare case of Pneumoparotitis
P5	SACHIN KUMAR	LHMC	Case of inflammatory myofibroblastic tumor (IMT) of buccal mucosa
P6	NIDHI VERMA	Teerthanker Mahaveer Medical College and Research Centre, Moradabad	Giant lipoma of anterior neck -A rare case
P7	PRAHLADA D R	AIIMS, New Delhi	Juvenile trabecular ossifying fibroma of the inferior turbinate
P8	AAYUSHI PARASAR	MAMC	A diagnostic dilemma
P9	SHIVANI SINGH	ABVIMS & Dr RML Hospital	A rare case of giant Capillary Hemangioma of External auditory canal and middle ear- a case report
P10	NONGMAITHEM MONICA DEVI	LHMC	Unusual cases: facial nerve palsy
P11	POOJA KAUSHIK		Case report spindle cell carcinoma of larynx
P12	ANANTHULA SAHAJA	MAMC	Carotid Blowout as a Complication of Deep Neck Space Abscess-Case series
P13	SWEZAL LOHIA	MAMC	Rare cause of blindness: sphenoid tuberculosis
P14	DAAMINI BAPAT	MAMC	Role of early debridement and higher dose of liposomal amphotericin B in Mucormycosis- A Case Report
P15	SHANTNU NAGPAL	LHMC	Case of pleomorphic undifferentiated sarcoma (PUS) of oral cavity
P16	POOJA NAKHAT JAIN	MAMC	Schwannomas in Head And Neck
P17	RICHA SAHA	UCMS	Laryngeal lipoma – a rare case
P18	SAMEER SAJEED	MAMC	Sinonasal renal cell like adenocarcinoma (snrcia)
P19	SHOBHIT RASTOGI	MAMC	Dentigerous cyst with organised hematoma
P20	NIDHI KISHOR	UCMS	Ewing's sarcoma of temporal bone

S.No.	Name	Institution	Title
P21	NOOPUR GUPTA	Dr RML Hospital	Nasopharyngeal teratoma
P22	POOJA BHATI	Dr RML Hospital	Epidermal cyst
P23	ASWATHY A	Dr RML Hospital	Upper airway obstruction delayed complication of warfarin therapy
P24	DIVYA SINGH	MAMC	Management of Subglottic Stenosis
P25	MRIGANK	Dr RML Hospital	Papillary carcinoma of thyroglossal cyst
P26	NANDINI SHRUTI	MAMC	Uncommon Foreign Bodies in the ENT and Head & Neck Region: A Case Series
P27	NIKITA DHANKAR	UCMS	Cervical sympathetic chain schwannomas
P28	RINCHEN ANGMO	MAMC	Carotid space synovial sarcoma : a rare case report
P29	DEVESH NOGIA	MAMC	Sneaky tooth
P30	OSHIN GULERIA	LHMC	A rare case of epidermoid cyst base of tongue
P31	SREEJITH V S		Case series on NBI guided Brachytherapy in Head and Neck Cancers
P32	SAURABH SINGH	Sharda University	Intraoperative incidental finding of maxillary hypoplasia – a rare case report
P33	RISHABH VERMA		Adrenaline secreting glomus tympanicum – A diagnostic dilemma
P34	SADAF SALEEM		Juvenile Nasopharyngeal Angiofibroma in Females
P35	ARUSHI SUHAG		Palatal pleomorphic adenoma
P36	PATHRI MANJEERA	Base hospital, Delhi cantt	An unusual case of NK/ T Cell Lymphoma presenting as Acute Otitis Media with Complications
P37	DHEERAJ KUMAR	Army hospital research and referral , Delhi cantt	Tracheal agenesis
P38	AYUSH SINGHAL		A zebra in horse's clothing – primary immunodeficiency presenting as lemierre syndrome
P39	AARUSHI VASHISHT	PGIMS, Rohtak	Endoscopic adenoidectomy with microdebrider
P40	SNEHAMADHAB BHATTACHARJEE	VMMC	To not judge a book by it's cover- management of a fungating verrucous carcinoma of nose

## FREE PAPER AWARD

S.No.	Name	Institution	Title
FP 1	PRIYANKA SHARMA	LHMC	Role of Lund Mackay CT scan score in treatment of CRS by FESS
FP 2	ARCHANA KUSH	PGIMS, Rohtak	A case report on fibrous dysplasia with upto date management
FP 3	ASWATHY A	Dr RML Hospital	Schwannoma arising from lower lateral cartilage of nasal ala
FP 4	MRIGANK	Dr RML Hospita	Accidental ingestion of fish bone
FP 5	NOOPUR GUPTA	Dr RML Hospital	Uncommon otological And Head & Neck Manifestations of Wegener's Granulomatosis: A Rare Case Report
FP 6	SUVERCHA	MAMC	Parapharyngeal space Yolk Sac Tumor

## RAJ RP SONI VIDEO AWARD

S.No.	Name	Institution	Title
V1	POONAM SAGAR	AIIMS, New Delhi	Cerebrospinal fluid otorhinorrhea
V2	SREEJITH V S	.	Utility of Tongue flap in Head and Neck Reconstruction
V3	NEHAL LAL	MAMC	Endoscopic tympanoplasty using cubism graft
V4	RAJEEV KUMAR	AIIMS New Delhi	Frontolateral laryngectomy
V5	RICHA SAHA	UCMS	Management of benign neck mass :diagnostic dilemma
V6	JYOTI YADAV	UCMS	Endoscopic repair of Meningoencephalocele
V7	PRINCE TYAGI	UCMS	Parathyroid Adenoma Excision
V8	PRATIBHA DESAI	BLK-MAX Hospital, New Delhi	Lacrimal bypass surgery using Lester Jones Tube
V9	DHEERAJ KUMAR	Army hospital research and referral , Delhi cantt	Carotid body tumor
V10	SUNIL GARG	Shree Agggarsain, International Hospital, Rohini, Delhi	Open Horizontal Partial Laryngectomy; Relevance In Robotic Era
V11	MEHAK ARORA	AIIMS, New Delhi	Tracheoresection anastomosis
V12	UDAY MONGA	Sir Gangaram Hospital Delhi	Lateral ceiling of the sphenoid



## DR. ARUN GOYAL JUNIOR CONSULTANT AWARD

S.No.	Name	Institution	Title
JC 1	VIBHOR MALHOTRA	LHMC	Morphometrics Analysis Of Temporal Bone Radiology For Cochlear Implant Candidacy
JC 2	KARAN	Medanta-The Medicity Gurgaon, Haryana	To evaluate Oncological and Quality of Life outcomes between Robotic remote access neck dissection and open neck dissection for Oral cavity cancers: A prospective trial
JC3	INDU SHUKLA	ABVIMS & Dr RML Hospital, New Delhi0	Submammary Approach for Pectoralis Major Myocutaneous Flap harvest
JC4	KHYATI BHATIA	Max Vaishali and Patparganj	Perineural Invasion, its clinical significance and varying effect with increasing depth of infiltration and correlation with nodal metastasis
JC5	SHAHID RASOOL		Palisade Cartilage Tympanoplasty, An Alternative Surgical Approach For Csom
JC6	DHRUV KAPOOR	AIIMS RAIBAREILLY	Acoustic analysis of voice patterns in North India: A retrospective review.
JC7	ZOHDA TAYYABA	HIMSR, New Delhi	VARIABILITY OF NEUROVASCULAR STRUCTURES SURROUNDING SPHENOID SINUS
JC8	VIDHI CHOPRA	UCMS	Primary Hyperparathyroidism- A case series
JC9	ANMOL WADHWA		A study of knowledge, attitude and practices about otitis media among parents in Navi-Mumbai.
JC10	SMRITI PANDA	AIIMS NEW DELHI	Oral Cavity Verrucous Lesions: Audit of Long-Term Oncological Outcomes

## SENIOR CONSULTANT AWARD PAPER

S.No.	Name	Institution	Title
SC1	VIKRAM WADHWA	MAMC	Curtain Down Tympanoplasty: An Endoscopic Transcanal Technique.
SC2	RAJEEV KUMAR	AIIMS New Delhi	Factors influencing contralateral nodal metastasis in Oral Cavity Squamous Cell Carcinoma (OCSCC): prospective cohort study
SC3	PRAVEEN KUMAR YADAV	Base Hospital Delhi Cantt	Our experience of handling unsafe ear disease following STAMCO classification.

## The Association of Otolaryngologists of India (Delhi State Branch)

### Previous Conferences and Orations

Year	Venue	AOI Delhi Guest Oration	Bhai Mohan Singh Oration	Dr. P.K. Kakar Oration	Dr. V.P. Sood Oration
1987	Batra Hospital and Medical Research Centre	Rationale treatment of cholesteatoma Dr. M.G. Tejan Pune	—	—	—
1988	—	—	—	—	—
1989	LNJP Hospital	Tropical diseases in ENT Dr. S. Kameswaran Madras	—	—	—
1990	AIIMS	Changing trends in Management of Oral Cancers Dr. Pilloo Hakim Mumbai	—	—	—
1991	—	—	—	—	—
1992	Lady Hardinge Medical College	Management of nasopharyngeal angiofibroma-special emphasis on CT scan & hypotensive anaesthesia Dr. S.B.S. Mann Chandigarh	—	—	—
1993	—	—	—	—	—
1994	Dr. RML Hospital	Ossiculoplasty in closed and open procedures Dr. A. Mahadevaiah Bangalore	—	—	—
1995	—	—	—	—	—
1996	Safdarjung Hospital	Approaches to Lateral skull base Dr. K.P. Morwani Mumbai	—	—	—
1997	AIIMS	Extended scope of endoscopic sinonasal surgery Dr. M. V. Kirtane Mumbai	—	—	—
1998	Hotel Ashok	Concept of foreign bodies - Its past and present Dr. Santanu Banerjee Kolkata	Vertigo update Dr. W.J. Oosterveld Netherlands	ENT in last 50 years Dr. L.H. Hiranandani Mumbai	Allergic Rhinitis-Clinico Immunological profile Dr. Abrar Hassan Aligarh
1999	Lady Hardinge Medical College	Endoscopic surgery in orbital lesions Dr. P. Thulasi Das	Retractions of pars tensa aetiopathology Dr. Avinash Bhide Pune	How to improve your results in septorhinoplasty Dr. Lt. Gen. R.C. Kochhar Delhi	Concha bullosa – Its clinical implications and management Dr. Y.K. Maru, Indore

Year	Venue	AOI Delhi Guest Oration	Bhai Mohan Singh Oration	Dr. P.K. Kakar Oration	Dr. V.P. Sood Oration
2000	Hotel Ashok	Modern concepts of Ossicular reconstruction Dr. A.G. Pusalkar Mumbai	KTP laser in ENT Dr. P.G. Vishwanathan Coimbatore	Iatrogenic facial palsy Dr. D.S. Grewal Mumbai	Cartilage grafts in Otolaryngology and head neck surgery Dr. A. Mahadevaiah Bangalore
2001	Hotel Claridges	Elective node dissection When? Controversies Dr. Willard J. Fee USA	Recent advances in Thyroid surgery Dr. A.K. Gupta Udaipur	Facial Nerve disorders Dr. Vijayandra Bangalore	Vertigo Dr. N.L. Hiranandani Mumbai
2002	R&R Hospital	Optimizing results in reconstructive middle Ear surgery Dr. Vinod Shah Ahmedabad	Endoscopic Surgery beyond sinuses Dr. Devinder Rai Delhi	Current Trends in the management of carcinoma of tongue Dr. R.M. Tewari	Rhinoplasty techniques - Current Trends Dr. B. Baser
2003	Hotel Park Royal	Cochlear Implant Dr. R.C. Deka  Delhi	Endoscopic decompression of optic nerve and orbit Dr. Ashok Gupta Chandigarh	Cholesteatoma surgery revisited  Dr. D.S. Grewal Mumbai	Mastoid cavity elimination  Dr. Arun Aggarwal Delhi
2004	Hotel Park Royal	Management of facial nerve Dr. K.P. Morwani Mumbai	Oral submucous fibrosis Dr. Madan Kapre Nagpur	Phonosurgery Dr. Phaniendra Kumar Guntur	Voice conservation surgery Dr. Sultan Pradhan Mumbai
2005	India Habitat Centre	Auditory Neural Prosthesis - A window to the future Dr. Mohan Kameswaran Chennai	Crossing New frontiers - Juvenile Nasopharyngeal Angiofibroma Dr. Renuka Bradoo Mumbai	Changing concepts in the management of Squamous cancers of head and neck Dr. Sudhir Bahadur Delhi	Enigma of Eustacian tube Dr. Vimal Kasbekar Mumbai
2006	Hotel Ashok	Reversible hearing changes after alcohol intake Dr. G.K. Shukla Lucknow	Noise Pollution Dr. B.K. Rai Chaudhuri Kolkata	Surgical management of sensorineural hearing loss-Recent trends Dr. Ravi Ramalingam, Chennai	Endoscopic Pituitary surgery Dr. Nishit Shah Mumbai
2007	Swarn Jayanti Auditorium Lady Hardinge Medical College	The science and art of head and neck surgery by an Otolaryngologist Dr. Ashok M. Shenoy Bangalore	Parapharyngeal Tumours Dr. P.S.N. Murty Vijayawada	Surgical Site infections Dr. N.D. Puri Delhi	Finesse in Septorhinoplasty with periosteal perichondrial flap in external rhinoplasty Dr. Mohan Jagade
2008	India Habitat Centre	Evidence based evaluation and treatment of Vertigo Dr. Sunil Narayan Dutt Bangalore	Oration Past, present and future of Myringoplasty Dr. Anoop Raj Delhi	Advantages of Transcanal technique for Cochlear implantation especially in reference to Cochlear rotation Dr. J.M. Hans, Delhi	Technicalities of microscope and light sources - What the surgeons must know Dr. Shabbir Indorewala Nashik
2009	PGIMER Auditorium Dr. RML Hospital	Biofilms in ENT matrix revisited Dr. Neelam Vaid Pune	—	Towards bridging the gap between performance of normal ear and reconstructed middle ear Dr. P.P. Singh, Delhi	Optimizing vocal outcomes in phonosurgery Dr. Nupur Nerulkar Kapoor, Mumbai
2010	Maulana Azad Medical College	Multidisciplinary approach to Management of AV Malformations in head and neck Dr. Naresh Panda, Chandigarh	—	Academic Otolaryngology- 'How I view it, How I do it' Dr. Ravi Nayar Bangalore	Are paediatric patients same as young adult patients Dr. Mary Kurien Vellore

Year	Venue	AOI Delhi Guest Oration	Bhai Mohan Singh Oration	Dr. P.K. Kakar Oration	Dr. V.P. Sood Oration
2011	PGIMER Auditorium Dr. RML Hospital	Laser in ENT Dr. K. R. Meghanadh	—	Role of Malleus in middle ear reconstruction Dr. A.G. Pusalkar	Past Present & Future of Endoscopic Surgery Dr. M.V. Kirtane
2012	India Habitat Centre	Reconstruction in Head & Neck Cancer - Past & Future Dr. Subramaniam Iyer	—	Current Trends in Microlaryngeal Surgery Dr. Jay Kumar	Sleep Related Breathing Disorders- An ENT Perspective Dr. Magne Tvenne
2013	Scope Convention Centre	Auditory Prosthesis - Current & Future Dr. Mohan Kameshwaran	—	Evolution of OSA - Recent Advances Dr. V.P. Venkatchalam	Human face of Medical Education Dr. Achal Gulati
2014	Apollo Auditorium	Otorhinolaryngology - Changing Scope (Past to Present) Dr. Rajiv Puri	North Zone AOI Oration Obstructive Sleep Apnea Dr. Saurabh Varshney Cochlear Implantation: Indian Scenario Dr. Mohnish Grover	Decision Making in Laryngotracheal Stenosis Focus on Post-Intubation Stenosis Dr. Bachi T. Hathiram	Paradigm Shift in the Management of Sinonasal Tumours Dr. Prathamesh S. Pai
2015	MAMC Auditorium	Various Surgical Approaches to Facial nerve schwannoma Dr. Suresh Chand Sharma	—	Cochlear Implantation Past, Present & Future Maj. Gen. M.D. Venkatesh	Invasive fungal Rhino sinusitis of challenge for Head Prof. Dr. Nitin M. Nagorkar
2016		Anterior skull base defect: Dr. Arvind Soni	—	Preventive audiology: primary, secondary and tertiary prevention of hearing impairment-our experience: Dr. Karan Sharma	Day Care Surgeries in ENT Dr. Ravinder Verma
2017	R & R Hospital	Dr. J.C. Passey	—	Prof. Dr. H. Vijayender	Trans-nasal Trans-sphenoidal Endoscopic Hypophysectomy Dr. Saurabh Varshney
2018	Le Meridien Hotel, Bhutan, Thimphu	Wide Horizon of Endoscopic Endonasal Skull Base Surgery Dr. Sharad Maheshwari	—	Head and Neck Cancer care scenario in India: are we doing enough? Dr. Inder Pal Nangia	Recent advances in OSA. Dr. Seemab Shaikh
2019	LHMC Auditorium	Dr. Alok Thakar	—	Developing skill sets for CI surgery-a surgeons guide Dr. Manoj Manikoth	Novel combined modality treatments for difficult upper airway inflammatory conditions Prof B Nirmal Kumar
2021	Olympus Medical Systems, Gurugram, Haryana	Decision making in Subglottic or Tracheal stenosis Dr. N N Mathur	—	What's new in Head and Neck Cancer Dr. K. K. Thankappan	Endoscopic Management of Juvenile Nasopharyngeal Angiofibroma: Good, Ugly and Bad Dr. TN Janakiram
2022	MAMC Auditorium	Novel Approaches in the Treatment of Hearing Loss : A peek into the Future Dr. Ameet Kishore	—	Management of Neck in Oral Cancer-What does the future hold Dr. Anil D Cruz	What are the limits of Endoscopic Skull Base Surgery? Dr. Ziv Gil, Israel

## ABSTRACTS

### MUKUT SAHARIA RESIDENT AWARD PAPER

#### MS1

#### **TITLE : ROLE OF PLATELET-RICH PLASMA IN TREATMENT OF PRIMARY ATROPHIC RHINITIS-A PROSPECTIVE COHORT STUDY**

**PRESENTING AUTHOR :** Dr. Kiran Mahi

**AIM :** Evaluation of efficacy of Platelet-Rich Plasma injection in Primary Atrophic Rhinitis.

#### **METHODOLOGY:**

50 Patients clinically diagnosed as Primary Atrophic Rhinitis on the basis of symptomatology (nasal crusting, nasal obstruction, fetor, anosmia and epistaxis) and endoscopic findings were included in the study group. Prepared autologous Platelet-Rich Plasma (PRP) was injected bilaterally into inferior turbinate, nasal septum and nasal floor. PRP injections were given every 2 weeks for 4 weeks. Patients were assessed using Sino-Nasal Outcome Test-25 (SNOT-25) questionnaire and Saccharin Transit Time (STT) at 0, 1 month and 6 months interval.

