

Objective assessment of frey's syndrome via minor's starch iodine test

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ABSTRACT

Frey's syndrome is characterized by transient facial flushing, sweating and feeling of burning sensation at the parotid or lower cheek region, which most commonly occurs in post parotidectomy cases. It can also occur, though less commonly, following neck dissection, facelift procedures and trauma. Majority of patients denies of the symptoms, but when the objective assessment with a Minor's starch iodine test is performed, most patients had positive results. We performed a serial objective Minor's starch iodine test in post parotidectomy patients. The majority of patient denies the symptoms of Frey's syndrome, when assessed subjectively during the follow up clinic. The objective Minor's starch iodine test, however showed positive results. The incidence of Frey's syndrome is higher that estimated in the patients underwent parotid glands surgery. Frey's syndrome is a complication of parotidectomy that is thought to occur as a result of aberrant regeneration of the postganglionic parasympathetic nerve fibres supplying the parotid gland to severed postganglionic sympathetic fibres which innervate the sweat glands of the skin. It is not frequently manifested clinically, but it causes significant morbidity to the patients. In most of patients, they are asymptomatic, but once the Minor's starch iodine test is carried out, the test is positive. The Minor's starch test is easy to do at the outpatient clinic setting, with minimal cost and time, and it is highly reliable. The incidence of Frey's syndrome should be assessed objectively in all patients underwent parotid glands surgery with Minor's starch iodine test.

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Single centre experience of endoscopic cartilage graft butterfly myringoplasty

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ABSTRACT

Introduction: Myringoplasty is frequently performed among adult patients with non-healing perforation as a result of chronic otitis media and trauma. Various graft materials and graft placement methods have been developed. This case series describes the method of cartilage graft butterfly myringoplasty (CGBM) for selected small to medium-sized tympanic membrane perforations and its clinical outcomes. **Methods:** Endoscopic CGBM has been performed on 13 patients (13 ears) under general anaesthesia but only 11 patients were included in this study with complete records including pre- and postoperative pure tone audiograms (PTA) and follow up endoscopic findings. These audiograms were analyzed retrospectively with respect to the pre- and postoperative pure tone audiometry thresholds, air-bone gaps (ABGs) and graft uptake success rate. **Results:** Among these 11 patients, 64% of them has small perforations and the remaining with medium-sized perforations. Successful closure of tympanic membrane in all patients no residual perforation have been observed at the end of three months follow up and success rate is 100%. The preoperative mean PTA values was 46.1 ± 15.5 dB and postoperative PTA values was 30.7 ± 17.0 dB. The mean ABG was 28.6 ± 9.2 dB preoperatively whereas 22.0 ± 8.4 dB at 3 months after surgery. No postoperative complications were reported. **Conclusion:** Endoscopic cartilage graft butterfly myringoplasty (CGBM) is effective and safe in repairing small to medium tympanic membrane perforations with excellent graft uptake rate and hearing outcomes.