



College of Otorhinolaryngologists -
Head and Neck Surgeons,
Academy of Medicine of Malaysia



Malaysian Society of
Otorhinolaryngologists
- Head and Neck Surgeons
(MSO-HNS)

4th Annual Conference of the College of Otorhinolaryngologists - Head & Neck Surgeons, AMM

&

46th Annual General Meeting of the MSO-HNS

18th - 20th June 2026

Shangri-La Kuala Lumpur
Malaysia



*Beyond Survival in Head & Neck Tumors
and Contemporary Updates in ORL*



SOUVENIR PROGRAMME & ABSTRACT BOOK

CONTENTS

Welcome Message	
• President, College of ORL-HNS, Academy of Medicine of Malaysia & President, Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons	2
Executive Committee 2025-2027	3
Organising Committee	4
Faculty	5
Programme Summary	6
Pre-Congress Workshop	7
Daily Programme	
• 18 th June 2026 (Thursday)	8 - 10
• 19 th June 2026 (Friday)	11 - 13
• 20 th June 2026 (Saturday)	14 - 15
Floor Plan & Trade Exhibition	16
Acknowledgements	17
Abstracts	
• Oral Presentations	18 - 31
• Poster Presentations	32 - 55



WELCOME MESSAGE

4th Annual Conference of the
College of Otorhinolaryngologists
- Head & Neck Surgeons, AMM
&
46th Annual General Meeting
of the MSO-HNS



It gives me great pleasure to welcome all delegates, speakers, industry partners, and guests to the 4th Annual Conference of the College of Otorhinolaryngologists - Head and Neck Surgeons AMM & 46th Annual General Meeting of the MSO-HNS in conjunction with Mal-Sing ENT Congress 2026.

This conference continues to serve as an important platform for the exchange of knowledge, clinical experiences, and the latest advancements in the field of Otorhinolaryngology - Head & Neck Surgery. I am delighted to welcome our distinguished local and international faculty members who will be sharing their expertise and valuable insights through a comprehensive scientific programme.

The collaboration through the Mal-Sing ENT Congress reflects the strong professional and academic ties between Malaysia and Singapore, while fostering meaningful regional cooperation and friendship among colleagues in the ENT fraternity. I am confident that this meeting will provide excellent opportunities for learning, networking, and future collaborations.

I would like to extend my sincere appreciation to the Organising Committee, faculty members, sponsors, and all individuals who have contributed tirelessly towards making this conference possible. Your dedication and commitment are truly commendable.

I wish all participants a productive, enriching, and memorable conference, as well as a pleasant stay in Kuala Lumpur.

Thank you.



Professor Dato' Dr Philip Rajan Devesahayam

President, College of ORL-HNS, Academy of Medicine of Malaysia &
President, Malaysian Society of Otorhinolaryngologists - Head and Neck Surgeons

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Suzina Sheikh Abdul Hamid

Tan Keng Lu

Tengku Mohamed Izam Tengku Kamalden

Wan Nabila Wan Mansor

Zahirrudin Zakaria

PROGRAMME SUMMARY

Date Time	18 th June 2026 (Thursday)			19 th June 2026 (Friday)			20 th June 2026 (Saturday)			
0730 - 0800	REGISTRATION									
0800 - 0830	KEYNOTE 1 Welcoming Speech & Opening Ceremony			KEYNOTE 3 KEYNOTE 4			KEYNOTE 5 BIENNIAL MALAYSIAN - SINGAPORE (MAL-SIN) ENT CONGRESS 2026 (Session 1)		SYMPOSIUM 13	
0830 - 0900										
0900 - 0930	KEYNOTE 2									
0930 - 1000	Industry-Sponsored Symposium 1			Industry-Sponsored Symposium 4						
1000 - 1030	Coffee / Exhibition Visits / E-Poster									
1030 - 1100	SYMPOSIA		ORAL PRESENTATION 1	2 NATION SYMPOSIUM AND HEAD & NECK FORUM		NCC Japan		BIENNIAL MALAYSIAN - SINGAPORE (MAL-SIN) ENT CONGRESS 2026 (Session 2)		SYMPOSIUM 14
1100 - 1130	1	2								
1130 - 1200	SYMPOSIUM 3	SYMPOSIUM 4	ORAL PRESENTATION 2	HEAD & NECK FORUM		Stakeholder Engagement (by invitation only)		SYMPOSIUM 15		
1200 - 1230	Industry-Sponsored Symposium 2									
1230 - 1300	Industry-Sponsored Symposium 3									
1300 - 1330	Lunch Symposium 1			Lunch Symposium 2			Lunch		ALUMNI SESSIONS KKM-UKM-UM- USM	
1330 - 1400										
1400 - 1430	SYMPOSIA		Postgraduate Affairs & Conjoint Board Session	SYMPOSIA		LARYNGOLOGY WORKSHOP 1				
1430 - 1500	5	6		9	10					
1500 - 1530				SYMPOSIA		LARYNGOLOGY WORKSHOP 2				
1530 - 1600	SYMPOSIA			11	12					
1600 - 1630	7	8								
1630 - 1700										
1700 - 1730	CORLAMM / MSO-HNS Annual General Meeting (members only)									
1730 - 1800										
1930 - 2130	FACULTY DINNER (by invitation only)			GALA DINNER / AWARD PRESENTATIONS						

PRE-CONGRESS WORKSHOP

16th June 2025 (Tuesday)

Time : 0730 - 1700 hrs

Venue : Auditorium, Hospital Sultan Abdul Aziz Shah, UPM, Serdang, Malaysia

Programme

0730 - 0800	Registration / Breakfast
0800 - 0815	WELCOME ADDRESS Scientific Chairperson, 4 th Annual Conference of CORLMM & 46 th AGM of MSO-HNS <i>Mohd Razif Mohamad Yunus</i>
0815 - 0845	LECTURE 1 Understanding Salivary Ductal Anatomy & Unlocking the Ducts: Principles, Indications, and Instrumentation of Sialoendoscopy <i>Emad Magdy</i>
0845 - 1015	Live Surgery & Hands-On 1
1015 - 1030	LECTURE 2 Locating the Salivary Ductal Papilla: Tips, Tricks, and Techniques <i>Zahirrudin Zakaria</i>
1030 - 1200	Live Surgery & Hands-On 2
1200 - 1215	LECTURE 3 Clinical Pearls in Managing Complex Sialoendoscopy Cases <i>Sethu Thakachy Subha</i>
1215 - 1345	Live Surgery & Hands-On 3
1300 - 1400	Lunch Break / Zohor Prayer
1445 - 1600	LECTURE 4 Diagnostic Imaging in Salivary Ductal Pathologies by Radiologist <i>Soo Tze Hui</i> Workshop Training: • Sialoendoscopy instrumentation • Ductal identification and scope insertion using goat's head. • Basket stone retrieval using simulator models Facilitators: <i>Sethu Thakachy Subha, Loh Tze Xiang, Zahirrudin Zakaria, Purushotman Ramasamy, Mohd Hazmi Mohamed, Azlan Iskandar Ishak, Noor Liza Ishak, Khairil Afif Mahmud</i>
1630 - 1700	Closing Ceremony

DAILY PROGRAMME

18th June 2026 (Thursday)

0730 - 0800	Registration	
0800 - 0845	KEYNOTE 1 (MSD) Moderator: Mohd Razif Mohamad Yunus Immunotherapy in Head and Neck Cancers <i>Gopalkrishna Iyer</i>	Sabah Room
0845 - 0900	Welcoming Speech & Opening Ceremony	Sabah Room
0900 - 0940	KEYNOTE 2 Moderator: Nadhirah Mohd Shakri VOIS Implant in Malaysia: Advancing Voice Rehabilitation <i>Marina Mat Baki</i>	Sabah Room
0940 - 1000	Industry-Sponsored Symposium 1 (Abbott) Moderator: Cheong Xin Ran Beyond Repositioning: Understanding and Managing Residual Dizziness Post-BPPV <i>Ho Hon Lian</i>	Sabah Room
1000 - 1030	Coffee / Exhibition Visits / E-Poster	
1030 - 1130	SYMPOSIUM 1 Otology Moderator: Wan Nabila Wan Mansor Cochlear Implantation in Single-Sided Deafness: Evidence and Controversies <i>Lokman Saim</i> Redefining Otologic Surgery: Advances Shaping Contemporary Practice <i>Philip Rajan Devesahayam</i>	Sabah Room
1030 - 1130	SYMPOSIUM 2 Paediatric ORL Moderator: Noor Azrin Md Anuar Beyond the Obvious: Diagnostic Dilemmas of Paediatric Neck Swelling <i>Jeyanthi Kulasegarah</i> Exploring Avastin as an Adjunctive Treatment for Aggressive JORRP <i>Goh Bee See</i>	Sarawak Room
1030 - 1130	ORAL PRESENTATION 1 Moderator: Julius Goh Liang Chye Judges: Norasnieda Md Shukri / Shahrul Hitam / Lum Sai Guan	Melaka Room
1130 - 1200	SYMPOSIUM 3 Sialendoscopy Moderator: Khairil Afif Mahmud Sialendoscopy: The Modern Way For Managing Salivary Gland Ductal Pathologies <i>Emad Magdy</i>	Sabah Room
1200 - 1240	Industry-Sponsored Symposium 2 (GSK) Moderator: TBC Identifying The Right Patient for Anti IL-5 Therapy Across the United Airway <i>Kuljit Singh</i>	Sabah Room

DAILY PROGRAMME

18th June 2026 (Thursday)

1240 - 1300	Industry-Sponsored Symposium 3 (Bayer) Moderator: Tan Sui Teng Revisiting Optimal Allergic Rhinitis Management in Adults & Children <i>Baharudin Abdullah</i>	Sabah Room
1130 - 1245	SYMPOSIUM 4 Sleep Moderator: Mohd Azyam Ahmad Raising the Bar: Sleep Lab Accreditation in Malaysia and Why it Matters <i>Fauziah Nasir</i> Two Diseases, One Airway: Does Treating OSA Improve Chronic Rhinosinusitis (and Vice Versa)? <i>Kevin Ng Boon Han</i> From Zero to TORS for Sleep Apnea: Building a Da Vinci Xi TORS Service for Tongue Base Surgery-Training, Setup, and Lessons Learned <i>Julius Goh Liang Chye</i>	Sarawak Room
1130 - 1300	ORAL PRESENTATION 2 Moderator: Nadhirah Shakri Judges: Jeyasakthy Saniasiaya / Khairunnisak Misron / Aneeza Khairiyah Wan Hamizan	Melaka Room
1300 - 1400	Lunch Symposium 1 (Evomedic)	Sabah Room
1400 - 1530	SYMPOSIUM 5 Laryngology Theme: Office-Based Laryngology Procedure Moderator: Vanitha Palanisamy Botox Injection <i>Mawaddah Azman</i> Serial Intralesional Steroid Injection <i>Masaany Mansor</i> Local Anesthesia and Patient Selection <i>Norazila Abdul Rahim</i> Injection Laryngoplasty <i>Nik Fariza Husna Nik Hassan</i> Q&A	Sabah Room
1400 - 1530	SYMPOSIUM 6 Otology Moderator: Guhan Kumarasamy Chronic Otitis Media: Evolving Surgical Strategies <i>Iskandar Hailani</i> Otitis Media with Effusion: Re-Thinking Indications for Intervention <i>Noor Dina Hashim</i>	Sarawak Room

DAILY PROGRAMME

18th June 2026 (Thursday)

Skull Base Complications of Ear Infections: Still Relevant Today?
Khairunnisak Misron

CT Clues and Clinical Correlation in Traumatic Facial Nerve Palsy
Mohd Sazafi Mohd Saad

1530 - 1700

SYMPOSIUM 7 | Paediatric ORL
Moderator: *Azlina Rani*

Sabah Room

Challenges in Managing Vascular Malformation
Goh Bee See

From Womb to Airway : ENT Decision-Making in EXIT Procedure
Khadijah Mohd Nor

Born to Swell: Story of a Branchial Cyst
Anuar Idwan Idris

1530 - 1700

SYMPOSIUM 8 | Otology
Moderator: *Noor Dina Hashim*

Sarawak Room

Temporal Bone Tumours: Decision-Making at the Crossroads, Observe, Operate, or Irradiate?

Panelists: *Lokman Saim / Tg Mohamed Izam Tg Kamalden / Mohd Khairi Md Daud*

1400 - 1700

POSTGRADUATE AFFAIRS & CONJOINT BOARD SESSION
Mawaddah Azman / Isaac Tan

Melaka Room

1700 - 1800

CORLAMM / MSO-HNS Annual General Meeting (*members only*)

Sarawak Room

1930 - 2130

FACULTY DINNER (*by invitation only*)



DAILY PROGRAMME

19th June 2026 (Friday)

0730 - 0800	Registration	
0800 - 0850	KEYNOTE 3 Moderator: Lum Sai Guan Transoral Robotic Surgery (TORS) for Hypopharyngeal and Laryngeal Cancers Chen-Chi Wang	Sabah Room
0850 - 0935	KEYNOTE 4 Moderator: Vincent Tan TOETVA - 12 Years Experience Angkoon Anuwong	Sabah Room
0935 - 0955	Industry-Sponsored Symposium 4 (Abbott) Moderator: Revadi Govindaraju Sublingual Immunotherapy for Allergy Rhinitis in House Dust Mite Allergy: From Guidelines to the Right Patient Kent Woo	Sabah Room
0955 - 1025	Coffee / Exhibition Visits / E-Poster	
1025 - 1225	2 NATION SYMPOSIUM AND HEAD & NECK FORUM Theme: Two Nation, One Vision: Facing Healthcare Challenges Together Moderator: Norsyamira Aida Mohamad Umbaik Management of Challenging Thyroid Cases Peesit Leelasawatsuk Pearls and Pitfalls in the Management of Salivary Gland Tumors: Evidence-Based Strategies, Surgical Nuances, and Practical Tips Norhafiza Mat Lazim HPV Role in Oropharyngeal Carcinoma and Non-OPC Patravoot Vatanasapt Management of Recurrent Laryngeal Cancer: Salvage Surgery vs Re-Irradiation Mohd Zulkiflee Abu Bakar Head and Neck Schwannoma: Intracapsular Enucleation Schwannoma Zahiruddin Zakaria Neoadjuvant Immunotherapy In HNSCC Nur Fadhlina Abdul Satar	Sabah Room
1225 - 1245	HEAD & NECK FORUM Chairperson: Mohd Razif Mohamad Yunus Tips and Tricks in Parotid Surgery. From Incision to Nerve Monitoring Panelists: Peesit Leelasawatsuk / Patravoot Vatanasapt / Mohd Zulkiflee Abu Bakar / Avatar Singh Mohan Singh / Zahiruddin Zakaria / Mohd Zambri Ibrahim	Sabah Room
1240 - 1300	Industry-Sponsored Symposium 5 (Menarini)	Sabah Room

DAILY PROGRAMME

19th June 2026 (Friday)

1025 - 1150 **NCC Japan** Melaka Room

Moderator: Carren Teh

The Selangor Consensus, WHO. Regional Preparedness for Clinical Trials

Philip Rajan Devesahayam

Introduction to ATLAS

Chiharu Mizoguchi

Introduction to MASTER KEY Asia (MKA)

Kathleen Yasmin de Almeida

Overview of the JCOG Trial Framework and Operational Structure

Junki Mizusawa

1150 - 1300 **Stakeholder Engagement** (by Invitation only) Melaka Room

Moderator: Philip Rajan Devesahayam

Clinical Trial Preparedness

Panelists: Carren Teh / Tunku Kamarul Zaman Tunku Zainol Abidin / Lim Soo Kun /

Mohd Zulkiflee Abu Bakar / Aneza Khairiyah / Baharudin Abdullah

Head & Neck Cancers: Investigator Initiated Trials

Celia St Clair

1300 - 1400 **Lunch Symposium 2 (Inova)** Sabah Room

Moderator: Andrew Charles Gomez Junior

When Throat Inflammation Meets Infection: What should ENT do Next?

