

Tilmelding af Foredrag

Foredragets titel

When Findings Hurt: Mental Health Effects of Cerebral MRI Screening in Patients with Hereditary Hemorrhagic Telangiectasia

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

PhD

Introduktion

Brain MRI is increasingly used for screening purposes, yet the psychological impact of such screening remains unclear. This study aimed to evaluate the psychological consequences of screening in patients with Hereditary Hemorrhagic Telangiectasia (HHT), specifically focusing on the association between abnormal imaging findings and depressive symptoms.

Materiale/metode

In this prospective study, 202 HHT patients were invited to complete the Short Form-36 (SF-36) and Beck Depression Inventory-II (BDI-II) at baseline and three months after MRI screening; 140 completed both assessments. MRI results were dichotomized (cerebral findings vs. no abnormal findings). A mixed-effects linear regression model evaluated the association between MRI results and BDI-II scores, adjusting for age, gender, and physical functioning.

Resultater

While the cohort as a whole showed no significant changes in quality of life or depression scores, the subgroup with abnormal MRI findings reported significantly higher BDI-II scores post-screening ($\beta = 9.69$, $p = 0.003$), indicating increased depressive symptoms. This effect was more pronounced in patients with poorer physical function. No significant change was observed in patients with normal MRI results.

Diskussion

These findings suggest that brain MRI screening is not a psychologically neutral event. For patients with abnormal findings, the diagnostic process may be associated with an increase in depressive symptoms, independent of clinical intervention. This underscores the need to weigh the potential psychological burden against the diagnostic benefits. Future screening strategies might benefit from a more individualized approach, incorporating pre-screening counseling to prepare patients for the potential burden of "knowing".

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Tilmelding af Foredrag

Foredragets titel

VR og virkelighed: Et opfølgende studie af køresyge ved udrykningskørsel i elbil

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Afdeling/praksis

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Uddannelsesniveau

L. Hill-Madsen: Speciallæge i øre,- næse,- halskirurgi, phd. studerende.

T. Ovesen: Professor, doctor med.

Introduktion

I et tidligere studie demonstrerede vi, at VR effektivt kan fremkalde køresygelignende symptomer hos politibetjente og raske kontrolpersoner. Det er dog uafklaret, om disse VR-inducerede symptomer afspejler de symptomer, der opstår under reel udrykningskørsel i el-bil, hvor påvirkningen fra G-kræfter og køredynamik adskiller sig fra den virtuelle simulation. Dette opfølgende studie undersøger sammenhængen mellem VR-induceret køresyge symptomer og faktiske symptomer oplevet under udrykningskørsel i elbil blandt politibetjente. Målet er at vurdere VR-modellens anvendelighed som eksperimentel analog til virkelige køresygesituationer.

Materiale/metode

Seksten politibetjente fra det oprindelige VR-studie udfyldte MSAQ-2024 efter udrykningskørsel i elbil. Hvor reel udrykningskørsel ikke var mulig, blev kørslen gennemført i et kontrolleret testmiljø. Disse data blev sammenlignet med tidligere MSAQ-2024-besvarelser efter VR-eksponering samt MSSQ-Short for at identificere individuelle og gruppemæssige mønstre i symptomprofil og sværhedsgrad.

Resultater

Resultaterne viste, at VR-eksponering generelt udløste mere udtalte køresygesymptomer end udrykningskørsel i elbil. Sammenligningen mellem VR- og kørselsdata viste højere samlede MSAQ-2024-scores ved VR, særligt inden for de gastrointestinale og centrale symptomdomæner. Der sås dog individuelle variationer i symptomprofil, men overordnet understøtter fundene, at VR fremkalder et højere symptomniveau og fungerer som en reproducerbar eksperimentel model til simulering og undersøgelse af køresyge.

Diskussion

Studiet understøtter anvendelsen af VR som eksperimentel model til undersøgelse af køresyge hos politibetjente. VR kan anvendes til sikker og standardiseret fremkaldelse af symptomer uden eksponering for trafikrisiko. Resultaterne danner grundlag for videre udvikling af VR-baserede trænings- og rehabiliteringsprogrammer for professionelle førere og kan på sigt bidrage til forebyggelse og behandling af køresyge i bredere befolkningsgrupper.

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Peritonsillar Abscess in Children: Age-Stratified Incidence Rates, Microbiology, and Evaluation of Penicillin as Drug of Choice

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Afdeling/praksis

Øre-, Næse- og Halskirurgisk Afdeling, Aarhus Universitetshospital

Uddannelsesniveau

Uklassificeret efter introstilling

Introduktion

Peritonsillar abscess is the most frequent complication of acute tonsillitis. Although adult epidemiology and microbiology are well characterized, age-specific pediatric data remain limited. We investigated the incidence, microbiology, and suitability of penicillin monotherapy for pediatric peritonsillar abscess.

Materiale/metode

We conducted a retrospective cohort study of patients aged 0–17 years admitted with peritonsillar abscess to Aarhus University Hospital, Denmark (2012–2024). Age-stratified incidence rates were calculated using national population data. Bacterial findings and treatment outcomes were analysed across age groups.

Resultater

A total of 395 patients (mean age 13.9 ± 3.5 years) were included; 88% (349/395) had cultures performed, of which 81% (281/349) were positive. *Fusobacterium necrophorum* and *Streptococcus pyogenes* predominated, with marked age variation: *Streptococcus pyogenes* prevailed in children ≤ 11 years (61%), while *Fusobacterium necrophorum* dominated in adolescents aged 16–17 years (57%) ($p < 0.001$). Peritonsillar abscess incidence increased steadily with age, peaking at 78.4/100,000 in the oldest group. Most patients were treated with penicillin, either intravenously (158/395, 40%) or orally (130/395, 33%). Twelve patients (3%) received broader-spectrum antibiotics, and 95 (24%) patients underwent acute tonsillectomy without antibiotic treatment. Complications were rare (3/395, 1%), all of which involved postoperative pneumonia following tonsillectomy.

Diskussion

Peritonsillar abscess incidence increases with age, accompanied by a microbiological shift from *Streptococcus pyogenes* in younger children to *Fusobacterium necrophorum* among adolescents. Given the high susceptibility of both pathogens to penicillin and the low complication rate, penicillin monotherapy appears to be a safe and adequate empirical treatment across all pediatric age groups.

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Tilmelding af Foredrag

Foredragets titel

The value of magnetic resonance imaging in the response evaluation after primary radiotherapy for head and neck squamous cell carcinoma.

Forfatter(e)

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Uddannelsesniveau

Tidlig kursist uddannelsesregion nord.

Introduktion

The optimal approach to response evaluation following radiotherapy (RT) for head and neck squamous cell carcinoma (HNSCC) remains controversial. This retrospective study assessed magnetic resonance imaging (MRI) and evaluated outcomes of salvage surgery following locoregional failure (LRF).

Materiale/metode

Patients with HNSCC underwent clinical examination at two months, followed by MRI at three months if in clinical remission. MRI accuracy was compared to histologically confirmed LRF within one year.

Resultater

Among 656 patients, 94 (14%) were clinically suspicious at two months, histologically confirmed in 24 (4%). Of 535 patients in clinical remission, 159 (29.7%) had suspicious MRI findings, which was confirmed in 22 (4%). MRI had 63% sensitivity and 96% negative predictive value. One-year LRF was 4.1% in MRI-negative vs. 17% in MRI-positive, $p < 0.001$. Salvage surgery was associated with improved 5-year overall survival (44% vs. 8%, $p < 0.0001$).

Diskussion

MRI detects subclinical residual disease. Salvage surgery following LRF is associated with improved survival.

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Tilmelding af Foredrag

Foredragets titel

Fiberoptic characteristics of postoperative swallowing function in patients treated with transoral robotic surgery

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Uddannelsesniveau

Hoveduddannelseslæge - Obs. forskningstræningsopgave!

Introduktion

Der er stigende brug af robot (TORS) i hoved-halskirurgien. Påvirket synkefunktion ses som en hyppig postoperativ komplikation. Vi ønsker at klarlægge fiberoptiske karakteristika ved synkefunktionen hos TORS opererede patienter på AUH.

Materiale/metode

Indhentning af relevante godkendelser. Alle TORS opererede patienter på AUH i perioden fra 2015 til januar 2025 blev identificeret ved procedurekode KZXX00 (anvendelse af robot). RedCap database til udtræk og statistisk analyse.