#### **RESULTS:**

The mean  $\pm$  SD SNOT-25 scores reduced significantly from  $44.08 \pm 4.12$  before injection to  $10.48 \pm 4.61$ , 6 months post PRP injection. Similarly, the mean  $\pm$  SD STT improved from  $2373.2 \pm 761.05$  s before injection to  $1207.2 \pm 388.9$  s, 6 months after injection. Nasal symptoms also showed reduction and improvement post injection.

#### **CONCLUSION:**

PRP injections in PAR patients have shown improvement in nasal symptoms and mucociliary clearance. It is a safe, simple and cost effective OPD procedure and is recommended for the treatment of PAR patients.

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#### MS 2

#### **TITLE: IS THERE FUNGAL INFESTATION IN PAEDIATRIC CHRONIC OTITIS MEDIA - MUCOSAL DISEASE**

**PRESENTING AUTHOR :** Dr Sonali Malhotra

#### **OBJECTIVES**

To determine the prevalence of fungal infestation in paediatric chronic otitis media (COM)-mucosal disease and to study the various factors that might influence the said infestation.

#### **METHODS**

A cross-sectional study was done on the cited subject in a sample size of 66 paediatric patients [Age group: 1–18 years] suffering from active COM-mucosal disease. In all we had 75 ears from which swab samples were taken as some patients had bilateral disease. Clinical record was documented in each case. Three sample swabs were analysed for aerobic, anaerobic and fungal infection respectively from the discharging ear. Fungal infection was diagnosed by culture. The data was tabulated and statistically analysed for any correlation of fungal infestation with age, sex, background, duration of COM, previous antibiotic/steroid usage and intractable otorrhoea.



## **RESULTS**

We recorded a prevalence of 32% for fungal colonization of COM-mucosal disease in paediatric population i.e., 24 out of 75 ears. There was no association observed between fungal infestation and specific paediatric age group, sex, background or duration of the disease. However, a distinct statistical correlation was present between fungal infestation and previous antibiotic/steroid usage and intractable otorrhoea.

## **CONCLUSION**

Findings of this study lead us to conclude that all cases of paediatric COM-mucosal disease should be analysed for fungal colonization, especially those with intractable otorrhoea and there should be judicious use of antibiotics and steroid ear drops in COM-mucosal disease.

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## **MS 3**

### **TITLE : A PROSPECTIVE STUDY OF FUNCTIONAL OUTCOMES AFTER BONY VS SOFT TISSUE RECONSTRUCTION FOR POSTERIOR MANDIBULAR DEFECTS**

**PRESENTING AUTHOR : Dr. Maheshkumar. A**

#### **AIM:**

This study aimed to compare functional outcomes after reconstruction with free fibular flap (FFF) and pectoralis major myocutaneous flap (PMMF) for posterior segmental mandibular defect.

#### **METHODOLOGY:**

A total of 35 patients (13 in the FFF group and 22 in the PMMF group) with posterior mandibular defect were included in the study. Functional outcomes assessed were dental midline deviation, chewing ability, occlusional contacts and trismus.

#### **RESULTS:**

Dental midline deviation was significantly less in the FFF group at one month (2mm vs 5.95mm) and three months post-surgery (0 vs 5.52mm) ( $p < 0.001$ ). The FFF showed significantly better chewing ability at one month (4.76 vs 3.04) and three months post-surgery (5.61 vs 3.76) ( $p < 0.001$ ). Occlusional contacts were significantly better in the FFF group at one month post-surgery (87.9% vs 43.05%) ( $p < 0.001$ ) which were sustained at three months (87.9% vs 41.51%) ( $p < 0.001$ ). Postoperative mouth openings were comparable between both the groups at one month (19.92mm vs 20.8mm) ( $p = 0.70$ ) and three months (20.07mm vs 20mm) ( $p = 0.977$ ).

#### **CONCLUSION:**

FFF is favoured over PMMF for posterior mandibular defects, offering superior functional outcomes.

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## **MS4**

### **TITLE- EVALUATION OF RESPIRATORY AND VOICE OUTCOMES IN PATIENTS WITH UNILATERAL VOCAL CORD PALSY POST INJECTION LARYNGOPLASTY**

**PRESENTING AUTHOR-** Dr.D.R.Prahlad

**AIM-**

Primary Objectives of this study were to a) obtain and compare pre procedure and post procedure respiratory parameters and b) measure acoustic and aerodynamic analysis pre and post procedure

Secondary objectives were to evaluate i) Auditory perceptual assessment of voice using modified GBRAS scale and ii) Voice Handicap Index to detect functional, physical, and emotional features of the handicap caused by voice impairment pre and post procedure

**METHODOLOGY-**

30 patients with unilateral vocal cord palsy were enrolled in the prospective study from June 2021 to June 2023. Respiratory parameters (PFT, Body Plethysmography, Forced oscillation technique) and voice outcomes ( acoustic and aerodynamic analysis , GRBAS score , VHI ) were assessed pre procedure and 3 months post procedure

**RESULTS-**

There was a statistically significant improvement in the FVC , FEV1, PEFr, PIFR pre and post 3 months of injection laryngoplasty. Slow vital capacity values decreased compared to pre procedure in a non statistically significant manner. Airway resistance measured by  $R_{aw}$  and forced oscillation technique ( $R_5$ Hz) increased in a statistically significant manner 3 months post procedure .Jitter % , shimmer % and NH ratio decreased with a significant p – value 3 months post procedure. Mean MPT of 5.35 sec increased to 8.88 sec post procedure with a p value <0.0001 .GRBAS scale and VHI values were lowest at 1 week and 1 month post procedure with a rise in values noted at the end of 3 months. The post procedure values showed a statistically significant value

**CONCLUSIONS-**

Injection Laryngoplasty is an effective office based procedure to treat unilateral vocal palsy with minimal adverse reactions and good patient tolerability profile. Respiratory and voice parameters showed a significant improvement following injection laryngoplasty in unilateral vocal cord palsy.

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**MS 5**

**TITLE: CLINICO RADIOLOGICAL CORRELATION IN ASCERTAINING THE END POINT OF TREATMENT OF INVASIVE FUNGAL SINUSITIS**

**PRESENTING AUTHOR:** Dr Upamanyu Kashyap

**AIM:** To establish a clinico-radiological end point of anti-fungal therapy in invasive fungal disease by co-relating the clinical improvement along the course of treatment with the radiological features & blood markers.

**METHODOLOGY:**

Prospective study of 76 patients over 2 years in the department of Otorhinolaryngology at AIIMS, New Delhi. Pre-operative radiological findings and hematological parameters (Iron, Ferritin and Periostin) were compared with post operative findings in patients of Invasive Fungal Sinusitis after being managed with antifungal drugs and surgical debridement. Post debridement histological findings were taken into consideration.

## **RESULTS:**

A total of 76 IFS patients were recruited in this study out of which 49 were males and 27 were females in number with average age of 47 years. Type 2 Diabetes Mellitus was the most common co-morbidity encountered in 47 patients (61.84% of the study population). 40 out of 47 diabetic patients survived when control of the co-morbid condition was achieved (**P-value-0.037**). Pre treatment iron values were lower than that of post treatment whereas ferritin showed opposite results. Presence of granuloma in histopathology suggested a better immunity against invasive fungal disease.

## **CONCLUSION:**

To conclude, patient's survival outcome was found better in patient with single co-morbidity versus multiple co-morbidities. In-house control of diabetes showed better results than patient having persistent derangement. Presence of Granuloma in histopathology suggested better immunity against fungal organisms and thus better survival outcome. End point(survival) remained unaffected with the changes in hematological parameters, the symptom to presentation/ treatment duration.

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## **MS 6**

### **TITLE: COMPARISON OF RESPONSE PARAMETERS OF WATER AND AIR CALORIC STIMULATION USING VIDEONYSTAGMOGRAPHY IN VERTIGO**

**PRESENTING AUTHOR :** Dr Mrigank

Vertigo is defined as a subjective sense of imbalance and includes unsteadiness as well as sensation of rotation. It indicates involvement of the angular motion sensing system i.e. the semicircular canals and their central projections. It is typically worse when the head is moved. Vertigo is the most common type of dizziness .

Videonystagmography (VNG) is a complete diagnostic system for recording, analyzing, and reporting eye movements using video imaging technology. It includes a series of tests used to differentiate between a central and a peripheral vestibular lesion.

Double caloric tests using air and water stimulation will be performed in both ears of each subject. In both tests, a cold impulse of 30°C and a warm impulse of 44°C will be used. Qualitative and quantitative assessment of caloric-induced nystagmus will be carried out using following parameters of videonystagmography system:

1. Angular velocity of the slow nystagmus phase
2. Frequency of nystagmus
3. Vestibular deficit
4. Relative and absolute directional preponderance
5. Excitability

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## **MS7**

### **TITLE: AN OBSERVATIONAL STUDY TO CORRELATE SITE OF OBSTRUCTION IN OBSTRUCTIVE SLEEP APNEA WITH EUSTACHIAN TUBE DYSFUNCTION AND REFLUX DISORDERS**

**PRESENTING AUTHOR:** Dr YUVANESH K

**AIM:**

To correlate site of obstruction in osa with eustachian tube dysfunction and reflux disorder

**OBJECTIVES:**

To correlate site of obstruction with eustachian tube dysfunction

To correlate site of obstruction with reflux disorders

**METHODOLOGY:**

Determination of site of obstruction: Apneagraphy machine is used to detect site of obstruction Eustachian tube function test:

Toynbee test is used to categorise dysfunction.

24 hr ph monitoring test : Objective method of assessment of reflux disorder where ph sensor probe is inserted and demeester score more than 14.7 is suggestive of gerd

**RESULTS:**

62 patients were included in study 38 patients (62%) of study population had eustachian tube dysfunction and 21 patients (35%) of study population had reflux disorder. 44 patients were having retroglossal site of obstruction. Retropalatal site of obstruction patients having eustachian tube dysfunction. (p-0.45) Retroglossal site of obstruction patients having reflux disorders (p-0.14)

**CONCLUSIONS:**

Eustachian tube dysfunction and reflux disorder can occur with both retropalatal and retroglossal site of obstruction

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**MS 8****TITLE: PROSPECTIVE ANALYSIS OF HEARING THRESHOLDS IN PATIENTS OF CHRONIC RENAL FAILURE UNDERGOING HAEMODIALYSIS**

**PRESENTING AUTHOR:** Dr Kanika Arora

**AIM:**

To study the outcome of Haemodialysis on patients with chronic renal failure

**METHODOLOGY:**

The prospective study was conducted at a tertiary care centre of Greater Noida, Uttar Pradesh on 60 patients of chronic renal failure undergoing haemodialysis. Audiometric Evaluation was done for all these patients and they were followed up at 6 months and 1 year to study the effect of dialysis on their hearing thresholds.

**RESULTS:**

Hearing loss (hearing threshold above 20 dB) was detected in 34 patients (56.66%) at the start of the study. After 6 months, another 9 patients developed hearing loss giving a point Prevalence rate of 71.6%. At the end of follow-up (12 months), 49 patients were found to have hearing loss with a point prevalence rate of 81.6% and an incidence rate of 57.6%. It was found that 66.6% of patients had Sensorineural hearing loss, while 33.3% of patients were found to have mixed hearing loss.

## **CONCLUSION:**

Major percentage of the patients undergoing haemodialysis showed a significant decline in Hearing thresholds. It was found that almost two thirds of patients had Sensorineural Hearing Loss.

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## **MS 9**

### **TITLE: CORRELATION OF PREOPERATIVE SERUM CALCIUM AND PARATHORMONE WITH THE SIZE OF A SOLITARY ADENOMA IN PRIMARY HYPERPARATHYROIDISM**

**PRESENTING AUTHOR :** Dr Arushi Gupta

#### **AIM:**

To correlate preoperative serum calcium and parathormone with postoperative size and weight of a solitary adenoma in primary hyperparathyroidism

Methodology: Prospective observational study carried over 18 months in at least 20 patients undergoing parathyroidectomy for primary hyperparathyroidism with the following variables being measured and correlated –

1. Serum calcium
2. Serum PTH
3. Size of adenoma
4. Weight of adenoma

#### **RESULTS:**

In this study, from 2022 to 2023, 30 patients with parathyroid adenoma were enrolled. The correlation between preoperative serum calcium and PTH with the weight and size of the adenoma was evaluated. The data were analyzed via a multiple analysis of variance, and a correlation coefficient was calculated. There was a significant correlation between adenoma size, weight, serum calcium, and parathormone levels. Additional findings of variability of outcomes in the case of giant parathyroid adenoma and intrathyroid adenoma were also seen.

## **CONCLUSION:**

There is a significant correlation between the preoperative serum calcium and parathormone and the size and weight of solitary adenoma in the case of primary hyperparathyroidism.

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## **MS 10**

### **TITLE: RANDOMIZED CONTROL TRIAL TO EVALUATE EFFICACY OF NASAL DOUCHING IN THE TREATMENT OF ALLERGIC RHINITIS**

**PRESENTING AUTHOR:** Dr Diwash Sunar

#### **AIM:**

To evaluate the efficacy of adding nasal douching with conventional treatment in the Allergic Rhinitis (AR)

#### **STUDY DESIGN:**

Prospective Interventional Two Arm Parallel Randomised Controlled Trial

## **METHODOLGY AND RESULTS:**

100 patients ( 56 Male and 44 Female) of AR randomized into 2 arms, Group A(n=50) treated according to conventional treatment based on ARIA guidelines (Levocetirizine + Nasal spray of Fluticasone Furoate ) and Group B(n=50) with conventional treatment based on ARIA guidelines and Nasal Douching for 3 months. The mean age of recruited patients in Group A was  $27.38 \pm 9.4$  years and in Group B was  $27.16 \pm 7.6$  years. SNOT-22 scoring was used for subjective assessment an all patients underwent active anterior Rhinomanometry, Absolute Eosinophil Count and Nasal Swab Eosinophil before and after 3 months of treatment. It was found that there was a significant decrease in SNOT-22 score in both groups before and 3 months after treatment (p-value: Group A  $<0.0001$ , Group B  $<0.0001$  ). However, the difference between Group A and Group B was not significant (p-value 0.54 ). Following the treatment, the analysis revealed no significant differences in the Absolute eosinophil count, Nasal swab eosinophils, and Total nasal resistance as determined by Active anterior rhinomanometry between the two groups (p values: 0.616, 0.260, and -0.002, respectively).

## **CONCLUSION:**

There is no additional benefit of adding nasal douching over treatment suggested by ARIA guidelines in AR. While nasal douching may be considered a cost-effective home remedy for AR, it should not be regarded as a primary treatment method or a substitute for conventional therapies recommended by the ARIA guidelines.

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## **MS11**

### **TITLE :EVALUATION OF THE INCIDENCE AND ETIOLOGY OF HEARING LOSS IN PATIENTS COMING TO SHARDA HOSPITAL, GREATER NOIDA, UTTAR PRADESH, INDIA**

**PRESENTING AUTHOR :** Dr. Riya

## **AIM**

To evaluate the prevalence of hearing impairment in Greater Noida, UP and to determine the associated etiology.

## **METHODOLOGY**

Cross-Sectional Observational/Descriptive Study, Sample Size: 311 Sampling Techniques: Subjects attending Sharda hospital outpatient/inpatient/emergency department after informed and written consent with complaints of hearing loss.

## **RESULT**

according to the kuppuswamy scale (2020), it was found that cases of the upper lower class of socio-economic status were maximum (59.8%).

The maximum number of patients were seen from the age group of 26 to 35y

Significance of age impact was found in cases of COM, Presbycusis, Birth Asphyxia, AOM, OME, and Syndromic.

Out of 11 predefined risk factors Diabetes Mellitus was found to have the highest prevalence i.e. 8.4

Gender impact was not found to be of any significance on etiology

159 cases (51.1%) reported a conductive hearing loss on PTA

36 (11.6%) patients were found to be of mixed hearing loss.

121 (38.9%) patients were of sensorineural hearing loss. Maximum cases were of moderate SNHL.

Different sites of perforation were observed in mucosal COM. We found that it was insignificant, p-value greater than 0.05.



## CONCLUSION

The early detection of hearing loss and ear disorders is critical for effective care. This necessitates rigorous screening for hearing loss and associated ear problems in people who are most vulnerable. This includes newborn screening, persons exposed to noise or toxins at work, people using ototoxic medications, and senior citizens. Once hearing loss is discovered, it must be managed as soon as feasible and effectively in order to prevent any negative consequences.

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## MS 12

### **TITLE- CORRELATION OF SERUM VITAMIN B12 AND FOLATE LEVELS WITH SENSORINEURAL HEARING LOSS IN TYPE 2 DIABETES**

**PRESENTING AUTHOR – Dr Noopur Gupta**

The central aim of this study was to ascertain the correlation between Vitamin B12, Folate and severity of Sensorineural Hearing Loss in subjects with Type 2 Diabetes Mellitus. The study was a cross sectional observational study conducted at ABVIMS and Dr RML Hospital, New Delhi. 200 subjects with Type 2 DM and SNHL between the age group of 18- 60 years, of both genders were selected. The subjects were taken from the outpatient department of Otorhinolaryngology and Endocrinology. All the subjects were selected as per the set inclusion and exclusion criteria and were made to undergo basic otological evaluation followed by PTA and testing of HbA1c, Serum Vitamin B12 and Folate. The data was accumulated, tabulated and statistically analysed. The study revealed that the age of SNHL in Type 2 DM was earlier than previously reported: 40-60 years ('r'=0.12 in right ear and 'r'=0.16 in left ear). Thus, screening for hearing loss in DM should begin early. The present study also found a greater degree of SNHL in lower socio-economic groups (51% subjects belonged to lower socioeconomic class), a comparison that has not been drawn in the country to date. Further studies regarding the role of socio-economic status in hearing loss can help us understand the aetiology of this correlation and help prevent hearing loss in subjects not fortunate enough to receive tertiary health care. This is the first study to correlate Serum Vitamin B12 and Folate levels with severity of SNHL in Type 2 DM. Out of 200 subjects with SNHL, 89 (44.5%) had Vitamin B12 deficiency and 145 (72.5%) had Folate deficiency. The present study found a negative correlation between the Serum Vitamin B12, Folate levels and severity of SNHL in Type 2 DM [(r=-0.20 in right ear and r=-0.18 in left ear) for Serum Vitamin B12 and (r=-0.19 in both ears, p<0.05) for Serum Folate] signifying lower the levels of respective vitamins, higher was the severity of SNHL. This may be explained by mechanisms related to homocysteine level, insulin sensitivity, and systemic inflammation. It was also found in accordance with previous studies that the duration of Diabetes (p<0.05), BMI (p<0.05) and degree of glycaemic control (in the form of HbA1c) (p<0.05; r=0.47 in right ear and r=0.34 in left ear) had a positive correlation with SNHL. Thus, the present study concludes that the importance of prevention, in the form of early screening for DM, healthier diet, regular exercise and regular monitoring of blood sugar levels cannot be undermined. A correlation drawn between the duration of diabetes and Serum Folate levels was found to be positive (p<0.05) which suggests that a protective role of Serum Folate in Diabetes. Finally, it was found that peripheral neuropathy also had a positive correlation with the severity of SNHL (p<0.05). There is a dearth of studies correlating peripheral neuropathy with SNHL.