Gagandeep Singh Mann

1400 - 1500 **SYMPOSIUM 9 | Otology** Sabah Room

Moderator: Jamuneswary Selvarajoo

Interpreting the Audiogram: What Every ENT Surgeon must not Miss

Riana Kipiani Abd Halim

Acute Vestibular Syndrome: Practical Bedside Approach for ENT Surgeons

Wan Nabila Wan Mansor

Beyond The Scalpel: Why Head & Neck Surgeons must do Research

Carren Teh Sui Lin

1400 - 1500 **SYMPOSIUM 10 | Sleep** Sarawak Room

Moderator: Julius Goh Liang Chye

1. Pediatric OSA

2. Complications of Palatal Surgery

3. Hypoglossal nerve stimulation therapy

4. Bony OSA surgery

Panelists: Mohd Azyam Ahmad / Fauziah Nasir / Kevin Ng Boon Han / Muhammad Kamil Hassan

DAILY PROGRAMME

19th June 2026 (Friday)

1400 - 1500	LARYNGOLOGY WORKSHOP 1 Theme: Stroboscopy & CO2 Laser Surgery Moderator: Nadhirah Mohd Shakri Clinical Application of Stroboscopy Marina Mat Baki Pre-Operative Assessment & Optimizing CO2 Laser in Glottic Carcinoma Mawaddah Azman Demonstration and Workshop Marina Mat Baki / Mawaddah Azman	Melaka Room
1500 - 1600	SYMPOSIUM 11 Paediatrics Moderator: Darshini Nagarajah Airway Management in Craniofacial Abnormality Suzina Sheikh Abdul Hamid Distraction Osteogenesis in Paediatric Craniofacial Surgery: Applications and Functional Outcomes Muhammad Kamil Hassan PeadERAS Nik Khairani Nik Mohd	Sabah Room
1500 - 1600	SYMPOSIUM 12 Rhinology Moderator: Ahmad Nordin Afandi Current Concepts in Sinonasal Tumor Management Naveen Dilip Bhandarkar Current Trends in Sinonasal Tumor and Skull Base Tumor Management Kazuhiro Omura	Sarawak Room
1500 - 1600	LARYNGOLOGY WORKSHOP 2 Theme: Blue Laser in Laryngology Moderator: Irise H K Chen Blue Laser in Laryngology - Tricks and Tips William Lim Demonstration and Workshop William Lim / Marina Mat Baki / Mawaddah Azman	Melaka Room
1930 - 2130	GALA DINNER / AWARD PRESENTATIONS	Grand Ballroom

DAILY PROGRAMME

20th June 2026 (Saturday)

0730 - 0800	Registration	
0800 - 0845	KEYNOTE 5 Moderator: Rohaizam Japar Robotic-Assisted Nasopharyngectomy Raymond Tsang	Sabah Room
0845 - 1000	BIENNIAL MALAYSIAN - SINGAPORE (MAL-SIN) ENT CONGRESS 2026 Welcome Address by President, College of Otorhinolaryngologists - Head and Neck Surgeons, Academy of Medicine of Malaysia Philip Rajan Devesahayam Session 1 Moderator: Khairil Afif Mahmud Talk 1 - From Nodules to Carcinoma: The Clinical Spectrum of Thyroid Tumors and Current Treatment Paradigms Norhafiza Mat Lazim Talk 2 - Demystifying the Eustachian Tube Raymond Ngo	Sabah Room
0845 - 1000	SYMPOSIUM 13 Facialplastics Moderator: Ahmad Nordin Afandi Revision Rhinoplasties - Is it me (Surgeon), you (Patient) or the Mirror? Tan Keng Lu Restoring Form and Function After Maxillectomy: Contemporary Approaches to Maxillary Reconstruction Soh Hui Yuh 'LOCK' Technique Septal Reconstruction in Nasal Septum Deficiency Gan Kit Liang Let's get it Straight, One Time Everytime (Rhinoplasty) Vishwas Vijayadev	Sarawak Room
1000 - 1030	Coffee / Exhibition Visits / E-Poster	
1030 - 1130	BIENNIAL MALAYSIAN - SINGAPORE (MAL-SIN) ENT CONGRESS 2026 Session 2 Research Forum Farid Syamil Ramli / Yee Ho Hwee / Josiah Williams / Nevin Chua / See Jing Ying / Pierre Yim Judges: Raymond Ngo / Carren Teh Sui Lin / Emad Magdy	Sabah Room

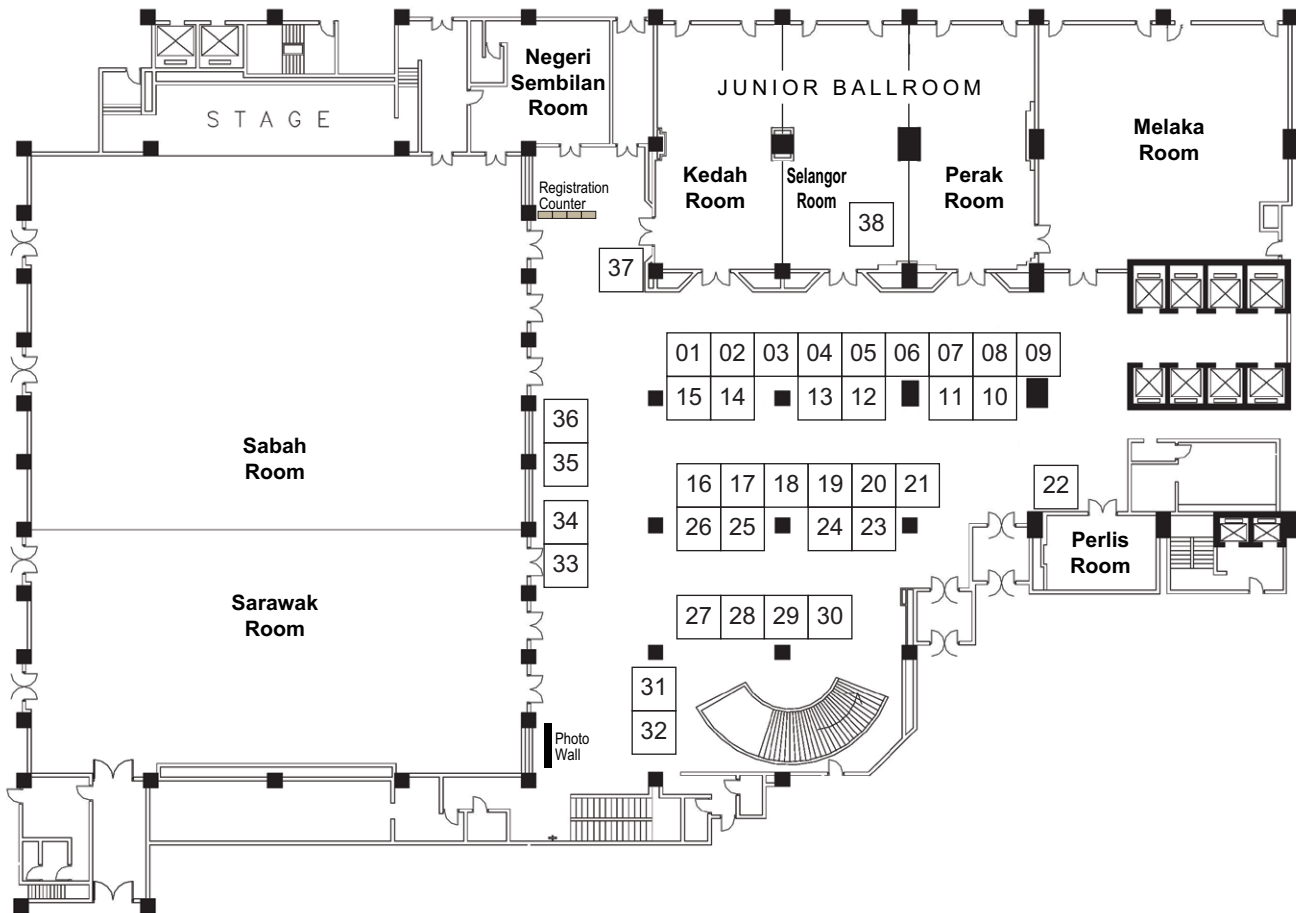
DAILY PROGRAMME

20th June 2026 (Saturday)

1030 - 1130	SYMPOSIUM 14 Medicolegal Moderator: Nadzirah Dani Medicolegal: Surgeon's Perspective Dayang Suhana Abg Madzhi Medico Legal Case Sharing - Lesson Learnt Ahmad Fareed A Rahman Q&A	Sarawak Room
1130 - 1230	SYMPOSIUM 15 Fee Schedule Moderator: Philip Rajan Devesahayam Fees: What the College is Doing: Fee Handbook, Preparation for New Codes Philip Rajan Devesahayam New Procedures Dilemma, Issues with Payor and Moving Forward Ahmad Kusyairi Khalid	Sarawak Room
1230 - 1300	Prize Awards & Closing Remarks	
1300 - 1400	Lunch	
1245 - 1400	ALUMNI SESSIONS KKM-UKM-UM-USM	



FLOOR PLAN & TRADE EXHIBITION



BOOTH NO	COMPANY
01 & 15	SYS Healthcare Sdn Bhd
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05	A. Menarini Singapore Pte Ltd
06	Ryu Medical
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11	Jetpharma Sdn Bhd
12 & 13	UMMI Surgical Sdn Bhd
16 & 26	Merck Sharp & Dohme (Malaysia) Sdn Bhd
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21	Malaysian Diagnostics Corporation Sdn Bhd
22	Demed Solutions Sdn Bhd / Carl Zeiss Sdn Bhd
23	Permata Firus Sdn Bhd
24	Bayer Co (Malaysia) Sdn Bhd
25	Hoe Pharmaceuticals Sdn Bhd
27 & 28	Bio Pro Services
29	Sanofi-Aventis (Malaysia) Sdn Bhd
30	SCHMIDT BioMedTech Sdn Bhd
31 & 32	Easmed Sdn Bhd
33 & 34	Evomedic Sdn Bhd
35 & 36	Inova Pharmaceuticals (Singapore) Pte Ltd
37	Abbott Laboratories
38	Medien Maxtrack

Hospitality Suite, Kedah Room

Humedical (M) Sdn Bhd / Medtronic Sdn Bhd

ACKNOWLEDGEMENTS

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ORAL PRESENTATIONS

Abstract ID

- 002 IDENTIFYING RISK FACTORS OF EUSTACHIAN TUBE DYSFUNCTION AMONG PATIENTS WITH OBSTRUCTIVE SLEEP APNOEA**
Yuanzhi Cheah^{1,2}, Noor Dina Hashim¹, Mawaddah Azman¹, Asfa Najmi Mohammad Yusof², Dayang Suhana Abg Madzhi^{2,3}
¹Department of Otorhinolaryngology - Head and Neck Surgery, Faculty of Medicine, Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
²Department of Otorhinolaryngology, Hospital Umum Sarawak, Sarawak, Malaysia
³Department of Otorhinolaryngology-Head and Neck Surgery, Faculty of Medicine, Universiti Malaysia Sarawak, Sarawak, Malaysia
- 010 DEVELOPMENT OF THE SMART-BPPV LEARNING MODULE: AN ADDIE BASED CONTENT AND FACE VALIDATION STUDY**
Alex Zxi Jian Ho¹, Saiful Adli Jamaluddin², Ahmad Hafizuddin Johari¹, Iylia Ajmal Othman¹
¹Department of Otorhinolaryngology, International Islamic University Malaysia, Kuantan, Pahang, Malaysia
²Department of Allied Health Sciences, International Islamic University Malaysia, Kuantan, Pahang, Malaysia
- 019 LESSER PALATINE NERVE BLOCK IN MULTILEVEL SLEEP SURGERY: EARLY POSTOPERATIVE PAIN OUTCOMES**
Hui Yan Ong¹, Liang Chye Goh¹, Ahmad Syahir Bin Md Ismail¹, Siti Nadzrah Yunus²
¹Department of Otorhinolaryngology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia
²Department of Anaesthesiology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia
- 042 ADVANCEMENT IN INVITRO AIRWAY EPITHELIUM AND SECRETOME-LOADED BIOMATERIALS FOR NASAL MUCOSAL REGENERATION**
Aminuddin B Saim^{1,2}, Rabiatal Adawiyah Razali³, Mohd Fauzi Mohd Busra^{4,5}, Nadhratun Naiim Mobarak⁶, Rohaina Che Man⁷, Ruzymah Hj Idrus⁴, Yogeswaran Lokanathan^{4,5}
¹KPJ Ampang Puteri Specialist Hospital (KPJ Medical Centre Ampang), Ampang, Selangor, Malaysia
²Graduate School of Medicine, KPJ Healthcare University, Negeri Sembilan, Malaysia
³Medical Innovation Research Centre (MIRC), Shiga University of Medical Science, Shiga, Japan
⁴Department of Tissue Engineering and Regenerative Medicine, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
⁵Advance Bioactive Materials-Cells UKM Research Group, Universiti Kebangsaan Malaysia, Selangor, Malaysia
⁶Department of Chemical Sciences, Faculty of Science and Technology, Universiti Kebangsaan Malaysia, Selangor, Malaysia
⁷Department of Pathology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- 044 A MULTI-SOURCE ASSESSMENT OF VOCAL FOLD PATHOLOGY AMONG QUARRY WORKERS**
Wei Jie Boon^{1,2}, Mawaddah Azman^{1,2}, Rosnah Ismail³, Nadhirah Mohd Shakri^{1,2}, Nor Shahrina Mohd Zawawi⁴, Marina Mat Baki^{1,2}
¹Department of Otorhinolaryngology - Head and Neck Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia, Selangor, Malaysia
²Department of Otorhinolaryngology - Head and Neck Surgery, Hospital Canselor Tuanku Muhriz, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
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⁴Department of Medical Rehabilitation Services, Hospital Canselor Tuanku Muhriz Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- 066 ANALYSIS OF OTOSCOPIC IMAGE-BASED ARTIFICIAL INTELLIGENCE TECHNOLOGY IN DIAGNOSING MIDDLE EAR DISEASES**
F N I Lokman¹, Z U Rehman², M F Ahmad Fauzi¹, M S Nabi², W N Mohd-Isa², L Saim¹
¹KPJ Healthcare University, Nilai, Negeri Sembilan, Malaysia
²Multimedia University, Cyberjaya, Selangor, Malaysia
- 131 DURATION OF MINIMUM OXYGEN SATURATION DURING POLYSOMNOGRAPHY IS ASSOCIATED WITH GREATER DIZZINESS HANDICAP IN OBSTRUCTIVE SLEEP APNEA: A CROSS-SECTIONAL STUDY**
Adam Shariff^{1,2}, Carren Teh Sui Lin¹, Mohd Zulkiflee Abu Bakar², Nabilah Abdul Ghani³, Liang Chye Goh²
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ORAL PRESENTATIONS