Resultater

224 patienter, 172 opereret på malign baggrund og 52 benign. Sonde anlagt på 150 patienter både benigne og maligne, overvejende seponeret indenfor 5 postoperative døgn forudgået af bedside FEES (fiberoptisk evaluering af synkefunktionen) vurdering. Alle med sonde >5 dage opereret på malign baggrund. PAS og FOIS anvendt som vurderingsredskab. Langvarige operationer og malignitet sammenhængende med høj PAS og dårlig FOIS, ingen særlig forskel på forskellige maligne indikationer.

Diskussion

Operation på benign baggrund har generelt bedre postoperativ synkefunktion vurderet fiberoptisk ved FEES (PAS og FOIS) end patienter opereret på malign baggrund. Kan muligvis helt undvære sonde i det postoperative forløb fremadrettet. Selektion af patienter med behov for bedside FEES postoperativt?

Større prospektive, randomiserede studier på området er nødvendige før endelige konklusioner på området kan drages

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Sutur-lateralisering af plica vocalis i en kompliceret case med bilateral stemmebåndslammelse

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Afdeling/praksis

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Uddannelsesniveau

Hoveduddannelse, K1

Introduktion

Vejrtrækningsgener ved bilateral recurrensparese resulterer traditionelt i trakeotomi eller irreversibel larynxkirurgi. Trakeotomi er ofte midlertidig da bilateral recurrensparese er reversibel hos 50-66%. Forfatterens formål er at præsentere en alternativ, reversibel løsning hos en patient hvor anlæggelse af trakealkanyle ikke vurderedes optimalt.

Materiale/metode

Operationsbeskrivelse:

To 18G-kanyle blev ført transkutant gennem skjoldbrusken og placeret over og under den bagerste del af den ene plica vocalis. En 2-0 monofil, ikke-resorberbar nylonsutur blev herefter ført gennem den ene kanyle og ud gennem den anden. Et lille snit i slimhinden i endolarynx og i huden sikrede at suturen kunne lægges submukøst og subkutant, hvorefter tråden kunne strammes til passende lateralisering og sikres med 6-7 knuder.

Resultater

Sygehistorie:

62-årig multimorbid kvinde blev indlagt med vejrtrækningsgener og fik diagnosticeret bilateral recurrensparese. Patienten havde svær KOL og udfordrende cervikal anatomi. I samråd med patienten valgtes sutur-lateralisering af plica vocalis. Patienten havde god effekt i 2-3 måneder, hvorefter intubation i forbindelse med anden kirurgi, medførte udtalt endolaryngealt ødem, resulterende i udførelse af trakeotomi.

Diskussion

Trakeostomi giver en stabil luftvej, men der er risiko for kortsigtede komplikationer som blødning, infektion og kanyle-dislokation. Langsigtede inkluderer vedvarende plejebestand, trakealstenose samt stemmeproblemer. Sutur-lateralisering er minimalt invasiv og reversibel, men kan medføre larynxødem samt granulationsvævsdannelse. Man kan bevare acceptabel vejrtrækning og stemmefunktion i årevis, men der er risiko for suturglidning/-bristning samt aspiration.

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Intraoperativ måling af parathyroideahormon som prædiktor for hypoparathyroidisme efter kompletterende hemithyroidektomi

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Afdeling/praksis

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Uddannelsesniveau

9. semester medicinstuderende (Aarhus Universitet)

Introduktion

Hypoparathyroidisme (hypoPT) ses oftest efter total thyroidektomi og kan forudsiges ved måling af intraoperativ parathyroidea hormon (ioPTH). Formålet med dette studie er at undersøge, om ioPTH kan anvendes til at prædiktere hypoPT efter kompletterende hemithyroidektomi (cHT), samt at identificere den procentvise ændring i ioPTH med bedst prædiktiv værdi.

Materiale/metode

Retrospektivt kohortestudie af patienter der har fået foretaget cHT på AUH i perioden 2021-2025 og samtidig har fået målt ioPTH. Primært endepunkt er udvikling af hypoPT, hvilket defineres som behov for behandling med aktivt D-vitamin efter operationen. Den procentvise ændring i ioPTH blev analyseret som prædiktor for udvikling af hypoPT.

Resultater

Foreløbige data på 64 ud af forventet 150 patienter viser signifikant større fald i ioPTH hos patienter der udvikler hypoPT (n=9) sammenlignet med dem der ikke gør (n=55). Median fald på 87% af ioPTH for patienter der udvikler hypoPT og 46% for patienter der ikke gør ($p < 0,0001$). Hvis man anvender et fald i ioPTH på over 75% til at identificere patienter som udvikler hypoPT giver det en sensitivitet på 89%, specificitet på 89% og en negativ prædiktiv værdi på 98%.

Diskussion

ioPTH er en stærk prædiktor for udviklingen af hypoPT efter cHT. I stedet for at afvente om calcium-niveauet falder, kan man hurtigere behandle patienter i høj risiko for hypoPT eller udskrive patienter med lav risiko tidligere. Endelige resultater vil være klar til årsmødet i april.

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Tilmelding af Foredrag

Foredragets titel

Indtryk fra European Society of Swallowing Disorders Conference 2025 samt fra FEES-certificeringskursus.

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Speciallæge

Introduktion

Rejsebeskrivelse efter deltagelse i European Society of Swallowing Disorders (ESSD) årlige congress samt deltagelse i prækongres-kursus om FEES.

Materiale/metode

Deltagelse i FEES-certificeringskursus, forudgået af ca 15 timers webinarer. Efterfølgende deltagelse i den tværfaglige kongres.

Resultater

Præsentation af ESSD inkl. deres tilgængelige uddannelsesmateriale omkring dysfagi.
Faglige indtryk fra kongressen; bl.a. integration af PROMs og CROMs i diagnostikken af dysfagi hos hoved/halskræft patienter, samt brug af ultralyd i dysfagi-udredning.
FEES-kursus: Certificering ihht. ESSD standarder med gennemgang af fordele og ulemper fra et dansk synspunkt.

Diskussion

Hvilke tiltag ifht udredningsmodaliteter, analyseredskaber samt uddannelse kan implementeres i DK.

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Tilmelding af Foredrag

Foredragets titel

Danish Translation and Validation of Pediatric Questionnaires for the Assessment of Dizziness: The Pediatric Vestibular Symptom Questionnaire and the Dizziness Handicap Inventory for Patient Caregivers

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Afdeling/praksis

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3,4: Institut for Klinisk Medicin, Aarhus Universitet

Uddannelsesniveau

Cand. Med.

Introduktion

Dizziness and balance disorders represent a frequent but underrecognized clinical problem in children, and standardized, age-appropriate symptom assessment tools are lacking in Denmark. Although the Pediatric Vestibular Symptom Questionnaire (PVSQ) and the Dizziness Handicap Inventory for Patient Caregivers (DHI-PC) are internationally validated, Danish versions are not currently available. The aim of this study is to translate and validate the Danish versions of the PVSQ and DHI-PC for use in pediatric populations.

Materiale/metode

This prospective validation study includes children aged 3-5 and 6-17 years. The PVSQ and DHI-PC are translated from English into Danish using a standardized forward-backward translation process with expert committee review. The Danish questionnaires are administered to children referred with dizziness and to age-matched controls without dizziness. The PVSQ is completed by children aged 6-17 years, while the DHI-PC is completed by caregivers. Test-retest reliability and psychometric properties are evaluated using established statistical methods.

Resultater

Data collection and analyses are ongoing. While final results may not be available at the time of the conference, preliminary findings from the translation and validation analyses will be presented.

Diskussion

The Danish translation and validation of the PVSQ and DHI-PC are expected to provide culturally adapted and reliable tools for systematic assessment of pediatric dizziness. Availability of validated Danish questionnaires may support clinical evaluation, improve symptom recognition, and facilitate research in children with dizziness and balance disorders.

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Tilmelding af Foredrag

Foredragets titel

Vestibular Dysfunction in Children Undergoing Cochlear Implantation: Prevalence and Postoperative Changes

Forfatter(e)

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Uddannelsesniveau

Kandidatstuderende i medicin

Introduktion

Vestibular dysfunction is common in children with sensorineural hearing loss (SNHL) and may worsen following cochlear implantation (CI). Otolith impairment appears particularly prevalent, but vestibular testing is not consistently implemented in pediatric CI protocols. This study aimed to determine the prevalence of vestibular dysfunction before CI and to assess postoperative changes in vestibular function in the implanted ear.