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## **MS 13**

### **TITLE: TO STUDY BIOFILM FORMATION IN CHRONICALLY DISCHARGING CASES OF CHRONIC OTITIS MEDIA**

**PRESENTING AUTHOR:** Dr Aswathy A

Biofilm plays an integral part in COM. The irresponsiveness of the antibiotics to chronic infection is attributed to the formation of biofilms. Our study is unique because of the larger sample size as well as we have reported mucosal and squamosal disease in a single study.

The study was able to conclude that out of 100 COM 67% showed biofilm formation. The squamosal and mucosal cases were 40 and 60 respectively. Biofilm formation in squamosal COM (32 out of 40) was found to be 80% and in mucosal COM (35 out of 60) was found to be 58.3%. In our study lower socio-economic status showed considerably high correlation with biofilm formation. However, no statistical significance correlation was seen between biofilm formation and smoking, adenoid hypertrophy, allergy and duration of discharge.

*Pseudomonas aeruginosa*, methicillin sensitive *Staphylococcus aureus* and methicillin resistant *Staphylococcus aureus* were the most common bacterial pathogens isolated from the cases of COM. In both mucosal and squamosal *Pseudomonas aeruginosa* was the most common organism isolated however, in mucosal it was followed by methicillin sensitive *Staphylococcus aureus* (23.3%) whereas in squamosal disease it was followed by methicillin resistant *Staphylococcus aureus* (22.5%). In addition to the above organisms, 2 *Candida albicans* were also isolated in mucosal disease. Of the 67 biofilm formers 79.1% were *Pseudomonas* followed by methicillin resistant *Staphylococcus aureus* (10.4%), methicillin sensitive *Staphylococcus aureus* (5.9%). One *Candida* species out of the two also formed biofilm.

Majority of the bacteria were sensitive to gentamycin, imipenem, meropenem, clindamycin and *Candida* was sensitive to fluconazole, voriconazole and itraconazole.

Overall, the results were in accordance with some of the major trends visible in various studies. Our study tried to explore prevalence of biofilm in mucosal squamosal COM, microbiological profile and antibiotic sensitivity were covered yet under a single study. This study adds to the very limited pool of literature in the domain.

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## **MS 14**

### **TITLE: EVALUATION OF DEPTH OF INVASION OF CARCINOMA OF TONGUE BY MRI IN COMPARISON TO HISTOPATHOLOGICAL DEPTH AND ITS CORRELATION WITH NECK METASTASIS**

**PRESENTING AUTHOR:** Dr. Swezal Lohia

#### **AIM:**

Magnetic resonance imaging (MRI) is an important radiological investigation for pretreatment evaluation of carcinoma of tongue and to assess the depth of tumour. The 8th edition of AJCC TNM classification incorporates depth of invasion of primary tumor for the 'T' staging of oral cavity carcinoma. The study is being conducted to evaluate the depth of invasion of tongue carcinoma by MRI in comparison to histopathological depth and to establish a relationship between depth of invasion of tumour on HPE and level of nodal metastasis.

## **METHODOLOGY:**

This study was undertaken on 20 operable biopsy proven patients of tongue carcinoma at Lok Nayak Hospital, Delhi over a period of 10 months between August 2022 and June 2023. The patients underwent MRI on 3 TESLA machine and maximum depth from adjacent surface of tongue was taken. The excised tongue specimen along with neck dissection specimen was sent for histopathological examination. The depth of the tumour was assessed on histology in maximum dimension.

## **RESULTS:**

In 20 patients of tongue carcinoma, the incidence was higher in males (80%). The lateral border of the tongue is the most common affected area. All the depth of invasion recorded on MRI were larger than on pathology. The tumour depth of invasion on MRI and histopathology are significantly correlated with measurement differences.

## **CONCLUSION:**

MRI is the imaging modality of choice for evaluation of tongue carcinoma as it helps in accurate staging of the tumor using TNM classification. The current study shows a high correlation between MRI and histopathological findings regarding depth of invasion. Estimation of invasion depth using MRI as a preoperative study in tongue carcinoma is useful in planning surgical treatment strategies.

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## **MS 15**

### **TITLE: EVALUATION OF HEARING PROFILE IN NEWLY DIAGNOSED CASES OF PRIMARY HYPOTHYROIDISM.**

**PRESENTING AUTHOR :** Dr Rishabh Verma

#### **AIM :**

To evaluate hearing profile in newly diagnosed cases of primary hypothyroidism

#### **METHODOLOGY :**

Location : department of Otorhinolaryngology, ABVIMS & Dr. Ram Manohar Lohia Hospital, New Delhi, from 1<sup>st</sup> January 2021 to 31<sup>st</sup> May 2022.

Sample size: 60

Study Design :Cross Sectional

#### **RESULTS AND CONCLUSION :**

A significant association was found between hearing impairment and levels of T3 and TSH (p value<0.001), while levels of T4 also showed statistically significant association with hearing loss (p value 0.01). Statistically significant correlation (p value<0.001) was found between duration of symptoms before starting thyroxine therapy and

degree of hearing loss. Association between type of hearing loss with TSH levels was found to be statistically significant ( $<0.001$ ) i.e., greater degree of hypothyroidism was associated with greater severity of hearing loss, which was predominantly sensorineural type.

We concluded that hypothyroidism and hearing loss are interlinked, and all newly diagnosed patients of primary hypothyroidism must undergo otoscopic and audiometric evaluation to make prompt diagnosis of subtle hearing loss, which may not be appreciable to the patient subjectively. This shall help to prevent further progression of hearing loss in patients suffering from hypothyroidism.

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## **MS 16**

### **TITLE: IMPORTANCE OF TUBERCLE OF ZUCKERKANDL AS SURGICAL LANDMARK TO IDENTIFY RECURRENT LARYNGEAL NERVE IN THYROID SURGERY**

**PRESENTING AUTHOR: Dr. Sheela**

#### **INTRODUCTION:**

The Tubercle of Zuckerkandl can be considered an important surgical landmark for the identification of surrounding structures such as recurrent laryngeal nerves in thyroid surgery. Other anatomical landmarks such as Behr's triangle, Simon's triangle, and Lore's triangle require the dissection of long segments of RLN for its identification making it more at risk for damage.

#### **MATERIALS & METHODS:**

A prospective study was conducted in 37 persons with complaints of thyroid swelling over the period of 10 months between October 2022 to August 2023 in the dept of ENT at VMMC and Safdarjung Hospital, New Delhi.

#### **RESULTS & DISCUSSION:**

The Tubercle of Zuckerkandl was identified in 27 cases out of 37 cases (72.9%) out of 27 cases Tubercle was identified on the right side in 17 cases (62.96%) and in 10 cases (37.03) on the left side. Recurrent laryngeal nerve was identified in 29 cases (78.37%) out of 37 cases, and in 25 (92.59%) cases out of 27 cases RLN was identified posterior to the Tubercle of Zuckerkandl. In 2 cases (7.40%) out of 29 cases, TZ could not be found.

#### **CONCLUSION:**

The Tubercle of Zuckerkandl can be considered an important surgical landmark in thyroid surgery. In more than 90% of cases, RLN gets identified just posterior to the TZ, hence it can act as an arrow pointing towards the RLN during the thyroid surgery.

**Keywords:** Tubercle of Zuckerkandl, RLN, and Thyroid Surgery.

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## BEST POSTER AWARD

**P1**

**TITLE: AN UNUSUAL CASE OF TONGUE ENTRAPMENT IN A PLASTIC WATER BOTTLE**

**PRESENTING AUTHOR:** Dr Shafaat Ahmad

**BACKGROUND:**

One peculiar foreign body in the oral cavity is when the tongue gets entrapped in foreign bodies such as bottles. This happens as children often insert their tongues into the bottle and apply oral suction to ingest the last few drops from the bottle.

**CLINICAL DESCRIPTION:**

A 12-year-old boy had a history of inability to remove a plastic water bottle sipper from around the anterior part of the tongue. On examination, the plastic sipper was constricting the tongue circumferentially.

**MANAGEMENT:**

Lubrication with 2% lignocaine jelly and ice packs, gentle traction and manipulation were unsuccessful. The patient was shifted to the emergency operation theatre and sedated with ketamine and midazolam with a nasopharyngeal airway with 100% preoxygenation. An orthopaedic bone cutter was used, and a radial cut was given, and the constricted part was removed as pressure on the tongue was released, followed by 100% oxygenation and bag and mask ventilation.

**CONCLUSION:**

Immediate intervention in cases of the entrapped tongue can prevent grave consequences such as airway compromise and tongue ischemia and necrosis.

**Keywords:** Deep sedation, foreign bodies, mouth, surgical instruments

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**P2**

**TITLE : AN INTRIGUING CASE SERIES IN HEAD & NECK ONCOLOGY**

**PRESENTING AUTHOR:** Dr. Priyanka Sharma

**AIM:**

Descriptive analysis of rare case series in Head & Neck Oncology with respective management of each case.

**METHODOLOGY:**

This work conducted according to the institutional ethical instructions. All contemporary case reports and medical literature researched & reviewed. **1<sup>st</sup> Case report-**29yr/M with swelling at base of tongue for 3yrs. Patient underwent complete intra-oral excision. On histopathological (HPE)- Schwannoma was suspected.

**RESULT-**

After HPE and Immunohistochemical (IHC) analysis – a diagnosis of Base of tongue Schwannoma was confirmed.

## CONCLUSION-

Schwannoma can be considered as differential diagnosis of tongue mass. **II<sup>nd</sup> Case report-**11 day old male neonate presented with swelling of upper lip since birth. CT & MRI reveals the lesion in the soft tissue intensity lesions in the lip, orbit and submandibular region. Fine needle aspiration cytology (FNAC) and biopsy from the lip lesion revealed to be “small cell round tumor”. Its myogenic origin ascertained by IHC studies positive for myogenin and desmin. **Result-** IHC clinched the diagnosis of embryonal rhabdomyosarcoma. In view of multiple lesions, patient underwent chemotherapy with Vincristine, Actinomycin, Cyclophosphamide, and Dexamethasone. Despite aggressive therapy, patient succumbed to his disseminated disease 3 months later. **Conclusion-** This case highlights the poor prognosis associated with RMS especially in neonates. **III<sup>rd</sup> Case report-**60yr/M with swelling in neck for 20years with sudden increase in the size during last 3 months. FNAC suggested anaplastic carcinoma. Patient underwent total thyroidectomy with central and lateral neck dissection. On HPE, the diagnosis of angiosarcoma was suspected. **Result-** IHC confirmed the diagnosis of angiosarcoma. Post-operative chemoradiation was given with no recurrence at 10 months of follow up. **Conclusion-** Though rare, angiosarcoma should be included as differential diagnosis in cases of long standing goitre with recent rapid increase in size. IHC is crucial for diagnosis and should be considered in these patients.

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## P3

### **TITLE: INTRIGUING CASE SERIES OF EXTRANASOPHARYNGEAL ANGIOFIBROMA**

**PRESENTING AUTHOR:** Dr. Rinku Sehrawat

#### **AIM:**

Our study aimed at evaluating rare cases of Extranasopharyngeal angiofibroma.

#### **METHODOLOGY:**

Extranasopharyngeal Angiofibroma is a rare benign tumor. I will be presenting 2 such rare cases surgically treated in ENT department of Lady Hardinge Medical College. In both the cases patients were investigated both clinically and medical imaging before surgery. Both the cases were solved by endoscopic nasal approach and sent for histopathological and immunohistochemistry examination after excision.

#### **RESULT:**

Both cases were proven to be angiofibroma on HPE and immunohistochemistry and were followed for 6m and 1yr with no recurrence.

#### **CONCLUSION :**

Both cases had rare presentation at rare site and were completely curable ,hence such presentation's should be meticulously investigated and treated.

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## P4

### **TITLE : A RARE CASE OF PNEUMOPAROTITIS**

**PRESENTING AUTHOR :** Dr.Akhil Bahuguna



**AIM :**

To report a case of pneumoparotitis , its clinical features and treatment options for management of such a rare entity .

**METHODOLOGY :**

Pneumoparotitis, a rare condition characterized by the presence of air within the parotid gland, typically arises due to an accumulation of air in the Stensen's duct. While most commonly observed in adults, this case report presents a unique instance of pneumoparotitis occurring in a 14-year-old female. The patient exhibited symptoms of localized facial swelling, discomfort, and tenderness, which initially led to diagnostic challenges. Through a combination of clinical evaluation, imaging studies, and meticulous history-taking, the condition was accurately diagnosed. Treatment involved conservative measures including hydration, warm compresses, and analgesics.

**RESULTS :**

No complaints or signs of recurrence seen on a 7 monthly follow up

**CONCLUSION :**

This case emphasizes the importance of considering pneumoparotitis in the differential diagnosis of pediatric patients presenting with parotid gland swelling. Additionally, it underscores the significance of tailored treatment strategies to manage this rare presentation effectively.

**KEYWORDS :** Pneumoparotitis , Stensen's duct .

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P5

**TITLE – CASE OF INFLAMMATORY MYOFIBROBLASTIC TUMOR (IMT) OF BUCCAL MUCOSA**

**PRESENTING AUTHOR –** Dr Sachin Kumar

**AIM-**

To report a rare site of occurrence of IMT, its clinicopathological features, treatment options for management of such rare entity.

**METHODOLOGY-**

32 year male presented with complain of right sided mass in oral cavity since 10 months. History of tobacco chewing present. On examination a mass of 5\*4 cm seen originating from right gingivobuccal sulcus adjacent to 2 nd upper molar. Mass was non-tender, firm, had smooth surface and margins. No neck nodes were palpable. Biopsy showed fibrocartilaginous tissue with thin branching filamentous fungi. After PAC fitness, intra-oral excision was done and sent for HPE. CECT neck revealed well defined heterogeneously enhancing lesion in right buccal space, superiorly involving inferior wall of maxillary sinus reaching up to superolateral aspect of root of upper 2 nd , 3 rd molar. HPE report showed features consistent with IMT positive for ALK, vimentin, SMA.

**RESULTS –**

No signs of recurrence on 6 monthly follow up

## **CONCLUSION-**

IMT is a rare tumor and proves to be a diagnostic dilemma for clinicians hence should be kept as differential diagnosis in managing patients presenting with intraoral mass.

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P6

## **TITLE: - GIANT LIPOMA OF ANTERIOR NECK -A RARE CASE**

**PRESENTING AUTHOR** – Dr. Nidhi

### **INTRODUCTION:**

Lipomas are benign slow growing tumour of adipose tissue and can occur anywhere in the body. They originate from mesenchymal cells.

### **CASE REPORT:**

A 68-year-old male presented with swelling on anterior part of neck which was insidious in onset, gradually progressive, not associated with difficulty in breathing, voice change or difficulty during swallowing.

Examination revealed - A bilobed swelling present on anterior midline of neck measuring approximately 15\*7 cm, vertically extending from near mentum of mandible to xiphoid process and horizontally from anterior border of right sternocleidomastoid to anterior border of left sternocleidomastoid.

Radiological investigations suggest a large well defined altered signal intensity lesion in subcutaneous plane of neck region extending from floor of mouth till lower margin of manubrium sternum- likely fibrolipomatosis. Few small altered signal intensity nodules showing heterogeneous enhancement in bilateral lobes of thyroid gland. Patient is planned for excision of lipoma.

USG guided FNAC multiple site - benign lipomatous lesion, colloid goitre .

### **CONCLUSION :**

Giant lipoma of neck is a rare presentation of lipoma.

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P7

## **TITLE: JUVENILE TRABECULAR OSSIFYING FIBROMA OF THE INFERIOR TURBINATE**

**PRESENTING AUTHOR-** Dr D R Prahlad

**BACKGROUND-** Juvenile ossifying fibroma [JOF] is a very rare benign fibro-osseous tumor capable of expansile growth. It is reported in a younger population, usually less than 15 years of age. It can be distinguished from conventional ossifying fibroma [OF] by its preferential localization to extra gnathic structures, particularly the frontoethmoidal structures and skull base, male predilection, more aggressive clinical behavior with rapid growth and a markedly increased risk for local recurrence after surgical excision. Surprisingly, in PubMed search only two cases of OF exclusively involving inferior turbinate have been reported which makes this the third such case. Emphatically, to the best of our knowledge this may be the first case of JOF- Trabecular localized to inferior turbinate to be reported in English language.

## **CASE PRESENTATION-**

A teenager presented with complaints of chronic right sided nasal obstruction and ipsilateral ear discharge since childhood. Nasal obstruction had worsened in past one year. Nasal endoscopy showed hypertrophied inferior turbinate covered by healthy mucosa and nasal septum deviated to the left. Otoscopy showed large dry central perforation of right tympanic membrane. CT nose and para nasal sinuses [CT PNS] was done which showed an hyperdense ground glass lesion arising from medial wall of left maxillary sinus extending into the right inferior turbinate measuring approximately 23 x 18 x 33 mm. Biopsy showed juvenile trabecular ossifying fibroma.

