

ESPO Bursary for BPOC 2019: Report

I had the opportunity to attend the 2019 British Paediatric Otolaryngology Course as this year's winner of the European Society of Pediatric Otorhinolaryngology Junior Member's Bursary. It took place in Glasgow at The Lighthouse, on 21st and 22nd March. The course consisted of five sessions of lectures on important themes in Paediatric Otolaryngology and a practical session concerning the paediatric airway. The course was directed by Tash Kunanandam, Haytham Kubba and David Wynne, from the Paediatric ENT Department of the Royal Hospital for Children in Glasgow. During the sessions we had the privilege to have a panel of the United Kingdom's most prominent Paediatric ENT consultants as speakers.

The first session was about head and neck tumours, vascular anomalies, nodes and nodules and branchial anomalies. The red flags for head and neck masses were discussed: large masses, rapid growth and location in salivary glands, in the thyroid or supraclavicular fossa. The diagnostic challenges were emphasised. The need for urgent referral was highlighted for rapidly increasing masses, together with the importance of prompt imaging and biopsy for worrying nodes and the need to review 4 to 6 weeks after the first investigation.

In the second session several common conditions in Paediatric Otolaryngology were presented. The natural history and treatment of laryngomalacia was discussed according to Holinger's classification, and obstructive sleep apnea (OSA) in children was also debated, including the indications for more detailed investigation. New insights into the pathology and indications for surgical treatment in otitis media with effusion (OME) were also debated, along with Down syndrome (and its ENT related conditions such as OME, OSA and laryngomalacia) and also CHARGE and other craniofacial syndromes.

The third session was about Paediatric ENT Emergencies. Intracranial and extracranial complications of acute otitis media (AOM) were discussed. The most common complication is mastoiditis which requires imaging if surgical intervention is planned or if the child is very unwell and an intracranial complication is suspected. For deep neck infections, periorbital infections, mastoiditis and other complications of AOM intravenous antibiotic treatment is the first line treatment.

The first day ended with the Otology session. The assessment of retraction pockets and perforations was addressed and the timing and indications for surgery were discussed, together with factors which influence surgical success. Management of chronic otitis media with

cholesteatoma was discussed, emphasising the surgical approaches and their indications. Hearing assessment and management of paediatric hearing loss were also covered, including indications, surgical steps, complications and challenges in cochlear implantation, bone-anchored hearing devices and middle ear implants.

The second day was dedicated to the paediatric airway. The first session was about airway assessment and microlaryngobronchoscopy; paediatric tracheostomy, emphasising its technique and post-operative care; airway emergencies and the assessment of foreign bodies in the airway. In the second session open surgery (laryngotracheal reconstruction) and endoscopic procedures for subglottic stenosis were debated as well as airway pathologies in general including laryngeal papillomatosis.

The last part of the course took place in the Queen Elizabeth University Hospital in Glasgow and comprised three stations where it was possible to face real scenarios in airway management: an airway obstruction scenario where the capacity to evaluate and assess the child was tested, a neonatal tracheostomy station where it was possible to do the procedure in an animal model, and an airway foreign body retrieval post, where it was possible to train in this procedure on a model.

This course was a complete review of a group of relevant pathologies in Paediatric Otolaryngology and showed the results of the latest scientific studies. It is an excellent course for every ENT trainee who is interested in this area and for me it was decidedly a great opportunity.

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