Materiale/metode

This retrospective study included all children with SNHL who underwent CI at Aarhus University Hospital between 2020 and 2024 and received preoperative vestibular testing. Vestibular assessment comprised video head impulse testing (vHIT/HIT) and cervical vestibular evoked myogenic potentials (cVEMP). Paired pre- and postoperative data were available for a subset of children, in whom within-subject changes were analysed using McNemar's test.

Resultater

A total of 171 children completed preoperative vestibular testing. Preoperatively, 26.9% showed abnormalities on at least one vestibular modality, with otolith dysfunction on cVEMP being most frequent (31.2%). Paired pre- and postoperative assessments were available for 47 children. In the implanted ear, vestibular dysfunction increased from 8.5% preoperatively to 25.5% postoperatively. Otolith function deteriorated in 21.9% (9/41) of children with available cVEMP data ($p = 0.0156$), whereas semicircular canal changes on vHIT/HIT were infrequent and not statistically significant. Postoperative findings in the non-implanted ear were sparse and showed no systematic pattern.

Diskussion

This study demonstrates that vestibular dysfunction is frequent in children with SNHL and may worsen after cochlear implantation, particularly affecting otolith function in the implanted ear. Despite this, vestibular testing was inconsistently applied. The observed postoperative decline supports the integration of systematic vestibular assessments in CI pathways. Such protocols may aid surgical planning, identify children at risk of bilateral dysfunction, and enable timely rehabilitation to support motor development and long-term functional outcomes.

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Tilmelding af Foredrag

Foredragets titel

Mapping bone signals in the middle ear - The ENFORCE study.

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Uddannelsesniveau

Lars Juul Hansen, MD, PhD

Afdelingslæge

Introduktion

Normal bone remodelling is absent around the inner ear, and the resulting degenerative changes are present in the entire otic capsule. So far, it has been proposed that inner ear OPG (osteoprotegerin), a potent inhibitor of osteoclastogenesis, is responsible for the absence of bone remodelling. The unique bony environment around the inner ear has been associated with otosclerosis. The present study sets out to map and measure bone signals in the middle and inner ear, focusing on OPG.

Materiale/metode

In-situ-hybridization of rat temporal bones has been used to map the OPG signal in the middle and inner ear of rats. Cone beam CT scans of human temporal bones have been used to compare the adult and newborn osseous annulus of the tympanic membrane.

Resultater

We found that the OPG signal is present in the entire inner ear lining. Furthermore, OPG was located in the osseous annulus of the tympanic membrane. A comparative study between newborn and adult human temporal bones revealed no significant difference in size between newborn and adult osseous annulus. We found strong OPG signals in all inter-ossicular joints.

Diskussion

Our study indicates that the OPG signal is more widespread than thus far believed. The signal appears to be very strong around the cochlea and the oval window region and stapes. However, very strong signals are also recorded around the inter-ossicular joints and tympanic membrane. Interestingly, these areas are not usually associated with otosclerosis. The findings suggest, that although a key protein, OPG may not be the only contributing factor in the pathogenesis of otosclerosis.

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Tilmelding af Foredrag

Foredragets titel

Kompleks posttraumatisk kronisk frontal sinusitis

Forfatter(e)

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Afdeling/praksis

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Sjællands Universitetshospital

Uddannelsesniveau

Speciallæge

Introduktion

Casepræsentation, som ikke egner sig til poster men som mundtligt oplæg.

Materiale/metode

Case, traumatologi, endonasal sinuskirurgi

Resultater

53-årig herre præsenterer sig med pandehulesmerter og frontale smertejag. For 18 år siden udsat for stump vold med gentagne slag med billardkugle mod frontoglabellære område medførende knusningsfraktur af glabella, pandehulens forvæg og læsion i pandehulens bagvæg med CSF-lækage. Spontant ophør af CSF-lækage. Forvæg rekonstrueret med titaniumskinne gennem hudlæsion. Udvikler efterfølgende symptomer på kronisk pandehuleinfektion med smerter og trykken. Opereret i 2010, 2011, 2013 og 2021, hvor der er foretaget rhinoseptumplastik og endoskopisk drænage inkl. subtotal draf3. Fornyet CT bihuler viser utilstrækkeligt afløb fra pandehuler pga. displacerede knoglefragmenter fra forvæggen og titaniumskinne med impression medvirkende til afløbshindring.

Patienten planlægges til fornyet operation med bicoronal incision, frilægning af pande og næseryg, fjernelse af titaniumskinne, udboring af obstruerende knoglefragmenter og isættelse af custommade titaniumplade.

Diskussion

Denne case er et eksempel på en kompleks traumatisk betinget sinonasal problemstilling, som kræver kompetencer indenfor endoskopisk sinuskirurgi såvel som frakturbehandling af ansigtsskelettet. Præoperative, per-operative og postoperative gennemgang og fotos viser vigtigheden af ovennævnte kundskaber indenfor otorhinolaryngologien.

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Tilmelding af Foredrag

Foredragets titel

The Growing Burden of Oropharyngeal Cancer in Denmark: Assessing HPV Awareness and Future Disease Trends

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Hoved-uddannelse, 2 år

Introduktion

Human papillomavirus (HPV) is one of the primary causes of oropharyngeal squamous cell carcinoma (OPSCC), accounting for around 70% of cases in high-income countries. In Denmark, OPSCC is the most common head and neck cancer, yet public awareness of HPV's role has not been assessed in Denmark. This study aims to assess HPV awareness and estimated the future disease burden of OPSCC in Denmark.

Materiale/metode

A nationally representative cross-sectional survey of 559 Danish adults was conducted in January 2025 to evaluate awareness of HPV, its link to OPSCC, and perceptions of vaccination. Age-adjusted incidence rates were calculated from the Danish Cancer Registry (1980–2021) and projected to 2039.

Resultater

Between 1980 and 2021, the incidence of OPSCC increased 7.3-fold in Denmark. Projections indicate that by 2039, the incidence among men will reach 12.3 cases per 100,000 population. Despite the prevalence public awareness of HPV and its association with OPSCC remains limited in Denmark. Among survey respondents, 38.5% had never heard of HPV, and only 37.0% recognized its link to OPSCC.

Diskussion

These findings underscore the urgent need for comprehensive public education, awareness initiatives, and strengthened early detection initiatives to curb the rising incidence of HPV-associated OPSCC in Denmark.

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Tilmelding af Foredrag

Foredragets titel

The Majority Avoids Thyroid Hormone Substitution Therapy Three Years after Hemithyroidectomy for Low-risk Differentiated Thyroid Cancer if Thyroid Stimulating Hormone Increase up to 4 mIU/L is Accepted.

Forfatter(e)

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Uddannelsesniveau

Overlæge, ph.d.

Introduktion

Hemithyroidectomy is an accepted treatment of differentiated thyroid cancer for low-risk patients. The Danish guideline allows postoperative thyroid stimulating hormone increase up to 4 mIU/L before initiation of thyroid hormone substitution therapy. Our aim is to examine perturbations of thyroid stimulating hormone and thyroid hormone substitution therapy during a three-year follow-up.

Materiale/metode

In the Danish Thyroid Cancer Database we identified 163 low-risk patients treated with hemithyroidectomy from 2016 to 2020. We retrospectively reviewed hospital charts and documented postoperative substitution therapy, along with pre- and postoperative thyroid stimulating hormone, initiation of substitution therapy, and disease recurrence.

Resultater

149/163 (91%) did not take thyroid hormone substitution before surgery. Increase of thyroid stimulating hormone above >4.0 mIU/L developed in 20%, 31%, and 34% of 149 patients, who were replaced with levothyroxine after one, two, and three years. For patients not on levothyroxine after three years, thyroid stimulating hormone was persistently increased within the normal range from 1.16 (0.79-1.70) to 1.94 (1.38-2.65) ($p < 0.0001$). No patients experienced recurrence, and four had completion thyroidectomies due to benign nodules. If levothyroxine treatment had been initialized at a thyroid stimulating hormone increase above 2 mIU/L, 64% would require treatment three years after hemithyroidectomy.