Abstract ID

- 133 EVALUATION OF THE SENSORY DISTURBANCES OF NASOPALATINE NERVE FOLLOWING SEPTAL SURGERIES**
Nesha Rajendram¹, Liang Chye Goh¹, Revadi Govindaraju²
¹Department of Otorhinolaryngology, Universiti Malaya, Petaling Jaya, Selangor, Malaysia
²Subang Jaya Medical Centre, Subang Jaya, Selangor, Malaysia
- 134 ADVANCED HYPOPHARYNGEAL CARCINOMA: EVALUATING CLINICAL PRESENTATION AND TREATMENT OUTCOMES OVER A 10-YEAR PERIOD**
Anisah Sahrir¹, Khairil Afif Mahmud², Lum Sai Guan³, Mohd Razif Mohamad Yunus⁴
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²Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia
- 195 SLEEP QUALITY, AHI, AND DIZZINESS SEVERITY IN OSA PATIENTS: A PROSPECTIVE COHORT STUDY ON THE IMPACT OF CPAP THERAPY**
Amirah Sufian¹, Carren Sui Lin Teh², Prepageran Narayanan¹
¹Department of Otorhinolaryngology, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia
²Department of Otorhinolaryngology, Hospital Sungai Buloh, Selangor, Malaysia
- 221 THE EFFECTIVENESS OF BUDESONIDE NASAL IRRIGATION IN MEDICAL MANAGEMENT OF CHRONIC RHINOSINUSITIS WITH NASAL POLYP**
Nursyamimi M Z¹, Zamzil Amin A¹, Iylia Ajmal O¹, Khairul Azhar M R²
¹International Islamic University Malaysia, Kuantan, Pahang, Malaysia
²Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia
- 222 OPTIMIZING TONSILLECTOMY OUTCOMES: A COMPARATIVE ANALYSIS OF ADVANCED BIPOLAR TISSUE SEALING VERSUS CONVENTIONAL BIPOLAR DIATHERMY**
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IDENTIFYING RISK FACTORS OF EUSTACHIAN TUBE DYSFUNCTION AMONG PATIENTS WITH OBSTRUCTIVE SLEEP APNOEA

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INTRODUCTION

Eustachian tube dysfunction (ETD) affects the function of middle ear to equalize pressure and protect against pathogens, with risk factors including sinusitis, smoking, and obesity. Obstructive sleep apnoea (OSA), characterized by repeated airway obstruction during sleep, has an increased risk of ETD, possibly due to Eustachian tube blockage and delayed nasopharyngeal openings. However, the risk factors of ETD among patients with OSA remains unclear.

MATERIALS AND METHODS

A cross-sectional study was conducted involving 101 adult OSA patients. All subjects completed ETDQ-7 and reflux symptom index (RSI) questionnaire, clinical examination including otoscopy, nasoendoscopy, oropharyngeal evaluation followed by audiological assessments. The subjects are divided into ETD and non-ETD groups based on the screening. Endoscopic assessment of soft palate and lateral pharyngeal wall collapse was performed as part of routine OSA airway evaluation. The Eustachian tube (3ET) score, modified Müller manoeuvre findings, and reflux finding score (RFS) were recorded and compared between groups.

RESULTS

Among the 101 adult OSA patients analyzed, 43 (42.6%) were diagnosed with ETD. Patients with ETD demonstrated a significant higher severity score for the nasoendoscopic parameters compared to non-ETD group. There was no statistically significant difference of severity and pattern of airway collapsibility and among patient with ETD and without ETD. Both RSI-M ($p=0.01$) and RFS ($p=0.009$) are statistically significant higher in ETD group than non-ETD group.

CONCLUSION

Eustachian tube dysfunction is more common in patients with obstructive sleep apnoea. Tubal tonsil hypertrophy and laryngopharyngeal reflux are significant risk factors, whereas the severity and pattern of airway collapse do not appear to influence ETD occurrence.



ID 010

DEVELOPMENT OF THE SMART-BPPV LEARNING MODULE: AN ADDIE BASED CONTENT AND FACE VALIDATION STUDY

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INTRODUCTION

Benign paroxysmal positional vertigo (BPPV) is the most common peripheral vestibular disorder. Despite established diagnostic maneuvers and effective repositioning treatments, many clinicians remain uncertain about diagnosing and managing BPPV. The uncertainty often results from limited hands-on training and fragmented learning resources. To address these educational gaps, we developed and validated the SMART-BPPV learning module, an interactive multimedia tool designed to improve understanding and procedural competence in the diagnosis and management of BPPV.

MATERIALS AND METHODS

This methodological study followed the ADDIE instructional design framework. This study reports on the development and validation phases. Content validation was conducted by seven experts in the fields of otorhinolaryngology and audiology. Experts rated content clarity and relevance using a five-point scale. Item-level and scale-level content validity indices were calculated. Face validation was performed by thirty medical officers and participants evaluated the clarity, usability and relevance of the module.

RESULTS

The module achieved excellent content validity (S-CVI/Ave = 0.987; I-CVI = 0.857-1.000). Gwet's AC1 indicated almost perfect inter-rater agreement (0.976), while Fleiss' κ (-0.01) reflected the expected prevalence paradox under highly uniform ratings. Face validation showed outstanding user acceptance (S-FVI/Ave = 0.999; I-FVI = 0.967-1.000). Qualitative feedback supported clarity, organization, and visual design, prompting minor refinements.

DISCUSSIONS

The module was designed based on cognitive multimedia learning principles. Quantitative validation metrics were combined with qualitative feedback to enhance methodological rigor. Expert consensus aligned closely with user feedback. Together, these results confirm the module's clarity, relevance, and educational effectiveness.

CONCLUSION

The SMART-BPPV learning module demonstrated excellent content and face validity. It provides an evidence-based, accessible resource for vestibular education and serves as a replicable model for future development of validated multimedia instructional tools in medical training.

ID 019

LESSER PALATINE NERVE BLOCK IN MULTILEVEL SLEEP SURGERY: EARLY POSTOPERATIVE PAIN OUTCOMES

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OBJECTIVE

To evaluate the efficacy and safety of intraoperative lesser palatine nerve block (LPNB) for postoperative pain control in multilevel sleep surgery for obstructive sleep apnea (OSA).

MATERIALS AND METHODS

59 adult patients undergoing multilevel sleep surgery for obstructive sleep apnea (OSA) were reviewed. Patients received standardized multimodal analgesia with (n=33) or without (n=26) intraoperative bilateral LPNB using 0.5% bupivacaine with epinephrine. Primary outcome was pain score at 6 hours and day 1 postoperatively. Secondary outcomes included length of hospital stay and opioid consumption.

RESULTS

Overall pain scores were lower in the LPNB group at 6 hours (3.15 ± 1.37 vs 3.77 ± 1.61 ; $p=0.126$) and Day 1 (3.09 ± 1.59 vs 3.85 ± 1.59 ; $p=0.064$). In exploratory subgroup analyses, LPNB was associated with significantly lower 6-hour pain in severe OSA patients (3.00 ± 1.45 vs 4.21 ± 1.42 ; $p=0.028$) and lower Day 1 pain in moderate-to severe OSA patients (2.83 ± 1.39 vs 3.83 ± 1.61 ; $p=0.022$). No LPNB-related adverse events occurred.



ADVANCEMENT IN INVITRO AIRWAY EPITHELIUM AND SECRETOME-LOADED BIOMATERIALS FOR NASAL MUCOSAL REGENERATION

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INTRODUCTION

Effective regeneration of nasal airway epithelium remains a clinical challenge, particularly following surgery, trauma, or chronic inflammatory conditions. Recent advances in tissue engineering highlight the role of fibroblast-derived secretomes and biomaterial scaffolds in enhancing epithelial repair. Our work integrates a series of studies investigating nasal fibroblast secretory products and biopolymer-based scaffolds toward the development of secretome-loaded nasal packing for improved epithelial wound healing and regeneration.

MATERIALS AND METHODS

Human nasal fibroblast-conditioned medium (secretome) was evaluated for its effects on respiratory epithelial cell attachment and migration. Gelatin-carrageenan-based hydrogels and sponges were fabricated and characterised for physicochemical properties, biocompatibility, and suitability as epithelial scaffolds. Functional assays were performed to assess epithelial cell proliferation, attachment, and migration, with emphasis on the regenerative potential of secretome-loaded constructs.

RESULTS

Fibroblast-derived secretomes significantly enhanced epithelial cell migration and attachment, demonstrating strong paracrine regenerative potential. Gelatin-carrageenan hydrogels and sponges exhibited favourable porosity, biodegradability, hemocompatibility, and mechanical properties, supporting epithelial cell growth. Secretome-loaded biomaterials showed synergistic effects, promoting enhanced cellular responses compared to non-loaded controls.

DISCUSSIONS

These findings suggest that combining bioactive secretomes with engineered biomaterial scaffolds represents a promising strategy for airway epithelial wound healing and regeneration. Clinically, such approaches may improve mucosal healing, reduce crusting, and enhance post-surgical recovery in sinonasal procedures, with potential to minimise fibrosis. The development of biodegradable, biofunctional nasal packs capable of delivering regenerative factors offers a practical and translational solution for clinical use.

CONCLUSION

Secretome-enhanced biomaterial scaffolds demonstrate strong potential as next-generation therapeutic platforms for nasal mucosal repair. Further in vivo and clinical studies are warranted to validate their safety, efficacy, and applicability in routine otorhinolaryngology practice.

A MULTI-SOURCE ASSESSMENT OF VOCAL FOLD PATHOLOGY AMONG QUARRY WORKERS

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INTRODUCTION

Quarry workers are exposed to occupational hazards such as excessive noise and silica dust, which may predispose them to vocal disorders. However, there is a lack of studies regarding vocal health in quarry workers.

MATERIALS AND METHODS

A cross-sectional, multi-source, multi-method study was conducted among 107 quarry workers participating in the Quarry Health Screening Project (January 2023 - January 2024). Data collection included self-administered questionnaires (Malay Voice Handicap Index-10 [mVHI-10]; Reflux Symptom Index [RSI]; and modified vocal habit during working and vocal load off work questionnaire), flexible video laryngoscopy (reflux finding score [RFS]), perceptual voice evaluation (GRBAS score), and secondary data (hearing test and noise exposure). Rasch analysis was applied to validate vocal habit scoring. Descriptive statistics and bivariate analyses (Chi-square and independent t-test) were performed using SPSS, with statistical significance set at $p < 0.05$.

RESULTS

The prevalence of structural vocal fold pathology was 7.4%, while muscle tension dysphonia (MTD) was identified in 31.8% of participants. Abnormal mVHI-10 scores were observed in 15.9% of participants, while 29% demonstrated perceptual voice abnormalities on the GRBAS assessment. No significant associations were found between occupational factors (vocal habits, noise exposure, silica exposure) and non-occupational factors (vocal load, smoking, alcohol). Abnormal RFS was significantly associated with MTD ($\chi^2=8.77$, $p=0.003$).

DISCUSSIONS

MTD was more prevalent than structural vocal fold pathology, suggesting that quarry workers are prone to functional voice disorders. A higher prevalence of the GRBAS assessment than the mVHI-10 indicates that workers may have voice disorders without realizing it. Current and previous studies suggest that LPR contributes to MTD.

CONCLUSIONS

This study among quarry workers identified potential voice issues, predominantly MTD, that were significantly associated with increased RFS. Screening for voice disorders and laryngopharyngeal reflux may facilitate early identification and targeted intervention, potentially preventing the development of structural vocal fold pathology.

ID 066

ANALYSIS OF OTOSCOPIC IMAGE-BASED ARTIFICIAL INTELLIGENCE TECHNOLOGY IN DIAGNOSING MIDDLE EAR DISEASES

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INTRODUCTION

Middle ear diseases, particularly otitis media, are prevalent conditions that may lead to hearing impairment and serious intracranial complications if not accurately diagnosed and managed. Diagnosis relies heavily on otoscopic examination, which is operator-dependent and subject to inter-observer variability. In addition, limited access to otorhinolaryngology specialists, especially in resource-limited settings, contributes to inconsistent diagnostic accuracy. Artificial intelligence (AI) has emerged as a promising tool to improve diagnostic precision and standardisation in otology. This study introduces the OtitisMediaKPJ dataset to support AI-based diagnostic applications.

MATERIALS AND METHODS

A total of 793 otoscopic images were collected from multiple KPJ specialist hospitals during routine ENT clinical practice. Images were acquired using 0-degree digital otoendoscopes and classified into six diagnostic categories: acute otitis media, chronic active otitis media without cholesteatoma, chronic inactive otitis media, chronic otitis media with cholesteatoma, otitis media with effusion, and normal tympanic membrane. Annotation was performed by an ENT resident and validated by a senior consultant. Preprocessing included resizing, cropping, and normalisation. Eight convolutional neural network (CNN) models were trained and evaluated using standard performance metrics.

RESULTS

High inter-rater reliability was demonstrated, with agreement rates of 93.7% and 94.7% between other two senior ENT consultants. Xception achieved the highest accuracy (89.94%), followed by VGG16 (89.31%) and InceptionV3 (88.05%). Performance variability was mainly attributed to class imbalance among diagnostic categories.

DISCUSSION

The dataset provides a clinically validated resource for AI development, addressing variability in otoscopic diagnosis and limited specialist accessibility. However, class imbalance and smaller sample sizes may affect model generalisability.

CONCLUSION

The OtitisMediaKPJ dataset represents a significant advancement in AI-assisted otoscopic diagnosis, enabling the development of accurate, scalable, and accessible tools for middle ear disease detection, particularly in underserved settings.

DURATION OF MINIMUM OXYGEN SATURATION DURING POLYSOMNOGRAPHY IS ASSOCIATED WITH GREATER DIZZINESS HANDICAP IN OBSTRUCTIVE SLEEP APNEA: A CROSS-SECTIONAL STUDY

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INTRODUCTION

Dizziness is a common but poorly understood complaint in patients with obstructive sleep apnea (OSA). Although hypoxemia is the proposed link between OSA and vestibular dysfunction, it remains unclear which polysomnographic oxygen parameter is most relevant to patient-reported dizziness severity.

METHODS

This prospective cross-sectional study recruited ninety-two OSA participants who completed overnight polysomnography and the Dizziness Handicap Inventory (DHI). Correlation analyses were performed between DHI scores and eight polysomnographic oxygen parameters. Multiple linear regression was conducted to assess independent predictors of DHI after adjusting for BMI and age.

RESULTS

Mean DHI score was 31.1 ± 24.4 . The duration spent at minimum SpO_2 (Min SpO_2 Duration) was the only variable to survive Bonferroni correction (Pearson $r=0.305$, $p=0.002$; Spearman $\rho=0.192$, $p=0.033$). In multiple linear regression adjusting for BMI and age, minimum SpO_2 duration remained an independent predictor of DHI ($\beta=0.315$, $B=+1.025$, 95% CI [0.391, 1.660], $p=0.0018$; model $R^2=0.153$). BMI was a second independent predictor ($\beta=0.228$, $p=0.024$). AHI showed no correlation with DHI in bivariate or multivariate analysis ($r=0.049$; $B=+0.072$, $p=0.464$). The minimum SpO_2 duration-DHI association strengthened in the subgroup with clinically meaningful dizziness handicap ($\text{DHI} \geq 16$; $n=60$; $r=0.341$, $p=0.004$).

