

Wilde Discourse by Prof Richard Irving from Birmingham UK



Sixty Sixth Annual Meeting of the

Irish Otorhinolaryngology / Head & Neck Society

Salthill Hotel Galway Friday 10th & Saturday 11th October 2025

The President and Council would like to extend a very warm welcome to all of you to Galway for the 66th annual meeting of the Irish Otorhinolaryngology Head and Neck Surgery Society meeting. We have laid on a very comprehensive and exciting programme for you over the course of the two days with keynote lectures, round table sessions, free papers and poster presentations. While all subspecialties are well represented, the main theme of this year's meeting is Skull Base surgery – both lateral and anterior. One of the highlights will be the Wilde discourse, to be delivered by Prof Richard Irving from Birmingham UK. We hope you have a thoroughly enjoyable time and look forward to welcoming you to Galway.

Best wishes

Prof Rory McConn Walsh

President IOS

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Wilde Discourses

1961	Terence Cawthorne	1993	Tony Bull
1962	Ian Simpson Hall	1994	Richard Ramsden
1963	C.P. Wilson	1995	David Kennedy
1964	Ronald Macbeth	1996	Laurie Ryan
1965	W.H. Struben	1997	Ugo Fisch
1966	J. Angell-James	1998	R. Goody
1967	Michel Portmann	1999	Ian Mackay
1968	Howard House	2000	J. Fredrickson
1969	Joseph Ogura	2001	Patrick Gullane
1970	J.P. Hood	2002	William Coman
1971	Harold Schucknecht	2003	Thomas McDonald
1972	Donald Harrison	2004	Trevor McGill
1973	Stuart Strong	2005	Gilbert Nolst Trenite
1974	Douglas Bryce	2006	George Browning
1975	John Ballantye	2007	Kevin Gibbin
1976	Claus Jansen	2008	Max McCormick
1977	Gabriel Tucker	2009	Peter Wormald
1978	L.B.W. Jongkees	2010	Fred Owens
1979	Robert Pracy	2011	John Watkinson
1980	George Nager	2012	Richard Canter
1981	R.B. McDowell	2013	Gerard O'Donoghue
1982	Robert Wentges	2014	Janet Wilson
1983	Victor Goodhill	2015	Robin T.Cotton
1984	Douglas Ranger	2016	Jatin Shah
1985	H. Spondalin	2017	Valerie Lund
1986	Peter Alberti	2018	Blake Papsin
1987	Tauno Palva	2019	Johannes Zenk
1988	Philip Stell	2020	Covid-19
1989	Dietrich Plester	2021	Milind Kirtane
1990	Arnold G. Maran	2022	John Rutka
1991	David Brain	2023	Claire Hopkins
1992	William Panjee	2024	Kofi Boahene

Invited Speakers

While all four subspecialties in Otolaryngology are well represented at the meeting the President has chosen skull base surgery, both lateral and anterior, as the main theme for this year which is reflected in the choice of the Wilde discourser and guest speakers. The IOS is delighted to welcome Prof Richard Irving as our 66th Wilde discourser.



Prof. Richard Irving is a Consultant in Otology, Neurotology and Skull Base Surgery and Honorary Professor in Bioengineering. He works at the Queen Elizabeth Hospital and the Children's Hospital in Birmingham UK. He qualified from Kings College Hospital and trained in London, Cambridge and San Francisco. Richard has a broad clinical practice including implantation otology, chronic ear disease, facial nerve, vertigo, lateral skull base and vestibular schwannoma. He is active in research with current ongoing projects covering skull base tumour biology, inner ear regeneration, auditory implant technology and vestibular diagnosis. He has over 150 publications and is heavily involved in postgraduate education and training. Richard is a past President of the British Society of Otology, the RSM Society of Otology and the British Skull Base Society.



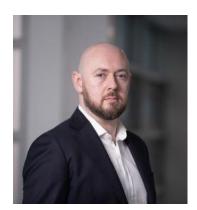
Mr. Shahz Ahmed, Consultant ENT and Skull Base Surgeon, graduated from The University of Birmingham Medical School and obtained Higher Surgical Training in Hospitals in the West Midlands. He undertook advanced training in sinus and nasal surgery in South Africa, America, Germany, Switzerland and on an advanced rhinology fellowship at Queens Medical Centre, Nottingham before he was appointed as Consultant ENT and Skull Base Surgeon at Birmingham's Queen Elizabeth Hospital NHS Trust in 2010. He received his PhD in 2013 on ground-breaking work in chronic sinus disease. His strong academic profile includes over 80 publications and more than a dozen book chapters. Mr Ahmed specialises in all aspects of advanced sinus and anterior skull base surgery. He is a Council member of the Royal Society of Medicine and the British Skull Base Society.



Prof Manohar Bance is an Otologist/Neurotologist and clinician-scientist at the University of Cambridge and is an honorary Consultant at the Cambridge University NHS Foundation Trust. He is the inaugural Professor of Otology and Skull Base Surgery at the University of Cambridge, UK since 2017. Prior to that he was Head of Otolaryngology-Head and Neck Surgery at Dalhousie University in Canada. He also directs the Sensory Engineering and Sensory Encoding (SENSE lab at the University of Cambridge . He has published over 250 peer reviewed papers, and multiple book chapters. Prof Bance is Past President of the RSM Section of Otology, Past Chair of the British Cochlear Implant Group and recipient of a life-time achievement award from the Canadian Society of Otolaryngology & Head and Neck Surgery.



Dr Garret W. Choby, MD, is an Associate Professor of Otolaryngology – Head and Neck Surgery, as well as Neurological Surgery at the University of Pittsburgh School of Medicine. Administratively, he is the Vice-Chair of Quality for the Department of Otolaryngology and the Associate Chief of Quality for the University of Pittsburgh Medical Center. He is a nationally recognized leader in sinonasal cancers and skull base disorders, as well as surgical quality. Dr. Choby has held several US national leadership positions including the Chair of the Skull Base and Orbital Surgery section of the ARS. He enjoys a collaborative practice with his neurosurgical colleagues, offering comprehensive care for patients with complex skull base tumors. Active research areas include improving quality of life following endoscopic skull base surgery and improving survival in patients with sinonasal malignancies.



Prof. Patrick Nicholson is a consultant neurointerventional radiologist in Beaumont Hospital, and an honorary associate clinical professor in RCSI. Completing his training in Dublin, he underwent subspeciality training in Toronto Western Hospital, University Health Network and UofT in Canada, completing consecutive fellowships in both diagnostic and interventional neuroradiology. Following this, he joined the team there as a staff physician, where he remained for several years before returning to join the team in Dublin in 2023. He has a strong academic interest, with more than 130 publications, and has a particular interest in novel applications of endovascular techniques to treat neurological diseases. Clinically, he has special interests in CSF flow disorders and pulsatile tinnitus.





Prof. James Paul ONeill is Professor of Otolaryngology Head and Neck Surgery at The Royal College of Surgeons in Ireland & Beaumont Hospital. A graduate of RCSI where he won the Jim Mahon for Medicine & The RCSI Council medal on graduation. He completed an MBA in UCD, Masters in Medical Education in Queens University and a Doctorate of Medicine in RCSI on Thyroid Cancer. His Surgical Oncology Fellowship training was in Memorial Sloan Kettering Cancer Center in New York for two years and he began his duties as Professor in RCSI in 2014.