Diskussion

If thyroid stimulating hormone increase up to 4 mIU/L is accepted, avoidance of levothyroxine treatment is possible for the majority, but happens at the expense of a significant increase of TSH. Future research is needed to clarify if the growing population of hemithyroidectomized patients can be safely managed with TSH > 2mIU/L.

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Tilmelding af Foredrag

Foredragets titel

Malignancy in Thyroglossal Duct Cysts

Forfatter(e)

Anne Kirstine Andersen

Vejledere: Kasper Basse Reinholdt & Matilde Lonka

Afdeling/praksis

Øre-, næse-, halskirurgisk afdeling, AUH

Uddannelsesniveau

Stud.med., 12. semester, Aarhus Universitet

Introduktion

While thyroglossal duct cysts (TGDC) are usually considered benign, malignant transformation is rare and traditionally thought to occur mainly in older patients. However, the true incidence and age distribution of malignancy in TGDC remain unclear.

Materiale/metode

This retrospective study included 253 patients with histologically confirmed TGDC resected at Aarhus University Hospital and Randers Regional Hospital between 2017 and 2024. Patient records were reviewed for demographics, surgical method, complications, recurrence and histology. Results were analysed using logistic regression and compared to recent literature.

Resultater

The overall recurrence rate was 4.35%. Recurrence was more common in younger patients, though not statistically significant. Preoperative fistulation was a significant risk factor for recurrence ($p = 0.049$), but significance was lost after adjustment for other variables ($p = 0.186$). The complication rate was 19.4%. Malignancy was found in 4.35% of cases and was significantly overrepresented the young adult cohort ($p = 0.0028$) where malignancy was found in 12.31% of resected cysts. Preoperative FNA showed poor predictive value for malignancy ($p = 0.948$).

Diskussion

Recurrence rates and complication profiles were consistent with existing literature, and TGDC resection using the Sistrunk technique is safe and effective, with low recurrence. Pre-operative fistula may increase risk of recurrence. More importantly, poor FNA accuracy calls for better preoperative diagnostics of malignancy in TGDC, as FNA should not be relied solely upon to rule out malignancy. Notably, malignancy was most common in young adults in our cohort, challenging current perceptions and guideline focus.

Forfatters fulde navn

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Tilmelding af Foredrag

Foredragets titel

Clinical outcomes after parathyroidectomy in elderly patients with primary hyperparathyroidism

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Uddannelsesniveau

Godkendt introduktionsstilling i Øre-, Næse- og Halskirurgi.

Introduktion

Primary hyperparathyroidism (PHPT) is increasingly detected in older individuals and often associated with osteoporosis. Benefit from parathyroidectomy (PTX) in elderly patients is debated. We evaluated biochemical outcomes, bone mineral density (BMD) and survival after PTX in elderly patients.

Materiale/metode

Retrospective cohort study of patients aged ≥ 75 years undergoing PTX for PHPT between 2014 and 2019. Patients were grouped as < 80 or ≥ 80 years. Biochemical outcomes and changes in BMD at the spine and hip were assessed pre- and postoperatively. We evaluated percent change ($\Delta\%$ BMD) and adjusted $\Delta\%$ BMD with linear regression and accounting for body mass index, creatinine, and anti-osteoporotic therapy.

Resultater

171 patients (114 < 80 and 57 ≥ 80 years) were included and 116 (68%) had osteoporosis. Cure rate was 95%, one had nerve palsy, and another had hypoparathyroidism after PTX. There was no disease or procedure related mortality. BMD improved by 3.3% in the spine but not in the hip (0.0%). The increase was higher in patients < 80 years ($p=0.03$). The difference between agegroups disappeared when we adjusted for BMI, creatinine, and osteoporotic treatment. For patients in osteoporosis treatment, BMD improved significantly in spine and hip (4.8% and 1.6%) compared with patients without osteoporosis treatment (1.5% and 0.0%).

Diskussion

PTX in a selected group of elderly patients with PHPT is safe and biochemically effective with low complication rates. The positive BMD changes are mitigated by increasing age and decreasing kidney function. Further, simultaneous medical treatment seems to improve the BMD benefit from PTX.

Forfatters fulde navn

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Tilmelding af Foredrag

Foredragets titel

Komplikationer og patienttilfredshed ved septorhinoplastik

Forfatter(e)

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Afdeling/praksis

Øre-Næse-Hals afdelingen Odense Universitets Hospital

Uddannelsesniveau

Hoveduddannelse, forskningstræning

Introduktion

Septorhinoplastik omfatter både funktionelle og kosmetiske målsætninger, og patienttilfredshed påvirkes af præoperative forventninger.

Formålet med dette studie var, at undersøge komplikationsraten og patienttilfredsheden efter septorhinoplastik udført på Øre-Næse-Hals afdelingen, Odense Universitets Hospital, samt undersøge om præoperativ prioritering af det kosmetiske frem for funktionelle resultat var associeret med postoperativ utilfredshed.

Materiale/metode

Der blev foretaget et retrospektivt dataudtræk fra patientjournaler i Elektronisk Patientjournal (EPJ) og COSMIC-arkivet omfattende septorhinoplastikoperationer udført i perioden 01.06.2021–30.06.2023. Dataindsamlingen bestod af en systematisk journalgennemgang, hvor relevante kliniske og patientrapporterede oplysninger blev registreret, herunder patientens præoperative prioritering af kosmetiske og funktionelle forhold, postoperative komplikationer såsom infektion og blødning samt det postoperative resultat.

Det postoperative resultat blev vurderet både funktionelt og kosmetisk af henholdsvis kliniker og patient. De indsamlede data blev efterfølgende ekstraheret til SPSS og analyseret ved hjælp af deskriptiv statistik samt beregning af relativ risiko for postoperativ utilfredshed.

Resultater

Data fra i alt 180 patienter blev inkluderet i analysen. Resultater vedrørende komplikationsrate og patienttilfredshed præsenteres ved posterpræsentation.

Diskussion

Resultaterne bidrager til øget viden om komplikationsrater og patienttilfredshed efter septorhinoplastik på Odense Universitets Hospital og kan anvendes til at optimere patientseleksion, præoperativ rådgivning og kvalitetssikring af denne type kirurgi.

Unavngivet

- Ønsker kun præsentation af poster

Forfatters fulde navn

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Tilmelding af Foredrag

Foredragets titel

Evaluation of Thyroid Scintigraphy in the Diagnostic Work-up of Thyroid Disease: A Retrospective Cohort Study

Forfatter(e)

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Afdeling/praksis

Øre-, Næse-, Halskirurgisk afdeling, Aarhus Universitetshospital

Uddannelsesniveau

Medicinstuderende

Introduktion

Introduction:

The aim of this study was to evaluate the diagnostic and clinical impact of thyroid scintigraphy in the work-up of thyroid disease in a contemporary Danish cohort. Thyroid nodules are common, and although most are benign, their detection often initiates diagnostic evaluation due to malignancy concern. Thyroid scintigraphy is used to identify autonomously functioning nodules with negligible malignancy risk, but its role in contemporary diagnostic pathways varies internationally. In Denmark, scintigraphy remains relatively frequently used, warranting evaluation of its real-world impact.

Materiale/metode

Method:

We conducted a retrospective observational cohort study including patients undergoing thyroid scintigraphy at Aarhus University Hospital, Denmark, from 2019 to 2024. Imaging and pathology data were linked at the patient level. Scintigraphy findings were categorized by functional uptake pattern. Subsequent diagnostic work-up, cytology, histology, and risk of malignancy (ROM) were analyzed descriptively.

Resultater

Results:

A total of 3,563 patients (3,865 examinations) were included (mean age 56.0 years; 80.2% female). Hypofunctioning nodules were the most frequent finding (47.0%), followed by normal uptake/no focal nodule (38.5%). Hyperfunctioning nodules accounted for 5.9%. Fine-needle aspiration biopsy was performed in 31.3% of patients and surgery in 13.5%. Malignant outcomes were almost exclusively observed in hypofunctioning nodules. One hyperfunctioning nodule had confirmed malignant histology. ROM was highest in hypofunctioning nodules and negligible in hyperfunctioning nodules and normal uptake patterns.