CONCLUSIONS

In OSA patients presenting with dizziness, the cumulative duration at nadir oxygen saturation done in polysomnography is most strongly associated with dizziness handicap.



EVALUATION OF THE SENSORY DISTURBANCES OF NASOPALATINE NERVE FOLLOWING SEPTAL SURGERIES

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INTRODUCTION

Nasopalatine nerve injury is an underreported complication of septal surgery presenting as transient anterior palatal sensory disturbance. The true incidence may be underestimated due to reliance on subjective reporting. This study evaluated the incidence, recovery pattern, and surgical risk factors of nasopalatine nerve dysfunction following septal surgery, and concordance between subjective and objective sensory assessments.

METHODOLOGY

A prospective longitudinal cohort study involved 30 adult patients undergoing septoplasty (n=30). Subjective sensory changes were assessed using Visual Analogue Scale (VAS), while objective testing included light touch, sharp, and dull sensation. Assessments were performed preoperatively and on postoperative Days 1, 7, 30, and 90. Associations between surgical variables and sensory outcomes were analysed.

RESULTS

Subjective sensory disturbance was reported by 23.3% of patients on Day 1, whereas objective testing identified sensory deficits in 50%, indicating a high prevalence of subclinical hypoesthesia. Sharp sensation was the only modality significantly correlated with patient-reported symptoms ($p=0.031$). Maxillary crest chiselling and perpendicular plate removal were significantly associated with nerve injury ($p=0.017$). Light touch demonstrated the most favourable recovery, while dull sensation failed to recover when affected. TSS patients showed milder, rapidly resolving deficits.

DISCUSSION

Findings support a predominantly neuropraxic injury pattern with predictable recovery. Poor concordance between subjective and objective findings highlights the importance of structured sensory assessment. Greater deficits following septoplasty likely reflect increased vulnerability of anterior septal neurovascular structures.

CONCLUSION

Nasopalatine nerve dysfunction following septal surgery is common but largely transient. Objective sensory testing is essential for accurate detection, and anterior septal manipulation represents a key modifiable surgical risk factor.



ADVANCED HYPOPHARYNGEAL CARCINOMA: EVALUATING CLINICAL PRESENTATION AND TREATMENT OUTCOMES OVER A 10-YEAR PERIOD

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INTRODUCTION

Hypopharyngeal carcinoma (HPC) is relatively uncommon, with an incidence of 1.6% per 100,000 in Malaysia. Patients typically present at an advanced stage, as the initial symptoms often resemble benign conditions such as laryngopharyngeal reflux. HPC has a poor prognosis, with a five year survival rate as low as 20%.

MATERIALS AND METHODS

Data were retrospectively collected from patient's medical records between 2016 and 2026. Information retrieved included demographic characteristics, staging at diagnosis, presenting symptoms, treatments received and current patient status.

RESULTS

Nine patients were identified, of whom one was lost to follow-up. The median age was 64 years. The most common presenting symptom was dysphagia followed by hoarseness of voice and globus sensation. Eight patients were staged at T4a or above, while one was staged at T3. Treatments for the remaining eight patients included: one underwent total laryngopharyngectomy and selective neck dissection, three received CCRT, three received palliative care (radiotherapy or chemotherapy), and one received no definitive treatment. Of the seven patients who completed treatment, one achieved complete remission, two patients died from tumor bleed and disease progression respectively, and four patients are receiving supportive care.

DISCUSSIONS

This case series highlights the aggressive clinical course and late presentation of patients with a predominance of advanced disease. These factors limit the feasibility of curative-intent interventions as there is a high number of utilizations of supportive care. The mortality rate of 25% must be interpreted with caution given the small sample size.

CONCLUSIONS

Retrospective analysis indicates that patients with HPC often present late in the disease course. Consequently, most patients were subjected to radiotherapy with or without chemotherapy and very few are amenable to surgery. Most patients have poor prognosis.

SLEEP QUALITY, AHI, AND DIZZINESS SEVERITY IN OSA PATIENTS: A PROSPECTIVE COHORT STUDY ON THE IMPACT OF CPAP THERAPY

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INTRODUCTION

Obstructive sleep apnea (OSA) is increasingly associated with both vestibular dysfunction and poor sleep quality. This study evaluates the longitudinal effects of CPAP therapy on dizziness and sleep outcomes in OSA patients.

MATERIALS AND METHODS

A prospective cohort study of 32 patients with moderate to severe obstructive sleep apnea (OSA) presenting with dizziness was done. All patients underwent detailed history taking, clinical assessment, including bedside vestibular examination. Dizziness severity and sleep quality were evaluated using the Malay version of the Dizziness Handicap Inventory (MYDHI) and Pittsburgh Sleep Quality Index (PSQI-M), respectively, across six follow-up timepoints following continuous positive airway pressure (CPAP) therapy. Longitudinal changes were analyzed using Friedman and Wilcoxon signed-rank tests, while associations between variables were assessed using Spearman correlation analysis.

RESULTS

Significant improvements were observed in both MYDHI and PSQI-M scores across timepoints. Early significant correlations were found between dizziness and poor sleep quality. The incidence of BPPV was 50%, and vestibular migraine-related disorders were present in 28.1% of the cohort.

DISCUSSIONS

This study highlights the intricate interplay between vestibular health and sleep quality. From a therapeutic standpoint, our findings support the growing evidence that CPAP not only improves respiratory parameters and cardiovascular outcomes in OSA, but may also positively influence balance, sleep quality, and associated dizziness.

CONCLUSIONS

CPAP therapy contributes to improvements in sleep and vestibular-related symptoms. Vestibular assessments should be considered as a part of OSA care. Patients with Idiopathic dizziness should be investigated for OSA as well.



ID 221

THE EFFECTIVENESS OF BUDESONIDE NASAL IRRIGATION IN MEDICAL MANAGEMENT OF CHRONIC RHINOSINUSITIS WITH NASAL POLYP

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INTRODUCTION

The recommended medical management of Chronic Rhinosinusitis with nasal polyp (CRSwNP) includes large-volume, low-pressure saline nasal lavage, systemic antibiotics, and topical nasal steroid sprays. There are evidences that large-volume, low-pressure corticosteroid irrigation resulted in better quality of life, yet the optimal dosage remains undefined. This study compared the efficacy of 0.5mg and 1mg budesonide nasal irrigation against a nasal saline control.

METHODS

This six-week, single-blinded Randomized Controlled Trial (RCT) randomized 40 participants (mean age 51.65 years) into three groups: 0.5mg budesonide, 1mg budesonide, and nasal saline irrigation. Subjective outcomes were assessed using the Sino-Nasal Outcome Test (SNOT-22) and objective outcomes by Modified Lund-Kennedy (MLK) endoscopic grading.

RESULTS

All groups showed numerical SNOT-22 reductions being the 0.5mg group showed greatest improvement, though differences were not statistically significant ($p=0.898$). Significant objective mucosal healing (MLK) occurred in both 0.5mg and saline groups ($p<0.001$), but there are no statistically significant differences were found between groups comparison.

DISCUSSION

The findings suggest a "lower-dose superiority" and a potential "ceiling effect" for topical steroids. Increasing the dose to 1mg provided no added benefit and yielded the lowest symptom reduction. Furthermore, the strong performance of the saline group reinforces the therapeutic importance of mechanical debridement.

CONCLUSION

0.5mg budesonide showed greater numerical improvement but not statistically significant. Usage of higher budesonide concentration offered no additional therapeutic benefit and resulted in the least symptom reduction. Large-volume, low pressure saline irrigation remains a critical, highly effective foundational therapy for CRSwNP.



OPTIMIZING TONSILLECTOMY OUTCOMES: A COMPARATIVE ANALYSIS OF ADVANCED BIPOLAR TISSUE SEALING VERSUS CONVENTIONAL BIPOLAR DIATHERMY

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INTRODUCTION

Tonsillectomy remains a high-volume procedure where the choice of technique significantly impacts surgical efficiency and patient recovery. While conventional bipolar diathermy is standard, concerns regarding thermal spread and operative duration persist. We evaluate if this advanced tissue sealing technology can enhance surgical workflow and reduce early postoperative pain without compromising safety.

MATERIALS AND METHODS

A retrospective comparative study was conducted on 91 patients undergoing surgery between 2024 and 2025. Patients were divided into two groups: advanced bipolar tissue sealing (BiZact™; n=32) and conventional bipolar diathermy (n=59). Data analysis was performed with SPSS version 30.0. Mann-Whitney U tests were used for age and pain scores, while Pearson's Chi-Square and Fisher's Exact tests were applied to categorical data.

RESULTS

Advanced tissue sealing group significantly reduced operative duration ($p<0.001$); 43.8% of cases were completed in <30 minutes, whereas 42.4% of conventional bipolar cases exceeded 60 minutes. Median 2-hour postoperative pain scores (VAS) were significantly lower in the advanced group (2.50 vs 4.00, $p<0.001$). Notably, no cases of reactionary hemorrhage (<48 hours) occurred in the advanced tissue sealing group, however there was no significant difference between group.

DISCUSSIONS

Simultaneous sealing and division of tissue of advanced bipolar likely contributes to significantly faster surgery times. The reduction in early pain suggests that this technology may limit collateral thermal damage to the peritonsillar bed. The absence of reactionary hemorrhage in the advanced group underscores its immediate hemostatic reliability without increasing the risk of delayed bleeding.

CONCLUSIONS

Advanced bipolar tissue sealing is a highly efficient alternative to conventional diathermy. It offers superior operative speed and improved immediate pain control with an excellent safety profile, making it a valuable tool for optimizing surgical lists and patient recovery in modern ENT practice.

POSTER PRESENTATIONS

Abstract ID

- 004 GLOBAL RESEARCH TRENDS IN VOICE REHABILITATION POST-LARYNGECTOMY: A 20-YEAR BIBLIOMETRIC AND SCIENCE MAPPING STUDY (2005-2025)**
Nurshahira Razali, Masaany Mansor, Norazila Abdul Rahim, Chen Xin Wee
Universiti Teknologi MARA, Selangor, Malaysia
- 005 A WOLF IN THE SELLA: PITUITARY METASTASIS MIMICKING MACROADENOMA IN NASOPHARYNGEAL CARCINOMA**
Yin Xin Yeoh, Hamizah Hashim, Nik Roslina Nik Hussin, Mohammad Doi, Vishnu Varathan Moganadass
Hospital Sultan Idris Shah Serdang, Selangor, Malaysia
- 006 A SYSTEMATIC REVIEW OF CHRONIC RHINOSINUSITIS IN NPC PATIENTS AFTER RADIOTHERAPY: HOW COMMON IS IT, WHAT ARE THE ASSOCIATED FACTORS, AND DOES IT AFFECT RECURRENCE?**
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- 007 A WOLF IN ABSCESS CLOTHING: PARAPHARYNGEAL ACINIC CELL CARCINOMA PRESENTING AS A PERITONSILLAR MASS**
Shamesh Baskaran, Azwan Halim Abdul Wahab, Ahmad Hafizuddin Johari
Department of Otorhinolaryngology-Head & Neck Surgery, Kuliyah of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia
- 009 HEARING IMPAIRMENT AND COGNITIVE SCREENING AMONG THE ELDERLY RESIDING IN RESIDENTIAL AGED CARE FACILITY IN IPOH CITY: A CROSS-SECTIONAL STUDY**
A Devin Kumar¹, Premaa Supramaniam¹, Lim Xin Jie¹, Shankarii Ravinderan², Nur Azyani bt Amri², Amirul Asraf bin Md Saad², Mazly Helmy bin Sulaiman², Ahmad Faiz bin Md Salleh², Philip Rajan Devesahayam^{1,2}
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- 011 THE EXPANDING MIND: CASE REPORT OF GROWING TEMPORAL BONE DEFECT WITH MENINGOENCEPHALIC HERNIATION IN PEDIATRIC**
Han Tien Tien, Steuphen Roy, Philip Rajan A/L Devesahayam
Department of Otorhinolaryngology, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- 015 ENDOSCOPIC REPAIR OF ANTERIOR NASAL SEPTAL PERFORATION USING THE BOOT-ON-DONUT FLAP TECHNIQUE: A CASE REPORT**
Nabihah Zaharuddin, Ameen Saiful Azhar, Maithrea Suresh Narayanan, Mohamed Iliyas Sultan Abdul Kader
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- 016 WHEN THE EAR SPEAKS FIRST: OTOLOGICAL MANIFESTATION AS THE INITIAL PRESENTATION OF MULTIPLE MYELOMA**
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- 017 A RARE CASE OF SKULL BASE OSTEORADIONECROSIS COMPLICATED BY VILLERET'S SYNDROME POST-DEFINITIVE RADIOTHERAPY FOR NASOPHARYNGEAL CARCINOMA: A DOUBLE-EDGED SWORD**
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POSTER PRESENTATIONS

Abstract ID

- 018 POSTERIOR NASAL NERVE NEURECTOMY IN INTRACTABLE RHINITIS: A CASE REPORT**
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- 020 THE HIDDEN BITE: RUSTED METAL IN A BARBECUED MEAL**
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- 021 MIGRATED FISH BONE EMBEDDED IN THE SOFT PALATE REQUIRING TONSILLECTOMY: A RARE CASE REPORT**
Syahirah Ilyanee Binti Samsull, Athierah Binti Muhammad, Nik Roslina Binti Nik Hussin, Mohamad Bin Doi
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- 022 DELAYED BILATERAL FACIAL NERVE PALSY FOLLOWING BILATERAL TEMPORAL BONE FRACTURES**
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- 023 THE HIDDEN COST OF BEAUTY: OCCULT SEPTAL PERFORATION FOLLOWING NON SURGICAL NASAL THREAD LIFTING**
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- 024 EVOLVING BEYOND THE MERCEDES-BENZ INCISION: THE BLUE LASER PEPPER POT TECHNIQUE FOR COMPLEX SUBGLOTTIC STENOSIS**
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- 025 FROM OINTMENT TO OBSTRUCTION: CHLORAMPHENICOL INDUCED NASAL PYOGENIC GRANULOMA**
Kuhan Olakanathan, Lim Hui Wen, Lo Ren Hui, Harvinder Singh Dalip Singh, Philip Rajan Deveshayam
Department of Otorhinolaryngology - Head and Neck Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- 026 KNOWLEDGE, ATTITUDES, AND PREVENTIVE PRACTICES ON NOISE-INDUCED HEARING LOSS AMONG QUARRY WORKERS IN MALAYSIA**
Noor Dina Hashim^{1,4}, Rosnah Ismail², Wan Fazlina Wan Hashim³, Farah Liana Lokman⁴, Fatimah Sazari³, Wan Nabila Wan Mansor^{1,4}, Nuraina Azemi¹
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POSTER PRESENTATIONS