Professor Shakeel R. Saeed graduated from King's College London in 1985, was awarded the Doctorate thesis award in 2003. He is Emeritus Professor since Sept 2023. Prof Saeed has extensive experience in lateral skull base surgery and implantation otology – over 3000 complex ear surgeries, over 500 cochlear implant surgeries and over 500 vestibular schwannoma and other skull base surgeries. He was president of the European Academy of Otology and Neurotology 2018-2022 and Honorary member of the Spanish ENT Society since 2022



Friday 10th October Program

08:00 - 08:50 08:50 - 09:00	Registration (Tea and Coffee) Welcome by Prof Rory Mc Conn Walsh (President)	Aran Suite Rockbarton Suite	
09:00 - 10:40	Lateral Skull Base – Keynote lectures Chair - Prof Rory McConn Walsh		
09:00 - 09:20	Current management of skull base paragangliomas Prof Richard Irving , Birmingham		
09:20 – 09:40	Update on the management of vestibular schwannom <i>Prof Shak Saeed</i> , London	nas	
09:40 – 10:00	Genetic hearing loss and Surgical gene therapies for hearing loss <i>Prof Manohar Bance</i> , Cambridge		
10:00 – 10:20	Current MDT management of temporal bone/lateral smalignancy <i>Prof James Paul O'Neill</i> , Dublin	skull base	
10:20 – 10:40	Neuroradiology management of pulsatile tinnitus <i>Prof Patrick Nicholson</i> , Dublin		
10:40 – 11:15	Coffee Break	Aran Suite	
11.15	Otology/Neuro-Otology section		
11:15 – 12:45	Free Paper Session 1 – Otology (Chairpersons – Prof Ivan Keogh, Mr Colin Leon	<i>Rockbarton Suite</i> ard)	
11:15 – 11:23	The Experience of Lateral Base of Skull Osteomyelia Cancer and Neuroscience Centre of Ireland Jonathan Berry-Walshe , Alison McHugh, Michael Daniel Rawluk, Gulam Zilani, Mohsen Javadpour, A Walsh	Fitzsimons, Seamus Looby,	
11:23 – 11:31	Clinical Assessment and Treatment of Patients with tion: Initial Experience in a Specialist Physiotherapy Larney M , Shahzan A, Karhunen L, Keane E	* 1	
11:31 – 11:39	Cochlear Implant Extrusion and Explantation – The Samuel Moore, Colin Leonard	Belfast Experience	
11:39 – 11:47	TEESing out the facts: an analysis of endoscopic pae R Hill , A Lammie, E Mooney, W Nabilsi, I Keogh	ediatric tympanoplasty cases.	



11:47 – 11:55	BAHA in practice: A retrospective review of 490 patients assessed for a BAHA device over a 10 year period: patient eligibility and quality of life analysis Áine O'Brien , Veronica Tomescu, Leah Quinlan, Ann O'Connor	
11:55 – 12:03	Changing presentation of Vestibular Schwannomas in a Regional Centre? Ms. J Wauchope, Mr NA Bailie, Mr T Hirst, Mr P Weir, Mr A Zammit, Mr CG Leonard	
12:03 – 12:11	Has the endoscope changed Otology practice? A single centre 13 year experience Ms Emma O'Farrell , Ms Danielle James, Prof Guan Khoo	
12:11 – 12:19	Impact of pattern of invasion of lateral temporal bocomes Caitlin Waters, Alison McHugh, Seamus Looby, Robbie Woods, James Paul O'Neill, Neville Shine,	Mohsen Javadpour, Gulam Zilani,
12:20 - 13:45 13:30 - 13:45	Lunch IOS AGM	Aran Suite Rockbarton Suite
13:45 – 15:30	Anterior Skull Base – Keynote lectures Chair - Prof RSR Woods	Rockbarton Suite
13:45 – 14:05	Transpterygoid approaches: Optimizing access to to <i>Dr Garrett Choby</i> , Pittsburgh, USA	he coronal plane
14:05 – 14:25	Transorbital Surgery to the skull base <i>Mr Shahz Ahmed</i> , Birmingham, UK	
14:30 – 15:30	Tumour board - Panel discussion. Chairs - Prof RSR Woods	Rockbarton Suite

15:30 – 16:00	Coffee break (Poster Adjudication) (Ms Eimear Phelan, Mr Brendan Hanna) Aran Suite
16:00 – 17:00	Free Paper Session – Rhinology Chairpersons – Ms Caroline Smith, Prof Mohamed Amin
16:00 – 16:08	The results of an ANP-led allergic rhinitis clinic across a south of Ireland population A.Quinn, C.Connelly, L.Quinlan, A.Nae
16:08 – 16:16	Cocaine Induced Rhinological Complications-the Northern Ireland Experience Sean Dolan , Widad Abdelrahman Ramadan, Ashley Elliott, Caroline Smith, Brendan Hanna
16:16 – 16:24	Transseptal approach to the maxillary sinus: A case series and operative commentary Iva Jovanovic , Jonathan Smith, Brendan Hanna
16:24 – 16:32	Review of Inverted Papillomas (IP) and Inverted Papilloma Progressing to Squamous Cell Carcinoma (SCC) in Beaumont Hospital, the National Skull Base Centre in Ireland Mohamed Alharbi, McHugh A, Ni Chinneide E, Farrell T, Javadpour M, Zilani G, Shine N, O'Neill JP, Barrett H, Lacy PD, Woods RSR
16:32 – 16:40	Evaluating Patient Reported Outcomes of Magnetic Septal Button. V. Maniarasu, G.Donaldson, R.Stewart
16:40 – 16:48	Epidemiology and Management of Sinonasal Adenocarcinoma in Ireland – Experience of the National Centre for Skull Base Cancer Alison McHugh , O'Byrne L, Fitzsimons M, Sexton G, Alharbi, M, Barrett H, Ryan S, Ni Chinneide E, Das S, Shine N, O'Neill JP, Lacy PD, Woods RSR.



16:48 - 16:56	The Role of Prophylaxis Antibiotics in the Prevention of Meningitis in Endonasal An-	
	terior Skull Base Surgery: A Systematic Review and Meta-analysis	
	Azfar Javed, Muhammad Umar Farooq, Abdullah Alburaiki, Hamad Khan, Muham-	
	mad Sohaib Shahid, Haissan Iftikhar	

18:30	Drinks reception		Aran Suite
19:15- 20:00	Wilde Discourse	(Prof Richard Irving)	Aran Suite
20:00	Gala Dinner		Rockbarton Suite

Saturday 11th October Program

08:00-08:50	HOHNS Meeting	Promenade Suite
09:00 – 10:10	Head & Neck Chairs – Ms Orla Young, Mr David McCaul	Rockbarton Suite
09:00 – 10.05	Free Papers Session 3 – Head & Neck	
09:00 – 09:08	Efficacy and Safety of Neoadjuvant Cemiplimab M mous Cell Carcinoma- A Systematic Review and M Dr. JJ Cronin, Dr. Thomas Crotty, Dr. Ryan O'Su Mr. Conall Fitzgerald	Meta-Analysis
09:08 - 09:16	Improving Prognosis in Merkel Cell Carcinoma: In omarkers Hunter A. Holley, Maria Lyons , Barry O'Sullivan Orla McArdle, James Paul O'Neill	
09:16 - 09:24	Assessing the Impact of Intraoperative PTH on Sur perparathyroidsim: A Single-Centre Retrospective E Lang, A Affendi, A Ionescu, P Sheahan	
09:24 - 09:32	Managing Laryngeal Dysplasia and Implications for Vianka Marcelino, Esther O'Regan, Paul Lennon	

