



# Dansk Laryngologisk Selskabs Årsmøde

## 25. - 26. januar 2019

### Hotel Park, Middelfart

## TEMA: Recurrensparese

### Endeligt program

#### Program fredag d. 25. januar

- 10.00 – 10.30 Ankomst og rundstykker i udstillingsområdet
- 10.30 – 10.45 Velkomst og introduktion ved formanden
- 10.45 – 11.30 Etiology and diagnostic work-up; Markus Hess
- 11.30 – 12.15 Logopædisk intervention ved recurrensparese; Solveig Gunvor Pedersen.
- 12.15 – 13.15 Frokost og besøg i udstillingsområdet
- 13.15 – 13.45 Augmentation in vocal cord paralysis; Markus Hess
- 13.45 – 14.15 Thyroplasty and arytenoid adduction; Markus Hess
- 14.15 – 14.45 Frie foredrag a 10 minutter  
# Vocal cord paralysis as primary and secondary symptom of malignancy.  
-A prospective descriptive study; ved Roi Knudsen  
# Idiopathic vocal cord palsy - morbidity and survival; ved Karoline Feekings  
# Post-thyroidectomy voice problems are frequent in patients with goiter and impact quality of life; ved Jesper Roed Sørensen
- 14.45 – 15.15 Kaffe i udstillingsområdet
- 15.15 – 16.00 Panel discussion (cases)
- 16.15 – 16.45 Generalforsamling
- 19:00 – Middag og erfaringsudveksling i baren

#### Program lørdag d. 26. januar

- 09.00 – 10.30 Hands-on sessioner: Undersøgelsesteknikker og fortolkning
- 10.30 – 11.00 Kaffe i udstillingsområdet
- 11.00 – 11.45 An update on laryngeal reinnervation; Kate Heathcote
- 11.45 – 12.30 Current treatment and trends in laryngology; Kate Heathcote

Sandwich To-go inkl. 1 vand

## Foredragsholdere

**Kate Heathcote**, Consultant Ear Nose and Throat Surgeon, The Robert White Centre for Airway, Voice and Swallow, Poole Hospital NHS Trust, UK. <https://www.poole.nhs.uk/our-services/consultant-directory/consultant-directory---f-j/mrs-kate-heathcote.aspx>.

**Markus Hess**, Professor dr. med. HNO-artz und Phoniater, Deutsche Stimmklinik. [www.Stimmklinik.de](http://www.Stimmklinik.de).

**Solveig G. Pedersen**, Logopæd, Øre Næse Hals og kæbekirurgisk Afdeling, Sjællands Universitetshospital

**Roi Knudsen**: Reservelæge Plastik kirurgisk afdeling Sydvestjysk Sygehus

**Karoline Feekings**: 1. reservelæge Øre-Næse-Halskir. afd. Regionshospitalet Holstebro

**Jesper Roed Sørensen**: Reservelæge Øre-Næse-Hals afdeling Vejle sygehus

## Abstracts til frie foredrag:

**# Vocal cord paralysis as primary and secondary symptom of malignancy. A prospective descriptive study.**

Forfattere:

**R Knudsen (1)**, M Q Gaunsbaek (1), JH. Schultz (1), AC. Nilsson (2), JS. Madsen (3, 4), N Asgari (4, 5)

Afdeling/praksis:

1. Department of Oto-Rhino-Laryngology, Lillebaelt Hospital, Vejle, Denmark
2. Department of Clinical Immunology, Odense University Hospital, Odense, Denmark
3. Department of Clinical Biochemistry and Immunology, Lillebaelt Hospital, Vejle, Denmark
4. Department of Regional Health Research, University of Southern Denmark, Denmark
5. Department of Neurology, Slagelse Hospital, Denmark

Introduction:

Recurrent laryngeal nerve palsy (RLNP) has diverse etiologies and can be caused by malignancy. Paraneoplastic neurological syndromes (PNS) are remote effects of cancer without any connection to local growth or metastases. We evaluate the underlying cause to RLNP and assess if PNS could be an early predictor of cancer in patients with idiopathic RLNP.