Abstract ID

- 027** **TEMPORAL CHANGES IN KNOWLEDGE, ATTITUDES, AND PRACTICES ON NOISE-INDUCED HEARING LOSS AMONG QUARRY WORKERS AFTER A HEARING CONSERVATION PROGRAM**
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- 028** **LARYNGEAL CARCINOMA IN DISGUISE AS BASE OF TONGUE ABSCESS**
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- 029** **A NOSE FOR TROUBLE: TRIO OF RARE NASAL ANOMALIES IN A NEONATE**
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- 030** **ALL EYES ON THE NOSE - AN INFANT WITH A LARGE CONGENITAL NASOPHARYNGEAL MIXED GERM CELL TUMOUR**
Nur Suhaila Mohd Fadzil¹, Nor Hafiza Qualickuz Zanan¹, Komathi S Ramachandran², Azmi Alias³
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- 031** **METASTATIC SEBACEOUS CARCINOMA: A PAROTID HIDEOUT**
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- 032** **PERITONSILAR ABSCESS YEARS AFTER TONSILECTOMY: A CASE REPORT**
Kian Hock Tan, Khim Soon Vong, Ahmad Hazim Hazlami Ahmad Nizar
Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia
- 033** **A RARE BLOW: SPONTANEOUS HEPATIC METASTASIS RUPTURE IN NASOPHARYNGEAL CARCINOMA**
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- 034** **PAROTID GLAND LIPOMA: A CASE REPORT OF A MASSIVE TUMOR WITH AIRWAY COMPROMISE**
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POSTER PRESENTATIONS

Abstract ID

- 035 EXTRANODAL ROSAI-DORFMAN DISEASE OF THE TONSIL MIMICKING HISTIOCYTIC SARCOMA**
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- 036 REAL-TIME QUANTITATIVE NEAR-INFRARED AUTOFLUORESCENCE FOR PARATHYROID PRESERVATION IN THYROID CANCER SURGERY: A CASE REPORT**
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- 039 THE GREAT MIMICKER OF OROPHARYNGEAL ULCERATIVE GRANULOMATOUS LESION**
Navinthe Kumar Nantha Kumar, Han Tien Tien, Xiao Hong Chow, Philip Rajan Devesahayam
Department of Otorhinolaryngology, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- 040 DIAGNOSTIC AND MANAGEMENT CHALLENGES: CONCURRENCE OF FIBROUS DYSPLASIA AND EXTERNAL CANAL ATRESIA IN THE TEMPORAL BONE**
S Jamuneswary, H Iskandar, A Hafeza
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- 041 RARE BILATERAL DOUBLING OF THE INTERNAL AUDITORY CANALS**
S Jamuneswary, H Iskandar, A Hafeza
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- 043 PRELIMINARY FINDINGS OF MULTIDIMENSIONAL VOICE ASSESSMENT AMONG MALAYSIAN TRACHEOESOPHAGEAL SPEAKERS: ACOUSTIC ANALYSIS AND PATIENT-REPORTED OUTCOMES**
Nurshahira Razali¹, Masaany Mansor¹, Norazila Abdul Rahim¹, Xin Wee Chen¹, Nadhirah Shakri², Vanitha Palany³
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- 045 EXPLORING THE POLYSOMNOGRAPHIC CORRELATES OF SLEEP BRUXISM IN OBSTRUCTIVE SLEEP APNEA**
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- 046 WHOOSHING SOUND IN MY EAR: A CASE OF VENOUS-TYPE PULSATILE TINNITUS MANAGED SURGICALLY**
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- 047 SYNCHRONOUS SINONASAL SEROMUCINOUS HAMARTOMA AND INFLAMMATORY POLYP MIMICKING MALIGNANCY IN A PATIENT WITH ITP**
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POSTER PRESENTATIONS

Abstract ID

- 048 BEYOND THE SCALPEL: WHEN MULTIDISCIPLINARY INTENSITY TRUMPS SURGICAL DRAINAGE**
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- 050 TRAPPED AND RELEASED: MANAGING MEDIAL RECTUS ENTRAPMENT AFTER ORBITAL TRAUMA**
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- 051 COMPENSATORY THYROID FUNCTION AFTER TOTAL THYROIDECTOMY PRESENTING AS UPPER AIRWAY OBSTRUCTION: A RARE PRESENTATION OF SUBMENTAL ECTOPIC THYROID**
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- 053 LOCALLY ADVANCED SINONASAL ADENOID CYSTIC CARCINOMA WITH NASOMAXILLARY INVOLVEMENT: DIAGNOSTIC WORKUP, SURGICAL MANAGEMENT, AND EARLY POSTOPERATIVE OUTCOME**
Muhammad Farhan Zarman, Komathi S Ramachandran, Fauziah Nasir, Nadia Syafeera Binti Naserrudin
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- 054 NASOPHARYNGEAL CARCINOMA IN AN 11-YEAR-OLD CHILD: A LESSON TO BE LEARNED**
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- 055 CHRONIC DACRYOCYSTITIS WITH CUTANEOUS LACRIMAL FISTULA IN A CHILD MANAGED WITH ENDOSCOPIC DACRYOCYSTORHINOSTOMY: A CASE REPORT**
Siti Jawadiyyah Ab Rani¹, Vinota Paniselvam¹, Kelvinder Singh², Komathi Ramachandran¹, Fauziah Nasir¹
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- 056 ATYPICAL ACUTE HEADACHE AS THE SOLE PRESENTATION OF SPHENOID SINUS MYCETOMA: A CASE REPORT**
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- 058 NEVUS SEBACEOUS OF THE EXTERNAL AUDITORY CANAL IN AN ADOLESCENT: A RARE PRESENTATION MIMICKING FIBROEPITHELIAL POLYP**
Muhammad Farhan Zarman, Komathi S Ramachandran, Fauziah Nasir, Ahmad Izani Mohd Safian
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- 059 HYPOPHARYNGEAL PERFORATION CAUSED BY AN IMPACTED PRAWN: A RARE FOREIGN BODY EMERGENCY**
Muhammad Farhan Zarman, Komathi S Ramachandran, Fauziah Nasir, Azman Bin Ali
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- 062 HIDDEN INVADERS: NASAL MYIASIS IN A CRITICALLY ILL PATIENT**
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POSTER PRESENTATIONS

Abstract ID

- 063 A NODE WITH A SECRET, UNSUAL METASTATIC PATTERN OF UROTHELIAL SQUAMOUS CELL CARCINOMA. A CASE REPORT OF SUPRACLAVICULAR LYMPH NODE INVOLVEMENT**
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- 064 SUBMANDIBULAR MYOEPIHELIAL CARCINOMA MIMICKING BENIGN SALIVARY MASS**
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- 065 INTRACOCHELEAR SCHWANNOMA: A RARE BUT NOT TO MISSED CASE OF UNILATERAL SENSORINEURAL HEARING LOSS**
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- 067 SINONASAL INVERTED PAPILLOMA ARISING FROM THE MIDDLE TURBINATE WITH MALIGNANT TRANSFORMATION INTO SQUAMOUS CELL CARCINOMA: A CASE REPORT**
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- 068 ACQUIRED SUBGLOTTIC STENOSIS MIMICKING FOREIGN BODY ASPIRATION: A DIAGNOSTIC CHALLENGE IN PAEDIATRICS**
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- 069 HUMAN PAPILLOMAVIRUS-ASSOCIATED NEUROENDOCRINE CARCINOMA OF THE TONGUE: A CASE REPORT**
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- 070 COMPLEX AIRWAY STENOSIS IN A SYNDROMIC NEONATE: A MANAGEMENT DILEMMA**
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- 071 A TIGHT SPACE, A PRECISE APPROACH: ENDOSCOPIC EXCISION OF AN INTRACONAL CAVERNOUS HEMANGIOMA, TECHNICAL CHALLENGES AND OUTCOMES**
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POSTER PRESENTATIONS

Abstract ID

- 072 CONCURRENT ADENOID AND INTRATONSILLAR ABSCESS IN AN ADULT MASQUERADING AS PERITONSILLITIS: A DIAGNOSTIC DILEMMA**
Nasimus Sobah Abdul Aziz, Vinota Paniselvam, Ahmad Izani Mohd Safian, Fauziah Nasir, Komathi Ramachandran
Hospital Putrajaya, Putrajaya, Malaysia
- 073 EARLY POSTOPERATIVE OBSTRUCTION FOLLOWING ENDOSCOPIC SINUS SURGERY FOR ACUTE RHINOSINUSITIS WITH FACIAL CELLULITIS IN AN ADOLESCENT: THE IMPORTANCE OF NASAL IRRIGATION AND MIDDLE TURBINATE STABILIZATION**
Muhammad Dzirkul Khanif Zainol-Azmi, Nadia Syafeera Naserrudin, Muhammad Hazim Abdul Ghafar, Komathi Ramachandran
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- 074 WHEN A PHARYNGEAL MASS IS NOT WHAT IT SEEMS: A CASE OF SYNOVIAL SARCOMA**
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- 075 ENHANCING DIAGNOSTIC CERTAINTY IN CERVICAL TUBERCULOUS LYMPHADENITIS VIA XPERT MTB/RIF: A CASE REPORT**
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- 077 GIANT FRONTAL SINUS PYOMUCOCELE MIMICKING SINONASAL MALIGNANCY WITH ORBITAL AND INTRACRANIAL EXTENSION: A CASE REPORT**
Ku Qayrunnisa Binti Ku Ismail^{1,2}, Wan Ahmad Amiruddin Bin Wan Hassan¹, Khairul Azhar Bin M Rejat¹, Atikah Binti Rozhan²
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- 078 TRICHOFFOLLICULOMA OF THE NASAL VESTIBULE: A RARE BENIGN ADNEXAL TUMOR MIMICKING COMMON NASAL LESIONS**
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- 079 BEZOLD'S ABSCESS MASQUERADING AS NECK CARBUNCLE**
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- 080 PREAURICULAR CHONDROID SYRINGOMA: A DOUBLE RARITY MASQUERADING AS SALIVARY NEOPLASM**
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- 081 ATYPICAL ANGIOFIBROMA BEYOND ADOLESCENCE: A CASE FROM THE NASOMAXILLARY FLOOR**
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POSTER PRESENTATIONS

Abstract ID

- 082 THE DIAGNOSTIC ACCURACY OF POST PROCESSING IMAGE-ENHANCED ENDOSCOPY FOR THE DETECTION OF UPPER AERODIGESTIVE TRACT MALIGNANT TUMOURS**
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- 083 MASSON TUMOR: A RARE HEAD AND NECK MASS CASE REPORT**
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- 084 EXTRANODAL MARGINAL ZONE B-CELL LYMPHOMA OF PAROTID: A CASE REPORT**
N Z Mahmood, M N Abu Bakar, A Abd Manan, H Ismail
Department of Otorhinolaryngology, Hospital Sultan Ismail Petra, Kelantan, Malaysia
- 085 DIAGNOSTIC DILEMMA OF PAROTID GLAND HODGKIN LYMPHOMA: A CASE REPORT**
Mansor N A¹, Musa M A¹, Ahmad Radzi M A², Chua B C³, Hakim I¹
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- 086 SALMONELLA ASSOCIATED DEEP NECK ABSCESES**
S B Kuek, S S Moses
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- 087 WHEN A COIN IS NOT A COIN: DELAYED DIAGNOSIS OF BUTTON BATTERY INGESTION CAUSING SEVERE ESOPHAGEAL NECROSIS (ZARGAR GRADE 3B) IN A TODDLER**
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²Department ORL-HNS, Kulliyah of Medicine, International Islamic University Malaysia, Kuantan, Pahang, Malaysia
- 088 A TWISTED CULPRIT: BASILAR ARTERY DOLICHOECTASIA PRESENTING AS REFRACTORY TRIGEMINAL NEURALGIA**
Yuvaneshwary Kalaiselvam, Mohamed Iliyas Sultan Abdul Kader
Department of Otorhinolaryngology - Head and Neck Surgery, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- 089 BRANCHIAL CLEFT CYST MIMICKING ECTOPIC PAPILLARY THYROID CARCINOMA**
Pandurengan Losheni, Ainer Indumathi, Doi Mohammad, Subramaniam Jaya Sangkary
Hospital Sultan Idris Shah, Serdang, Selangor, Malaysia
- 090 A HIDDEN THREAT: DELAYED PRESENTATION OF A WOODEN ORBITAL FOREIGN BODY EXTENDING TO THE PARANASAL SINUSES**
Muhammad Dzikrul Khanif Zainol-Azmi, Vinota Paniselvam, Ahmad Izani Mohd Safian, Azman Ali1, Komathi Ramachandran
Department of Otorhinolaryngology, Hospital Putrajaya, Putrajaya, Malaysia
- 091 WHEN OTITIS TURNS LETHAL: SKULL BASE OSTEOMYELITIS COMPLICATED BY CAROTID PSEUDOANEURYSM**
Nur Shazmine Augus Salim¹, Mohamed Iliyas Sultan Abdul Kader¹, Jamuneswary Selvarajoo¹, Fatimah Ismail²
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POSTER PRESENTATIONS

Abstract ID

- 093 HOW CLINICALLY ACCURATE IS IT TO TREAT COCHLEAR-FACIAL DEHISCENCE (CFD) BASED ONLY ON RADIOLOGY OR ONLY SYMPTOMS/SIGNS?**
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¹Ng Teng Fong General Hospital, Singapore
²National University Hospital, Singapore
- 095 RARE AND AGGRESSIVE SMARCB1 (INI -1) DEFICIENT SINONASAL CARCINOMA: A CASE REPORT**
Akmal Baharin¹, Azman Ali², Komathi Ramachandran², Noraini Mohamad³
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- 096 WHEN BENIGN MIMICS MALIGNANCY: AN AIRWAY-THREATENING CANDIDA-INDUCED PSEUDOEPITHELIOMATOUS HYPERPLASIA OF THE LARYNX**
Yan Ru Lim^{1,2}, Kai Jun Tey¹, Tien Tien Han¹, Nadhirah Mohd Shakri²
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- 098 IATROGENIC NASOLACRIMAL DUCT OBSTRUCTION: AN UNFORESEEN OUTCOME OF NOE FRACTURE SURGERY**
Lim Yan Ru^{1,2}, Muhammad Hazim Abdul Ghafar¹, Kuhan Olakanathan¹, Salina Husain^{1,3}
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- 099 BILATERAL ONCOCYTIC SINONASAL PAPILLOMA OF MAXILLARY SINUS: A CASE REPORT**
M I Mohd Ayob¹, I Y L Tan^{1,2}, F D Zahedi¹
¹Department of Otorhinolaryngology Head and Neck Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
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- 100 A RARE MALIGNANT VOCAL CORD POLYP - UNDIFFERENTIATED PLEOMORPHIC SARCOMA: A CASE REPORT AND LITERATURE REVIEW**
Wei Jie Boon^{1,2}, Nadhirah Mohd Shakri^{1,2}, Mawaddah Azman^{1,2}, Azyani Yahaya^{2,3}, Khairil Afif Mahmud^{1,2}
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²Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
³Department of Pathology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- 101 A FISHY ENCOUNTER: RETROPHARYNGEAL FOREIGN BODY AT C1: A CASE REPORT**
Wan Hamizan Hazwan W Z, Shangeetha A, Yeo K W
Department of Otorhinolaryngology, Hospital Sri Aman, Sarawak, Malaysia
- 103 FOUR OPENINGS AT THE CARINA: A RARE AIRWAY FINDING IN A NEONATE WITH TRACHEOESOPHAGEAL FISTULA**
Aiswaryaa Devi Tambi Selvam, Nur' Afeena Al Fahmi Abdul Kashaf, Shasikala Suthersan, Suhaili Abdul Jalil, Noridayu Mohd Yusof
Department of Otorhinolaryngology, Hospital Seberang Jaya, Pulau Pinang, Malaysia