09:32 - 09:40	Zenker's Diverticulum – case closed, or case open? Áine O'Brien, Eoin Cleere, Bevin Arthurs, Prasaad Kothari, Andrew Dias
09:40 – 09:48	Transoral Endoscopic Vestibular Approach for Parathyroid Surgery: A Systematic Review of Clinical Outcomes and Safety Janvi Patel , Setu Gupta, Ram Moorthy
09:48 – 09:56	Correlation between level of parathyroid hormone and pre-operative imaging localisation in primary hyperparathyroidism; a systematic review C Waters , H Jones, O Young
09:56 – 10:05	Natural history of the non-curative oropharyngeal squamous cell carcinoma Olha Zahranychna , Catriona M Douglas
10:10: 10:40	Coffee Break Aran Suite
10:40 – 11:20	Paediatric and General Otolaryngology Chairpersons - Ms Eimear Phelan, Mr Conor Jackson
10:40 – 11:30	Paediatric Menagerie Panel - Mr. Conor Jackson, Prof. Ivan Keogh, Ms. Ann O'Connor, Ms. Emma Keane & Ms. Eimear Phelan
11.30 – 11:38	Free Papers Section 4 – Paediatrics.
11:38 – 11:46	Should day-case adenotonsillectomy criteria be expanded to allow for the growing childhood obesity epidemic? A tertiary paediatric centre review of post-operative respiratory complications. G Donaldson, I Jovanovic, C Jackson, K Trimble
11:46 – 11:54	Decline in Juvenile onset Recurrent Respiratory Papillomatosis following the introduction of Human Papilloma Virus Vaccination Programme in Ireland Alison McHugh , Nicholas O'Keefe, Gerard Sexton, Patricia Fitzpatrick, Rania Mehanna, Colleen Heffernan



11:54 – 12:02	Digital Innovation in ENT and its Challenges: Presenting BreatheBuddy as an Indicative Exemplar Mr Cameron Lynch, Mr Haroon Saeed, Dr Ayaz Damani		
12:02 – 12:10	Velopharyngeal Insufficiency (VPI) as a complication of p Muonga Kabaso , Weronika Szlachetka, Clive Brewis	aediatric adenoidectomy	
12.10 – 12:18	Single-Use Channelled Nasendoscope Retrieval for Difficult-to-Access Pharyngeal Fish Bones: Cost-Benefit and Clinical Outcomes from a Prospective Case Series at a Uk Territory Centre Braithwaite I, Butler M, Rotimi O, Sharma D, Nogueira C		
12: 18 – 12:26	A Randomized Controlled Trial Comparing the Effect of Anti-Fog Agents on Flexible Nasendoscopy View. Ms Holly Hendron. Ms Stephanie Germain, Mr. Prodip Das, Mr Philippe Bowles		
12:26 - 12:34	Botox and Belching: A Sequential Case Series of Retrogra Dysfunction (R-CPD) and Treatment Outcomes in an Irish E. Conlon 1,2, L. Dwyer 1, V. Marcelino 2, U. Hafeez 1 M. Rafferty 1,2	Population	
12:35– 13:30	Lunch	Aran Suite	
13:30 – 13:45	Announcement of Best Papers & Poster Prizes Concluding Remarks by President, Prof Rory McConn Walsh	Rockbarton Suite	
13:45 – 14:30	Education & Training Section Chair: Mr. Guan Khoo	Rockbarton Suite	

Panel: Mr. Mel Corbett, Mr. Rory O'Neill, Ms. Alison McHugh Mr. Nick O'Keefe & Mr. Michael Fitzsimons

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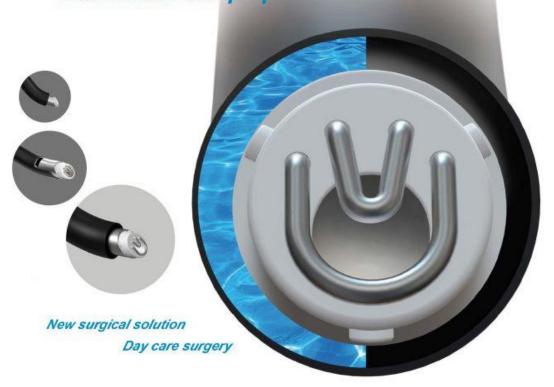






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Abstracts

"The Experience of Lateral Base of Skull Osteomyelitis in the National Skull Base Cancer and Neuroscience Centre of Ireland"

Jonathan Berry-Walshe, Alison McHugh, Michael Fitzsimons, Seamus Looby, Daniel Rawluk, Gulam Zilani, Mohsen Javadpour, Adrien Gendre, Rory McConn-Walsh

- 1. Department of Neuro-otology and Skull Base Surgery, Beaumont Hospital
- 2. Department of Radiology, Beaumont Hospital

Background/Aims:

This study aimed to assess the clinical characteristics of patients with lateral skull base osteomyelitis at a tertiary referral centre. Secondary aims included describing complications, treatment strategies, and outcomes.

Methods:

A retrospective review of patients admitted with lateral base of skull osteomyelitis between 2000–2025 was performed. Data included demographics, comorbidities, microbiology, management, and follow-up. Statistical analysis was conducted using IBM SPSS version 31.

Results:

Thirty-two patients were identified, most male (n=25, 78.1%). Comorbidities were common (n=23, 71.8%), particularly type 2 diabetes (n=9, 28.1%) and renal disease (n=7, 21.9%). *Pseudomonas aeruginosa* (n=7, 21.9%) and *Staphylococcus aureus* (n=7, 21.9%) were the leading isolates. Hearing loss (n=30, 93.8%), otorrhoea (n=30, 93.8%), and otalgia (n=25, 78.1%) were the main presenting symptoms. All patients received intravenous antibiotics, with surgical intervention in 25 (78.1%), antifungals in 11 (34.4%), and one referral for hyperbaric oxygen therapy (3.1%). Complications included cranial nerve palsies (n=7, 21.9%), recurrence (n=7, 21.9%), ophthalmoplegia (n=5, 15.6%), meningitis (n=2, 6.3%), hydrocephalus (n=1, 3.1%), and one death (3.1%).

Conclusions:

Lateral skull base osteomyelitis is rare but serious, typically affecting older males with comorbidities. Early recognition and multidisciplinary management are essential to optimise patient outcomes. Long-term intravenous antibiotics remain the mainstay of management to prevent or minimize devastating complications.

Clinical Assessment and Treatment of Patients with Unilateral Vestibular Hypofunction: Initial Experience in a Specialist Physiotherapy Led Clinic.

Larnev M¹, Shahzan A², Karhunen L², Keane E²

Otorhinolaryngology Department, Sligo University Hospital, The Mall, Rathquarter, Co. Sligo¹

Background: As part of the HSE Modernised Care Pathway (MCP), a specialist led vestibular physiotherapy clinic was introduced to our unit in June 2024. Unilateral vestibular hypofunction (UVH) represents

one of the commonest presentations and, as part of the audit process, a subgroup analysis was performed on these challenging patients.

Methods: A prospective cohort study regarding all attendances between June 2024 – May 2025. A subgroup analysis was performed on those diagnosed with UVH with respect to number of appointments required, treatment and outcomes. Objective testing was not available for the majority of this time period.

Results: Ninety-eight patients attended during this time period. Of these, 25 were diagnosed with UVH, making it second most common presentation to the clinic, to positional vertigo (n=27). Treatment is currently ongoing for three patients. An average of 2.4 appointments were required for those who are discharged (range 0-10). Treatment involved individualised vestibular ocular reflex adaptation exercises, with some requiring adjunct exercises such as optokinetic videos, strength and conditioning, convergence and habituation exercises.

Conclusion: The assessment of UVH is complex, particularly when monitoring progress and compensation. Evidence suggests that with the appropriate level of expertise, the clinical assessment can be as reliable as objective testing.