Diskussion

Conclusion:

Thyroid scintigraphy stratifies malignancy risk in clinical practice, with limited malignancy risk in hyperfunctioning nodules. While many examinations were not followed by further diagnostic procedures, the appropriateness of scintigraphy use cannot be fully assessed due to limited ultrasound and biochemical data. Scintigraphy appears most relevant when used selectively, particularly prior to FNAB or when functional assessment may influence therapeutic

decisions.

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Tilmelding af Foredrag

Foredragets titel

Effectiveness of Barbed Reposition Pharyngoplasty with Tonsillectomy in Treating Obstructive Sleep Apnea: A Danish Retrospective Study

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Medicinstuderende på 11. semester.

Introduktion

Obstructive sleep apnea (OSA) is primarily treated with Continuous Positive Airway Pressure (CPAP); however, surgical intervention is often considered when CPAP therapy is insufficient or intolerable. Barbed Reposition Pharyngoplasty (BRP) combined with tonsillectomy has emerged as a minimally invasive palatal surgical technique to reduce upper airway obstruction. This study aims to evaluate its impact on both objective measures and patient-reported outcomes in OSA patients in Denmark.

Materiale/metode

This retrospective study included 47 patients who underwent BRP with tonsillectomy at Godstrup Regional Hospital between 2021 and 2025. Patient selection for surgery was based on several factors, including body mass index (BMI) and Drug Induced Sleep Endoscopy (DISE) findings. Preoperative and postoperative apnea hypopnea index (AHI), Sinonasal Outcomes Test-22 (SNOT-22), and Epworth Sleepiness Scale (ESS), were extracted from the Electronical Patients Journal (EPJ). Normality of data was assessed with the Shapiro-Wilk test, and changes between pre- and postoperative values were evaluated using the Wilcoxon signed-rank test or Paired t-test. Statistical significance was defined as $p < 0.05$.

Resultater

Statistically significant improvements were observed across all outcomes. Median AHI decreased from 23 [23.3 ;35.5] to 14 [16.1 ;27.5] ($p < 0.004$). Median SNOT-22 score reduced from 33 [30.1 ;41.7] to 23 [18 ;27.1] ($p < 0.00001$), and median ESS improved from 9 [8.14 ;10.9] to 5.5 [4.97 ;7.28] ($p < 0.00001$).

Diskussion

BRP combined with tonsillectomy appears to be an effective surgical option for patients with OSA, resulting in statistically significant improvements in AHI, ESS, and SNOT-22. The procedure is most effective in carefully selected patients, particularly when BMI and DISE findings support palatal-level obstruction.

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Tilmelding af Foredrag

Foredragets titel

CPAP-compliance ved obstruktiv søvnapnø: relevante mønstre og betydningen af opfølgning

Forfatter(e)

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Uddannelsesniveau

Ph.d.

Introduktion

Obstruktiv søvnapnø (OSA) er en hyppig sygdom, hvor behandling med kontinuerligt positivt luftvejstryk (CPAP) er standard. Manglende compliance er dog et vedvarende problem, og mange patienter forbliver ubehandlede. Med et stigende antal OSA-patienter er der behov for bedre viden om compliance-mønstre, opfølgning og muligheder for mere individualiseret behandling i klinisk praksis.

Materiale/metode

Foredraget sammenfatter resultaterne fra tre retrospektive registerbaserede studier med data fra CPAP-maskiner og kliniske patientdata fra søvnklinikkerne i Køge og Sønderborg.

Resultater

CPAP-compliance-mønstre stabiliserede sig inden for de første tre måneder: 45% opnåede god compliance, mens 39% ikke benyttede deres CPAP. Faste årlige fremmødekontroller forbedrede ikke langtidscompliance sammenlignet med patient-initieret opfølgning. Demografiske og kliniske data havde begrænset prædiktiv værdi, men tre klinisk relevante fænotyper blev identificeret på tværs af compliance-grupperne.

Diskussion

Resultaterne understøtter, at den kliniske indsats bør prioriteres tidligt i CPAP-forløbet for at opnå bedst mulig compliance. Manglende effekt af faste årlige kontroller indikerer, at standardiserede opfølgingsmodeller bør revurderes. Kliniske fænotyper kan bidrage til en mere fokuseret og personaliseret behandling, hvor patienter med risiko for lav eller ingen compliance identificeres tidligt og tilbydes relevant opfølgning.

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Tilmelding af Foredrag

Foredragets titel

Iatrogenic smell and taste loss after surgery and anaesthesia

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Hoveduddannelseslæge - Udarbejdet ifbm. forskningstræningskursus.

Introduktion

Loss of taste and smell is a debilitating yet overlooked complication of certain medical procedures. This study aimed to characterise patients with permanent iatrogenic olfactory or gustatory dysfunction referred to a flavour clinic.

Materiale/metode

This retrospective cohort study included patients assessed at the Flavour Clinic, Regional Hospital West Jutland, between May 2017 and November 2024. Patients were included if they experienced olfactory or gustatory dysfunction lasting more than one year, with a clear temporal relationship to a medical intervention. Standardised sensory testing, otorhinolaryngological examination, and relevant imaging and laboratory assessments were performed.

Resultater

Out of more than 3,000 patients assessed, 55 met the inclusion criteria. Sinonasal surgery using local anaesthesia was the predominant cause of olfactory dysfunction (n = 11), despite procedures being remote from the olfactory cleft. Gustatory dysfunction was primarily associated with tonsillectomy (n = 18), frequently involving glossopharyngeal or facial nerve damage. A smaller number of cases were linked to general anaesthesia or systemic therapy. Recommendations to reduce the risks are presented.

Diskussion

Permanent iatrogenic olfactory or gustatory dysfunction is rare but clinically significant. Tonsillectomy, sinonasal surgery and anaesthesia – both local and general – are key contributors. Greater awareness, meticulous surgical technique and comprehensive informed consent are essential to minimise incidence and medicolegal consequences.

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Tilmelding af Foredrag

Foredragets titel

Early life exposures and risk of salivary gland diseases in childhood: A 28-year Nationwide cohort study

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

PhD student

Introduktion

Limited research has been conducted on salivary gland diseases in childhood, including disease etiology and associated risk factors. This study examines how early-life exposures influence the rate of salivary gland disease. The objective is to assess the association between early-life exposures and salivary gland disease in childhood as well as to examine sex and age distribution and time trends.

Materiale/metode

The study was a nested case control study in children, matching five controls to each case between 1994 and 2022. We assessed the association between seven early-life exposures and three categories of salivary gland diseases: juvenile recurrent parotitis (JRP), salivary stones and salivary retention cysts. Conditional logistic regression was used to estimate hazard ratios (HRs) for each association.

Resultater

We identified 4778 cases and 23,890 controls: 2637 cases of JRP, 765 cases of salivary stones and 1376 cases of salivary retention cysts. Preterm birth (HR 1.24, 95 % CI 1.05; 1.47), low birth weight for gestational age (HR 1.38, 95 % CI 1.13; 1.69), young maternal age (HR 1.53, 95 % CI 1.20; 1.94) and low income (HR 1.27, 95 % CI 1.11; 1.45) were all positively associated with JRP. Maternal overweight (HR 0.85, 95 % CI 0.74; 0.97) had a negative association with JRP. No early-life exposure was significantly associated with salivary stones or retention cysts.

Diskussion

Children born preterm, small for gestational age, by young mothers, and with low household income, had an increased rate of developing nonspecific salivary gland disease, likely juvenile recurrent parotitis. In contrast, such associations were not identified for any other salivary gland disease.

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Molecular Characterization of Aggressive HPV-Positive Oropharyngeal Squamous Cell Carcinoma with Distant Metastasis

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

MSc, PhD

Introduktion

Human papillomavirus positive (HPV+) oropharyngeal squamous cell carcinoma (OPSCC) is rapidly increasing in incidence. Despite the favorable prognosis, a subset of HPV+ OPSCC patients develop distant metastasis, especially in the lungs. Currently, there are no reliable biomarkers to distinguish HPV-related lung metastasis from primary squamous cell lung cancer (SQCLC), complicating diagnosis and therapeutic decisions.