## **TREATMENT-**

The patient underwent trans nasal endoscopic medial maxillectomy type 3B. The entire inferior turbinate, part of pyriform aperture and medial wall of maxilla was removed. The nasolacrimal duct was transected sharply and the posterior attachment of the tumor was drilled.

## **FOLLOW UP-**

At 3 months follow up the patient is asymptomatic and there is no evidence of recurrence of disease on nasal endoscopy.

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## **P8**

### **TITLE : A DIAGNOSTIC DILEMMA**

**PRESENTING AUTHOR :** Dr. Aayushi parasar

### **AIM:**

To diagnose and manage a maxillary sinus mass extending to upper alveolus via palate

### **METHODOLOGY:**

A thorough clinical evaluation followed by radiological (cect PNS) and pathological examination. Surgical management was done via subtotal maxillectomy under GA and final HPE was sent.

### **RESULT :**

Final report was suggestive of **Malignant spindle cell mesenchymal tumor, possibly osteosarcoma**. Patient was then started on radiotherapy.

### **CONCLUSION :**

Maxillary sinus spindle cell carcinomas are rare and aggressive entities posing diagnostic problems for surgeons and pathologists alike. Surgery followed by radiotherapy is the preferred management.

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## **P9**

### **TITLE- A RARE CASE OF GIANT CAPILLARY HEMANGIOMA OF EXTERNAL AUDITORY CANAL AND MIDDLE EAR- A CASE REPORT**

**PRESENTING AUTHOR-** Dr Shivani Singh

Hemangiomas are relatively common in Head and Neck region however cases in temporal bone are rare. It is commonly classified as capillary and cavernous hemangioma. Uptil now (till 2015) only 19 cases of Hemangioma EAC have been reported in English literature. According to literature this case represents the 2nd case of capillary hemangioma involving EAC and middle ear. This case report describes a case of Capillary Hemangioma of EAC and middle ear, presented to our department with complaints of Right ear mass, mild pain and decreased hearing with no previous history of ear bleed. Local examination revealed a large, bluish-red irregular mass completely occupying the EAC and ear pinna obscuring the view of the preauricular and chonchal area. No facial nerve dysfunction seen. HRCT Temporal bone suggestive of polypoidal lesion completely occupying EAC, involving TM and bulging into middle ear. MR Angiography suggestive of lobulated enhancing mass lesion in right middle ear extending into EAC. The lesion was excised via post aural approach under GA. The histopathological assessment was suggestive of Capillary Hemangioma with no recurrence on subsequent follow up.

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**P 10**

**TITLE : UNUSUAL CASES: FACIAL NERVE PALSY**

**PRESENTING AUTHOR:** Dr Nongmaithem Monica Devi

**AIM:**

To analysed unusual case of facial nerve palsy with their respective management and outcome of each case.

**METHODOLOGY:**

This study conducted according to the institutional ethical instructions with no conflict of interest. All contemporary case reports and medical literature researched & reviewed. **I<sup>st</sup> Case report**-22yr/M presented with right complete facial nerve palsy and right hearing loss for two months after falling down following epileptic attack. Otological Examination shows Tympanic membrane intact on both sides with complete facial palsy, PTA reveals sensorineural hearing loss in right ear. HRCT Temporal bone shows mixed fracture line with otic capsule involvement and undisplaced fracture of facial canal involving transverse segment. Patient underwent oral steroid therapy with doses 1mg/kg for 1 month with tapering dose.

**RESULT-**

HRCT Temporal bone confirmed the diagnosis of Temporal bone fracture (mixed fracture) with Traumatic facial nerve palsy. Patient shows drastic improvement within a month with near normal function following steroid therapy.

**CONCLUSION-**

This study highlights the important of steroid therapy in post complete traumatic facial nerve palsy and also concluded that steroid treatment in undisplaced temporal bone fracture is superior to facial nerve decompression. **II<sup>nd</sup> Case report**- 25y/F presented with left ear discharge and hearing loss for 10 years with left facial palsy for last 7 days. Examination of ear reveals posterior superior perforation involving pars flaccida and pars tensa with cholesteatoma flakes. CT suggestive of otomastoiditis with Cholesteatoma. Patient underwent Modified radical mastoidectomy with Type III tympanoplasty, An excised cholesteatoma sac sent for Culture, Sabouraud dextrose agar shows Candida nonalbicans pseudohyphae, thus made final diagnosis of Candida nonalbicans otomastoiditis Post-Operatively given Tablet Itraconazole 200mg with antifungal ear drops for 6 weeks.

## RESULT-

CT made diagnosis of Left chronic suppurative otitis media with Fungal otomastoiditis with Grade II facial nerve palsy. Post-Operative complete recovery of facial palsy seen within a week of surgery with no recurrence on regular follow up for 9 months. **Conclusion-** This case shows although rarely, fungus is intrinsic to cholesteatoma ear disease and can present as facial nerve palsy.

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## P11

### **TITLE: CASE REPORT SPINDLE CELL CARCINOMA OF LARYNX**

#### **PRESENTING AUTHOR – DR. POOJA KAUSHIK**

40yr/M , non smoker presented to OPD with C/O hoarseness for 2 years. Occupational exposure to Asbestos, diagnosed as well differentiated squamous cell carcinoma larynx and treated by endoscopic CO2 LASER excision at outside hospital . Patient developed recurrence after surgery. On examination OC/OP were normal .Indirect and fiberoptic laryngoscopy revealed proliferative growth on right vocal cord involving the anterior commissure. Neck showed cervical lymphadenopathy. Blood investigations were normal. HIV – non reactive.HBsAg ‘+ve’. MRI - Irregular lobulated heterogenous lesion along anterior part of right vocal cord , lobulated nodular component into laryngeal lumen compromising the airway. HPE showed SCC. IHC- CK + ,CD + ,SMA +, S-100 +, Desmin –ve. Diagnosed as Spindle Cell Carcinoma T3N0M0 and Total Laryngectomy (radiation failed case) done. HPE – SpCC larynx with focal myxoid and neural differentiation involving glottis. Nodes were positive for TB. Postoperative recovery was uneventful. Anti tubercular started.

#### **DISCUSSION-**

Most sensitive markers - cyto keratin (AE1/AE3),K1,K8,EMA and p63.No significant difference in the clinical behavior between laryngeal SpCC and ordinary SCC of larynx and the same treatment policy .However the present case did not respond to either laser excision or curative radiotherapy and needed salvage surgery. **PROGNOSIS** -Depends on location and stage of disease.

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## P12

### **TITLE: CAROTID BLOWOUT AS A COMPLICATION OF DEEP NECK SPACE ABCESS- CASE SERIES**

#### **PRESENTING AUTHOR: Dr. Ananthula Sahaja**

Carotid rupture is a devastating complication of untreated or partially treated deep neck space abcess. Here is a report of 3 cases of deep neck space abcess in which carotid blowout occurred. All the patients managed successfully without long term sequelae.

#### **CONCLUSION:**

Deep neck space abscesses are a very important part of day to day ENT practice and should be treated as soon as possible to prevent complications. In case complications occurs knowledge regarding same and necessary precautions can help in successful management of patients.

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**P13****TITLE :RARE CAUSE OFBLINDNESS: SPHENOIDTUBERCULOSIS****PRESENTINGAUTHOR:** Dr.Swezal Lohia**AIM:**

Sphenoid sinus lesions areuncommon and difficult todiagnose. Diagnosis is made on radiology andhistopathology of a biopsyspecimen.MRI is donefollowed by endoscopicbiopsy.

**CASE REPORT:**

A 4-year-old male childpresented with history ofheadache and fever since a month with bilateral suddenloss of vision over two days.Ophthalmological examination showed right lateral rectuspalsy and no perception oflight in bilateral eyes.On MRI,a soft tissue mass was seen inright sphenoid sinus, extendinginto the cavernous sinus.Endoscopy revealed a friablemass occupying right sphenoidsinus. Tissue biopsy clinchedthe diagnosis of tuberculosis.

**DISCUSSION :**

A diagnosis of granulomatousdisease with Langhans giantcells s/o tuberculosis was made. The patient is receivingantitubercular therapy andshowing response.

**CONCLUSION:**

The tuberculosis of paranasalsinus is extremely rare.Maxillary and ethmoid sinusesmore commonl than sphenoidsinuses. The radiologicalfeatures of sphenoid sinus tuberculosis mimic otherinflammatory and neoplasticlesions. Tuberculosis can be considered as a differential forisolated sphenoid lesion.Endoscopic sphenoid surgeryis the ideal procedure to obtaintissue for HPE. The diseasecan be treated with standard antituberculosisdrugs.

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**P14****TITLE: ROLE OF EARLY DEBRIDEMENT AND HIGHER DOSE OF LIPOSOMAL AMPHOTERICIN B IN MUCORMYCOSIS- A CASE REPORT****PRESENTINGAUTHOR:** Dr. Daamini Bapat**INTRODUCTION:**

Early debridement and higher doses of liposomal amphotericin B can lead to immense improvement in general condition of a patient of poor GCS ( severe category ).

We present one such case in which patient with involvement of right maxilla, right infratemporal fossa, right orbit, right pterygopalatine fossa showed improvement from severe to moderate category GCS.

**DISCUSSION:**

Debriding the disease as soon as possible and giving doses of liposomal amphotericin B according to response of patient is the key in management of severe cases of mucormycosis.

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## **P15**

### **TITLE: CASE OF PLEOMORPHIC UNDIFFERENTIATED SARCOMA (PUS) OF ORAL CAVITY**

**PRESENTING AUTHOR:** Dr Shantnu Nagpal

#### **AIM:**

To report a rare case of PUS, its clinico-pathological features and treatment options

#### **METHODOLOGY:**

65-year male non-smoker and alcohol drinker presented with a 2-month history of mass in oral cavity coupled with difficulty in swallowing more to solids. There was no history of weight loss, bleeding from the mouth or any swelling in the neck. On examination, the patient had a mass in the left tonsillar fossa crossing the midline. CECT revealed a well-defined homogeneously enhancing soft tissue lesion (3\*3.1\*3.2cm) seen arising from left lateral wall of oropharynx abutting the lingual epiglottis and vallecula. Biopsy from mass showed malignant spindle cell lesion. Transoral excision of the mass done with adequate margins using a coblator and specimen sent for HPE. The microscopic findings showed pleomorphic undifferentiated sarcoma positive for vimentin. The patient was also given postoperative adjuvant radiotherapy.

#### **RESULT-**

No signs of recurrence on 6 monthly follow up

#### **CONCLUSION-**

PUS is a rare and aggressive soft tissue malignancy that often presents diagnostic challenges due to its heterogeneous histological appearance and lack of specific markers and should be kept as differential diagnosis in patients with intraoral mass

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## **P16**

### **TITLE : SCHWANNOMAS IN HEAD AND NECK**

**PRESENTING AUTHOR:** Dr Pooja Nakhat Jain

Schwannomas are slow-growing, benign, encapsulated tumors of neurogenic origin which are thought to arise from either the Schwann cells or fibroblasts supporting the nerve. These tumors, usually asymptomatic, present between the 3<sup>rd</sup> and 7<sup>th</sup> decade of life. 25% to 45% of all the schwannomas have been seen to arise in the head and neck region of which, the majority of which occur in the parapharyngeal space<sup>1</sup>. Intraoral lesions are very rare comprising only 1% of it, tongue being the most common site, followed by the floor of the mouth, palate, gingiva, vestibular mucosa, lips, and mental nerve area<sup>1</sup>. In the parapharyngeal space, they usually arise from either the Vagus nerve or the sympathetic trunk. The laryngeal schwannoma is presumed to arise from the internal branch of the superior laryngeal nerve after it penetrates the thyrohyoid membrane<sup>4</sup> and is most commonly located in the aryepiglottic fold (80%), followed by the arytenoids, ventricular folds, and vocal fold (20%)<sup>2</sup>. Nasal and paranasal schwannomas are thought to arise from olfactory nerve fibers.

We are here presenting schwannoma of palate, nose, larynx and the parapharyngeal space.

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**P17**

**TITLE: LARYNGEAL LIPOMA – A RARE CASE**

**PRESENTING AUTHOR:** Dr. Richa Saha

**AIM:**

Excision of the Laryngeal Mass

**METHODOLOGY:**

A 45 year old male presented with dysphagia and hoarseness for 1 month. Complete head and neck examination and endolaryngeal examination was done in which a smooth pedunculated mass seen with pedicle attached to right ary-epiglottic fold moving with respiration was seen ).CECT neck showed well encapsulated, oval, non-enhancing mass lesion predominantly fat attenuation of size 1.7\*3.1\*1.9 cm involving Right AEF with intraluminal projection and obliteration of right PFS. patient underwent elective tracheostomy followed by DL Evaluation. The mass was found large enough not be excised endolaryngeally hence excision by Right lateral pharyngotomy approach under GA was done.

**RESULTS:**

post operatively patient was kept on Nasogastric Tube feeding for 2 weeks and was followed up regularly with . One month post surgery patient restored swallowing and normal voice with complete healing of scar.

**CONCLUSIONS:**

Lipomas are uncommon in head and neck region (<15% of all lipomas) Laryngeal lipoma <0.6% - 115 cases reported

Laryngeal lipomas may often be an incidental finding and Hard to diagnose due to the symptoms being non-specific. The cause of laryngeal lipomas is unclear.

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**P18**

**TITLE: SINONASAL RENAL CELL LIKE ADENOCARCINOMA (SNRCLA)**

**PRESENTING AUTHOR:** Dr Sameer Sajeed

**AIM:**

SNRCLA is a rare entity and is a diagnosis of exclusion. Diagnosis is made primarily on histopathological examination and immunohistochemistry and requires ruling out metastasis from Clear Cell variant of Renal Cell Carcinoma.

**CASE REPORT:**

A 45-year-old lady presented to our OPD with complaints of recurrent episodes of epistaxis since past six months along with bilateral nasal obstruction for three months and persistent headache for the past two months. Nasal endoscopic examination revealed a fleshy mass occupying the entire left nasal cavity and pushing the nasal septum towards right.

CECT of the nose and paranasal sinuses showed an enhancing lesion epicentred in the left nasal cavity, eroding the septum and extending into the right nasal cavity. MRI brain revealed a lesion in the anterior interhemispheric fissure

attached to falx cerebri and projecting into bilateral frontal lobe, a lesion was seen at the level of foramen magnum on the right side, abutting and compressing the medulla and another lesion was seen in the left cerebellar hemisphere as well. There was no contiguous relation of the lesions with the nasal mass. A biopsy was obtained from the nasal mass under local anesthesia.

Histopathology revealed features classical of a clear-cell renal cell carcinoma, and hence this nasal mass was initially thought to be a metastatic adenocarcinoma, likely from the kidneys.

Thus, once the renal primary (and possible metastasis from it) was excluded immunohistochemical assistance Adenocarcinoma (SNRCLA).

#### **DISCUSSION :**

SNRCLA is a relatively new entity. Here we report the sixteenth case of SNRCLA and the first case of SNRCLA from India.

The most striking feature of SNRCLA is its resemblance to the clear cell type of renal cell carcinoma and its the diagnosis

#### **CONCLUSION:**

Surgical resection with wide resection margins is considered the current standard of care when metastasis has still not occurred, whereas some authors have advocated adjuvant radiotherapy in addition to primary surgical chosen as the treatment modality.

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#### **P19**

#### **TITLE: DENTIGEROUS CYST WITH ORGANISED HEMATOMA**

**PRESENTING AUTHOR:** Dr. Shobhit Rastogi

#### **AIM:**

An unusual presentation of dentigerous cyst, focusing on its characteristics, clinical implications, and management of the same.

#### **CASE:**

A 22 years old male presented with right upper alveolus proliferative growth with episode of recurrent bleed. There was history of tooth extraction. Surgical excision done.

#### **DISCUSSION:**

Dentigerous cysts, prevalent among odontogenic cysts, arise from the accumulation of fluid between the reduced enamel epithelium and the crown of an unerupted or partially erupted tooth. Primarily found in association with impacted third molars and canines, these cysts can be asymptomatic, but often lead to symptoms such as swelling, pain, and adjacent structure displacement due to their gradual expansion.

Radiographic examination plays a pivotal role in diagnosing dentigerous cysts, revealing a distinct radiolucent region surrounding the crown of the affected tooth. Management involves surgical removal of the cyst and the associated tooth. This approach effectively mitigates the potential for complications and recurrence.

#### **CONCLUSION:**

Dentigerous cysts, originating from developmental processes, underscore the importance of regular dental examinations and radiographic assessments to identify potential cystic formations at an early stage. Swift and appropriate surgical intervention in conjunction with tooth removal serves as an effective approach to preventing complications and recurrence. This abstract underscores the significance of understanding dentigerous cysts to facilitate timely diagnosis and intervention, ultimately enhancing patient oral health outcomes

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**P20**

#### **TITLE :EWING’S SARCOMA OF TEMPORAL BONE**

**PRESENTING AUTHOR:** Dr Nidhi Kishor

Sarcomas of temporal bone are exceedingly rare, representing less than 5% of all temporal bone malignancies. Rhabdomyosarcoma is the most common variant, it is accounting for approximately 30% of all sarcomas of the temporal bone. Other types include fibrosarcoma, osteogenic sarcoma, Ewing’s sarcoma, Kaposi’s sarcoma, chondrosarcoma and undifferentiated sarcomas

Ewing’s sarcoma, which accounts for 6 to 9% of malignant bone neoplasms in children, typically affects the trunk and long bones and less often affects the skull (i.e., maxilla, frontal, parietal, ethmoid, temporal bones). Ewing’s sarcoma is a malignant, small, round cell tumor arising from bone and primarily affects children and adolescents. Ewing’s sarcoma is an aggressive malignant tumor of childhood and the second most common primary bone cancer. Among pediatric patients, Ewing’s sarcoma accounts for 6 to 9% of malignant bone neoplasms. Although the trunk and long bones are typically affected, involvement of bones throughout the body has been reported. In 1 to 6% of total Ewing’s sarcoma cases, this malignant tumor affects the skull (i.e., maxilla, frontal, parietal, ethmoid, or temporal bones

In our poster we describe the case of the child, a 5 year-old boy, with a primary Ewing’s sarcoma of the squamous and petrous part of temporal bone. This patient presented after 2 week of left-sided facial paralysis and mass behind left ear and left infraauricular region with left ear discharge. Imaging shows soft tissue proliferative growth epicentered at left parotid region and middle ear with extension and destruction of underlying bone with cervical lymphadenopathy. PET-CT shows metabolically active lytic lesion involving the squamous and petrous part of left temporal bone, left mastoid. HPE shows features suggestive of Adamantinoma like Ewing’s sarcoma with MIC2, NKX2 IMMUNOPOSITIVITY.