Cochlear Implant Extrusion and Explantation – The Belfast Experience Authors

Samuel Moore^{1,2}, Colin Leonard¹

- ¹ Auditory Implant Centre, Royal Victoria Hospital, Belfast
- ² Northern Ireland Medical and Dental Training Agency

Background

Extrusion of either the electrode or device package, and explantation of cochlear implants for other reasons are a recognised but unfortunate and challenging complication of rehabilitating patients hearing with Cochlear Implants. The aim of this study was to identify the prevalence of this complication within a regional auditory implant centre, and consider the causation and treatment.

Methods

A single centre retrospective study of cochlear explantation. All patients undergoing cochlear implant were included (n = 1031). Exclusion criteria were set as patients having been transferred into or out of the care of the department following primary implant surgery. Causative factors, associated ontological diagnosis and pathways of treatment were reviewed.

Results

28 patients in total required explant surgery, 5 of whom were in the paediatric population. 5 patients (18%) required >1 explantation. Most common reasons for explanation include wound breakdown or infection (54%) and device failure (43%). Other factors affecting success and explantation included cholesteatoma formation (5 patients), history of meningitis (5 patients), or previous ear surgery (9 patients).

Conclusions

Explant remains a challenging decision with significant consequence for patient and service. We highlight the need for decisive intervention to reduce these impacts and present the Belfast protocol for decision making.

Title: TEESing out the facts: an analysis of endoscopic paediatric tympanoplasty cases. **Authors:** R Hill^{1,2}, A Lammie^{1,2}, E Mooney^{1,2}, W Nabilsi¹, I Keogh^{1,3}

Affiliations:

1. Department of Otolaryngology Head and Neck Surgery, University Hospital Galway

- 2. Royal College of Surgeons in Ireland, Department of Surgery
- 3. University of Galway, Department of Otolaryngology Head and Neck Surgery

Background:

Paediatric tympanoplasty is challenged by a generally narrower and more contorted ear canal, which may preclude candidacy for trans-canal approach. Endoscopic techniques are useful in children due to the ability to bypass challenging anatomy, providing a superior view of the tympanic membrane for operating compared to the microscope. Despite this rationale, comparative studies in the literature are limited in validating the endoscope as a safe and effective tool for paediatric patients.

Methods:

A retrospective cohort study of all paediatric patients undergoing tympanoplasty at a single institution was performed. Operative technique, graft material, graft success, and audiometric data was collected via electronic record review. Data and statistical analysis was performed using R Studio.

Results:

68 tympanoplasties were included at a mean age of 11.86 years. The majority of cases used tragal cartilage as the graft material (60), however Biodesign (7) and Fat graft (1) cases were also included for analysis. Overall success rate was 94.1%. Mean air conduction threshold gain was -7.5dB and mean air bone gap closure was -8.8dB.

Conclusions:

Our study demonstrates a high success rate of tympanic membrane closure with overall improvement in audiometric outcomes. Overall endoscopic tympanoplasty in the paediatric patient group is a safe, effective, and favourable operative technique in skilled hands.

BAHA in practice: A retrospective review of 490 patients assessed for a BAHA device over a 10 year period: patient eligibility and quality of life analysis

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Background:

Bone anchored hearing devices have been utilised in clinical practice in SIVUH since 2013. These devices are beneficial for patients with conductive hearing loss who are not suitable candidates for conventional hearing aids. This study aims to evaluate all patients referred for assessment to the BAHA unit for eligibility and quality-of-life outcomes following BAHA implantation.

Methods:

A retrospective review was conducted at the South Infirmary Victoria University Hospital, examining patient charts and theatre records from 2014 to 2025. Data for BAHA eligibility was recorded including audiological and patient centred criteria. Patient-reported outcomes were assessed between 2023 and 2025 using the Glasgow Benefit Inventory (GBI) to evaluate functional benefit and quality-of-life changes following BAHA implantation.

Results:

490 patients were assessed for BAHA eligibility. Of these, 238 proceeded to implantation, and 252 were deemed unsuitable for the procedure. Quality of life outcomes were measured for patients implanted from 2023 onwards, 30 patients completed the GBI. Analysis demonstrated improvements in quality of life among recipients in the post operative period.

Conclusion:

BAHA implantation can provide significant quality-of-life benefits for appropriately selected patients. However, more than half of those assessed were unsuitable. Careful preoperative selection ensures BAHA implantation delivers meaningful quality-of-life benefits.

Changing presentation of Vestibular Schwannomas in a Regional Centre?

Ms. J Wauchope, Mr NA Bailie, Mr T Hirst, Mr P Weir, Mr A Zammit, Mr CG Leonard Combined Otology-Neurosurgery Clinic Royal Victoria Hospital, Belfast

Background

The British Skull Base Society Vestibular Schwannoma registry was established in 2012 with the aim of improving patient care through research into the natural history of vestibular schwannoma and treatment outcomes. Centres participating in the database are encouraged to enter data prospectively, but there is scope within the registry to addend data retrospectively (for example, allowing for the addition of data subsequent to multidisciplinary discussion to enhance accuracy).

Method

Centres enrolling patients in the database may search their own data for local audit purposes. The database was independently searched for new patients enrolled pathway over a ten year period (January 1 2015 – December 31 2024), and those patients corresponding clinical, and radiological assessments, and treatment information.

Results

462 new patients were enrolled in the database during the audit window, 206 intracanalicular, 256 with cisternal tumours. The median size of cisternal component was 14mm. 103 patients underwent surgery (either Translabyrinthine or Retrosigmoid approach) with a median tumour size of 20 mm at initial presentation.

Conclusion

In the audit window there is a variation of prevalence within our regional service in keeping with published data, but a trend towards greater rates of surgical intervention. We discuss the demographics of these cases.

Has the endoscope changed Otology practice? A single centre 13 year experience

Ms Emma O'Farrell, Ms Danielle James, Prof Guan Khoo Department of Otorhinolaryngology/Head and Neck Surgery, St Vincent's University Hospital Dublin

Aim: To audit all performed otology cases and to analyse the pattern of single endoscopic modality usage in Otology.

Methods: All otology cases carried out by a single surgeon over a 13-year period were retrospectively audited. Cases were grouped into major (requiring elevation of a tympanomeatal flap, utilisation of a mastoid or Piezo drill, reconstruction of the tympanic drumhead), and minor (EUA, pressure equalisation tubes, excision of lesions not requiring elevation of the tympanic membrane). The use of either the operating microscope or totally endoscopic surgery was compared, and the pattern of usage analysed

Results: A total of 953 cases were included. 268 were considered major and 685 minor. 622 were carried out with the operating microscope, and 321 were performed endoscopically. On average 33.2% of cases were carried out endoscopically. The highest peak for endoscopic procedures occurred at year 7 of practice with a high of 45.7% of all cases

Conclusions: The percentage of otology cases now carried out endoscopically has steadily climbed with troughs mirroring the learning curve. More complex major procedures are now performed endoscopically with increasing experience.

Impact of pattern of invasion of lateral temporal bone malignancies on survival outcomes

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BACKGROUND

Lateral temporal bone resection (LTBR) is central to managing malignancies of the lateral skull base. Invasion patterns include direct bone infiltration or perineural spread (PNS). This review aimed to evaluate how skull base invasion patterns related to survival outcomes.

METHODS

Retrospective review of a prospectively maintained database at the national tertiary skull base centre (2010–2023) was performed. All patients who underwent LTBR secondary to malignancy between 2010 and 2023 with available pre-operative imaging were included. Demographics, tumour characteristics, imaging-defined invasion route, cranial nerve involvement, histology and treatment were correlated with disease-specific survival (DSS) and overall survival (OS).