Materiale/metode

This retrospective study aims to identify biomarkers capable of distinguishing HPV+ OPSCC lung metastasis from SQCLC. Matched OPSCC and lung tumor tissue are collected from the existing Danish biobank. Primary OPSCC and lung tumor samples will undergo HPV-DNA detection using Zytovision's VisionArray HPV Chip and p16 expression will be assessed via immunohistochemistry. Additionally, tumor mutational profiling will be performed by whole genome sequencing.

Resultater

Expected outcomes include identification of molecular signatures that can differentiate true lung metastasis of HPV+ OPSCC origin from new primary lung cancers. From 2000-2020, 111 patients with previous OPSCC developed squamous cell carcinoma to the lungs. Based on the Danish Pathology Databank, it was possible to obtain formalin-fixed paraffin embedded tissue samples from 70 patients. 32 of these were previously diagnosed with HPV+/p16+ OPSCC and corresponding lung metastasis were evaluated for HPV and p16.

Diskussion

This study will provide critical insights into the biological distinction between HPV+ OPSCC metastasis and primary lung cancers. Identifying reliable biomarkers could lead to improved diagnostic accuracy and guide treatment strategies for affected patients. Ultimately, the findings may contribute to personalized patient stratification, optimized surveillance and improved clinical outcomes in HPV-associated head and neck cancer.

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Tilmelding af Foredrag

Foredragets titel

Fordele ved bimodal tilpasning med cochleaimplantat og høreapparat sammenlignet med dobbeltsidige høreapparater: Et kontrolleret lodtrækningsforsøg om tilvænningsstid til høreapparat før cochleaimplantation.

Forfatter(e)

Yeliz Jakobsen, MD, PhD

Vejleder: Professor Jesper Hvass Schmidt, MD, PhD

Afdeling/praksis

Øre-næse-hals afd. Odense Universitets Hospital

Uddannelsesniveau

PhD

Introduktion

Fremskridt inden for cochlear-implantat (CI)-teknologi har udvidet kandidatkriterierne til patienter med asymmetrisk høretab og resthørelse, således at bimodal hørelse (et CI og et høreapparat (HA) kombineret) kan være fordelagtigt. Det er uklart, om udskiftning af HA'er med nye, optimalt tilpassede erstatnings-HA'er forbedrer hørefunktionen, og om en forlænget akklimatiseringsperiode med HA er nødvendig. Formålet var at undersøge effekten af nye erstatnings-HA'er og efterfølgende bimodal hørelse på taleforståelighed, subjektiv høreevne og livskvalitet.

Materiale/metode

Studiet var et randomiseret, kontrolleret forsøg med 63 CI-kandidater (gennemsnitsalder 63,4 år). Deltagerne blev randomiseret 1:1 til CI-kirurgi efter én måneds brug eller yderligere tre måneders HA-brug før implantation. Baseline-målinger omfattede audiometri, ordgenkendelsesscore (WRS), taleforståelse i støj målt som Speech Reception Threshold ved 70 % korrekt (SRT70) i dB signal-støjforhold (SNR) ved Hearing In Noise Test (HINT), pupillometri samt Speech, Spatial and Qualities of Hearing Scale (SSQ-12) og Nijmegen Cochlear Implant Questionnaire (NCIQ). Testene blev gentaget efter akklimatisering med HA samt efter tre og seks måneders bimodal hørelse.

Resultater

En måneds brug af erstatnings-HA'er gav ingen ændringer i SRT70 ($-1,90$ dB SNR, $p=0,182$), peak pupil dilation (PPD; $0,17$ mm, $p=0,476$) eller peak pupil latency (PPL; $-0,11$ s, $p=0,510$). Sammenlignet med erstatnings-HA'er viste bimodal hørelse (CI+HA) efter tre måneder signifikante forbedringer i SRT70 ($-10,26$ dB SNR), WRS i støj ($18,18$ %) og WRS i ro ($18,56$ %) samt højere SSQ-12-scorer ($2,67$ point) og NCIQ-scorer ($14,25$ point; alle $p<0,001$).

Diskussion

Bimodal hørelse giver markante forbedringer af taleforståelse sammenlignet med HA alene, og forlænget brug af erstatnings-HA'er før CI-implantation er unødvendig.

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Tilmelding af Foredrag

Foredragets titel

Temporal trends in evaluation- and treatment-patterns of obstructive sleep apnea: a Danish nationwide cohort study

Forfatter(e)

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3: Danish Center for Health Services Research, Department of Clinical Medicine, Aalborg University, Aalborg, Denmark.

Uddannelsesniveau

1: MD, PhD
2: MD, PhD
3: MPH, PhD

Introduktion

Obstructive sleep apnea (OSA) is a common disorder, and estimates suggests that up to 20% of adults are affected, yet the disease may be underdiagnosed. We sought to investigate temporal trends in diagnostic assessment and treatment of OSA in Denmark between 2011 through 2022.

Materiale/metode

Using nationwide healthcare registries, we identified all patients undergoing evaluation for OSA in private ear- nose- and throat practice and in the hospital stratified according to year between 2011 through 2022. Our primary outcome was OSA diagnosis combined with continuous positive airway pressure (c-pap) treatment. As a secondary outcome, the geographical variation in OSA assessment and treatment frequency was assessed according to residential region (results on geographical variation pending at submission date).

Resultater

Throughout the study period, we identified 172,278 patients undergoing diagnostic assessment with a cardio-respiratory monitoring and of these 43,128 (25%) patients started c-pap treatment. The number of patients undergoing OSA evaluation increased from 8,901 patients in year 2011 to 18,977 in year 2022. In year 2011, 11% of the examined patients initiated treatment with c-pap whereas 26% were treated in year 2022. Overall, the proportion of patients initiating c-pap treatment ranged between 11% and 35% during the study period.

Diskussion

Since year 2011 an increasing number of patients are evaluated for OSA each year. The respective proportion of patients diagnosed with OSA and initiating c-pap treatment was higher during the latest four years compared with previous years. The increasing number of patients undergoing diagnostic assessment for OSA may suggest a growing awareness of the historically underdiagnosed disease. However, further studies are needed to support this hypothesis.

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Synkestop - en national oversigt

Forfatter(e)

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Afdeling/praksis

Øre-næse og halskirurgisk afdeling, Nordsjællands Hospital, Rigshospitalet.

Uddannelsesniveau

Afdelingslæge

Introduktion

Synkestop forårsaget af et fremmedlegeme i esophagus er en relativt hyppig og potentielt alvorlig tilstand, som kan give esophagusperforation. Trods hyppigheden af den potentielt dødelige tilstand er der stor variation i den praktiske håndtering, der foreligger ingen national klinisk retningslinje. Der er meget sparsomt og tvetydig evidens for den medicinske behandling af tilstanden. Formålet med dette studie er at beskrive den aktuelle håndtering af fødebolus indiceret synkestop på tværs af specialer og regioner.

Materiale/metode

Undersøgelsen gennemføres ved hjælp af et prædefineret spørgeskema med fokus på konkret behandling af fødebolusmedieret synkestop. Spørgsmålene distribueres og registreres via REDCap og udsendes per e-mail til uddannelsesansvarlige overlæger inden for specialerne øre-næse-hals-, thorax- og abdominalkirurgi. Ikke-respondenter modtager én påmindelse efter 14 dage.

Resultater

Seksten spørgeskemaer blev udsendt, hvoraf 15 blev besvaret (93,4 %). Alle regioner og specialer var repræsenteret. De fleste respondenter anvendte initial medicinsk behandling før endoskopisk fjernelse, primært benzodiazepiner. Andre anvendte buscopan, glukagon, opioider og nitroglycerin. Gastrointestinale kirurgiske afdelinger foretog hurtig endoskopisk fjernelse, mens thorax- og øre-næse-halskirurgiske afdelinger afventede medicinsk effekt i op til 24 timer.

Diskussion

Akut fødebolusinduceret synkestop er en hyppig tilstand, håndteret på tværs af flere specialer og afdelinger. Der ses fortsat betydelig variation i behandlingsstrategi, timing af endoskopi samt efterfølgende observation og kontrol. Denne undersøgelse giver den første nationale kortlægning af håndteringen og kan bidrage til øget national ensretning.

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Tilmelding af Foredrag

Foredragets titel

Prevalence of Obstructive Sleep Apnea Among High Risk Groups in Greenland

Forfatter(e)

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Uddannelsesniveau

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Introduktion

Diagnosis and treatment for obstructive sleep apnea (OSA) are unavailable in Greenland, partly due to the country's challenging geography and healthcare structure. Consequently, the prevalence of OSA remains unknown. However, as type 2 diabetes and obesity, two major OSA risk factors, are highly prevalent, OSA is likely a large, unrecognized issue.