POSTER PRESENTATIONS

Abstract ID

- 104 LARYNGEAL PERICHONDritis: A POTENTIAL MIMIC OF SUBMUCOSAL LARYNGEAL MALIGNANCY**
Suzana Sahril¹, Khairil Afif Mahmud², Nadhirah Mohd Shakri², Mawaddah Azman²,
Mohd Razif Mohamad Yunus²
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Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- 105 SUDDEN SILENCE: THE INJECTION THAT HELPS**
Nurul Atiqah Hazaraimi, Ahda Farhah Mohd Kutubudin
Department of Otorhinolaryngology, Hospital Melaka, Melaka, Malaysia
- 106 TO TREAT OR NOT TO TREAT: THE MANAGEMENT DILEMMA OF A PALATAL VENOUS MALFORMATION IN A PEDIATRIC PATIENT WITH AUTISM AND SUSPECTED HYPERTENSION**
Wan Hamizan Hazwan W Z, Yeo K W
Department of Otorhinolaryngology, Hospital Sri Aman, Sarawak, Malaysia
- 107 A CASE REPORT OF ETHMOIDAL LANGERHANS' CELL HISTIOCYTOSIS: A DIFFICULT CATCH**
Theresa Teoh Chiu Hoong¹, Isaac Tan Ying Ler¹, Goh Bee See^{1,2}
¹Department of Otorhinolaryngology - Head and Neck Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
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- 108 EXTENSIVE SQUAMOUS PAPILLOMA OF THE EXTERNAL EAR CANAL WITH MALIGNANT TRANSFORMATION: A DILEMMA IN ESTABLISHING DIAGNOSIS**
Theresa Teoh Chiu Hoong^{1,2}, Asma Abdullah^{1,2}, Wan Nabila Wan Mansor^{1,2}, Nordashima Abd Shukor³,
Raniza Musily³, Noor Dina Hashim^{1,2}
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²Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
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- 109 A FAILED AIRWAY: POST-SEPTOPLASTY SADDLE NOSE DEFORMITY CAUSING CPAP INTOLERANCE IN SEVERE OBSTRUCTIVE SLEEP APNEA**
Nur Ashikin Aznan, Ahmad Izani Mohd Safian, Muhammad Hazim Abdul Ghafar, R Komathi Ramachandran,
Fauziah Nasir
Department of Otorhinolaryngology - Head and Neck Surgery, Hospital Putrajaya, Putrajaya, Malaysia
- 111 THE RADIOLOGIC "GHOST": A CALCIFIED INTRANEURAL BUNDLE MIMICKING A MIGRATED FOREIGN BODY IN THE PALATINE TONSIL**
Wan Hamizan Hazwan W Z, Yeo K W
Department of Otorhinolaryngology, Hospital Sri Aman, Sarawak, Malaysia
- 112 SINONASAL ADENOID CYSTIC CARCINOMA (T4AN0M0): SUCCESSFUL ENDOSCOPIC MANAGEMENT OF A LOCALLY ADVANCED TUMOUR**
Addelin Haifaa Naelah Binti Huslan, Ahmad Izani Mohd Safian, Nadia Syafeera Binti Naserrudin,
Muhammad Hazim Bin Abdul Ghafar, Komathi R Ramachandran
Department of Otorhinolaryngology - Head & Neck Surgery, Hospital Putrajaya, Putrajaya, Malaysia
- 113 IMPACT OF DISEASE EXTENT ON SURGICAL OUTCOMES IN SINONASAL MELANOMA: A TWO-CASE COMPARISON**
Kuganiya Naidu, Kobinathan Srinivasagam, Muhammad Hazim Bin Abdul Ghafar, Komathi R Ramachandran,
Fauziah Nasir
Department of Otorhinolaryngology - Head & Neck Surgery, Hospital Putrajaya, Putrajaya, Malaysia

POSTER PRESENTATIONS

Abstract ID

- 114 MANAGEMENT OF PAROTID FISTULA WITH SODIUM TETRADECYL SULPHATE AND INTRAPARENCHYMAL BOTULINUM TOXIN INJECTION**
Wong Song Yeu¹, Nasibah Mohamad², Norsyamira Aida Mohamad Umbaik¹, Norhafiza Mat Lazim¹
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- 115 INVASIVE SINONASAL MUCORMYCOSIS WITH PARAPHARYNGEAL EXTENSION MIMICKING NASOPHARYNGEAL CARCINOMA AND ASSOCIATED RIGHT MIDDLE EAR EFFUSION: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE**
Addelin Haifaa Naelah Binti Huslan, Ahmad Izani Mohd Safian, Nadia Syafeera Binti Naserrudin, Muhammad Hazim Bin Abdul Ghafar, Komathi R Ramachandran
Department of Otorhinolaryngology - Head & Neck Surgery, Hospital Putrajaya, Putrajaya, Malaysia
- 118 A RARE CASE OF TEMPORAL BONE LANGERHANS CELL HISTIOCYTOSIS WITH INTRACRANIAL EXTENSION**
Muhammad Adzha Musa¹, Nor Amanina Mansor¹, Wong Kim Yew Richard¹, Ikram Hakim¹, Nur Kamilia Mohamad Mohsin²
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- 119 SPHENOID LYMPHOEPITHELIAL CARCINOMA: A RARE ENTITY AND ITS DIAGNOSTIC CHALLENGE**
S Suzana, Hardip Singh Gendeh, Salina Husain
Department of Otorhinolaryngology - Head and Neck Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- 120 A RARE MIMICKER OF LARYNGEAL CARCINOMA PRESENTING WITH HOARSENESS AND DYSPHAGIA**
Nur Shafina Minggu, D'Oliveiro Jo-lynn Jean, Jasmine Kho Pei Ying Kho
Sarawak General Hospital, Kuching, Sarawak, Malaysia
- 121 CLINICO-PATHOLOGICAL PROFILE AND MANAGEMENT TRENDS OF HEAD AND NECK MALIGNANCIES: A TERTIARY CENTER EXPERIENCE**
Suriadarshini Revi¹, Siti Nazira Abdullah¹, Hafiz Mohamad Mahbob¹, Irfan Mohamad²
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- 122 DUAL PATHOLOGY IN A CERVICAL LYMPH NODE: ROSAI-DORFMAN DISEASE AND HODGKIN LYMPHOMA**
Farisa Alia binti Mohd Radhwan¹, Khairil Afif bin Mahmud^{1,2}, Mohd Razif bin Mohamad Yunus^{1,2}
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- 123 EVALUATING THE NECESSITY OF SUBLINGUAL GLAND EXCISION IN A CASE OF DOUBLE TONGUE RANULA**
Iqbal Ayob M D^{1,2}, Zambri Ibrahim², Khairil Afif Mahmud¹
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POSTER PRESENTATIONS

Abstract ID

- 124 HEALED TYMPANIC MEMBRANE PERFORATION AFTER HEARING AID MOULD DISLODGE-
MENT IN THE MIDDLE EAR**
Lina Yusrina I Z¹, Siti Sarah Jasmin A A², Jamal Sazly J²
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²Hospital Bukit Mertajam, Pulau Pinang, Malaysia
- 125 ADAPTING BLUE LASER TECHNOLOGY IN A DISTRICT SPECIALIST HOSPITAL: CLINICAL
OUTCOMES AND TECHNICAL REFINEMENTS**
J J Ng, M Kamilah, S Rajoo, R Fadzlin, R Fadzli
Department of Otorhinolaryngology - Head and Neck Surgery, Hospital Tuanku Ampuan Najihah, Kuala Pilah, Negeri Sembilan,
Malaysia
- 126 ANALYSIS OF PAEDIATRIC COCHLEAR IMPLANT CANDIDACY: SINGLE CENTRE, RETROSPECTIVE
OBSERVATIONAL STUDY**
Lim Xin Jie¹, Philip Rajan², Teh Hui Mon², Raja Faizatul Balqis², Lynette Tan Jen Ni²
¹Department of Clinical Research Centre, Raja Permaisuri Bainun Hospital, Ipoh Perak, Malaysia
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- 127 EPIDEMIOLOGICAL TRENDS IN ALLERGIC RHINITIS BURDEN PRE- AND POST-COVID-19 PANDEMIC
IN URBAN PERAK, MALAYSIA**
Chii-Chii Chew^{1,2}, Xin-Jie Lim³, Maithrea Suresh Narayanan⁴, Pathma Letchumanan⁴, Philip Rajan^{3,4}, Chee Ping
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- 128 COMPARATIVE EVALUATION OF THREE LARGE LANGUAGE MODELS IN RESPONDING TO POST
TONSILLECTOMY BLEEDING QUERIES: A BLINDED MULTI-RATER CLINICAL ASSESSMENT**
Kugan Varatha Raju, Liang Chye Goh, Hui Yan Ong
Universiti Malaya, Kuala Lumpur, Malaysia
- 129 DESIGN AND EXPERT VALIDATION OF AN EDUCATIONAL AND PHARMACEUTICAL CARE
FRAMEWORK FOR ADULT ALLERGIC RHINITIS**
Chii-Chii Chew^{1,2}, Xin-Jie Lim³, Pathma Letchumanan⁴, Maithrea Suresh Narayanan⁴, Philip Rajan^{3,4}, Chee Ping
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⁴Department of Otorhinolaryngology - Head and Neck Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- 130 ESOPHAGEAL IMPACTION OF A TOBACCO EGG**
Iqbal Ayob M D^{1,2}, Addina Baki², Nadhirah Mohd Shakri¹
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Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
²Department of Otorhinolaryngology, Hospital Tuanku Fauziah, Perlis, Malaysia
- 132 BILATERAL CAROTID BODY TUMOURS STABLE FOR 18 YEARS: A CASE FOR WATCHFUL WAITING**
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POSTER PRESENTATIONS

Abstract ID

135 ACQUIRED HAEMOPHILIA A MASQUERADING AS A DEEP NECK SPACE INFECTION: AVOIDING A SURGICAL TRAP

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136 A REVIEW ON ELECTRICAL STIMULATION AS A REHABILITATION IN THE TREATMENT OF BELL'S PALSY

Nor Azirah Salahuddin, Siti Asmat Md Arepen, Nor Eyzawiah Hassan

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137 THE ROLE OF VESTIBULAR-SENSORY INTEGRATION IN MOTION SICKNESS: A REVIEW OF MECHANISM, SUSCEPTIBILITY AND MANAGEMENT STRATEGIES

Nor Azirah Salahuddin, Nor Eyzawiah Hassan, Siti Asmat Md Arepen

Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, Negeri Sembilan, Malaysia

139 EUSTACHIAN TUBE DYSFUNCTION AND ITS IMPACT ON VESTIBULAR FUNCTION: A CROSS-SECTIONAL STUDY

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141 IATROGENIC PHARYNGOCUTANEOUS FISTULA FOLLOWING INCISION & DRAINAGE OF RETROPHARYNGEAL ABSCESS: A CASE REPORT

Noor Adilah Ab Rahman^{1,2}, Khairil Afif Mahmud^{1,2}, Lum Sai Guan^{1,2}, Mawaddah Azman^{1,2}, Mohd Razif Mohamad Yunus^{1,2}

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142 MIDDLE EAR HEMANGIOMA IN A CHILD: A RARE CASE SUCCESSFULLY MANAGED WITH PROPRANOLOL

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143 UNEXPECTED VESTIBULAR SEQUELAE WITH MILD SENSORINEURAL HEARING LOSS AFTER A TRIVIAL HEAD TRAUMA IN A CHILD: A CASE REPORT

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POSTER PRESENTATIONS

Abstract ID

- 144 COMPLICATIONS OF TRACHEAL RESECTION AND RECONSTRUCTION: A 10-YEAR RETROSPECTIVE CASE SERIES**
Anisah Sahrir^{1,2}, Nadhirah Mohd Shakri^{1,2}, Marina Mat Baki^{1,2}, Mawaddah Azman^{1,2}
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- 145 WHEN TRAUMA REWRITES ANATOMY: AN ECTOPIC TOOTH HIDDEN IN THE MAXILLARY CAVITY, A CASE REPORT**
Muhammad Amiruddin Abu Bakar, Mohd Zul Izzi Fauzi
Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia
- 146 THE EFFECTIVENESS AND COMPLICATIONS OF BALLOON TUBOPLASTY IN EUSTACHIAN TUBE DYSFUNCTION AMONG ADULT POPULATIONS: A NARRATIVE REVIEW**
Siti Asmat Md Arepen, Nor Azirah Salehuddin, Nor Eyzawiah Hassan
Faculty of Medicine and Health Sciences, University Sains Islam Malaysia, Negeri Sembilan, Malaysia
- 147 EMPTY NOSE SYNDROME: THE EFFECTIVENESS OF SURGICAL INTERVENTION**
Siti Asmat Md Arepen, Nor Eyzawiah Hassan, Nor Azirah Salehuddin
Faculty of Medicine and Health Sciences, University Sains Islam Malaysia, Negeri Sembilan, Malaysia
- 148 Sialendoscopy-Assisted Marsupialization for Dual Wharton's Duct Sialoliths: A Gland-Preserving Surgical Approach**
Mei Fang Law^{1,2}, Patricia Chong¹, Jason Lo¹, Zahirrudin Bin Zakaria Zaidin¹
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- 149 CHONDROMA OF THE THYROID CARTILAGE WITH PIRIFORM FOSSA EXTENSION: AN EXTREMELY RARE LARYNGEAL TUMOUR**
Law Mei Fang, Mawaddah Azman
Department of Otorhinolaryngology - Head and Neck Surgery, Faculty of Medicine, Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- 150 ACUPUNCTURE IN THE MANAGEMENT OF ALLERGIC RHINITIS: A CRITICAL REVIEW OF MECHANISM, EFFICACY, AND CLINICAL EVIDENCE**
Nor Eyzawiah Hassan, Nor Azirah Salahuddin, Siti Asmat Md Arepen
Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, Negeri Sembilan, Malaysia
- 151 DIVING PRACTICE AMONG BAJAU POPULATION AND THEIR IMPACT ON EAR AND NOSE HEALTH**
Nor Eyzawiah Hassan, Siti Asmat Md Arepen, Nor Azirah Salahuddin
Faculty of Medicine and Health Sciences, Universiti Sains Islam Malaysia, Negeri Sembilan, Malaysia
- 152 SAVING AN AVULSED PINNA: TIMING IS THE MOST IMPORTANT FACTOR**
Mei Fang Law^{1,2}, Redha Asyraf Ab Rahman¹, Zahirrudin Zakaria Zaidin¹, Asma A^{2,3}
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- 153 CLINICAL AUDIT ON THE MANAGEMENT OF ADULT OBSTRUCTIVE SLEEP APNEA (OSA)**
A Halim, M Amiruddin, M Amiri, W Danial, Zalilah Musa
Hospital Sultanah Nur Zahirah, Kuala Terengganu, Terengganu, Malaysia