RESULTS

Forty patients were included. Imaging showed PNS in 10% and direct invasion in 72.5%. Mean OS was 61 months. DSS was 84% at 2 years and 81% at 5 years; OS was 77% at 2 years and 61% at 5 years. Five-year DSS was 53% with PNS vs 85% without (logrank p=0.25); OS did not differ (p=0.99). Findings are limited by small PNS numbers. California staging demonstrated a stepwise decline in 5-year DSS (trend p=0.019) and a non-significant trend for OS (p=0.218). Pathological bone invasion did not impact DSS (p=0.890) or OS (p=0.847).

CONCLUSION

In this LTBR cohort, survival is generally favourable, but increasing California stage predicts worse DSS, whereas the presence of bone invasion alone is not prognostic. California staging should inform counselling and follow-up. Larger multicentre studies are warranted to validate staging effects and clarify the role of bone invasion.

Rhinology

The results of an ANP led allergic rhinitis clinic across a south of Ireland population A.Quinn, C.Connelly, L.Quinlan, A.Nae

Introduction: Allergic rhinitis(AR) is rising globally with up to 20% of the Irish population affected. This patient cohort thereby represents a large proportion of our ENT waiting lists.

Methods: A prospectively maintained database of patients presenting to a specialist ANP led clinic with symptoms of AR. Data was collected including allergen testing in the community and hospital, use and technique of nasal corticosteroids and need for surgery.

Results: 78 patients were included in the study over a period of 24 months. There was a male preponderance with a mean age of 18. Over half were symptomatic for at least 2 years, with 47% using a nasal corticosteroid. 5% of patients had allergy testing performed in the community with 95% undergoing testing as part of the clinic. The most common allergens identified were house dust-mite(85%), grass(58%), dog(37%) and cat(29%), with half of patients allergic to both dust-mite and grass. 11% of patients required surgical intervention as part of their management.

Conclusion: The use of an ANP led clinic helped to stratify patients and contribute to our growing understanding of the allergen profile in the south of Ireland. The majority of patients do not require surgery and so assessment in an ANP led clinic is a efficient use of resources.

Cocaine Induced Rhinological Complications-the Northern Ireland Experience

Sean Dolan (Presenter), Widad Abdelrahmanramadan, Ashley Elliott, Caroline Smith, Brendan Hanna

Background

Recreational intranasal cocaine use has increased markedly within the UK in the last 10-20 years. Northern Ireland (NI) historically has had low rates of drug use due to a combination of geographical, cultural and political factors. Cocaine is now the most commonly used recreational drug in NI and has the second highest drug related death rate in the UK.

Anecdotally, NI ENT specialists have seen a marked increase in patients accessing their services with cocaine induced rhinological complications.

Methods

Patients being treated for cocaine induced rhinological complications by ENT surgeons were included. Retrospective analysis of patient records were used to determine the extent of tissue damage, radiological investigations and biochemical markers of vasculitis.

Results

A total of 23 patients (12 females-52%, 11 males-48%) were included (median age-37). The most frequent presenting symptoms were nasal obstruction (61%), epistaxis (26%), and nasal crusting (26%). Clinically, septal perforation (65%), septal destruction (35%) and external nasal architecture deformity (30%) were noted. 19 patients had positive ANCA serology. 52% had imaging performed. 92% of histopathology showed non-specific chronic inflammation. Management varied widely including topical nasal rinses, corticosteroids, and immunosuppression.

Conclusions

In the evolving landscape of recreational drug use in NI, patients presenting with the above symptoms and examination findings should immediately raise suspicion and trigger cocaine screening and vasculitis blood tests at first appointment. Patient outcomes vary; worsening symptoms and deformity correlates with continued substance use as would be expected. We have proposed a diagnostic flowchart to aid consistent regional recognition, investigation and management.

Transseptal approach to the maxillary sinus: A case series and operative commentary

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Background/Aim:

Access to the anterior wall of the maxillary sinus via endoscopic middle meatal antrostomy is limited, and external approaches carry morbidity. The transseptal approach, while established in skull base surgery, remains

underutilized in sinonasal procedures. We present a case series evaluating its application for lesions with challenging attachment sites.

Methods:

Five patients underwent endoscopic transseptal surgery for maxillary sinus pathology: four with inverted papilloma and one requiring surveillance biopsies post–SCC treatment. Data collected included lesion type, attachment site, surgical outcome, recurrence, and complications.

Results:

Complete lesion clearance was achieved in all cases. Attachments predominantly involved the anterior maxillary wall with variable extension to medial and lateral walls. One patient had previous surgery that failed to access the anterior attachment, and another had recurrence following two prior FESS procedures. No septal perforations, septal deviations, olfactory, or visual disturbances were observed. Minor crusting and adhesions developed in two patients and resolved conservatively. No clinical recurrences were observed during follow-up ranging from six weeks to two years.

Conclusions:

The transseptal approach provides safe and reliable access to anterior maxillary wall pathology. Our series demonstrates improved access in revision and anatomically complex cases, with minimal morbidity, supporting its earlier consideration in selected maxillary sinus surgery.

Review of Inverted Papillomas (IP) and Inverted Papilloma Progressing to Squamous Cell Carcinoma (SCC) in Beaumont Hospital, the National Skull Base Centre in Ireland

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Abstract

Background/Aim:

Inverted papillomas (IP) are benign sinonasal tumors with recognised risk of recurrence and malignant transformation into squamous cell carcinoma (SCC). Optimal management requires accurate detection, complete resection, and long-term surveillance. This study aimed to review our institutional experience in managing IP and SCC arising from IP and to evaluate adherence to international gold standards.

Methods:

A retrospective review of 51 patients diagnosed with IP between 2018–2025 was performed. Demographics, clinical presentation, tumor location, recurrence, treatment, and outcomes were analysed and benchmarked against published literature.

Results:

Of the 51 patients, 64% were male and 36% female, with a mean age at diagnosis of 61 years (range 42–81). The most common presenting symptom was unilateral nasal obstruction, followed by epistaxis. Tumors most frequently involved the lateral nasal wall, maxillary sinus, and ethmoid region. Six patients (9%) developed SCC arising from IP. Surgical resection formed the mainstay of treatment, with adjuvant therapy provided in SCC cases. During follow-up, 3 patients with inverted papilloma (5%) developed recurrence. Survival outcomes are comparable to those internationally.

Conclusions:

Our outcomes demonstrate effective multidisciplinary management of IP, and SCC arising from IP, with favourable survival rates. Nonetheless, recurrence and malignant transformation underscore the necessity of lifelong follow-up and ongoing refinement of management strategies.

Title: Evaluating Patient Reported Outcomes of Magnetic Septal Button.

Authors: V.Maniarasu¹, G.Donaldson², R.Stewart³.

Presenting author: Vindhya Maniarasu

Background:

Nasal septal perforation (NSP) can cause significant morbidity. This study evaluated patient-reported outcome measures (PROM) after insertion of appropriately sized Blom-Singer magnetic septal buttons.

Methods:

Data was retrospectively reviewed from ENT department database in Northern Trust, Northern Ireland, between May 2021 to May 2025. Inclusion criteria were patients with symptomatic NSP. Exclusion criteria were NSP due to systemic causes or those lost to follow-up. PROM questionnaire, adapted from other studies, was used. A total of 12 patients met the criteria for this study.

Results:

At 3 months, 100% of patients reported complete resolution of nasal whistling, 75% had reduced crusting, 42% had improved nasal breathing, 50% had reduced mucus formation and 42% reported improved sleep quality. Overall, 59% were either satisfied or very satisfied with their experience.