Although an uncommon tumor of the temporal bone, physicians should consider Ewing’s sarcoma in the differential diagnosis of children and adolescents who present with facial nerve paralysis

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**P21**

**TOPIC: NASOPHARYNGEAL TERATOMA**

**PRESENTING AUTHOR :** Dr Noopur Gupta

One Month old female child, born with a birth weight of 2.26 kg, delivered at 39 weeks by assisted breech vaginal delivery, at Lal bahadur Shashtri (LBS) Hospital, Delhi. Baby had noisy breathing at birth, however she was discharged on Day 2 of life. On Arrival at home baby was not taking feeds well and was having features of respiratory distress .

Intraoperatively: Soft Palate was retracted and a cystic swelling in nasopharynx was seen which was delineated all around by blunt dissection. There was attachment to the roof of the nasopharynx, which was cauterized and swelling removed in toto and sent for HPE.

Baby was on ventilator till post operative day 2 and was extubated on post op day 3 (D34 LIFE) and weaned to room air on D36 OF Life. Baby maintained Oxygen saturation at room air postoperatively and was discharged in hemodynamically stable condition.

HPE was suggestive of Teratoma with immature neural origin tissue.

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**P22**

**TITLE-EPIDERMAL CYST**

**PRESENTING AUTHOR-** Dr Pooja Bhati

**AIM-**

Presenting a case report on a rare epidermal cyst, presenting as neck swelling.

**METHODOLOGY-**

20 year old female,presented with swelling on left side of neck since 1.5 years,Swelling in mouth since 1 year,

**RESULT-**

Examination: swelling present on floor of mouth on left side, single, ovoid, smooth, pinkish color ,discharge absent.

Swelling on left side of neck,single,4x3 cm, ovoid , skin over swelling normal ,smooth surface.no discharge seen,On palpation: inspectory findings confirmed,soft, non-tender, smooth,mobile

MRI Neck: Imaging findings,consistent with Plunging Ranula

**SURGICAL MANAGEMENT:**

The cyst was completely removed by transoral approach and suturing was done to repair the floor of mouth.

**PATHOLOGY :** Tissue showed cyst wall lined by stratified squamous epithelium..The cyst cavity contain lamellated keratin. Impression: Epidermal cyst

## **CONCLUSION:**

Epidermoid cysts are rare, slow-growing, benign, developmental cysts that are derived from abnormally situated ectodermal tissue. Epidermoid cysts may grow anywhere on the body and about 7% are located in head and neck region. They are usually asymptomatic over years but can be symptomatic due to secondary changes or growing size. Clinically, lesion presents as slow-growing asymptomatic mass, usually located in the midline. Surgical excision from floor of mouth is indicated to relieve symptoms and prevent possible infection.

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## **P23**

### **TITLE :UPPER AIRWAY OBSTRUCTION DELAYED COMPLICATION OF WARFARIN THERAPY**

**PRESENTING AUTHOR :** Dr Aswathy

Warfarin is a well-known oral anticoagulant and its major adverse side effect is bleeding (1-10%) [1]. Warfarin rarely causes bleeding that compromises a patient's airway. Bleeding can be spontaneous. The usual presentations are laryngeal, submandibular or retropharyngeal hematomas which may lead to upper airway obstruction [2,3,4]. Spontaneous bleeding into the sublingual and lingual space is an extremely rare and life threatening complication of warfarin sodium use and can lead to upper airway obstruction from elevation of the floor of mouth and tongue. Reporting of this case is important since warfarin induced hematoma and its subsequent threat for airway compromise is in itself a rare entity and proved to be a diagnostic dilemma.

## **SUMMARY**

There is need to create awareness about the possibility of such a scenario. The clinician must be aware of the need to switch to direct oral anti-coagulants in high risk individuals to avoid prolonged warfarin therapy, watch out for its interactions and its complications. In addition, strict monitoring of INR levels should be done and maintained within a target range of 2.0 to 3.0. Secondly patients should be educated on warfarin therapy and the risk of spontaneous hematomas so they can themselves adequately monitor for danger signs and report to the hospital promptly.

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## **P24**

### **TITLE :MANAGEMENT OF SUBGLOTTIC STENOSIS**

**PRESENTING AUTHOR:** Dr Divya

Subglottic stenosis remains complex and challenging condition, often requiring intricate management strategies to restore optimal airway function. This poster presents a case series encompassing distinct instances of Subglottic stenosis, and corresponding therapeutic interventions employed.

The poster outlines the diagnostic workup, grading the stenosis using myer's cotton classification, and surgical considerations, for grade 1 and 2 stenosis Balloon Dilation was done, for higher grades open laryngoplasty was employed.

By presenting the poster our aim is to contribute to collective knowledge surrounding Subglottic stenosis management, assisting clinicians in making informed decisions for patients' care.

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**P25**

**TITLE: PAPILLARY CARCINOMA OF THYROGLOSSAL CYST**

**PRESENTING AUTHOR :** Dr Mrigank

Embryologically thyroid gland descent from the foramen of cecum which leaves behind an epithelial tract which disappear during 5th week of gestation. The failure of the tract to disappear leads to thyroglossal cyst formation. Thyroglossal duct cyst (TDGC) carcinoma is rare. Only 1% of thyroid carcinoma arise from thyroglossal duct cyst.

An 18-year-old female came to otolaryngology department with chief complaint of swelling in anterior aspect of neck in the midline for 3 years

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**P 26**

**TITLE: UNCOMMON FOREIGN BODIES IN THE ENT AND HEAD & NECK REGION: A CASE SERIES**

**PRESENTING AUTHOR :** Dr Nandini Shruti

Foreign body impactions in the ENT and Head & Neck region are not uncommon occurrences, often presenting diagnostic and therapeutic challenges. This scientific poster presents a case series of four unique instances of foreign body impactions in the nasopharynx and respiratory tract.

Case 1: A Bell in the Nasopharynx

A rare case of a metallic bell lodged in the nasopharynx is described. The presentation, diagnostic methods, and successful removal techniques are discussed.

Case 2: Nail Impaction in the Right Bronchus

This case details the accidental inhalation of a nail leading to its impaction in the right bronchus. The poster discusses the clinical approach, radiological evaluation, and bronchoscopic intervention for safe and effective removal.

Case 3: Safety Pin Lodged in the Trachea

The poster outlines the management of a safety pin lodged in the trachea, including the challenges faced during retrieval, bronchoscopic techniques employed, and post-removal care.

Case 4: Coin Lodged in the Bronchus

A case involving the aspiration of a coin leading to its lodging in a bronchus is presented. The clinical presentation, radiographic imaging, and endoscopic procedures utilized for successful extraction are elaborated upon.

Through these case studies, the poster highlights the diversity of foreign bodies encountered in the ENT and Head & Neck region, emphasizing the importance of timely diagnosis, appropriate intervention, and multidisciplinary collaboration. The successful outcomes in these cases underscore the significance of individualized approaches in managing foreign body impactions.

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**P27**

**TITLE : CERVICAL SYMPATHETIC CHAIN SCHWANNOMA : A CASE REPORT**

**PRESENTING AUTHOR:** Dr Nikita Dhankhar

**AIM:**

To identify and treat Cervical Sympathetic chain schwannomas.

**INTRODUCTION:**

Schwannoma is a benign mesenchymal tumor developed exclusively from Schwann's sheath cells that surround nerve fibers . About 25%–45% of schwannomas originate in the head-and-neck region and the commonest site is the parapharyngeal space where it may arise from the last four cranial nerves or the autonomic nerves, the vagus nerve being the most common site. Here I will present an uncommon case of Cervical sympathetic chain schwannomas (CSCSs)

**METHODOLOGY:**

A 20 year old patient presented to us in the ENT OPD with a right sided neck swelling for 10 months which was pulsatile in nature . On FNAC it was reported to be a mesenchymal tumour .Radiologically , there was presence of well demarcated oval shaped heterogeneous soft tissue mass ,displacing ICA ,ECA ,CCA and IJV anterolaterally ,medically it was extending into parapharyngeal wall and perivertebral space . Intraoperatively vagus nerve was completely spared of the tumour and sympathetic chain was involved instead.

**RESULT :**

The tumour was excised completely and in immediate post operative period the patient had change in voice. On further follow up visits the voice became normal .

**CONCLUSION:**

SCCS are rare slow growing benign nerve sheath tumors that arise in the head and neck. Due to similar and nonspecific presentations ,it may be misdiagnosed as vagal schwannoma , therefore it's very difficult to make accurate preoperative diagnosis. Therefore it is confirmed intraoperatively only while excision of the tumour or on histopathology .

Although a rare diagnosis ,surgeons should consider Cervical Sympathetic Chain Schwannoma also in the differential diagnosis for pulsatile neck swellings.

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**P28**

**TITLE : CAROTID SPACE SYNOVIAL SARCOMA : A RARE CASE REPORT**

**PRESENTING AUTHOR –** Dr. Rinchen Angmo

**AIM -**

To understand the disease progression of synovial sarcoma in the carotid space & it's management

Case Report:

A 15year old boy presented to our OPD with the chief complaint of a swelling over Right side of neck since the past 11 months.

On Examination the Patient had a single globular swelling of approximate 12x9cm over Right side of his neck. The swelling had a smooth surface, firm in consistency, fluctuation was absent and had restricted mobility in all directions.

MRI NECK Well defined heterogeneously enhancing lobulated soft tissue involving right carotid and anterior cervical space.

FNAC

Showed features consistent with Biphasic synovial Sarcoma Management

Excision of Tumour under General Anaesthesia with Adequate margins Followed by Adjuvant Radio/Chemotherapy

Post Operative HPE Biphasic synovial sarcoma

### **DISCUSSION**

Synovial Sarcomas are malignant tumors of Mesenchymal origin. They are extremely rare in the Head & Neck comprising of <0.1% of Head & Neck Malignancies.

Histopathologically they are of 2 major subtypes – Monophasic & Biphasic

Treatment includes Surgical Excision with Adjuvant Chemo/Radiotherapy

### **CONCLUSION**

Synovial Sarcoma although rare in the Carotid Space should be kept in mind in case of a lateral neck swelling for early and adequate patient management.

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**P29**

**TITLE – SNEAKY TOOTH**

**PRESENTING AUTHOR – Dr. Devesh Nogia**

**AIM –**

To discuss the risks and predisposing factors for immediate localisation of the displaced molars and surgical intervention to remove them .

**METHODOLOGY –**

A thorough clinical evaluation followed by Radiological [ 3D CT ] and Surgical management was done [Neck Exploration under GA]

**RESULT –**

The displaced tooth was found posteriorly and inferiorly to submandibular gland , another molar found close to the hyoid and carotid .

## **CONCLUSION –**

Dental foreign body are mostly hard to access and can directly abut the vital structures which makes us believe that removal under General Anesthesia should be the first choice in case of doubt .

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## **P30**

### **TITLE: A RARE CASE OF EPIDERMOID CYST BASE OF TONGUE**

**PRESENTING AUTHOR :** Dr. Oshin Guleria

#### **CASE REPORT :**

A six month old infant presented with complaints of noisy breathing , recurrent respiratory tract infections, leading to failure to thrive. A laryngeal ultrasound was performed. The child underwent tracheostomy followed by microdebrider assisted excision of the cyst and is doing well on follow up.

#### **DISCUSSION:**

Only a small proportion of dermoid cysts are found in the area of the head and the neck and only a small number occur in the floor of the mouth and in the tongue. Management includes excision of the cyst to relieve the symptoms due to obstruction.

#### **INTRODUCTION:**

The term “dermoid” cyst may apply to three varieties of cysts: (1) epidermoid cyst; (2) true dermoid cyst; and (3) teratoid cyst. Dermoid cysts are developmental lesions that may occur anywhere in the body. The lesions of the tongue base are extremely rare, only 13 cases have been reported . We wish to report such an extremely rare case of epidermoid cyst base of tongue in an infant causing respiratory distress and failure to thrive.

Key words : Dermoid cyst , Tracheostomy, Microdebrider

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## **P31**

### **TITLE: CASE SERIES ON NBI GUIDED BRACHYTHERAPY IN HEAD AND NECK CANCERS.**

**PRESENTING AUTHOR:** Maj(Dr) Sreejith VS

#### **INTRODUCTION:**

NBI is an advanced diagnostic imaging system that enables visualization of abnormalities in the superficial vasculature of mucosal lesions so that malignant lesions can be identified more easily. Brachytherapy is a modality of radiation which can be employed in treatment of Head & Neck cancers as Definite treatment for primary lesion or for secondary localization in previously irradiated site.

#### **OBJECTIVE:**

Interstitial RT in Head and Neck cancer is a technically challenging procedure requiring utmost expertise in catheter placement intraoperatively so that optimal gross tumour volume is covered without any marginal miss. Use of NBI along with white light helps in greater visualisation and helps in covering adequate margins.

## **MATERIALS AND METHODS :**

Three patients who were planned for Interstitial brachytherapy at MDTC, AHRR were subjected to NBI intraoperatively while placing brachytherapy needles/moulds.

## **RESULTS :**

All patients underwent NBI guided brachytherapy and NBI helped in covering adequate superficial mucosal margins. On first follow up all patients were found disease free.

## **CONCLUSION:**

NBI along with HDTV gives good magnification and helps in better placement of brachytherapy catheter/mould with highest level of precision.

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## **P32**

### **TITLE:- INTRAOPERATIVE INCIDENTAL FINDING OF MAXILLARY HYPOPLASIA – A RARE CASE REPORT**

**PRESENTING AUTHOR:-** Dr Saurabh Singh

#### **AIM:-**

To present a case of incidental intra-operative findings of Hypoplastic maxillary sinus which was managed conservatively and surgically

#### **METHODOLOGY :-**

We reported a case of 17 years old patient male who had all clinical signs and symptoms of B/L CRS patient was given antibiotics and anti-inflammatory treatment for 14 days , prior to surgery after which there is no relief in symptoms. Patient was planned for FESS. It was found during surgery that there was hypoplastic maxillary sinus , Antrostomy done and post-operatively patient was managed conservatively. It is very important as a Ent surgeon to recognize maxillary hypoplasia as it easily missed on CT Scan , so Cone beam CT Scan is advised.

#### **RESULTS AND CONCLUSIONS:-**

It is very important for otorhinolaryngologists to be aware of conditions leading to hypoplastic maxillary sinus as it can mimic other inflammatory and neoplastic pathologies. Accurate preoperative radiological diagnosis of hypoplasia can be extremely beneficial in preventing any intraoperative complications.

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## **P33**

### **TITLE – ADRENALINE SECRETING GLOMUS TYMPANICUM – A DIAGNOSTIC DILEMMA**

**PRESENTING AUTHOR –** Dr Rishabh Verma

#### **INTRODUCTION –**

Glomus tumours are also known as paragangliomas, which may occur at any site in the body. Glomus tympanicum is a paraganglioma of the middle ear and the commonest benign tumor of middle ear. These are more common in

Caucasians, occur usually in the 5<sup>th</sup> to 6<sup>th</sup> decade and females are affected 4 to 6 times more than males. The pattern of inheritance is autosomal dominant. The term glomus tumour is a misnomer as 'glomus' means a small, circumscribed histological structure in which arterioles connect directly with veins. These are typically benign and hypervascular tumors. Grossly they appear as ovoid and lobulated masses, measuring approximately 0.1-1.5 mm in diameter.

#### **CONCLUSION –**

A high index of clinical suspicion is needed to diagnose and avoid the complications associated with catecholamine secreting glomus tumors as they are rare and often misdiagnosed as hyperthyroidism. Small tumors produce almost insignificant hearing loss, complicating the diagnosis even further. When unsure, a referral should be made to otorhinolaryngologist. We conclude that in all euthyroid patients with symptoms of hyperthyroidism and unilateral tinnitus, we must suspect and rule out glomus tympanicum tumors.

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#### **P34**

#### **TITLE : JUVENILE NASOPHARYNGEAL ANGIOFIBROMA IN FEMALES**

**PRESENTING AUTHOR –** Dr Sadaf Saleem

Juvenile Nasopharyngeal Angiofibroma is a rather uncommon benign vascular tumour accounting for 0.5% of all head and neck neoplasms. It almost always presents in prepubescent and adolescent males. Only a handful of cases have been diagnosed in females till date. Herein, we report a rare occurrence of JNA in an adult female patient and illustrate the diagnostic and therapeutic workup.

#### **METHODOLOGY:**

A 21-year-old female patient presented to us with a one-month complaint of unilateral nasal blockage and recurring epistaxis. There was no history of rhinorrhea, sneezing, cheek fullness or neck lumps.

#### **RESULTS:**

Endoscopic examination revealed a pink, fleshy, friable mass. Gadolinium enhanced MRI demonstrated a well enhancing polypoidal mass in the left nasal cavity extending to the nasopharynx and the oropharynx with no evidence of orbital or intracranial extension. The patient thence underwent trans-nasal endoscopic excision. Histopathological evaluation revealed proliferating blood vessels in a staghorn configuration with a fibro-cellular matrix. IHC studies further strengthened our suspicion.

#### **CONCLUSION:**

Juvenile nasopharyngeal angiofibroma in females is quite rare and if confirmed sex chromosome studies must be performed. Also, imaging along with tissue diagnosis is mandatory to rule out antro-choanal polyp with fibrosis.

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#### **P35**

#### **TITLE – PALATAL PLEOMORPHIC ADENOMA**

**PRESENTING AUTHOR –** Dr Arushi Suhag

## **AIM –**

Case report of Pleomorphic Adenoma presenting as a hard palate swelling

## **METHODOLOGY–**

A 35-year-old young male patient presented to the department of ENT with the primary complaint of swelling over the hard palate for 3 months

## **RESULT–**

Examination: single smooth 6 × 9 cm sized swelling present over the left side of the hard palate 2cm medial to left upper 1<sup>st</sup> molar and 5cm posterior to left upper incisors with regular margins on palpation. It was non tender, immobile, well circumscribed lesion, faintly lobulated with smooth overlying mucosal surface. The rest of the oral cavity and oropharynx was normal. There was no cervical lymphadenopathy, and his general and systemic examinations were normal.

Imaging: Contrast enhanced computed tomography (CT) scan of palate it was revealed that there was an ill margined heterogeneously enhancing ulceroproliferative soft tissue density lesion along the posterior half of hard palate on the left side likely to be an inflammatory pathology. There was no lytic lesion or bony erosion.