Methods:

Patients with a newly diagnosed RLNP were included from 2014-2016. All patients entered a fast track program with suspicion of head and neck cancer. This included clinical examination, flexible fiberoptic laryngoscopy, ultrasound scan, and a CT-scan of the neck and thorax. Patients without obvious cause of RLNP were offered a PET/CT scan and referred to the neurologists for PNS screening.

Results:

53 patients were included. The causes of RLNP were cancer (51%), idiopathic (34%), iatrogenic (6%), and other causes (9%). In 15 patients RLNP was the first symptom of malignancy. 12 presented with RLNP as a secondary symptom of malignancy. Blood samples were collected from

9 of 18 patients with idiopathic RLNP. Two patients tested positive for PNS associated antibodies and 7 patients had a negative test. None of the patients showed signs of cancer on follow-up.

#### Discussion:

RLNP can be a symptom of cancer. This study shows the importance of excluding malignancy in patients with RLNP as cancer, accounted for more than 50% in this study. This is the first study to examine patients with idiopathic RLNP for PNS. Further research is needed to determine if PNS screening will be beneficial in patients with RLNP.

## # Idiopathic vocal cord palsy - morbidity and survival

### Karoline Feekings

#### Background and Objectives:

Vocal cord palsy (VCP) is an alarming symptom as it indicates potential underlying malignancy. However, a cause of VCP is not found in a minority of cases resulting in the diagnosis idiopathic VCP (iVCP).

The aim of the study is to investigate how many patients with iVCP develop malignant disease after the primary work-up. The secondary aim is to find the ideal follow up.

#### Methods:

- ☑ Retrospective observational study
- ☑ 65 patients diagnosed with iVCP in Northern and Central Jutland in 2011 and 2012 (1.9 mio. inhabitants)
- ☑ Follow-up: 4.5 years

#### Preliminary results:

- ☑ 10% of referred VCP cases were diagnosed with malignancy promptly
- ☑ 30% were diagnosed as iVCP
- ☑ Life-expectancy of patients diagnosed with iVCP is similar to the average life-expectancy in Denmark

#### Conclusion:

The risk of developing malignancy within the first year of follow up is very low. An update of the current national guideline is needed.

## # Post-thyroidectomy voice problems are frequent in patients with goiter and impact quality of life

**Jesper Roed Sorensen PhD** 1 , Trine Printz MA 1 , Jenny Iwarsson PhD 2 , Ågot Møller Grøntved MD 1 ,

Helle Døssing PhD 1 , Laszlo Hegedüs Professor 3 , Steen Joop Bonnema Professor 3 , Christian Godballe Professor 1 , and Camilla Slot Mehlum MD 1

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### Abstract

**Objective:** To investigate the impact of voice and/or vocal fold changes on disease specific quality of life (DSQoL) after thyroidectomy for benign nodular goiter.

**Subjects and Methods:** Patients were evaluated before and three weeks, and six months after surgery, with videolaryngostroboscopy (VLS), voice-range-profile, voice handicap index (VHI), multidimensional-voice-program (MDVP), maximum-phonation-time (MPT), and auditory-perceptual evaluation. Changes in DSQoL were assessed by the Thyroid-specific Patient-Reported Outcome (ThyPRO). Cohen's effect size (ES) was used to evaluate the magnitude of changes.