Conclusion:

Magnetic septal buttons provide significant symptom relief in selected NSP patients, and this study's findings support the use of Blom-Singer button. For the second ongoing audit cycle, an EPIC (electronic health record) smart phrase was introduced to standardise documentation, and an advice leaflet outlining MRI safety warning and post-insertion care was created. The questionnaire was also modified to address the gaps identified during the first cycle

Epidemiology and Management of Sinonasal Adenocarcinoma in Ireland – Experience of the National Centre for Skull Base Cancer

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Background/aims: Sinonasal adenocarcinoma is a rare malignancy of the nasal cavity and paranasal sinuses requiring aggressive multi-disciplinary treatment. Due to its rarity and innocuous symptoms, it may present late, adding to the complexity of management. The mainstay of treatment is negative surgical margins, a goal made more challenging by complex anatomy and neighbouring vital structures.

Methods: A retrospective cohort study of data from the National Cancer Registry of Ireland was performed between 1994 and 2022. A retrospective chart review was performed of patients with complex sinonasal adenocarcinoma presenting to our tertiary referral skull base centre.

Results: Adenocarcinoma accounted for 13.1%(n=92) of primary sinonasal malignancies seen nationally over this 26 year period. Age standardised 5-year net survival estimate increased from 38.9% to 62.3% during this timeframe. An increasing proportion of these cases were managed at the National Centre for Skull Base Cancer (32% total). Peak incidence age was 60-69 years with equal gender distribution. Modalities of treatment included surgery in most cases, and radiation in some cases.

Conclusions: An aggressive primary surgical approach remains the standard of care in the management of sinonasal adenocarcinoma. Evolving multi-disciplinary strategies, in particular secondary to biological profiling, allow for management approaches with enhanced patient outcomes.

The Role of Prophylaxis Antibiotics in the Prevention of Meningitis in Endonasal Anterior Skull Base Surgery: A Systematic Review and Meta-analysis

Azfar Javed, Muhammad Umar Farooq, Abdullah Alburaiki, Hamad Khan, Muhammad Sohaib Shahid, Haissan Iftikhar

Background

Endonasal anterior skull base surgery is a common approach for treating various skull base lesions. Meningitis, though uncommon, is a serious postoperative complication. Prophylactic antibiotics are widely used, but their duration and regimens vary due to the absence of standardized guidelines. This systematic review evaluates the effectiveness of prophylactic antibiotics in preventing meningitis in such procedures.

Methods

A systematic review was conducted following PRISMA guidelines. Comprehensive searches of Pub-Med, MEDLINE, EMBASE, Cochrane, and grey literature up to May 2, 2024, identified studies involving patients undergoing endoscopic anterior skull base surgery. Included studies compared the use versus non-use of prophylactic antibiotics and reported meningitis or related outcomes.

Results

Thirty-two studies (26,477 patients, published between 1981 and 2023) were included. The overall meningitis rate among all antibiotic regimens was 2%. Intraoperative antibiotics alone were associated with a higher rate (3%) compared to a postoperative course of 24 hours or longer (1%). Patients with intraoperative or postoperative CSF leaks had a significantly higher meningitis rate (10%) than those without (0%).

Conclusions

Postoperative antibiotic courses may reduce the risk of meningitis more effectively than intraoperative-only regimens. The presence of a CSF leak substantially increases meningitis risk and warrants particular attention.

Head & Neck

Efficacy and Safety of Neoadjuvant Cemiplimab Monotherapy in Cutaneous Squamous Cell Carcinoma- A Systematic Review and Meta-Analysis

Authors: Dr. JJ Cronin^{1,2,3}, Dr. Thomas Crotty^{2,4}, Dr. Ryan O'Sullivan^{2,3}, Mr. Conall Fitzgerald^{2,5}

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Background/Aim: There is a growing body of evidence supporting immune checkpoint inhibitors, like Cemiplimab, as an effective, neoadjuvant therapy in high-risk CSCC. This systematic review and meta-analysis aimed to evaluate the efficacy, safety, and dose–response relationship of neoadjuvant Cemiplimab monotherapy in resectable CSCC.

Methods: A systematic search of PubMed, Embase, MEDLINE, and Cochrane Library was performed in July 2025. Eligible studies included adults with high-risk CSCC treated exclusively with neoadjuvant Cemiplimab prior to surgery. Outcomes included pathological response, radiological response, disease-free survival, overall survival, and adverse events. A proportional meta-analysis was conducted for each outcome. An exploratory logistic regression examined the odds of pathological response per additional Cemiplimab dose.

Results: Five studies were included (n=114). Pooled outcomes: pathological response rate 69.3%, radiological response rate 63%, short-term DFS 89.4%, and OS 94%. Grade ≥3 AEs occurred in 17% of patients. Dose—response analysis showed an odds ratio of 1.82 for pathological response per additional dose.

Conclusions: Neoadjuvant Cemiplimab monotherapy yields high pathological response rates and favourable short-term survival in high-risk CSCC. While more doses were associated with greater pathological response, this may reflect selection bias. Careful patient selection and monitoring are essential, while prospective trials are needed to define optimal regimens and long-term benefits.

Improving Prognosis in Merkel Cell Carcinoma: Integrating Immunotherapy and Biomarkers

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Presenting author: Maria Lyons

ABSTRACT

Background: Merkel cell carcinoma (MCC) is a rare, aggressive cutaneous neuroendocrine malignancy. Its incidence is increasing, driven by ultraviolet radiation and Merkel cell polyomavirus (MCPyV).

Aim: To synthesize recent evidence on MCC management, emphasizing viral status, immunotherapy, and multimodal strategies that shape current and emerging standards of care.

Methods: A PubMed and Embase search (2019–2024) was conducted following PRISMA guidelines. Search terms included MCC biology, epidemiology, and treatment modalities. Eligible studies were peer-reviewed trials, reviews, case reports, and observational studies; non-human studies and older publications were excluded unless seminal.

Results: MCPyV-positive MCC demonstrates a median overall survival (OS) of 6.6 years compared with 1.2 years for virus-negative disease. The 5-year OS is ~50% for localized MCC and historically ~14% for metastatic disease. Outcomes have improved with immune checkpoint inhibitors (ICIs): avelumab achieved a median OS of 20.3 months with a 5-year OS of ~26%, while pembrolizumab reported a median OS of 24.3 months, progression-free survival of 9.3 months, and a response lasting 39.8 months.

Conclusion: ICIs have redefined MCC management, yet recurrence rates remain high (16.4% local, 32.1% regional, 9.5% distant). Sustained progress will depend on biomarker-driven patient selection, multimodal regimens, and surveillance tools such as circulating tumor DNA.

Assessing the Impact of Intraoperative PTH on Surgical Success in Primary Hyperparathyroidsim: A Single-Centre Retrospective Study

Authors: E Lang, A Affendi, A Ionescu, P Sheahan

Background:

Primary hyperparathyroidism is most commonly caused by a parathyroid adenoma or hyplerplasia, leading to elevated PTH and calcium levels. Parathyroidectomy provides a definite cure. Intraoperative PTH (ioPTH) monitoring has been increasingly adopted to ensure biochemical cure during surgery. This study evaluates the effectiveness of ioPTH monitoring in improving surgical outcomes for primary hyperparathyroidism.

Methods:

We conducted a retrospective study at a single centre. Over a 5-year period, 175 parathyroidectomies were performed without ioPTH monitoring. Following its introduction, 53 surgeries were performed with ioPTH. Surgical success was defined as normalisation of serum PTH and calcium levels post-operatively, absence of recurrent hypercalcaemia, and histological confirmation of either parathyroid adenoma or hyperplasia.

Results:

Of the 175 cases without ioPTH monitoring, 164 (93.7%) met the criteria for surgical success. Following the introduction of ioPTH monitoring, 52 of 53 (98.1%) were successful. This represents an observed increase in surgical success rate with the use of ioPTH.