Using advances in wearable home sleep testing, we aimed to assess the prevalence of OSA and related comorbidities among patients with type 2 diabetes and obesity in Greenland.

Materiale/metode

Adults with type 2 diabetes and/or severe obesity (BMI >40) linked to care at Steno Diabetes Center Greenland, in either Nuuk or Ilulissat, were randomly invited to participate.

Sleep was assessed with the peripheral arterial tonometry device NightOwl (ResMed) for three nights. For participants with signs of OSA in NightOwl examination, OSA diagnosis was confirmed using conventional cardiorespiratory monitoring (CRM). Participants with AHI >15 and symptoms or AHI >30 were offered CPAP treatment.

Resultater

Of 268 participants (222 from Nuuk and 46 from Ilulissat), initial NightOwl testing showed 4.5% with no OSA, 16% with mild OSA, 26% with moderate OSA, and 41% with severe OSA, while 12% could not complete the examination. After confirmatory CRM reclassification, prevalence shifted to 6.3% with no OSA, 26.5% mild, 29.9% moderate, and 27.5% severe. NightOwl and CRM classifications were concordant in 55.4% of cases, and the median AHI difference between modalities was 5.5 events/h (IQR -2.4, 17.7).

Diskussion

OSA prevalence is exceptionally high among Greenlandic patients with type 2 diabetes and obesity and underscores the importance of introducing routine CPAP treatment in Greenland. While wearable home sleep testing provides a scalable diagnostic pathway for remote regions, the discrepancies observed in this study suggest a need for refined diagnostic protocols that prioritize usability and diagnostic accuracy.

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Tilmelding af Foredrag

Foredragets titel

3D Ultrasound versus MRI for Intraoperative Margin Assessment in Tongue Squamous Cell Carcinomas: A Prospective Diagnostic Accuracy Study

Forfatter(e)

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Uddannelsesniveau

MD, PhD student.

Introduktion

Insufficient margins in tongue squamous cell carcinoma are associated with less favorable oncologic outcomes. Intraoperative assessment mainly relies on frozen sections, which are prone to sampling errors. Ex vivo imaging may provide a more complete and immediate evaluation of margins.

Materiale/metode

In this prospective diagnostic accuracy study, we enrolled patients with T1–T3 tongue squamous cell carcinoma scheduled for surgery. Resected specimens were scanned ex vivo using 3D ultrasound and 1.5T MRI before formalin fixation. The primary outcome was the difference in deep margin distance measured on all ultrasound-histopathology and MRI-histopathology pairs. Secondary outcomes include minimum deep margin measurements and dichotomized margin status (clear ≥ 5 mm vs non-clear < 5 mm).

Resultater

Twenty-six patients yielded 175 matched ultrasound–MRI–histology slice pairs. For the deep margins, ultrasound and MRI showed mean biases of 0.1 mm and -0.3 mm, respectively. The absolute mean minimum margin difference was 0.89 ± 0.8 mm for ultrasound and 1.49 ± 1.3 mm for MRI ($p = 0.022$). Agreement with histopathology was stronger for ultrasound (ICC 0.72; Pearson's $r = 0.74$) than for MRI (ICC 0.46; Pearson's $r = 0.46$). When dichotomizing margins, ultrasound showed higher overall accuracy than MRI (77% vs 73%), higher specificity (88% vs 50%), but lower sensitivity (72% vs 83%).

Diskussion

Ex vivo 3D ultrasound demonstrated higher precision and stronger agreement with histopathology than 1.5T MRI for deep margin assessment in tongue squamous cell carcinoma. While MRI also showed promising performance, these findings support ultrasound as a viable modality for intraoperative margin evaluation and justify future randomized trials on ultrasound-guided surgery.

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Tilmelding af Foredrag

Foredragets titel

(Un)reliability of cervical vestibular evoked myogenic potentials in cochlear implant candidates

Forfatter(e)

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Uddannelsesniveau

Foredragsholder er uddannelseslæge og ph.d.-studerende (Forsvarer afhandling marts 2026)

Introduktion

Cervical vestibular evoked myogenic potentials (cVEMP), assessing the vestibulo-collic reflex, are used at several centres in Denmark as part of vestibular assessment before cochlear implantation, where it may inform side selection. Newer Danish studies suggest that an absent response, which is normally regarded as a strong indicator of vestibulopathy, is not necessarily a reliable sign. We therefore examined the reliability of cVEMP elicibility and thresholds in a cohort of cochlear implant candidates

Materiale/metode

Thirty-four adult cochlear implant candidates underwent two air-conducted sound cVEMP examinations (test-retest design). We quantified agreement for response status and estimated the reliability of the threshold outcome using intraclass correlation (ICC). The 95% bounds of measurement uncertainty for a single threshold score were calculated

Resultater

Responses were present at both visits in 22/34 right side and 22/33 left side. Response status changed between visits in 4 cases for the right side and 5 case on the left (Overall disagreement: 12–15%). Threshold reliability was ICC 0.73 (95% CI 0.60–0.87). A single-session threshold was found to have an uncertainty of ± 7.86 dB.

Diskussion

The instability of cVEMP response status (present vs absent) is clinically important and challenges the utility of cVEMP testing to substantiate side selection in cochlear implantation. Threshold values also show suboptimal reliability and substantial measurement uncertainty, limiting confidence in individual-level interpretation. If cVEMP is used in preoperative cochlear implant evaluation to inform side selection, absent responses, unilaterally or bilaterally, should be treated as inconclusive unless confirmed by repeat testing.

The presentation will also include intra-rater and inter-rater results based on the same raw data. Raters disagreed not only with each other but also with themselves when evaluating the same cVEMP traces.

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Tilmelding af Foredrag

Foredragets titel

Outcomes and prognostic factors in head and neck squamous cell carcinoma of unknown primary: A non-selected cohort study

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

MD, University of Copenhagen

Introduktion

Head and neck squamous cell carcinoma of unknown primary (HNSCCCUP) remains a diagnostic challenge. This study aims to determine the clinical characteristics and survival outcomes of HNSCCCUP in a Danish cohort.

Materiale/metode

This retrospective study assessed all patients from Eastern Denmark in the period 2017- 2024, who underwent diagnostic work-up in general anaesthesia because of a cervical lymph node metastasis where a primary tumour was not initially found in out-patient clinic. Patients were categorized as 'true' HNSCCCUP or as head and neck squamous cell carcinoma (HNSCC) if the primary tumour were found. Overall survival (OS) and recurrence-free survival (RFS) were evaluated.

Resultater

332 patients were included comprising 79 HNSCCCUP and 253 HNSCC. HNSCCCUP patients were older (median age 65.0 [58.0, 71.0] years vs. 61.0 [54.0, 68.0] years, $p=0.008$), more frequently current smokers (39.2% vs. 24.5%), and had higher rates of current alcohol abuse (29.1% vs. 17.8%) compared to HNSCC patients. HNSCCCUP showed a higher proportion of HPV-negative cases (54.4% vs. 9.9%) and presented with higher nodal stage (N3: 43.0% vs. 8.3%).

In the multivariable analysis, higher age and increasing nodal stage were associated with worse outcome, while HPV/p16-positive disease was associated with improved survival. There was no significant difference between HNSCCCUP and HNSCC patients.

Diskussion

HNSCCCUP patients had more advanced nodal disease and lower prevalence of HPV- positivity compared with patients in whom a primary HNSCC was identified, factors that collectively are known to contribute to poorer outcomes.

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Tilmelding af Foredrag

Foredragets titel

Olfactory function in patients with cancer undergoing palliative chemotherapy.

Forfatter(e)

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Uddannelsesniveau

Clinical Dietitian, MSc, PhD Student

Introduktion

Taste and smell disturbances are common in patients with cancer receiving chemotherapy and may negatively affect food intake and quality of life and increase the risk of malnutrition. Although well described, these disturbances are rarely objectively assessed or managed in clinical practice, and data on olfactory function during palliative chemotherapy remain limited. This study aimed to assess olfactory function and compare patients with age-matched healthy controls.