**Results:** Sixty-two patients were included, 55 of whom completed all examinations. Three weeks after surgery, 17 patients (31%) had vocal fold changes. The maximum fundamental frequency and maximum voice intensity were reduced by  $3\pm 6$  semitones ( $p<0.001$ ,  $ES=0.66$ ) and  $3\pm 6$  dB ( $p<0.001$ ,  $ES=0.57$ ), respectively. The VHI score increased moderately with a deterioration of  $7\pm 22$  points ( $p=0.003$ ,  $ES=0.53$ ). Baseline levels were reached by six months after surgery. The Impaired Daily Life score had deteriorated three weeks after surgery from  $13\pm 18$  points to  $28\pm 24$  points ( $p<0.001$ ,  $ES=0.81$ ), while most other scores showed small improvements ( $ES<0.5$ ). Six months after surgery, symptoms were reduced for all patients. However, an increased VHI score was positively correlated both to postoperative VLS changes and to less improvement of symptoms on all scales of the ThyPRO, at both three weeks and six months after surgery.

**Conclusion:** Surgery for benign nodular goiter reduced disease related symptoms and improved DSQoL by six months after surgery. However, at three weeks after surgery increases in the VHI score was associated with less pronounced improvement in DSQoL.

## **General information**

**Tilmelding** til årsmødet er lukket. Ved ønske om sen tilmelding kan bestyrelses kontaktes pr mail som findes på hjemmesiden. [www.laryngologiskselskab.dk](http://www.laryngologiskselskab.dk)

**Pris** Begge mødedage incl. overnatning og forplejning  
Speciallæger: ikke-DLS-medlem, 1500 kr. / DLS-medlem, 1300 kr.  
Yngre læger: ikke DLS-medlem, 1000 kr. / DLS -medlem: 800 kr.  
Logopæder: 1000 kr.

Deltagelse i arrangementet uden festmiddag og uden overnatning 1000 kr., uanset om deltagelse omfatter 1 eller 2 dage.

Medlemskab i DLS koster 200 kr. årligt. Indmeldelse foregår via [laeger.dk](http://laeger.dk). Se <https://minside.laeger.dk/>

**Årsmødet afholdes** på Hotel Park, Viaduktvej 28, 5500 Middelfart

### **Rejselegat**

Yngre læger opfordres til at søge legatet på kr. 5000 kr. Se DLS hjemmeside [www.laryngologiskselskab.dk](http://www.laryngologiskselskab.dk) for ansøgningskriterier. Ansøgningen skal være formanden i hænde senest 31. december 2018 på e-mail [kjaergaard.t@gmail.com](mailto:kjaergaard.t@gmail.com)

### **Generalforsamling**

Eventuelle forslag til dagsorden kan stiles til formanden, senest 2 uger før mødet på e-mail [kjaergaard.t@gmail.com](mailto:kjaergaard.t@gmail.com). Dagsorden og forslag præsenteres på hjemmesiden senest 1 uge før.

**Eventuelle ændringer** til årsmødet vil blive annonceret på [www.laryngologiskselskab.dk](http://www.laryngologiskselskab.dk)

## **Invitation til General Forsamling i Dansk Laryngologisk Selskab**

Den 25. januar 2019, kl. 16.15 til kl. 17.45

Sted: Hotel Park, Milling Hotels. Viaduktvej 28, 5500 Middelfart

Dagsorden:

1. Valg af dirigent.
  2. Bestyrelsens beretning om selskabets virksomhed i det forløbne år.
  3. Fremlæggelse af årsregnskab til godkendelse.
  4. Vedtagelse af budget og fastsættelse af kontingent.
  5. Forslag fra bestyrelse eller medlemmer.
  6. Valg af formand
  7. Valg af øvrige medlemmer og af suppleanter til bestyrelsen. På valg:
    - Jesper Balle, suppleant, stiller op til genvalg
    - Michael Horwitz, suppleant, stiller op til genvalg
    - Joyce Schultz, bestyrelsesmedlem, stiller op til genvalg
  8. Valg af revisor.
  9. Eventuelt.
- Forslag der ønskes optaget som punkter på dagsordenen, skal fremsendes til formanden senest 2 uger før afholdelsen af generalforsamlingen.

Med venlig hilsen

DLS bestyrelse