Pathology: Fine needle aspiration cytology - suggestive of benign salivary gland neoplasm-MILAN category IV with features of pleomorphic adenoma. It showed paucicellular material showing few ductal epithelial cells to be of salivary gland origin. There were no atypical or malignant cells in the smear examined.

Surgical Management - The tumour was surgically excised in toto under general anaesthesia with naso endotracheal intubation and the underlying bone was seen intact with preservation of overlying mucosa and primary suturing was done for the closure of wound.

## **CONCLUSION–**

The majority of minor salivary gland tumors are malignant. Among benign tumors of the minor salivary glands, PA is the most common, found most often in the oral cavity. However, it is uncommon in the hard palate. Complete surgical excision is the treatment of choice. Pleomorphic adenoma, though a common entity, is still a challenging tumor for pathologists, radiologists and surgeons. Its diverse histological and topographical properties make the tumor special. The examining clinician and treating surgeon must be aware of its recurrence, longevity, and malignant potential if incorrectly diagnosed or treated.

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## **P36**

### **TITLE:AN UNUSUAL CASE OF NK/ T CELL LYMPHOMA PRESENTING AS ACUTE OTITIS MEDIA WITH COMPLICATIONS**

**PRESENTING AUTHOR –**Sqn Ldr (Dr.) Pathri Manjeera

## **AIMS AND METHODOLOGY –**

NK/T-Cell Lymphoma presenting as a case of acute otitis media with complications is extremely rare. A 52-year-old man presented with recalcitrant left otitis media with left facial palsy, labyrinthitis and left temporal lobe abscess. Imaging confirmed the same and the patient underwent left canal wall down mastoidectomy and dural repair. Postoperatively the patient didn't recover completely. Further radionuclide imaging and histopathology was

suggestive of NK/T-Cell Lymphoma. We report this rare case of NK/T-Cell Lymphoma presenting as otitis media and its complications.

### **RESULTS –**

At clinical presentation, the patient was started on broad spectrum antibiotics, mannitol and anti-epileptic medications. The patient underwent Canal wall-down mastoidectomy and dural repair under general anaesthesia. Biopsy was taken from the nasopharyngeal mass. Post-operatively facial nerve palsy improved from HB grade 4 to grade 2. Subsequently the clinical condition and Glasgow Coma Score of the patient improved. HPE (nasopharyngeal mass) was suggestive of Lymphoproliferative lesion of T/NK Cell origin. The case was discussed with the medical oncologist at our center and started on chemotherapy (cyclophosphamide and oral steroids). Clinical status improved post chemotherapy.

### **CONCLUSION –**

Our case was difficult to diagnose as an NK/T-cell lymphoma under the suspicion of intractable otitis media. The occurrence of intratemporal and intracranial complications with the case suggested a complicated case of acute otitis media. High index of suspicion and DNE findings with further work up lead to the diagnosis of NK/T-cell lymphoma.

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### **P37**

#### **TITLE-TRACHEAL AGENESIS- RARE AND FATAL**

**PRESENTING AUTHOR-Dr Dheeraj Kumar**

#### **AIM –**

To describe a rare congenital anomaly incompatible with life and its association with VACTERL syndrome.

#### **METHODOLOGY-**

This is a descriptive case report of a very rare case of Congenital Tracheal agenesis in a full term male neonate. We review the available sparse literature. Surgical approach undertaken to establish an airway. Post mortem revealed other congenital anomalies .

#### **RESULTS-**

Child survived for few hours post delivery. Attempts to establish airway were unsuccessful. Post mortem revealed VACTERL association .

#### **CONCLUSION-**

Tracheal agenesis is a rare and fatal condition with no proven surgical intervention possible. Genetic study need to be undertaken for further understanding the patho physiology and possible treatment in future .

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### **P38**

#### **TITLE:A ZEBRA IN HORSE'S CLOTHING – PRIMARY IMMUNODEFICIENCY PRESENTING AS LEMIERRE SYNDROME**



**PRESENTING AUTHOR :** Dr Ayush

Lemierre syndrome is rare, albeit increasingly diagnosed condition caused by septic thrombophlebitis of the internal jugular vein most commonly following an upper respiratory tract infection, usually caused by *Fusobacterium necrophorum*. This case report is the first instance of a patient with primary immunodeficiency presenting as a case of Lemierre's syndrome. We present a 4-year-old child, admitted with fever and facial swelling, with imaging showing parotitis and internal jugular vein thrombosis. The patient underwent emergency incision and drainage. There was continued deterioration, development of facial paralysis, sepsis and delayed wound healing post-surgery, following which immunodeficiency workup was done which revealed decreased levels of immunoglobulins, establishing a primary immunodeficiency with agammaglobulinemia. The pus culture revealed *Pseudomonas aeruginosa*. The patient's condition improved dramatically post IVIG administration and initiation of appropriate antibiotics and she was discharged after complete wound healing.

**Keywords:** Lemierre syndrome, agammaglobulinemia, primary immunodeficiency, parotitis, *Pseudomonas*.

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**P39**

**TITLE: ENDOSCOPIC ADENOIDECTOMY WITH MICRODEBRIDER**

**PRESENTING AUTHOR:** Dr. Aarushi Vashist

**AIM:**

To evaluate the role of microdebrider in patients undergoing endoscopic adenoidectomy.

**METHODOLOGY:**

Twenty patients requiring adenoidectomy were included in the study.

**RESULTS:**

Mean operative time was found to be 31.5 minutes. Mean blood loss was 29.45 ml. All the patients had complete removal of adenoid mass. None of the patients had any kind of collateral damage.

**CONCLUSION:**

It gives a complete clearance of obstructive adenoids under vision thus providing reliable restoration of nasopharyngeal patency.

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**P40**

**TITLE : TO NOT JUDGE A BOOK BY IT'S COVER- MANAGEMENT OF A FUNGATING VERRUCOUS CARCINOMA OF NOSE**

**PRESENTING AUTHOR :** Dr Snehamadhab Bhattacharjee

Verrucous carcinoma is an uncommon variant of squamous cell carcinoma, first described by Ackerman in 1948, characterized by proliferative outgrowth, presenting locally destructive behavior, but low tendency of dissemination when not associated with invasive squamous cell carcinoma component. This case is one of the few instances where a multidisciplinary approach was taken for treatment. We present a 54 year male presenting with large

fungating mass over nose involving the dorsum of nose, right ala of nose and bilateral medial canthii. The patient once proven to have verrucous carcinoma underwent Wide local excision with right medial maxillectomy with right supraomohyoid neck dissection and left selective neck dissection followed by repair of defect using transverse forehead flap and split skin graft. This procedure was leaded by ENT team, the Oncosurgery team, the Ophthalmology team and the Plastic surgery team. Post operatively patient underwent multiple flap delays, and conformal radiotherapy as on HPE had margins of the tumour involved with features of squamous cell carcinoma. The patient is now under regular follow up for final flap delay(to be planned), and ongoing radiotherapy.

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## FREE PAPER AWARD

### FP1

**TITLE : ROLE OF LUND MACKAY SCORE IN SURGICAL TREATMENT FOR CHRONIC RHINOSINUSITIS.**

**PRESENTING AUTHOR:** Dr. Priyanka Sharma

#### **AIM:**

To define a predictive role of Lund Mackay CT scan [LM] score in treatment of chronic rhinosinusitis [CRS] by functional endoscopic sinus surgery [FESS].

#### **METHODOLOGY:**

A prospective study was done on the cited subject in a sample size of 30 patients suffering from CRS failing maximal medical treatment. All the patients underwent FESS under general anaesthesia. CT scan with Lund Mackay scoring was done preoperatively and postoperatively. The symptomatic improvement was analysed using SNOT-22 score over a time period of one year. The SNOT-22 scores were statistically analysed with pre-op Lund Mackay scores to draw judicious conclusions.

#### **RESULTS:**

A mean Lund Mackay pre-operative score [LM] of 13.1 was recorded in the patients undergoing FESS for CRS. Further, the patients were divided into two groups: one with LM score less than 13.1 [Group-A] and the other with LM score of more than 13.1 [Group B]. A statistically significant improvement in symptoms with good long-term prognosis was recorded in Group-B only. In addition, a direct correlation between Lund Mackay score and extent of surgery was also seen, greater the score more extensive the FESS.

#### **CONCLUSION:**

There is a predictive value of LM score in prognosis of FESS. We believe that a minimum LM score of 13.1 gives good clinical outcomes in patients with CRS who undergo FESS and thus can be used as a threshold for recruiting CRS patients for FESS.

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### FP2

**TITLE: A CASE REPORT ON FIBROUS DYSPLASIA WITH UPTO DATE MANAGEMENT**

**PRESENTING AUTHOR :** Dr. Archana kush

Fibrous dysplasia is a bone disorder in which fibrous tissue displace normal bone. This is a case of 31 year old female postoperative case of right maxillary fibrous dysplasia who came with complaints of right side cheek swelling since three months and right side cheek pain since few days. On clinical examination there was a fluctuant swelling with tenderness and signs of inflammation. On ultrasound, there was edema of skin and subcutaneous tissue with collection of 1.4 cm noted. On contrast enhanced computed tomography, soft tissue attenuating lesion with central cystic component in right maxilla s/o residual/recurrent lesion. Patient was admitted and caldwells luc done with inferior meatal antrostomy was done. Inferior meatal antrostomy is an obsolete procedure but in this

case normal opening of maxillary sinus has dysplastic bone so we did intranasal inferior meatal antrostomy for normal drainage of sinus. On six months follow-up, she was clinically asymptomatic and there was no evidence of disease.

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FP3

**TITLE- SCHWANNOMA ARISING FROM LOWER LATERAL CARTILAGE OF NASAL ALA**

**PRESENTING AUTHOR:** Dr Aswathy A

**BACKGROUND-**

Schwannomas of nose and paranasal are extremely rare. Few Schwannomas arising from within the lateral wall of nose have been reported till date.

CASE REPORT- A 32 year old Male presented to us with the complaints of left sided nasal obstruction and a mass in his nasal cavity. Evaluation revealed a benign spindle cell lesion arising from within the lateral wall nose which was excised. Final histopathology report revealed a nasal Schwannoma.

**DISCUSSION -**

Schwannomas are benign tumours arising from Schwann cells. Schwann cells are responsible for the formation of myelin sheath. They are rare, slow growing tumours. 25-45% tumours arise in the head and neck, of which only 4% were arising from nasal cavity and paranasal sinuses.

**CONCLUSION -**

To generate awareness about the varying clinical presentations of Schwannomas in nose and paranasal sinuses and their management.

**KEYWORDS -** Sinonasal Schwannoma, Benign Spindle Cell Lesion, Lateral wall nose

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FP4

**TITLE : ACCIDENTAL INGESTION OF FISH BONE**

**PRESENTING AUTHOR:** Dr Mrigank

Accidental ingestion of fish bone is a most common food associated foreign body presenting to the emergency department. About 80% fish bones pass without any complications through the gastrointestinal tract and rarely require any intervention. Less than 5% of the patients with accidentally ingested fish bones develop complications.

A 67 year old male patient presented to the emergency with an alleged history of foreign body ingestion, vomiting and odynophagia since 3 hours. Detailed history revealed that he had consumed fish that day.

The patient was taken up for esophagoscopy under general anesthesia. Intraoperatively, several parts of the fish skeleton (ribs, vertebra, tail) were found just below the cricopharyngeal level. The skeleton was removed in multiple pieces using grasping forceps in 4 attempts.

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**FP 5****TITLE : UNCOMMON OTOLOGICAL AND HEAD & NECK MANIFESTATIONS OF WEGENER'S GRANULOMATOSIS: A RARE CASE REPORT****PRESENTING AUTHOR :** Dr Noopur Gupta

Wegener's granulomatosis is a necrotising vasculitis affecting both arterioles and venules. The classical triad involves acute inflammation of upper airway along with inflammation of lower respiratory tract and renal involvement, however other organ system may also be affected. Our patient presented with severe unilateral earache, ear discharge, hearing loss and ipsilateral facial nerve palsy as the manifestations of the disease, which are rarely reported in medical literature.

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**FP 6****TITLE: PARAPHARYNGEAL YOLK SAC TUMOR :CASE REPORT****PRESENTING AUTHOR :** Dr Suvercha

Germ cell tumor are extremely rare in Head and Neck ( 5% of Germ cell tumor occurs in Head and Neck)

Most common site is Sino-nasal and orbital region. They are more common in pediatric age group .

We are presenting case report of yolk sac tumor in parapharyngeal space which was treated with chemotherapy.

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## DR. ARUN GOYAL JUNIOR CONSULTANT AWARD PAPER

JC1

**TITLE: MORPHOMETRICS ANALYSIS OF TEMPORAL BONE RADIOLOGY FOR COCHLEAR IMPLANT CANDIDACY**

**PRESENTING AUTHOR :** Dr Vibhor Malhotra

Cochlear implants (CIs) are a well-accepted treatment for severe-to-profound sensorineural hearing loss patients who are refractory to conventional hearing augmentation. Pre-operative computed tomography and magnetic resonance imaging play a pivotal role in patient selection to rule out findings that preclude surgery or identify conditions that may impact the surgical procedure. A prospective study was carried out in a tertiary care centre over six years, from January 2017 to January 2023. One Ninety (380 ears) High-Resolution Computed tomography (HRCT) of the temporal bone and Magnetic resonance imaging of the cochlea (MRI) were analysed. A reporting format was followed which was devised by a team of senior implant surgeons and a senior radiologist. Our study aims to provide a comprehensive radiologic protocol for CI candidacy including normative data for the essential morphometrics in the Indian setting.

**Keywords:** Cochlear implant candidacy, Radiologic protocol, Morphometrics

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JC2

**TITLE: TO EVALUATE ONCOLOGICAL AND QUALITY OF LIFE OUTCOMES BETWEEN ROBOTIC REMOTE ACCESS NECK DISSECTION AND OPEN NECK DISSECTION FOR ORAL CAVITY CANCERS: A PROSPECTIVE TRIAL.**

**PRESENTING AUTHOR:** Dr. Karan

**BACKGROUND:**

To assess and compare the oncological outcome, Quality of life (QOL) and cosmetic outcomes between remote access Robotic neck dissection and standard open neck dissection for oral cavity cancers.

**METHODS:**

From March, 2020 to April, 2022, 64 patients of oral cavity cancers were included in the study. Thirty two patients underwent remote access (Retro-auricular) robotic neck dissection and 32 patients underwent standard open neck dissection. The oncological outcome was compared using the average lymph node yield in each neck dissection and the QOL and cosmetic outcome was assessed using the Neck Dissection Impairment (NDI) Index and patient questionnaire.

**RESULTS:**

A match-pair case control analysis was done of the 64 participants. Of the 64 patients, 32 underwent Retro-auricular Robotic Neck dissection and 32 underwent open neck dissection. The median follow-up was 30 months. There was no regional recurrence in any patient.

The mean lymph node yield with Robotic neck dissection was 27.9 nodes as compared to 28.5 nodes per neck dissection in open neck dissection ( $p = 0.35$ ).

On comparing the QOL using the NDI Index, the mean score was 67.1 with Robotic neck dissection and 64.9 with open neck dissection ( $p = 0.21$ ).

The cosmetic outcome as reported by the patients was suggestive of a mean score of 84.4 with robotic neck dissection as compared to 54.7 with open neck dissection, which was highly statistically significant ( $p < .00001$ ).

#### **CONCLUSION:**

The remote access robotic neck dissection is oncologically comparable with open neck dissection with equally good post-operative QOL and shoulder function with statistically significant better cosmetic outcome as compared to standard open neck dissection.

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#### **JC3**

#### **TITLE : SUBMAMMARY APPROACH FOR PECTORALIS MAJOR MYOCUTANEOUS FLAP HARVEST IN FEMALES WITH ORAL CAVITY CANCERS**

**PRESENTING AUTHOR**– Dr Indu Shukla

#### **AIM:**

Current gold standard for reconstruction of oral cavity defects following Wide local excision of oral cavity cancers is free flap reconstruction. In developing countries due to large case load and resource constraints, PMMC flap is still widely being used. This article aims at highlighting harvest of PMMC flap in female patients by submammary approach and its outcomes.

#### **METHODS:**

A total of 23 female patients who underwent excision of oral cavity cancers and reconstruction with PMMC flap were included. Data was analysed as mean, median, mode, percentages, statistical averages.

#### **RESULTS:**

Majority of patients belonged to 40-60 years of age group (60.86%). Buccal mucosa was the most common site of primary lesion in 16 patients (69.56%). Out of the 23 patients who underwent PMMC flap reconstruction, recipient site complications were seen in 4 patients including total flap loss in 2 patients (8.69%), minor complications e.g. infection in 2 patients (8.69%).

#### **CONCLUSION:**

In our experience, PMMC flap is still a viable option for reconstruction especially in resource constraint settings. Submammary approach to PMMC flap harvest is a safe technique with minimum recipient site complications.

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#### **JC4**

#### **TITLE:PERINEURAL INVASION, ITS CLINICAL SIGNIFICANCE AND VARYING EFFECT WITH INCREASING DEPTH OF INFILTRATION AND CORRELATION WITH NODAL METASTASIS.**

**PRESENTING AUTHOR** : Dr. Khyati Bhatia



## **BACKGROUND**

Perineural invasion (PNI) is known to significantly affect survival outcomes in oral cavity squamous cell carcinomas. However, the exact effect of PNI on survival outcomes and its variable effect with varying depth of infiltration has been studied less often. Similarly, the effect of variable depth of infiltration (DOI) on nodal metastasis and difference in survival outcomes was considered for evaluation in our study.

## **MATERIALS AND METHODS**

A retrospective study was done on 156 patients of oral tongue, treatment naïve squamous cell carcinoma patients who underwent primary surgery from January 2016 till December 2020. All the patients were divided into four subcategories based on depth of infiltration. PNI positive cohort was compared to PNI negative cohort and Cohort with presence of nodal metastasis was compared to absent nodal metastasis in each category based on survival outcomes.