POSTER PRESENTATIONS

Abstract ID

- 154 ATYPICAL TICK-BORNE LYMPHADENOPATHY WITH PERIORBITAL INVOLVEMENT IN A PEDIATRIC PATIENT**
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- 155 SEEING THROUGH THE SCAR: THE ROLE OF ENDOSCOPIC ULTRASOUND IN DETECTING RECURRENT OROPHARYNGEAL CANCER**
Z I Zulkifli¹, M N Yahya¹, T Jayaraman², K K Zulkifli², A Mohd Azraal³, FN Mohd Nasir⁴, M Mansor^{1,5}
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- 156 DIFFUSE LARGE B CELL LYMPHOMA PRESENTING AS A GIANT CRANIAL VAULT SCALP MASS WITH UPPER AIRWAY OBSTRUCTION**
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²Universiti Sains Malaysia, Kubang Keriam, Kelantan, Malaysia
- 157 SINGLE-STAGE FIBER-BASED 445NM BLUE LASER FOR BILATERAL VOCAL FOLD LESIONS IN ADULT-ONSET RECURRENT RESPIRATORY PAPILLOMATOSIS**
Irise H K Chen^{1,2}, S Q M A Kadar^{1,2}, NM Shakri^{1,2}, M Azman^{1,2}, M M Baki^{1,2}
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- 158 TUBELESS APPROACH TO CRITICAL TRACHEAL OBSTRUCTION IN METASTATIC LUNG CANCER**
Irise H K Chen^{1,2}, H X Teng³, A Z Sharifuddin^{4,5}, C Y Liu³, N M Shakri^{1,2}, Z I Al Harrasi^{1,2}, M Azman^{1,2}
¹Department of Otorhinolaryngology - Head and Neck Surgery, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
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- 159 BEYOND NODAL DISEASE: CLASSICAL HODGKIN LYMPHOMA WITH SECONDARY NASOPHARYNGEAL EXTENSION**
Haziyah Hashim¹, Quah G X P², Yong Doh Jeing¹, Nur Izzati Ishak¹
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²Department of Otorhinolaryngology, Hospital Queen Elizabeth, Kota Kinabalu, Sabah, Malaysia
- 160 AN UNUSUAL CULPRIT BEHIND THE EAR: A RARE CASE OF PRIMARY POST-AURICULAR SYNOVIAL SARCOMA**
Rohaizam Japar Jaafar¹, Nur Fadhlina Abdul Satar², Ikmal Hisyam Bakrin³, Josephine Rosalind Subramaniam⁴, Primuharsa Putra Sabir Husin Athar⁵
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POSTER PRESENTATIONS

Abstract ID

- 161 RECOGNISING THE DANGEROUS SORE THROAT: LEMIERRE SYNDROME WITH SEPTIC PULMONARY EMBOLI**
Anura Aman¹, Cheah Siew Chung¹, Adam Mohamad¹
¹Department of Otorhinolaryngology - Head & Neck Surgery, Hospital Tengku Ampuan Afzan, Kuantan, Pahang, Malaysia
²Department of Otorhinolaryngology - Head & Neck Surgery, Hospital Pakar USM, Kota Bharu, Kelantan, Malaysia
- 162 PAPILLARY THYROID CARCINOMA: A RARE PRESENTATION IN THE SUBGLOTTIC REGION WITHOUT IDENTIFIABLE PRIMARY TUMOUR IN THE THYROID OR CERVICAL LYMPH NODES**
Awang Muhammad Taufik, Musa Zalilah, Manam Halim
Department of Otorhinolaryngology, Hospital Sultanah Nur Zahirah, Terengganu, Malaysia
- 163 DIAGNOSTIC AGREEMENT BETWEEN VIDEO HEAD IMPULSE TEST AND HEAD SHAKE TEST IN DETECTING UNILATERAL PERIPHERAL VESTIBULAR HYPOFUNCTION IN VERTIGO CLINIC HOSPITAL KUALA LUMPUR: A RETROSPECTIVE STUDY**
Najlaa Raihana Juhari
Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- 164 HEREDITARY HEMORRHAGIC TELANGIECTASIA IN A YOUNG ADULT MALE WITH RECURRENT EPISTAXIS**
Ashraf Shukran, Azwarizan Abdul Halim
Hospital Cyberjaya, Selangor, Malaysia
- 165 BILATERAL ANTROCHOANAL POLYPS- A RARE CLINICAL PRESENTATION**
Amira Sofea binti Ali Amiruddin¹, Redzwan Shah bin John Mohd², Andrew Charles Gomze Junior²
¹Universiti Malaya Medical Centre, Kuala Lumpur, Malaysia
²Universiti Malaya, Kuala Lumpur, Malaysia
- 166 ORBITAL EXENTERATION DUE TO MALIGNANT TRANSFORMATION OF INVERTED PAPILLOMA: AN UNCOMMON ENTITY**
Ainin Zahidah Kamal Zuhairi^{1,2}, Khairul Azhar M Rajet¹, Azman Ali¹, Mohd Razif Mohamad Yunus²
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²Department of Otorhinolaryngology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- 167 THYROIDECTOMY SCARS EVALUATED THROUGH THE VANCOUVER SCAR SCALE (VSS): A COMPREHENSIVE RETROSPECTIVE AUDIT (2019-2024)**
N A E Ismail, S Ghauth
Universiti Malaya, Kuala Lumpur, Malaysia
- 168 HIDDEN IN THE MASTOID: ADULT LANGERHANS CELL HISTIOCYTOSIS**
V M Kavithavan Vasuthevan, Safinaz Binti Zainor, Nurul Farahiyah Binti Abdullah, Ahmad Mahfuz Bin Zamaili
Department of Otorhinolaryngology, Hospital Kulim, Kulim, Kedah, Malaysia
- 169 NOT YOUR USUAL PAROTID SWELLING: A HEMATOMA IN DISGUISE**
Oistina Akmal Yunos Kamdi, Sharir Asrul Asnawi, Shahrul Bin Hitam
Department of Otorhinolaryngology, Hospital Ampang, Ampang, Selangor, Malaysia
- 170 THE SILENT SWELL: SHEDDING LIGHT ON VENOLYMPHATIC MALFORMATION**
Oistina Akmal Yunos Kamdi, Aishah Harizah Binti Abdullah Alwi, Shahrul Bin Hitam
Department of Otorhinolaryngology, Hospital Ampang, Ampang, Selangor, Malaysia
- 171 SNORING: NOT JUST A HARMLESS SOUND: A BIZARRE CASE OF BURKITT'S LYMPHOMA OF PARAPHARYNGEAL SPACE**
Aida Zahidah, Aishah Harizah, Shahrul Hitam
Department of Otorhinolaryngology - Head & Neck Surgery, Hospital Ampang, Ampang, Selangor, Malaysia

POSTER PRESENTATIONS

Abstract ID

- 172 HEARING AID COMPLIANCE IN PERAK, MALAYSIA: PREVALENCE AND ASSOCIATED FACTORS AMONG THE AGED POPULATION**
E-Li Leong¹, Chii-Chii Chew², Nur Azyani Amri³, Chee Tao Chang², Ahmad Faiz Md Salleh³, Mazly Helmy Sulaiman³, Raja Faizatul Balqis Raja Mudzafar Shah³, Nurhazwani Mhd Hanapiah³, Nur Shahida Mohd Shah³, Nurhazirah Ali³, Amirul Asraf Md Saad³, Farah Dalila Mohamad Tahir³, Philip Rajan Devesahayam^{1,3}
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- 173 PAEDIATRIC TEMPORAL BONE FIBROUS DYSPLASIA PRESENTING AS RECURRENT OTORRHOEA AND CANAL CHOLESTEATOMA**
Nur Farahin Rosdi, Dinie Tumaistri, Asma Abdullah
Department of Otorhinolaryngology, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- 175 THE BLUE CLUE BEHIND THE SNORE : REVELATION OF UNDIAGNOSED CONGENITAL OROPHARYNGEAL VENOLYMPHATIC MALFORMATION DURING ADULT SNORING EVALUATION**
Syarifah Maryam Nabilah S M T, Aishah Harizah A A, Shahrul H
Department of Otorhinolaryngology, Hospital Ampang, Ampang, Selangor, Malaysia
- 176 INTERMITTENT DYSPHAGIA SECONDARY TO SCHATZKI RING IN A YOUNG ADULT: A RARE BUT UNDERRECOGNIZED CAUSE OF FOOD IMPACTION**
Salman Amiruddin^{1,2}, Filla Dalila Othman², Nu'aim Ishak^{1,2}, Mohd Sayuti Razali^{1,2}, Nor Kamaruzaman Esa^{1,2}
¹Department of Otorhinolaryngology, Faculty of Medicine, Universiti Sultan Zainal Abidin, Terengganu, Malaysia
²Department of Otorhinolaryngology, Hospital Sultan Zainal Abidin, Terengganu, Malaysia
- 178 A DISEASE THAT DOES NOT FORGET: DELAYED ADULT RECURRENCE OF CHILDHOOD LYMPHANGIOMA**
Suriadarshini Revi, Aziah Ab Rani, Jothi Shanmuganathan
Department of Otorhinolaryngology - Head & Neck Surgery, Hospital Sultanah Aminah, Johor Bahru, Johor, Malaysia
- 179 LYMPHANGIOMATOUS POLYP: A DIAGNOSIS DILEMMA IN TONSILLAR MASSES**
Abu 'Ubaidah Bin Shahrir, Addina Mohd Baki
Hospital Tuanku Fauziah, Kangar, Perlis, Malaysia
- 180 UNUSUAL PATHOGEN ALERT: VARIBACULUM CAMBRIENSE AS A CAUSATIVE AGENT IN PREAURICULAR SINUS INFECTION**
Salman Amiruddin^{1,2}, Amaniina Syuhada A N², Nu'aim Ishak^{1,2}, Mohd Sayuti Razali^{1,2}, Nor Kamaruzaman Esa^{1,2}
¹Department of Otorhinolaryngology, Faculty of Medicine, Universiti Sultan Zainal Abidin, Terengganu, Malaysia
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- 181 GOUTY TOPHI OF THE PINNA IN A PATIENT WITH CONTROLLED SERUM URIC ACID: A FISH OUT OF WATER**
Salman Amiruddin^{1,2}, Nur Najihah M Y², Nu'aim Ishak^{1,2}, Mohd Sayuti Razali^{1,2}, Nor Kamaruzaman Esa^{1,2}
¹Department of Otorhinolaryngology, Faculty of Medicine, Universiti Sultan Zainal Abidin, Terengganu, Malaysia
²Department of Otorhinolaryngology, Hospital Sultan Zainal Abidin, Terengganu, Malaysia
- 182 A NARROWING FATE: SUPRAGLOTTIC STENOSIS SECONDARY TO NEGLECTED LARYNGOMALACIA**
Michelle C S Chong, Mohamed Shajaaruddin Jamaluddin, Kar Mun Ooi
Hospital Slim River, Perak, Malaysia

POSTER PRESENTATIONS

Abstract ID

- 183 UNCOVER THYROID MALIGNANCY FOLLOWING COMPLETION THYROIDECTOMY IN A PATIENT WITH NON-INVASIVE FOLLICULAR THYROID NEOPLASM WITH PAPILLARY-LIKE NUCLEAR FEATURE (NIFTP): A CASE REPORT**
W C Sik, Alya Natasya M Roslan, Siri Kavita Nalatamby, Vincent C Y Ngu
Hospital Miri, Sarawak, Malaysia
- 184 MILLIMETERS FROM DISASTER: A RETAINED FOREIGN BODY IN THE NECK**
Sherman Tay, Siti Sarah Razak, Siti Halimahtun Sahab, Noorizan Yahya@Yayah, Mohamad Khir Abdullah
Department of ENT, Hospital Pakar Sultanah Fatimah, Muar, Johor, Malaysia
- 186 A CASE OF ATYPICAL PRESENTATION OF WARTHIN TUMOUR IN A YOUNG NON-SMOKING FEMALE**
Ainun Mastura M
Hospital Duchess of Kent, Sandakan, Sabah, Malaysia
- 187 PERIOPERATIVE AIRWAY ULTRASOUND-GUIDED TRACHEOSTOMY UNDER LOCAL ANESTHESIA IN IMPENDING UPPER AIRWAY OBSTRUCTION**
Norsyamira Aida Mohamad Umbaik¹, Muhamad Aizuddin Ismail², Irfan Mohamad¹
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- 188 WHEN BENIGN MIMICKING MALIGNANCY: A RARE CASE OF INVERTED FOLLICULAR KERATOSIS OF THE NASAL VESTIBULE**
Mohamed Shajaaruddin Jamaluddin, Michelle C S Chong, K M Ooi, Nikma Fadlati Umar
Department of Otorhinolaryngology, Hospital Slim River, Perak, Malaysia
- 189 THE VAPING VORTEX: FROM THERMAL INJURY TO EPIGLOTTIC ABSCESS - A MODERN AIRWAY DISASTER**
Amirah Atifah, Nurhamizah M M
Department of Otorhinolaryngology, Hospital Shah Alam, Selangor, Malaysia
- 190 FIBROUS DYSPLASIA OF THE NASAL SEPTUM: A RARE INCIDENTAL FINDING**
Thanasila Nithya, Kelvinder, Arvindan
Hospital Sungai Buloh, Selangor, Malaysia
- 191 LACRIMAL SAC SQUAMOUS CELL CARCINOMA: A CASE REPORT AND REVIEW OF THE LITERATURE**
M F I Rusli, Zulkafly
Hospital Sultanah Nora Ismail, Johor, Malaysia
- 192 EXTENDED REALITY (XR) AND SPATIAL SENSORS FOR PRECISION GUIDANCE IN CANALITH REPOSITIONING MANEUVERS: A SCOPING REVIEW**
Muhammad Nu'aim Ishak¹, Muhammad Anas Ismail², Ismahafezi Ismail³, Mohd Sayuti Razali¹, Salman Amiruddin¹, Nor Kamaruzaman Esa¹
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²Department of Otorhinolaryngology, Hospital Sultan Zainal Abidin, Terengganu, Malaysia
³Faculty of Informatics and Computing, Universiti Sultan Zainal Abidin, Terengganu, Malaysia
- 193 BEHIND THE BARK: RETROPHARYNGEAL ABCESS MASQUERADING AS SEVERE CROUP IN A FIVE MONTH OLD INFANT**
Asshwiin R, Ainun Mastura, Najib Salleh
Department of Otorhinolaryngology, Hospital Duchess Of Kent, Sandakan, Sabah, Malaysia