Conclusion:

The introduction of ioPTH monitoring at our centre was associated with an improved success rate of parathyroidectomy for primary hyperparathyroidism. While both demonstrated high efficacy, ioPTH monitoring may provide additional intraoperative assurance, potentially reducing the risk of persistent disease and morbidity of revision surgery.

Managing Laryngeal Dysplasia and Implications for Surveillance

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Background:

Laryngeal dysplasia is a pre malignant condition subdivided into mild, moderate and severe categories, with variable malignant potential. Meta-analyses have shown that the risk for malignant transformation is higher in severe dysplasia in comparison to mild, and that transformation interval was 28 months. These risks highlight the importance of a structured follow-up period, although it may place a considerable burden on local healthcare systems.

Aim:

We aim to describe the prevalence of laryngeal dysplasia in a tertiary Head and Neck Centre in Dublin and assess their follow up requirements.

Methods:

We retrospectively reviewed a pathology database of laryngeal biopsies performed between January 2022 – December 2024. Dysplastic lesions were classified as mild, moderate, severe or squamous cell carcinoma in situ (CIS). The number of repeat biopsies and outpatient clinic appointments were recorded.

Results:

211 dysplastic laryngeal biopsies were identified: 35 were mild, 63 moderate, 75 severe, and 34 CIS. 39 patients underwent subsequent biopsies: 29 had a total of 2 biopsies, 5 had 3 total and 5 had 4 total biopsies. Repeat biopsies were most common in the moderate to severe dysplasia group.

Conclusion:

Laryngeal dysplasia represents a large portion of our diagnostic and surveillance workload. Our findings highlight the need to establish follow up protocols that balance risk management and burden of care.

Zenker's Diverticulum – case closed, or case open?

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Introduction

Endoscopic treatments offer minimally invasive techniques for management of Zenker's Diverticulum (ZD) or Crico-pharyngeal (CP) muscle dysfunction. Selected cases, may require open surgery due to patient or pouch factors. We describe our experience of managing ZD/CPMD with surgical images to depict how we manage an open surgical approach.

Methods

A retrospective case series was conducted at South Infirmary Victoria University Hospital. Theatre records from 2024–2025 were reviewed. ZD were classified using the Van Overbeek staging system.

Results

Twelve patients were included with 7 males and 5 females with a mean age of 73. Endoscopic surgery was attempted in all cases with 8 (67%) requiring no further management. Four (33%) subsequently required external approach surgery with diverticulectomy and CP myotomy due to anatomical limitations preventing safe endoscopic management. The Van Overbeek staging score did not correlate with need for open surgery (p>0.05). All 4 patients (100%) demonstrated clinical and radiographic improvement with a return to normal diet within 10 days.

Conclusion

Endoscopic surgery is an effective first-line treatment for ZD. Anatomical features may preclude endoscopic surgery and open surgery offers a safe, effective alternative management strategy.

Transoral Endoscopic Vestibular Approach for Parathyroid Surgery: A Systematic Review of Clinical Outcomes and Safety

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ABSTRACT

Background:

The transoral endoscopic parathyroidectomy vestibular approach (TOEPVA) is a scarless, minimally invasive technique for parathyroid surgery, mostly indicated in primary hyperparathyroidism. Building on transoral thyroid surgery, TOEPVA offers direct midline access without visible scarring. Despite advantages, concerns remain regarding safety, learning curve, and effectiveness in gland localisation and excision. This review evaluates current evidence on TOEPVA outcomes and limitations.

Method:

A search of major databases through May 2025 identified 255 studies, with eleven included from international centres of 280 adults undergoing TOEPVA. These comprised case series, retrospective cohorts, and comparative studies. Two independent reviewers screened and analysed data. Key outcomes included cure rates, recurrent laryngeal nerve (RLN) palsy, hypocalcaemia and cosmetic satisfaction. Operative time, hospital stay, and technical challenges were assessed. Systematic reviews were examined separately for context.

Results:

Cure rates were uniformly high (>95%) with a 1% open conversion rate. There were no reports of permanent RLN palsy; transient palsy in up to 9%. Hypocalcaemia rates varied but similar to conventional surgery. Operative times (40-260 min) decreased with experience. Hospital stays were brief (1–3 days), and cosmetic satisfaction was excellent. Patient selection and surgeon training were emphasised.

Conclusion:

TOEPVA is a promising scarless technique for select patients with hyperparathyroidism, delivering high cure rates and excellent cosmetic outcomes with a safety profile comparable to other approaches when performed by experienced surgeons. Wider adoption requires standardised protocols, training pathways, and further multicentre studies to optimise outcomes.

Correlation between level of parathyroid hormone and pre-operative imaging localisation in primary hyperparathyroidism; a systematic review

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Abstract

Introduction:

Accurate preoperative localization of hyperfunctioning parathyroid glands is critical for minimally invasive parathyroidectomy in primary hyperparathyroidism (pHPT). Whether preoperative parathyroid hormone (PTH) levels influence the diagnostic performance of imaging remains uncertain.

Methods:

A systematic search of PubMed, Embase, and Cochrane Central was conducted up to April 2025. Seven cohort studies including 675 patients with PHPT were analysed. Extracted data included demographics, biochemistry, imaging performance, adenoma characteristics, surgical findings, and outcomes. The primary outcome was the impact of preoperative PTH on sensitivity and specificity of lesion localization.

Results:

The mean patient age was 60.3 years, with 78% female. Across modalities, higher PTH was consistently associated with improved localization. Pooled sensitivity in low-PTH groups (≤65 pg/mL or equivalent) was 52%, compared with 87% in higher-PTH groups. In sestamibi imaging, sensitivity increased stepwise with PTH, from 40–52% in low-PTH patients to 80–100% in higher-PTH patients. Ultrasound was least sensitive in low-PTH disease (≈52%), but sensitivity improved when combined with sestamibi (81%). DECT achieved sensitivity >80% overall but failed more often in low-PTH and multigland cases. ^18F-fluorocholine PET/CT demonstrated the highest sensitivity (93%) and correlated positively with PTH, though performance remained high even in low-PTH subgroups. Specificity was less frequently reported but did not decline with higher PTH.

Conclusion:

Preoperative PTH level is a determinant of localization success in pHPT. Higher PTH nearly doubles sensitivity compared with low-PTH groups. While ultrasound and sestamibi remain standard, DECT and PET/CT provide superior performance, particularly in challenging or equivocal cases. Integrating biochemical thresholds with imaging strategies may optimize preoperative planning and maximize minimally invasive cure rates.

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Natural history of the non-curative oropharyngeal squamous cell carcinoma Introduction

In Scotland, 61.3% of new oropharyngeal tumours are diagnosed at an advanced stage leading to high morbidity and mortality. This study aims to analyse the natural history of OPSCC managed with palliative intent.

Methods

The retrospective observational cohort study of OPSCC patients in the West of Scotland over the 8-year period. Data extracted from MDT and pertaining to patient demographics, disease characteristics, treatment, and survival outcome variables.

Results

There were 230 non-curative OPSCC patients with the mean age of 67.6. In 75.7% cases, palliative management was due to advanced disease. Palliative chemotherapy underwent 5 (2.2%) patients, radiotherapy 23 (10%) and immunotherapy 1 patient (0.4%). A combination of palliative treatment methods had 28 (12.2%) patients. Fifty-two patients (22.6%) received only palliative care interventions. The majority of cohort 121 (52.6%) did not receive palliative treatment or interventions. The mean survival time was 7.7 months. Overall survival (OS) at 3 months, 6 months, 1 year, and 2 years was 60.1%, 39.9%, 18.6%, and 4.9%, respectively.