## **RESULTS**

The rate of PNI positivity was 33.33% and the presence of nodal metastasis was 41.6% in our cohort of 156 patients' tongue cancer patients. The Overall Survival (OS) in the PNI positive group was 71.2% and PNI negative group was 84.6% (p value- 0.03, HR -1.902) and the Disease-Free Survival (DFS) in the PNI present group 59.6% and PNI absent group was 86.5% (p value – 0.000, HR – 2.538). The OS in the group with presence of nodal metastasis was 70.8% and in the absence of nodal metastasis was 86.8% (p value – 0.009, HR- 2.002) and the DFS in presence of nodal metastasis was 66.2% and in the absence of nodal metastasis was 85.7% (p-value-0.001, HR-2.48). However, similar differences were not duplicated when the cohorts were subcategorised based on depth of infiltration that is category I – 1-4 mm, category II – 5-9 mm, category III- 10-14 mm and category IV - e"15 mm, though the OS and DFS kept on decreasing with increasing chances of recurrence as the categories kept advancing.

## **CONCLUSION**

Increasing depths of infiltration tend to present more often with PNI positivity. Also, the rate of nodal metastasis keeps increasing with increase in DOI with simultaneous decrease in OS and DFS.

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## **JC5**

### **TITLE: PALISADE CARTILAGE TYMPANOPLASTY, AN ALTERNATIVE SURGICAL APPROACH FOR CSOM**

**PRESENTING AUTHOR:** Dr Shahid Rasool

#### **AIM:**

To compare the hearing outcome and graft uptake by performing palisade cartilage tympanoplasty in patients of CSOM with sclerotic mastoids as an alternative to tympanoplasty and compare the results of the two different techniques.

#### **METHODOLOGY:**

In the Temporalis fascia patients, type-1 tympanoplasty was done and in Palisade cartilage group palisade cartilage tympanoplasty was done. The hearing outcome was computed by comparing the pre and postoperative pure tone audiometric results. Statistical analysis was done by the student's t-test and Chi-Square tests.

## **RESULTS:**

The mean postoperative hearing gain achieved was more than 20 dB in both the groups (23.7 vs. 20.96), with a reduction of AB gap to 13.3 & 11.79 dB, respectively. These findings were statistically significant ( $P < 0.001$ ). However, the post-surgery hearing outcome when compared between the two groups were quite similar ( $P = 0.09$ ). The palisade cartilage technique group had an overall graft uptake rate of 86%. The Temporalis fascia group graft uptake rate was higher (92%) than the Palisade cartilage group. However, these findings (92% vs. 86%) were not statistically significant ( $P = 0.2830$ ).

## **CONCLUSION:**

The advantage of palisade cartilage tympanoplasty is that the adversaries of mastoid sclerosis-like retraction pockets, middle ear adhesions, atelectasis are obviated without compromising hearing outcomes.

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## **JC6**

### **TITLE: ACOUSTIC ANALYSIS OF VOICE PATTERNS IN NORTH INDIA: A RETROSPECTIVE REVIEW**

**PRESENTING AUTHOR:** Dr Dhruv Kapoor

#### **AIM:**

Acoustic voice analysis is an objective measurement of voice used as an adjunct to diagnosis, and follow up of patients with laryngeal pathologies. There is a dearth of data on Indian population on the normal values of the parameters and amount of deviation in laryngeal pathologies.

#### **METHODOLOGY:**

This study was a retrospective review of 62 normal adults and 60 adult patients with laryngeal pathologies who attended the voice clinic in a tertiary care centre in North India.

#### **RESULTS:**

The mean (SD) age of the normal group was 27.1 (6.14) years while of the disease group was 42.6 (14.4) years. A gender wise analysis showed significantly increased jitter and shimmer in disease group, while decreased harmonic-to-noise ratio (HNR) was observed with no difference in F0. In diseased group, most common lesions were vocal cord palsy (13, 21.7%), vocal nodules (12, 20%) and vocal cord polyp (12, 20%). No significant difference among the voice parameters was noted among the disease types.

#### **CONCLUSION:**

Acoustic analysis provides objectivity to the subjective world of laryngology. It needs standardization in Indian population and comparison with larger sample size of each disease group with age matched controls.

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## **JC7**

### **TITLE : VARIABILITY OF NEUROVASCULAR STRUCTURES SURROUNDING SPHENOID SINUS**

**PRESENTING AUTHOR:** Dr Zohda Tayyaba

**METHODS:**

This is a retrospective observational study done with the primary aim of estimating the frequency of dehiscence and protrusion of neurovascular structures surrounding the sphenoid sinus. 100 patients who had undergone NCCT scans of nose and paranasal sinuses with SOMATOM EMOTION 16 slice CT scanner were studied. Patients with history of sino-nasal surgeries, head, neck, or face trauma, extensive sino-nasal polyposis, or age below 18 years were excluded.

**RESULTS:**

The commonest pneumatization pattern seen was post-sellar type (48%) and the least one was pre-sellar (7%). The most common variability noted was protrusion of maxillary nerve which was seen in 47.5% of cases. Protrusion of vidian canal was 2nd most common variability observed in 42.5% of scans. Among all dehiscences, vidian canal dehiscence was most common, noted in 16% of scans. The protrusion of internal carotid artery and optic nerve was seen in 16% and 11% respectively.

**CONCLUSION:**

The meticulous knowledge of anatomical variations of sinuses, particularly sphenoid sinus, is of paramount importance for any ENT or skull base surgeon, and every patient should undergo preoperative imaging to reduce surgical catastrophe given high frequency of SS anatomical variations.

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**JC8****TITLE : PRIMARY HYPERPARATHYROIDISM- A CASE SERIES**

**PRESENTING AUTHOR :** Dr Vidhi Chopra

**AIM :**

To study the diverse clinical presentations of primary hyperparathyroidism and to assess the surgical outcome.

**METHODOLOGY :**

All patients who presented with raised serum calcium and serum parathyroid levels were radiologically assessed using ultrasonography of the neck and Sestamibi scan so as to make a diagnosis of primary hyperparathyroidism.

After successful removal of the diseased gland, post surgical outcome in the form of resolution of preoperative symptoms and biochemical cure was assessed in all patients.

**RESULTS :**

Skeleton involvement was seen in all our patients.

Renal involvement was seen in 80% of our cases.

All patients achieved biochemical cure in post operative period.

**CONCLUSIONS :**

Primary hyperparathyroidism is not a very uncommon condition, with surgery being the definitive treatment modality. Also there is quick clinical as well as biochemical relief following surgical intervention.

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## JC 9

### **TITLE- A STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICES ABOUT OTITIS MEDIA AMONG PARENTS IN NAVI-MUMBAI.**

**PRESENTING AUTHOR:** Dr. Anmol Wadhwa

#### **AIM:**

to research about parental awareness about otitis media, as it poses a serious health problem in children d"5 years of age.

#### **METHODOLOGY:**

Cross-sectional study in Navi Mumbai schools between October 2019 to December 2019, wherein parents with children d"5 years of age answered questionnaire which gathered data on their knowledge, attitude and practices about otitis media. Chi-square tests, Cramer's V were used to study association between gender, age-group and education of parents with their knowledge, practice and attitude about otitis media.

#### **RESULTS:**

Out of 425 responses, most parents displayed adequate knowledge (77%), positive attitude (61%) and good care-seeking practices (70%), showing acceptable levels of knowledge, attitude and practices in parents. Parents who did not seek treatment from health centre quoted poverty, ignorance and lack of health insurance.

#### **CONCLUSION-**

Positive correlation of knowledge and practices with level of education highlights the importance of role of education in modifying parental awareness and care seeking behaviour. This calls for a need to further strengthen community-based healthcare and improve parental confidence in healthcare services for early detection and adequate treatment of otitis media.

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## JC10

### **TITLE :ORAL CAVITY VERRUCOUS LESIONS: AUDIT OF LONG-TERM ONCOLOGICAL OUTCOMES**

**PRESENTING AUTHOR:** Dr Smriti Panda

#### **AIM:**

To analyse the various factors affecting recurrence and survival in oral verrucous lesions.

#### **METHODOLOGY:**

Retrospective study was conducted at a tertiary care centre in India on consecutive cases showing verrucous hyperplasia/verrucous carcinoma of the oral cavity in the pre-operative biopsy between January 2015 to December 2021

**RESULTS:**

A total of 108 patients were identified (92- Verrucous Hyperplasia;16- Verrucous Carcinoma). Neck dissection was performed in 58.3% of the patients , however , none of them showed nodal positivity in the final histopathology report. At the median follow-up period of 42 months, both overall survival (OS) and disease free survival (DFS) in the verrucous hyperplasia group was 75% where as in the verrucous carcinoma group OS was 50% and DFS was 45%.(p-value 0.01), nodal recurrence 2.7%. The effect of post operative radiotherapy had significant effect on local recurrence ( OR 5.4;p-value-0.004). Histological margins<5mm was considered significantly associated with local recurrence (p- value 0.001) and nodal recurrence (p-value 0.006).

**CONCLUSION:**

Margin positivity and postoperative radiotherapy showed significant association with local recurrence in verrucous lesions. Though no occult nodes were identified in neck dissection, nodal recurrence occurred in 2.7% of the patients.

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## SENIOR CONSULTANT AWARD

**SC1**

**TITLE: CURTAIN DOWN TYMPANOPLASTY”: AN ENDOSCOPIC TRANSCANAL TECHNIQUE**

**PRESENTING AUTHOR:** Dr. Vikram Wadhwa

**AIM:**

To study the outcomes of curtain down type 1 tympanoplasty technique using temporalis fascia graft in patients with large pars tensa perforation.

**METHODS**

In total, 15 patients (9 females, 6 males; mean age  $31.0 \pm 1.5$  years) range of 16–52 years) who underwent transcanal endoscopic type 1 tympanoplasty with curtain down tympanomeatal flap, were included in this study. The technique utilizes tympanomeatal flap elevated from superior to inferior direction.

Results were analysed on the basis of the pre- and postoperative air–bone gap (ABG) and tympanic membrane status. All the patients had a complete tympanic membrane closure postoperatively. The mean preoperative and postoperative ABG closures were between  $31.0 \pm 9.2$  dB.

**CONCLUSIONS**

Our study demonstrated that endoscopic tympanoplasty by curtain down technique is effective in closure of large central perforations with significant improvement of hearing gain postoperatively.

**KEYWORDS :** Endoscopic tympanoplasty, Tympanomeatal flap, Temporalis fascia, Curtain down

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**SC2**

**TITLE: FACTORS INFLUENCING CONTRALATERAL NODAL METASTASIS IN ORAL CAVITY SQUAMOUS CELL CARCINOMA (OCSCC): PROSPECTIVE COHORT STUDY**

**PRESENTING AUTHOR :** Dr Rajeev Kumar

**OBJECTIVES:**

To assess various primary tumour (DOI, BGS) and ipsilateral nodal factors (LN Ratio, ENE) associated with contralateral nodal metastases in OCSCC.

**METHODOLOGY:**

A prospective study conducted on patients of OCSCC from June 2021-June 2023. Contralateral lymph nodes were sampled from patients having biopsy proven OCSCC. Inclusion criteria was kept as tumours crossing the midline, or reaching to within 1cm from the midline, or having depth of invasion (DOI) $>10$  mm, or gingivobuccal cancers with gross skin involvement; or nodal burden of N1 or greater.

**RESULTS:**

A total of 189 cases were recruited, of whom the majority were from the gingivobuccal complex (80 cases / 42.3%) and tongue (94 cases / 49.7%). A total of 28 cases (14.8%) had contralateral LN metastases. All of the

28 cases were of stage IV, with 25 of them having extracapsular spread. Analysis revealed significant association of contralateral metastases with age of the patient ( $p=0.0127$ ), advanced stage ( $p<0.001$ ), worsening histology ( $p=0.004$ ), extracapsular spread ( $p<0.001$ ), LN Yield ( $p=0.0035$ ) and LN Ratio ( $p<0.001$ ).

#### **CONCLUSION:**

This study tries to shed light on the primary and nodal factors influencing contralateral node positivity. Of all factors considered, the strongest association was seen with stage, histology, ENE, and LN Ratio. ENE being the single greatest factor predicting risk of contralateral metastases.

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#### **SC3**

#### **TITLE – OUR EXPERIENCE OF HANDLING UNSAFE EAR DISEASE FOLLOWING STAMCO CLASSIFICATION**

**PRESENTING AUTHOR -** Dr Praveen Kumar Yadav

#### **AIM –**

To classify unsafe cases as per STAMCO classification, problems encountered while handling unsafe ear and usage of newer aids to remove disease from difficult areas and approaches in canal wall reconstruction.

#### **METHODOLOGY –**

the study was conducted on the patients who presented as COM Unsafe active cases. The intra-op findings were carefully noted (STAMCO), surgical strategy formulated based on our experience.

#### **RESULTS –**

10 patients were included in this case series (classified as per STAMCO classification). We recommend usage of angled endoscopes for complete disease removal from difficult areas. It was also observed that usage of tissue glue for reconstruction of canal-wall provides desirable results.

#### **CONCLUSIONS –**

Unsafe ear surgeries are guided by the pathways taken and extent of the disease. The findings and results shall be comparable and thus a convenient classification shall be used for documentation of findings. While the complete removal of unsafe disease is quintessential, new pharmacological agent, Visual aids and novel reconstructive methods shall be employed to achieve desirable result in terms of disease removal and to minimise the disability.

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# PROF P GHOSH AWARD FOR INNOVATION IN OTOLARYNGOLOGY

## **Dr Vishal Rao**

Professor Rao has been instrumental in the conceptualization, manufacture, and commercialization of the Aum Voice Prosthesis inventor which has been a Godsend to many patients for their return to the joys of speaking and expressing themselves following a laryngectomy.

Dr. Vishal Rao is presently Regional Director, Head Neck Surgical Oncology and Robotic surgery and the Dean for Centre of Academic Research at HealthCare Global (HCG) Cancer centre Bangalore, India. He is the inventor of the pathbreaking Aum Voice Prosthesis, a 1\$ speaking device for throat cancer patients, rated among the top 100 global social innovations hailed by BBC, Harvard Business Review, and Forbes. He is an international advisor to World Health Organization Tobacco Free Initiatives to implement the WHO Framework Convention for Tobacco Control (FCTC) through the National Tobacco control program.

Development of courses, teaching materials and assessment tools: Fellowships in Head & Neck Surgical Oncology; DNB in Surgical Oncology

Training programme Director: Fellowship in Oral Oncology- Rajiv Gandhi University of Health Sciences, Karnataka, India-2018; International federation of Head and Neck Surgical Oncology programme- 2008

Director of Medical Education: Dean HCG, Bangalore -2020

Postgraduate Dean: Associate Dean, HCG, Bangalore 2019; Dean, HCG, Bangalore 2020

Membership of local Education/Training Committee: Member of Board of studies fellowship programme Rajiv Gandhi University of Health Sciences, Karnataka, India-2018

Membership of National/International Education/Training Committee: 2010 - Organising Secretary- International Federation of Head and Neck Oncology Societies (IFHNOS) and 10th FHNO Annual Conference; 2019 - Convenor & Founder- Academia of Head and Neck Oncology of Karnataka

Other formal responsibilities in training/education: Associate Professor, Raja Rajeshwari Medical College, Bangalore, India 2011-2015; Assistant Professor, Kidwai Memorial Institute of Oncology, Bangalore, India 2006-2008; Fellow, Dept of Head Neck Surgical Oncology, Tata Memorial Hospital, Mumbai; Adjunct Visiting Professor, Dept. of Otolaryngology, Head neck Surgery Oncology, 2017 - 2019; 2019 - Convenor & Founder, Academia of Head Neck Oncology of Karnataka.

# BEST PUBLICATION AWARD

**TITLE-** The Role of Biofilms in Chronic Otitis Media-Active Squamosal Disease: An Evaluative Study

**JOURNAL** - Otology and Neurotology

**PUBLICATION DATE** - 1st October 2021

**IMPACT FACTOR OF JOURNAL** - 2.619 (2023)

**PRESENTING AUTHOR** - Sonali Malhotra

**AUTHORS** - Gautam Bir Singh, Sonali Malhotra, Subhash Chandra Yadav, Ravinder Kaur, Devanshu Kwatra, and Sunil Kumar.

## ABSTRACT

**OBJECTIVES:** To study the presence of biofilms in patients of chronic otitis media (COM)-active squamosal disease and to evaluate the microflora and clinical impact of biofilms. **Methods:** A total of 35 patients suffering from COM - active squamosal disease was studied. Cholesteatoma sample was collected at the time of mastoid surgery and the same was used to image for biofilms by scanning electron microscope. The said sample was also analyzed microbiologically. **Results:** Biofilms were present in 25 (72%) patients including 6 cases of fungal biofilms (24%). Biofilms were detected irrespective of the micro-organism growth. No statistically significant relationship was observed between biofilms and discharging ear and complications of COM. Though univariate analysis of our data found some correlation between duration of disease, the extent of cholesteatoma and ossicular necrosis but multivariate analysis revealed no such associations, thereby implying a doubtful association between these factors and biofilm. **Conclusions:** Biofilms are an integral part of cholesteatoma ear disease and sometimes harbors fungal isolates.