POSTER PRESENTATIONS

Abstract ID

- 194 UNHEARD VOICE: MISSED TRAUMATIC LARYNGEAL INJURY**
Nur Faseeha Mohamed Idrus^{1,3}, Davina Stasia Hui Ming Teo¹, Nurhamizah Mahmud Mohayuddin¹,
Nur Zawani binti Zulkifli², Norazah binti Ab Razak², Mawaddah Azman³
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²Department of Radiology, Hospital Shah Alam, Selangor, Malaysia
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- 197 A HIDDEN CAUSE OF PERSISTENT RHINORRHEA AND OBSTRUCTION: SPENOCHOANAL POLYP IN A CHILD**
Nur Faseeha Mohamed Idrus¹, Anna Fariza Jumaat^{1,2}, Faizah Mohd Zaki³, Mohd Hafiz Mohamad Rizan⁴,
Badrul Iskandar Abdul Wahab⁴, Goh Bee See^{1,2}
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⁴Department of Pathology, Hospital Canselor Tuanku Muhriz, Universiti Kebangsaan Malaysia, Kuala Lumpur, Malaysia
- 198 ENDOSCOPIC TRANSORAL EXCISION OF A RIGHT PARAPHARYNGEAL SPACE TUMOUR: A CASE REPORT**
Neena Sani, Burhan Salim, Thilagam T, Iffah Salim
Hospital Sungai Buloh, Selangor, Malaysia
- 199 BEYOND DELIRIUM: REVERSIBLE FRONTAL LOBE SYNDROME FOLLOWING ENDOSCOPIC DECOMPRESSION OF A GIANT BIFRONTAL MUCOCELE**
Alina Mohd Faizal, Kelvinder Singh, Rebecca Uma Priya
Department of Otorhinolaryngology - Head & Neck Surgery, Hospital Sungai Buloh, Selangor, Malaysia
- 200 BEYOND MALIGNANCY: CONSIDERING ROSAI-DORFMAN DISEASE IN ASYMMETRIC TONSILLAR HYPERTROPHY**
Anas Hadi H, Ahmad Kamil A F, Nur Eliana A T, Suhana A R
Hospital Taiping, Perak, Malaysia
- 201 AURICULAR INFANTILE HEMANGIOMA: A RARE CASE WITH ULCERATIVE CHANGES**
Nisha Murugesan, Siti Salwa Binti Zainal Abidin
Hospital Shah Alam, Selangor, Malaysia
- 203 SQUAMOUS CELL CARCINOMA OF TEMPORAL BONE MASQUERADING AS MALIGNANT OTITIS EXTERNA**
V Naharajan, A Syahmi, T Ho
Hospital Bintulu, Sarawak, Malaysia
- 204 OPERATIVE CHALLENGES POSED BY AN UNRECOGNIZED MAGNETIC FOREIGN BODY IN THE NECK: A CASE REPORT**
V Naharajan, E Gima, S S Moses, A Alfi
Hospital Bintulu, Sarawak, Malaysia
- 205 SINONASAL VENOUS MALFORMATION: A RARE DIFFERENTIAL FOR VASCULAR MAXILLARY SINUS LESIONS- DIAGNOSTIC CHALLENGES**
Amirah AS¹, Nurhamizah M M²
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POSTER PRESENTATIONS

Abstract ID

- 206 THE ROLE OF CAREFUL AIRWAY ASSESSMENT IN PENETRATING NECK INJURY**
R E Frankie¹, H Jumastapha²
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- 207 OROPHARYNGEAL LYMPHOMA MIMICKING TONGUE CARCINOMA: A CASE REPORT**
W C Sik¹, R H Lo¹
Hospital Sultanah Nur Zahirah, Terengganu, Malaysia
- 208 FISHBONE INGESTION: A CASE OF RETROPHARYNGEAL HEMATOMA**
Abu 'Ubaidah Bin Shahrir, Siti Nur Ashiah Binti Johari
Hospital Tuanku Fauziah, Kangar, Perlis, Malaysia
- 209 POLYMORPHOUS ADENOCARCINOMA**
Raja Muhammad Syafiq bin Raja Azman
Hospital Jeli, Kelantan, Malaysia
- 211 MASQUERADING MALIGNANCY: DIFFUSE LARGE B-CELL LYMPHOMA OF THE NASAL SEPTUM**
Kuhan Olakanathan, Lo Ren Hui, Pathma Letchumanan, Philip Rajan Devesahayam
Department of Otorhinolaryngology - Head and Neck Surgery, Hospital Raja Permaisuri Bainun, Ipoh, Perak, Malaysia
- 212 MAXILLARY SINUS ANGIOFIBROMA IN AN ADOLESCENT MALE: AN UNUSUAL SUBSITE**
Intan Kartika Kamarudin¹, Saidatur Rabiqah Adawiyah Md Ali², Noor Elyana Ahmad Fawzi¹, Mohd Hafizuddin Husin³, Nur Asyilla Che Jalil⁴, Ramiza Ramza Ramli²
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⁴Department of Pathology, School of Medical Sciences, Universiti Sains Malaysia, Kelantan, Malaysia
- 213 SINONASAL SCHWANNOMA: A RARE NEURAL SHEATH TUMOR**
Ainaa Mardhiah¹, Kavitha Ashok Kumar², Davina Stasia³, Kelvinder Singh⁴
¹Hospital Shah Alam, Selangor, Malaysia
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³Hospital Sungai Buloh, Selangor, Malaysia
- 214 THE PHANTOM NASOPHARYNGEAL MASS: AN INFLAMMATORY PSEUDOLESION MIMICKING A VASCULAR TUMOR**
Nurul Nabilla Sabri¹, Mohd Sayuti Razali², Salman Amiruddin², Nor Kamaruzaman Esa², Muhammad Nu'aim Ishak²
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POSTER PRESENTATIONS

Abstract ID

- 215 FROM RADIOLOGY REPORTS TO RESPONSE: LARGE LANGUAGE MODELS FOR SCALABLE EVALUATION OF NASOPHARYNGEAL CANCER**
Shen-Han Lee^{1,2}, Jianqiao He^{3,4}, Jasmin Jalil⁵, Gokula Kumar Appalanaidoo⁵, Zeyi Ong⁶, Nasibah Mohamad^{2,7}, Ryan Shea Ying Cong Tan^{3,4}, Kamarul Imran Musa⁸, Irfan Mohamad^{1,2}
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- 216 NASOPHARYNGEAL CARCINOMA MIMICKING JUVENILE NASOPHARYNGEAL ANGIOFIBROMA, A CASE REPORT**
Sofia Irdina binti Abd Halim, Ahmad Faiz bin Dahlan
Hospital Lahad Datu, Sabah, Malaysia
- 217 A DIAGNOSTIC DILEMMA: CERVICAL SQUAMOUS CELL CARCINOMA IN A PATIENT WITH PRIOR PAPILLARY THYROID CARCINOMA**
J Y Tan, E Gima, A S Mizan, M A Taib
Hospital Bintulu, Bintulu, Sarawak, Malaysia
- 218 CORRELATION BETWEEN VOICE HANDICAP INDEX (VHI-10) AND DEPRESSION, ANXIETY AND STRESS SCALE (DASS-21) SCORES IN PATIENTS WITH BENIGN DYSPHONIA: A CROSS SECTIONAL STUDY**
Siti Nurul Aliaa Mohd Nor¹, Zamzil Amin Asha'ari¹, Norazwani Azwal², Noor Elyana Ahmad Fauzi³
¹International Islamic University Malaysia, Kuantan, Pahang, Malaysia
²University Putra Malaysia, Serdang, Selangor, Malaysia
³University Technology Mara (UiTM), Shah Alam, Selangor, Malaysia
- 220 BARBED SUTURE EXPANSION PHARYNGOPLASTY: SLEEP SURGERY BEYOND APNOEA-HYPOPNEA INDEX (AHI)**
Nicholas Yee Nuen Zhe, Fatin Amirah Binti Azmi, Inshirah Binti Muhtar, Fauziah Binti Nasir
Department of Otorhinolaryngology - Head & Neck Surgery, Hospital Putrajaya, Putrajaya, Malaysia
- 223 SIALODOCHOPLASTY FOR PAROTID MEGADUCT**
Sasvin Manimaran, Sethu Thakachy Subha
Hospital Sultan Abdul Aziz Shah, UPM, Selangor, Malaysia
- 224 FROM DEEP NECK INFECTION TO MULTISYSTEM CATASTROPHE: DESCENDING NECROTIZING MEDIASTINITIS COMPLICATED BY FUNGAEMIA AND RESPIRATORY FAILURE**
M A Taib, J Y Tan, Wilfred R, Gima E
Hospital Bintulu, Bintulu, Sarawak, Malaysia
- 225 RECURRENT ADMISSIONS FROM AN OVERLOOKED AIRWAY PATHOLOGY: SUBGLOTTIC CYST IN A PRETERM INFANT**
Wan Nur Alya Shagheera binti Wan Azmi, Wan Nur Anis binti Wan Draman, Rosli bin Mohd Noor, Nazir bin Othman, Syuhadah binti Hasny
Hospital Raja Perempuan Zainab II, Kota Bharu, Kelantan, Malaysia

POSTER PRESENTATIONS

Abstract ID

- 226 SILENT THREAT: A CASE REPORT OF EPIGLOTTIC ABSCESS**
Sofia Irdina binti Abd Halim, Cheah Pei Fen, Ahmad Faiz bin Dahlan
Department of Otorhinolaryngology, Hospital Lahad Datu, Sabah, Malaysia
- 228 SECRETORY CARCINOMA OF THE MAJOR SALIVARY GLAND: A RARE MALIGNANT TUMOUR**
Sun Chia Earn¹, Muhammad Amir bin Hashim⁴, Subasri Armon⁵, Noor Elyana binti Ahmad Fawzi^{2,3}
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⁵Histopathology Unit, Department of Pathology, Hospital Kuala Lumpur, Kuala Lumpur, Malaysia
- 229 SILENT RHINOLITH, SERIOUS CONSEQUENCE: A PAEDIATRIC CASE OF INTRACRANIAL EMPYEMA**
N S Naserrudin
Hospital Melaka, Melaka, Malaysia
- 230 A CASE REPORT OF RECURRENT BILATERAL PAROTID ABSCESS WITH KLEBSIELLA PNEUMONIAE SEPTICAEMIA**
Nur Adlina Nik Ahmad Tajuddin, Noraimi Khamalrudin
Department of Otorhinolaryngology, Hospital Shah Alam, Selangor, Malaysia
- 231 A HIDDEN PREDATOR: ADVANCED SINONASAL MUCOSAL MELANOMA PRESENTING AS EPISTAXIS**
Suriadarshini Revi¹, Madhusudhan K¹, Hafiz Mohamad Mahbob¹, Norsyamira Aida Mohamad Umbaik²
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- 232 RECURRENT NASOPHARYNGEAL CARCINOMA WITH LUNG METASTASIS AND METACHRONOUS PROSTATE ADENOCARCINOMA IN A 72-YEAR-OLD MAN**
Mohd Azfar Razak^{1,2}, Adam Mohamad¹, Nadia Syafeera Naserrudin¹, Norhafiza Mat Lazim²
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- 233 A STRUCTURAL PARADOX: TYMPANIC MEMBRANE RETRACTION SECONDARY TO PATULOUS EUSTACHIAN TUBE**
Amaniina Syuhada Ahmad Nasri¹, Mohd Sayuti Razali², Salman Amiruddin², Nor Kamaruzaman Esa², Muhammad Nu'aim Ishak²
¹Department of Otorhinolaryngology, Hospital Sultan Zainal Abidin, Terengganu, Malaysia
²Faculty of Medicine, Universiti Sultan Zainal Abidin, Terengganu, Malaysia
- 234 THE LIQUID PARADOX: ISOLATED PHAGOPHOBIA WITH PRESERVED SOLID SWALLOWING**
Filla Dalila Othman¹, Nur Syahirah Ab Ghani², Salman Amiruddin¹, Mohd Sayuti Razali¹, Nor Kamaruzaman Esa¹, Muhammad Nu'aim Ishak^{1,2}
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- 235 SILENT SEPTAL MALIGNANCY PRESENTING AS RECURRENT EPISTAXIS IN A NONAGENARIAN**
N S Naserrudin, M H Abdul Ghaffar, K S Ramachandran
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- 236 ANGIOFIBROMA OF THE NASAL VESTIBULE: AN UNSUAL PRESENTATION OF A VASCULAR TUMOUR IN A YOUNG ADULT**
N S Naserrudin
Hospital Selayang, Selangor, Malaysia

POSTER PRESENTATIONS

Abstract ID

- 237 BEYOND CHRONIC OTITIS: A RARE PRESENTATION OF EXTERNAL AUDITORY CANAL CHOLESTEATOMA IN A TEENAGER**
Nur Syahirah Ab Ghani¹, Filla Dalila Othman¹, Nor Kamaruzaman Esa², Salman Amiruddin², Mohd Sayuti Razali², Muhammad Nu'aim Ishak²
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- 238 HEMATURIC PAROTID MALIGNANCY**
Intan Aliafatin Mohd Shah, Ahda Farhah Mohd Kutubudin, Mohd Eksan Sairin, Yatiee Swany Lahuri
Hospital Melaka, Melaka, Malaysia
- 239 A RARE SYNCHRONOUS MULTIFOCAL KIMURA DISEASE**
Intan Aliafatin Mohd Shah, Ahda Farhah Mohd Kutubudin, Mohd Eksan Sairin, Yatiee Swany Lahuri
Hospital Melaka, Melaka, Malaysia
- 240 VENTRAL TONGUE MASS IN A YOUNG ADULT: A BENIGN REACTIVE LESION MIMICKING A NEOPLASM**
N S Naserrudin
Hospital Selayang, Selangor, Malaysia
- 241 ADVANCED NASOPHARYNGEAL CARCINOMA PRESENTING WITH IMPENDING AIRWAY COLLAPSE: AN UNUSUAL PRESENTATION**
Nurul Atiqah Hazaraimi, Yatiee Swany Lahuri
Department of Otorhinolaryngology, Hospital Melaka, Melaka, Malaysia
- 242 SUDDEN DEAFNESS: THE INJECTION THAT BROKE THE SILENCE**
Nurul Atiqah Hazaraimi, Ahda Farhah Mohd Kutubudin, Yatiee Swany Lahuri
Department of Otorhinolaryngology, Hospital Melaka, Melaka, Malaysia
- 243 OUT OF THE ORDINARY: A CASE REPORT OF BILATERAL VOCAL CORD CYST**
Sofia Maizura, Noraimi Khamalrudin
Hospital Shah Alam, Selangor, Malaysia
- 244 WHEN DENGUE BLEEDS UNUSUALLY: A CASE OF ISOLATED TONSILLAR HAEMORRHAGE**
Muhammad Syafiq Hamdani Bin Azhar, Noraimi Binti Khamalrudin
Department of Otorhinolaryngology, Hospital Shah Alam, Selangor, Malaysia
- 245 AN UNEXPECTED CAUSE OF STRIDOR: RIGHT VOCAL CORD GRANULOMA IN A MEDICALLY COMPLEX INFANT**
Muhammad Syafiq Hamdani Bin Azhar, Mark Paul
Department of Otorhinolaryngology, Hospital Shah Alam, Selangor, Malaysia
- 246 SEEING BENEATH THE SURFACE: CONTINUOUS IRRIGATION IN ENDOSCOPIC MANAGEMENT OF REFRACTORY GRANULAR MYRINGITIS**
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POSTER PRESENTATIONS

Abstract ID

- 248 BEYOND ENDOSCOPY: CLINICAL PRESENTATION AS THE DRIVER OF MANAGEMENT IN LARYNGEAL CLEFT**
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- 249 JOURNEY INTO THE CHEST: SCOOPING OUT BRACHIAL CYST ON THE AORTA AND SUBCLAVIAN VESSELS**
N S Mohamad Fuzi¹, M R Zainal Abidin¹, M Mansor^{1,2}, N Abdul Rahim^{1,2}, M N Yahya¹, N E Ahmad Fawzi^{1,2}
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- 250 NOT JUST A HEMATOMA: RECURRENT TEMPORAL SWELLING UNMASKING A LYMPHATIC MALFORMATION**
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- 251 BLEOMYCIN ELECTROSCLEROTHERAPY (BEST) IN PAEDIATRIC VENOLYMPHATIC MALFORMATIONS: A PROMISING ALTERNATIVE**
Nasyatmuddin Yahya^{1,3}, Goh Bee See^{1,2}, Farah Liana Lokman^{1,2}, Anna Fariza Jumaat^{1,2}, Azlina Abd Rani¹, Nabil Albloushi¹, Isa Azzaki Zainal⁴, Hamzaini Abdul Hamid⁴
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