Conclusions

This study gives valuable insights into the natural history of patients with OPSCC treated with non-curative intent with aim to facilitate discussion with patients and colleagues to improve the quality of life of these patients.

Paediatrics

Title

Should day-case adenotonsillectomy criteria be expanded to allow for the growing childhood obesity epidemic?

A tertiary paediatric centre review of post-operative respiratory complications.

Authors

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(I Jovanovic - presenting author)

Background

Guidelines from the British Association of Paediatric Otolaryngology (2022) advise overnight admission for children above the 98th weight centile undergoing adenotonsillectomy. With childhood obesity affecting 6–9% of Irish children, we assessed whether obese patients (>99th centile) could be safely managed as day cases following intracapsular adenotonsillectomy.

Methods

A retrospective review was undertaken of patients <16 years with weight >99th centile who underwent coblation intracapsular adenotonsillectomy in a tertiary paediatric ENT unit between August 2024–2025. Data on demographics, comorbidities, pre-operative sleep studies, and post-operative complications within 28 days were collected from EPIC electronic records.

Results

Twenty-seven patients were identified (mean age 9.4 years, mean weight 63.0 kg, Z-score 3.17 SD). Two had syndromic diagnoses (Down syndrome, Prader-Willi). Two patients (7%) developed minor respiratory complications in recovery, requiring brief oxygen supplementation. No major respiratory complications occurred. Eleven children (41%) were safely discharged the same day; the remainder (59%) were discharged on post-operative day one via nurse-led protocols. One re-admission occurred for secondary haemorrhage on day six.

Conclusion

Obese children (>99th centile) without significant comorbidities can be safely considered for day-case intracapsular adenotonsillectomy, provided appropriate post-operative monitoring is available. These findings support expanding current day-case inclusion criteria.

Outcomes of Supraepiglottoplasty in Paediatric Laryngomalacia - A Retrospective Cohort Review

U. Tahir, A. Quinn, L. Woods, R. Mehanna

Background:

Laryngomalacia is the most common cause of infant stridor.

Around 15% present with severe disease, including failure to thrive (FTT), aspiration, and apnoeas, necessitating supraepiglottoplasty. While effective, outcomes are influenced by comorbidities and feeding difficulties.

Methods:

We retrospectively reviewed children undergoing supraepiglottoplasty at our tertiary paediatric centre over the past decade. Demographics, presenting features, comorbidities, operative findings, and outcomes were analysed. Primary endpoints were symptomatic improvement, feeding and growth and revision requirement. Complications included new onset aspiration requiring nasogastric (NG) and revision surgery.

Results:

The main symptomatic presentations were stridor, FTT, aspiration, and apnoeas. Postoperatively, two-thirds showed significant improvement in feeding and airway obstruction. Revision surgery was required in 3%. A minority continued to aspirate and required prolonged NG or PEG support. No long-term airway complications were observed, with one case of supraglottic stenosis following laser supraepiglottoplasty.

Conclusion:

Supraepiglottoplasty is a safe, effective intervention for severe paediatric laryngomalacia, reliably improving airway symptoms and feeding. Outcomes are less predictable in children with comorbidities, who remain at higher risk of revision surgery or prolonged enteral support.

Decline in Juvenile onset Recurrent Respiratory Papillomatosis following the introduction of Human Papilloma Virus Vaccination Programme in Ireland

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Background/aims: Juvenile onset RRP (JoRRP) carries morbidity for patients alongside a healthcare burden. HPV is transmitted vertically from mother to child resulting in JoRRP. The Gardasil© vaccination for Human Papilloma Virus (HPV) was introduced

in Ireland for girls in 2010 and for boys in 2019. Since its introduction, otolaryngologists have seen a notable decline in diagnoses of JoRRP.

Methods: A multi-centre retrospective review was performed of patients diagnosed with JoRRP at Children's Health Ireland (CHI) at Temple St and Crumlin between 2000-2025. Demographic and clinical details were recorded. Treatment strategies, disease severity markers and outcomes were reviewed. Overall healthcare burden was estimated by quantifying associated outpatient attendances and theatre admissions.

Results: 23 patients were diagnosed with JoRRP from 2000-2025. 17 (74%) were diagnosed between 2000-2012, and 6 (26%) between 2013-2025. Those diagnosed in more recent years were predominantly children born before the HPV vaccination programme or children born outside of Ireland. No child born after 2016 has been diagnosed with JoRRP in CHI at Crumlin or Temple St.

Conclusion: Gardasil© works as primary prevention for JoRRP and may also have therapeutic benefit to patients with JoRRP.

JoRRP diagnoses have significantly declined following HPV vaccination in Ireland and ultimately may be irradicated.

Digital Innovation in ENT and its Challenges: Presenting *BreatheBuddy* as an Indicative Exemplar

Background

Paediatric obstructive sleep apnoea (OSA) affects 1–5% of UK children and, untreated, causes behavioural, developmental, and cardiovascular complications. Diagnostic and treatment pathways are slow and fragmented; ENT referrals often exceed 40 weeks. Delays worsen morbidity, entrench inequity, and amplify the 7.6 million elective backlog. Scalable digital solutions are urgently needed to improve triage and care access.

Methods

BreatheBuddy is a digital innovation co-designed with clinicians to optimise the paediatric OSA pathway, enabling structured parent-initiated E-consultations, AI risk stratification, and audio-visual uploads. Clinicians review data via secure dashboards; supporting evidence-based decisions and personalised care. Family educational resources improve engagement. Ongoing development requires GDPR-compliant handling of sensitive data and MHRA classification to ensure safety and regulatory approval.

Results

Overwhelmingly positive preliminary user feedback highlights the app's ability to expedite prioritisation for high-risk children, capture accurate and comprehensive data before referral, and minimise unnecessary outpatient visits. Four UK tertiary paediatric centres' letters of intent highlight demand and feasibility. NHS pilot studies will enable validation, clinician confidence, and integration with existing digital infrastructure.

Conclusion

We present *BreatheBuddy* and its promise to streamline triage, improve referral accuracy, and reduce waiting lists. Integration into NHS trusts can deliver equitable access, and improve patient outcomes.

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Botox and Belching: A Sequential Case Series of Retrograde Cricopharyngeal Dysfunction (R-CPD) and Treatment Outcomes in an Irish Population

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Introduction:

Retrograde Cricopharyngeus Dysfunction (R-CPD) is a condition causing lifelong inability to eructate, impacting quality of life. Defined in 2019, it aligns with earlier oesophageal dysfunction findings. Botulinum toxin (Botox) injections into the cricopharyngeus muscle show promise as treatment. This study assesses their effectiveness in an Irish population. Methods:

A retrospective study of the prospectively maintained database was conducted on 50 patients who underwent Botox injection for R-CPD. Botox was injected into the cricopharyngeus muscle following standardized protocols. Outcomes were assessed through pre-and post-treatment questionnaires and clinical records, evaluating symptom response, safety and procedural details.

Results:

Out of the 50 patients, 88% reported significant symptom improvement. Diagnostic approaches included barium swallow, FEES, and endoscopy. Post-treatment, patients experienced relief from inability to belch, bloating, gurgling, flatulence, and air vomiting. Six (12%) required repeat injections; two of which achieved full resolution after repeat injection. Side effects were generally transient, with 10 (20%) experiencing reflux for up to two weeks and 18 (36%) for longer. 15 (30%) reported dysphagia, 15 (30%) dysphonia, and 5 (10%) regurgitation. Some also reported difficulty controlling belching post procedure. Conclusion:

Botox injections may help improve symptoms and quality of life in Irish patients with R-CPD, despite some temporary side effects. Further research is warranted to refine treatment and assess long-term outcomes.