**KEY WORDS:** Biofilms-Cholesteatoma-Chronic otitis media-Fungus. Otol Neurotol 42:e1279-e1285, 2021.

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163	Suchander ChanDra	171	197	S K Ahuja	212
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204	Subirendra Kumar	219	238	Avinash Bijlani	253
205	Sharad k Singhi	220	239	Nishi Gupta	254
206	P K Rathore	221	240	Yagyadut Gupta	255
207	J S Ahluwalia	222	241	Khushwinder Nagpal	256
208	S P Malhotra	223	242	Vimal Rai Verma	257
209	Anil K Rai	224	243	Arijit Chakraborty	258
210	Sandeep Kumar Samant	225	244	Ashan Zaidi	259
211	Yogesh Bajaj	226	245	Shalabh Sharma	260
212	Yogesh Kansal	227	246	Pawan Sardana	261
213	Waryam Singh	228	247	Salil Sharma	262
214	Viresh Arora	229	248	Pawan Khedwal	263
215	Rajiv Dhawan	230	249	Vidit Tripathi	264
216	V.K.Sapra	231	250	Vipin Kamboj	267
217	Subash Kakkar	232	251	R C Kochhar	268
218	Anil Jain	233	252	N P S Verma	269
219	Anurag Jain	234	253	Arvind Soni	270
220	Shelly Chadha	235	254	Asra Qayyum	271
221	K K Batta	236	255	Sunil Kapur	272
222	Vineet Dubey	237	256	Kavita Goyal	273
223	Madhubala Kumar	238	257	Urvashi Razdan	274
224	Sanjay Gudwani In UK	239	258	Tapaswani Sharma	275
225	S P Jindal	240	259	Asruddin	276
226	Abhay Sinha	241	260	Jayant Jaswal	277
227	Rajeev Arya	242	261	Tilak Raj Singh	279
228	R K Jasuja	243	262	Suresh K Obeja	281
229	Arunesh Sil	244	263	Kadambari Batra	282
230	Ajay Kumar Dutta	245	264	Lalit K Hasija	283
231	Nirupama Banerjee	246	265	Subrata Roy	284
232	Kulwinder K. Jauhar	247	266	Vijay Giridher	285
233	Alok Thakar	248	267	Alok Agarwal	286
234	Geetanjali Bugnait	249	268	Sudhir Majhi	287

<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>	<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>
269	Ishwar Singh	288	303	Anita Singh	326
270	Amitabh Sharma	289	304	Manish Gupta	327
271	Nidhi Dhawan	290	305	Susan Sebastian	328
272	Neelima Gupta	291	306	Kanwar Singh	329
273	Naresh kr Jindal	292	307	Ankur Gupta	330
274	Sanjay Sachdeva	293	308	Rajinder Thukral	331
275	Anuj Singhal	294	309	Sanjeev Saxena	332
276	S H Ansari	295	310	Vikas Malhotra	333
277	Chanchal Pal	296	311	Ajay Gupta	334
278	Sanjay Aggarwal	297	312	Ravinder Gera	336
279	HC Taneja	298	313	Anurag Jain	337
280	Deepti Sinha	300	314	Sanjeev Davey	338
281	Abhinit Kumar	301	315	Kiran Nair	339
282	Patitpaban Ghosh	302	316	Shilpa Gupta	340
283	Satish Verma	304	317	Kalpana Nagpal	341
284	Arvind K Verma	305	318	Kaushal Tyagi	342
285	Nimesh Kumar Gupta	306	319	V R Sinha	343
286	Smita Gupta	307	320	Vijay kr Gupta	344
287	Jatinder Singh	308	321	M P S Gandhi	345
288	Vipin Khera	309	322	V S Yadav	346
289	Sumit Kamra	310	323	Ramdev Sangeeta	347
290	Sonia Johri	311	324	Marut D Bansal	348
291	Ravi Meher	312	325	Nitin Agarwal	350
292	Sanjay Mangla	313	326	Pritam Arora	351
293	Shantanu Mandal	314	327	Gautam beer Singh	352
294	Reita Prakash	316	328	Sarika Verma	353
295	S B Mahajan	317	329	Harmeet S Pasricha	354
296	Rashmi Chaudhary	318	330	Arvind K Agarwal	355
297	Suresh C Sharma	319	331	Gaurav Kumar	356
298	Peeush Anand	320	332	Ajay Mallick	357
299	Suresh Prasad	321	333	P.S.Sukthankar	358
300	Anita Taparwal	322	334	Sunil Nangia	359
301	Sunita Sanehi	323	335	Ashok Sharma	360
302	Alok Gupta	324	336	Mohan Bhatnagar	361



<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>	<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>
337	Rohit Gulati	362	371	Rahul Sharma	396
338	Amit Jain	363	372	Kapil K Singh	397
339	Anirudh Pande	364	373	Vivek Sharma	398
340	Mukesh Khattar	365	374	Neeraj Chawla	399
341	Anjali Upadhyay	366	375	V K Singh	400
342	Satish Chetal	367	376	Sunil Sethi	401
343	Sumit Mathur	368	377	Adesh Saxena	403
344	Myush Ohri	369	378	Geeta Kathuria	404
345	Rajeev Goel	370	379	Rajiv Dhawan	405
346	Sanjeev K Jain	371	380	Sanjay Dalal	406
347	Rajeev Adhana	372	381	Abha m Dhuriya	407
348	Manish Munjal	373	382	Vikram Wadhwa	408
349	Manish Girhotra	374	383	Puneet Bhargava	409
350	Ramesh Tiwari	375	384	Rajni Sachdeva	410
351	Vidya Nandana	376	385	Anurag Snehi Ranval	411
352	Narender Verma	377	386	Surinder Kumar Nimesh	412
353	Sanjay Jain	378	387	Gaurav Chaturvedi	413
354	Bulbul Gupta	379	388	Aditya Bhargava	414
355	Ajay Singhal	380	389	Rakesh Kumar	415
356	Sangeet Poddar	381	390	Subhalaxmi Rautray	416
357	Aru Handa	382	391	Ritu Mittal	417
358	Rahul Aggarwal	383	392	Sachin Goel	418
359	Rishi G Aggarwal	384	393	Rekha Singh	419
360	Vijay Rangachari	385	394	Sanjucta Ghosh	420
361	Salil Aggarwal	386	395	Pradeep Singh	421
362	Alok Mittal	387	396	Abhay Sood	422
363	Pramod Goyal	388	397	K C Ahuja	423
364	Mala Bhattacharjee	389	398	Arvind Jha	424
365	Sharat Latta	390	399	Nirdesh Khare	425
366	Sat Prakash	391	400	Sameer Sethi	426
367	Rajiv Goel	392	401	Anish Gupta	427
368	S K Aggarwal	393	402	V Natesh	428
369	Parvinder Kaur	394	403	Deepak Gupta	429
370	Manu Malhotra	395	404	Rajesh Mishra	430

<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>	<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>
405	Ashu Garg	431	439	Vivek Kanodia	468
406	Peeyush	432	440	Sowrabh Arora	469
407	Sachin Jain	433	441	Ashwani k Mehta	470
408	Suresh Yadav	434	442	Sunil Munjal	471
409	Sunil Aggarwal	435	443	Vyomesh Bansal	472
410	Pooja Jain	436	444	V P Vasudeva	473
411	Priyadarshini KDK	437	445	Divya Aggarwal	474
412	Ashwani Sethi	438	446	Arun Goel	475
413	Deepika Sethi	439	447	Shomeshwar Singh	476
414	Ameet Kishore	440	448	Anshu Tandon	477
415	Praveen Kumar	442	449	Abhijeet Bhatia	478
416	Anup Sabherwal	443	450	Shikha Sharma	479
417	Bhushan Patil	444	451	Mayank Maheshwari	480
418	Rama Nand Yadav	445	452	Sanjeev Arora	481
419	Arun Garg	446	453	Harpreet Kocher	482
420	Sukhchain Bhullar	447	454	Deepti Dogra	483
421	Kuldeep Singh	448	455	Pooja Pathak	484
422	Akash Juneja	449	456	Sameer Topno	485
423	Om Prakash Verma	450	457	Shanti Badra	486
424	Jasvinder Singh	451	458	Nayeem Ahmed	487
425	Ashok Singh	452	459	Sabhyasachi Saxena	488
426	Varun Gupta	453	460	Anju Agarwal	489
427	Vipin Kakkar	454	461	Ekta Chhabra	490
428	Mohini	455	462	Rohit K Vishnoi	491
429	Praveen Chawla	456	463	Shweta Gandotra	492
430	Jugesh Makkar	457	464	A V Ramesh	493
431	Saket Aggarwal	458	465	Avinash Das	494
432	Priti Lal	459	466	Rahul Kapahi	495
433	Poonam Gautam	460	467	Saikata Joshi	497
434	Joginder Gulia	461	468	Venkat Karthikeyan	498
435	Ajay Jain	464	469	Deepak Sarin	499
436	Bishwash Kumar	465	470	Devidurga Das	500
437	Avinash Kumar	466	471	Alok Banka	501
438	Ankush Sayal	467	472	Gautam Dash	502

<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>	<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>
473	Seema Khanna	503	507	Vijay K Sinha	537
474	Sandeep Kaushik	504	508	Meena Nihalani	538
475	Sandhya	505	509	Awadesh Mishra	539
476	Nitin Sodhi	506	510	Suresh Verma	540
477	Sharad Chaurasia	507	511	Vineet Narula	541
478	Swapnil Brajpuriya	508	512	Vivek Taneja	542
479	Vipasha Brajpuriya	509	513	Tushar Malik	543
480	Uma Patnaik	510	514	Shikha Bani	544
481	Rakesh Dutta	511	515	Satish Nair	545
482	Rohit Goyal	512	516	Arun Wadhawan	546
483	WVBS Ramalingam	513	517	Vikram Bhardwaj	547
484	Ajith Nilkanthan	514	518	Nidhi Maggon	548
485	Sultana Yashine	515	519	Swaraj Mishra	549
486	Shyam Kumar	516	520	Meena Aggarwal	550
487	B Hazarika	517	521	Neha Sood	551
488	Pankaj Kumar	518	522	Hukum Singh	552
489	Anshul Gupta	519	523	Nitin Anand	553
490	Ashutosh Nangia	520	524	Naushad Zafar	554
491	Sumit Mrig	521	525	Kapil Sikka	555
492	Virad Kumar	522	526	J K Gupta	556
493	Manni Hingorani	523	527	Vineet Gupta	557
494	Chander Raheja	524	528	Rajesh K Singh	558
495	Nitesh Khare	525	529	Vipin Arora	559
496	Kshitij Malik	526	530	Isha Preet Tuli	560
497	Satinder Singh	527	531	Kanika Rana	561
498	Manju Bansal	528	532	Gopal Kumar	562
499	Subodh Aggarwal	529	533	Sanjay Kr Gupta	563
500	Krishan Kumar	530	534	Kamal Goyal	564
501	Anshu Sood	531	535	Anuj Kr Singh	565
502	Tripti Brar	532	536	Shilpi Budhiraja	566
503	Abhay Anand	533	537	Vipin Kakar	567
504	Shruti Dhingra	534	538	Shipra Mittal	568
505	Sunil Garg	535	539	Ankur Gupta	569
506	Rupender Ranga	536	540	Hitesh Verma	570

<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>	<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>
541	Arvind K Kairo	571	575	Vibhuti	606
542	Rajeev Kumar	572	576	Pradeep Poswal	607
543	Swapan K Sarkar	573	577	Meghal Choudhary	608
544	Amit Chirom	574	578	Sahil Maingi	609
545	Iram Khan	575	579	Tsewang Thinles	610
546	Avani Jain	576	580	Saroo Singh	611
547	Prem Sagar	577	581	Ajeet Kumar Kushwaha	612
548	Ruchika Juneja	578	582	Varun Rai	613
549	Deeksha Nautiyal	579	583	Vageesh BhaDragiri	614
550	Poonam Sagar	580	584	Abhishekh Jain	615
551	Purodha Prasad	581	585	Gaurav Mahajan	616
552	Shweta Gupta	582	586	Pradeepti Nayak	617
553	Anshika Harit	583	587	MeghaShyam	618
554	Suryaprakash Dhandapani	584	588	Pankaj Kumar	619
555	Arif K.N.	585	589	Nikhil Arora	620
556	Ashima Saxena	586	590	Sangeet	621
557	Vaibhav Saini	587	591	Divya Gupta	622
558	Junaid Malik	588	592	Subodh Kumar	623
559	Anjan Kumar Sahoo	589	593	Hemant Gajendra	624
560	Anita Jha	590	594	Abhishekh Guglani	625
561	Madhavi Kumar	591	595	Abhinav Raj	626
562	Sudheer sharma	592	596	Ankit Vishwani	627
563	Radhamadhav Sahu	593	597	Raman Sharma	628
564	Sarika	594	598	Prakhar Goel	629
565	Shikhar Gupta	595	599	Deepika Chaudhary	630
566	Tanmay Bansal	596	600	Sataksi Chatterjee	631
567	Sakshi Chawla	597	601	Karishma Singh	632
568	Vasun Batra	599	602	Suvercha	633
569	Abhishekh Gupta	600	603	Abhishek Mittal	634
570	Anuragini Gupta	601	604	Neha Jain	635
571	Kartikeya Mishra	602	605	Shilpi Sharma	636
572	Jas Simran Singh Bhatia	603	606	Akshat Malik	637
573	Harpreet Singh	604	607	Hirender Basista	638
574	Ravi Kant singh	605	608	Aditi Chopra	639

<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>	<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>
609	Anup Singh	641	643	Ranvir Singh	675
610	Suhuchita Singh	642	644	Himanshu Swami	676
611	Sachin Goel	643	645	Neha Verma	677
612	Vashi Gupta	644	646	Adithi Menon	678
613	Nitin Singh	645	647	Sanjay Vikram Soni	679
614	Vivek Kumar Pathak	646	648	Kirti Jain	680
615	Ridhi Gupta	647	649	Karandeep Singh	681
616	Yash Verma	648	650	Poonam Singla	682
617	Aanchal Rana	649	651	Sonil Jain	691
618	Sneha	650	652	Abhishek Gupta	684
619	Vidhi Chopra	651	653	Mandvi Dwivedi	685
620	Asmita Chanda	652	654	Mahesh Kumar	686
621	Dhruv Kapoor	653	655	Rupa Mehta	687
622	Rahul Kumar	654	656	Vivek Taneja	688
623	Sangini Kumar	655	657	Amita Rani	689
624	Virender Singh	656	658	Ramandeep Kaur	690
625	Abhimanyu Singh	657	659	Rishita Kalara	691
626	Pratik Kumar	658	660	Sama Rizvi	692
627	Shilpam Sharma	659	661	Somya Gupta	693
628	Seema Monga	660	662	Amardeep Singh	694
629	Deepti Agarwal	661	663	Khyati Bhatia Grover	695
630	Suvercha	662	664	Sanya Datta	696
631	Ashish Saini	663	665	Varun Rai	697
632	Uma Garg	664	666	Shafat Ahmad	698
633	Anand Milind Malakar	665	667	Ankur Sharma	699
634	Sarthak Sachdeva	666	668	Avinav Gupta	700
635	Mona Henam	667	669	Diwash Sunar	701
636	Manisha Yadav	668	670	Sakshi Negi	702
637	Shahid Rasool	669	671	Prince Tyagi	703
638	Pallvi Kaul	670	672	Jyoti yadav	704
639	Sonali Malhotra	671	673	Jeeva Johny Pallipuram	705
640	Ripudaman	672	674	Vikas kumar	706
641	Anand Gupta	673	675	Ditixa Patel	707
642	Vishal Gupta	674	676	Gaurang Singhal	708

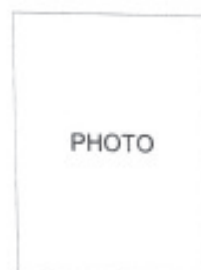
<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>	<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>
677	Ashwathy	709	711	Gautam Kumar Arora	743
678	Salman Khan	710	712	Kanika Arora	744
679	Avinash Shekhar Jaiswal	711	713	Riya	745
680	Ramya Rajpurohit	712	714	Harshita Gupta	746
681	Rasha F Rehman	713	715	Saumya Gupta	747
682	Gowtham Palaniyappan	714	716	Diksha Sahu	748
683	Tanushree Jain	715	717	Rishabh Verma	749
684	Deepika Tanwar	716	718	Prahlada D R	750
685	Chaithra	717	719	Nitish Kumar	751
686	Sneha Mary Sam	718	720	Mansi Sharma	752
687	Moazzan Mojahid	719	721	Abhinav Agarwal	753
688	Mandhata	720	722	Ranjan Kumar Sahoo	754
689	Sneha Yadav	721	723	Mrigank Shekhar	755
690	Daphylla Shisha Phanbuh	722	724	Sanjeet Kumar Goit	756
691	Divya Mishra	723	725	Karan	757
692	Akriti Rastogi	724	726	Ankit Parasar	758
693	Akanksha Dhyani	725	727	Rohit Saxena	759
694	Gaurang Singhal	726	728	Swati Goel	760
695	Noopur Gupta	727	729	Sadaf Saleem	761
696	Utkarsh Gupta	728	730	Priyanka Sharma	762
697	Devendra Kumar Gupta	729	731	Megha Goel	763
698	Maya Singh	730	732	Mezhusenduo Mhasi	764
699	Anupam Kanodia	731	733	Monica Devi Nongmaithem	765
700	Mayank Bhutada	732	734	Akhil Bahuguna	766
701	Suven Kalra	733	735	Shantnu Nagpal	767
702	Varsha Raghuvanshi	734	736	Devyani Sharma	768
703	Manvi Mehta	735	737	Nadir Shah	769
704	Uday Agarwal	736	738	Oshin Guleria	770
705	Vishwani Khanna	737	739	Sachin Kumar	771
706	Aditi garg	738	740	Rinku Sehrawat	772
707	Mitesh Kumar Sharma	739	741	Anmol Wadhwa	773
708	Aarushi Vashist	740	742	Ashish Agarwal	774
709	Yashodeep Mukherjee	741	743	Sreejith V.S.	775
710	Gaurav Goel	742	744	Amardeep Kaur	776

<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>	<b>Sr. No.</b>	<b>Full Name</b>	<b>LM No.</b>
745	Akansh Agarwal	777	767	Ridhima Aggarwal	799
746	Pooja Nakhat Jain	778	768	Nidhi Kishor	800
747	Nidhi	779	769	Manish verma	801
748	Aakash Aggarwal	780	770	Divya Singh	802
749	Himanshi Grover	781	771	Zohda Tayyaba	803
750	Yuvnesh K	782	772	Pooja Kaushik	804
751	Shivani Singh	783	773	Vibhor Malhotra	805
752	Swati Tandon	784	774	Nikita Dhankar	806
753	Aayushi Parasar	785	775	Richa Sahah	807
754	Shreya Garg	786	776	Nandini Shruti	808
755	Smiriti Panda	787	777	Deush Nogia	809
756	Giltaglin	788	778	Pratibha Desai	810
757	Sandhya Sharma	789	779	Saurabh Singh	811
758	Daamini Bapat	790	780	Amrutha V. Das	812
759	Sahaja Ananthula	791	781	Uday Monga	813
760	Barsha Shah	792	782	Puneet Gupta	814
761	Sindhura Venkta Thaneeru	793	783	Khaja Naseeruddin	815
762	Kiran Mahi	794	784	Mehak Arora	816
763	Shobhit Rastogi	795	785	Rinchen Angmo	817
764	Sameer K Sajeed	796	786	Dheeraj Kumar	818
765	Swezal Lohia	797	787	Arushi Suhag	819
766	Indu Shukla	798	788	Pooja Bhati	820





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**Dr. Vipin Arora**, Hony. Secretary, Delhi AOI  
 Director Prof., Dept. of ENT, Head Neck Surgery  
 Room No. 2505, 5th Floor, UCMS and GTB Hospital, Dilshad Garden, Delhi - 110095  
 Mob. : 9818436314 (Whatsapp only) E-mail : [vipinar@gmail.com](mailto:vipinar@gmail.com)