Materiale/metode

This prospective cohort study included newly diagnosed patients with lung, pancreatic, ovarian, or colorectal cancer undergoing palliative chemotherapy at the Department of Oncology, Gødstrup Hospital. Olfactory function was assessed using the Sniffin' Sticks TDI tests (threshold, discrimination, identification) at baseline and 12 weeks. Age-matched healthy controls provided reference values, and hyposmia was defined as TDI <30.75.

Resultater

The study included 44 patients (57% female, median age 67 years). Overall, 38 patients (86%) experienced hyposmia at some point. Mean total TDI was 28.0 ± 6.2 at baseline and 27.6 ± 6.0 at follow-up ($p=0.67$), with a non-significant decline in threshold and a significant increase in identification subscore over time ($p=0.006$). TDI declined with age, and in the largest subgroup (61–70 years), TDI was lower than in age-matched controls ($p=0.013$), indicating impaired olfactory function.

Diskussion

Hyposmia is common in patients with cancer and often persists during palliative chemotherapy, potentially compromising food intake and nutritional status. Early olfactory assessment may enable timely tailored nutritional support to prevent weight loss in patients at risk of malnutrition.

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Tilmelding af Foredrag

Foredragets titel

Treatment of xerostomia with mesenchymal stem cells – a systematic review and meta-analysis of clinical trials

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Læge, PhD-studerende

Introduktion

Salivary hypofunction and xerostomia are major complications for overall quality of life. Two of the most frequent causes of xerostomia are radiotherapy of the head and neck and Sjögren's disease. An increasing number of clinical human studies suggest that mesenchymal stem cell (MSC) therapy can ameliorate symptoms of xerostomia. However, a meta-analysis is yet to summarize the results. The primary outcome of this study was unstimulated salivary flow rate (UWS) after treatment with MSCs.

Materiale/metode

The MEDLINE, EMBASE, and Cochrane databases were searched for eligible studies. Eligible studies were: clinical studies including patients with salivary hypofunction due to either radiotherapy or Sjogren's disease who were subsequently treated with MSCs. A meta-analysis was conducted for the included randomized controlled trials. Secondary outcomes include method of administration, number of MSC used, change in patient reported outcomes, development of drug-specific antibodies, and safety.

Resultater

Eight studies were included. 230 participants were treated, hereof 126 received MSC treatment. In the meta-analysis, an increase in UWS of 0.06 mL/min (95%CI: -0.05 to 0.17) were found. In a subgroup analysis of radiation induced xerostomia, a significant increase in UWS of 0.03 mL/min (95%CI: 0.01 – 0.05) were found. All trials reported improvement in patient reported outcomes. Further, no treatment-related serious adverse events were reported, and few, minor, and temporary adverse events was observed.

Diskussion

MSC therapy for xerostomia showed a potential but modest benefit in improving salivary gland function. Further, MSC treatment was found to be safe with minor, temporary adverse events, and several areas of improvement were identified.

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Tilmelding af Foredrag

Foredragets titel

Title Danish thyroglossal duct cyst investigation: A 5-year regional investigation and 10-year national register comparison of post-operative complications

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Hoveduddannelse

Introduktion

Thyroglossal duct cysts (TDCs) are one of the most common congenital cervical abnormalities, and international study results show frequent complications such as recurrence, wound infection and hemorrhage following surgical excision. The aim of our study is firstly to conduct a regional investigation of complications following TDC surgery in Region Zealand, and secondly to provide a national epidemiologic examination of all postoperative complications following TDC surgery.

Materiale/metode

The regional investigation is conducted as a retrospective observational study, and the national investigation as a retrospective cohort register based study.

Resultater

Preliminary results from the regional analysis show that a total of 68 patients underwent primary TDC surgery. Of these, 38 (55.9%) were men. The median age at the time of surgery were 29. Sistrunk procedure was performed in 65 of the cases (95.5%) Overall 19 (27,9%) patients had one or more postoperative complication, including infection (n=11, 16.2%), cyst/fistula recurrence (n=4, 5.9%), hematoma (n=4, 5.9%), prolonged wound healing (n=2, 2.9%) and scar tissue requiring surgery (n=2, 2.9%). Readmissions where needed in 10 patients (14.7%). 25 patients (36,7%) received oral antibiotics within 3 weeks after surgery. Results from the national investigation has yet to be analyzed.

Diskussion

The preliminary results from the regional investigation show that the overall complication rates compare to international studies, though recurrence rates are quite low, probably due to the use of Sistrunk procedure as the standard surgery method.

Our preliminary data obtained from the regional study including surgery and diagnostic codes, is used to carry out the national investigation, and further results and conclusions are currently pending.

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Tilmelding af Foredrag

Foredragets titel

Sociodemographic Characteristics and Cohort Effects in Vestibular Schwannoma: A Nationwide Danish Registry-Based Study

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Senior registrar and PhD-student

Senior consultant and Clinical Professor

Introduktion

This nationwide registry-based cohort study aimed to describe sociodemographic characteristics of patients with vestibular schwannoma (VS) and the general Danish population at baseline, to identify factors associated with VS development over time, and to examine cohort effects on the risk of VS diagnosis.

Materiale/metode

All Danish residents aged ≥ 18 years during 2000–2018 were included, excluding individuals with neurofibromatosis. Data were obtained from nationwide registries. A static descriptive characterization of the VS and background populations was performed as of December 31, 1999. VS incidence was subsequently analysed dynamically using time-varying Cox regression in a VS-naïve population. Finally, g-computation was applied to estimate the influence of diagnostic practices and calendar time on VS diagnosis.

Resultater

Preliminary analyses identified 4,400 VS cases among a background population of 6.2 million individuals during the 19-year study period. VS diagnosis was associated with cohabitation status, ethnicity, and educational level, with possible regional variation across Denmark. VS incidence increased over time, whereas treatment rates remained relatively stable.

Diskussion

The incidence of vestibular schwannoma continues to increase and is most plausibly attributable to heightened clinical awareness of asymmetric hearing loss and advances in MRI technology rather than a true biological shift. As diagnostic rates rise without a corresponding increase in treatment rates, an increasing proportion of patients are enrolled in wait and scan programs. Further results may help identify patient subgroups for whom continued surveillance is unnecessary or for whom a less intensive follow-up strategy may be appropriate.

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Impact of antibiotics on infectious complications after surgical tracheotomy

Forfatter(e)

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Uddannelsesniveau

Hoveduddannelse.

Introduktion

Infection is a well-known complication following surgical tracheotomy (ST), where stoma infection and pneumonia among the most frequent. The role of antibiotic prophylaxis (ABP) in preventing postoperative infection (PI) after ST remains unclear.

This study aimed to describe a cohort of patients undergoing ST, assess the incidence and distribution of PI, and identify potential risk factors, including the effect of ABP.

Materiale/metode

This retrospective cohort study included patients undergoing ST at the Department of Otorhinolaryngology, Aarhus University Hospital, from 2018 to 2022. Medical records were systematically reviewed. Of 527 identified procedures, 516 consecutive ST were included. Patients were grouped according to preoperative antibiotic status and stratified in 6 clinical subgroups. The primary outcome was PI; secondary outcomes were surgical complications.

Data were analyzed with descriptive statistics and Fischer's exact test.

Resultater

A total of 362 patients (70%) received ABP. Postoperative infection occurred in 208 patients (40%) in the ABP group, with no significant overall reduction in PI compared to patients without ABP (OR: 0.84, $p = 0,38$). In a combined subgroup of patients with tumor in oro-, hypopharynx, or larynx, ABP was associated with a significantly lower odds of PI when antibiotics were given prophylactic (OR:0.44 $p = 0,032$). Most common PI was pneumonia, accounting for 31% of cases.

Diskussion

Antibiotic prophylaxis did not significantly reduce postoperative infections in the ST cohort overall. However, ABP may be beneficial in selected patients undergoing ST for head and neck cancer. Further studies with multivariable adjustments are warranted to clarify this association.

Forfatters fulde navn

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Tilmelding af Foredrag

Foredragets titel

Trends in thyroid cancer: Retrospective analysis of incidence and survival in Denmark 2014–2025

Forfatter(e)

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Afdeling/praksis

Department of Otolaryngology, Head and Neck Surgery, Rigshospitalet

Uddannelsesniveau

MD, PhD Fellow

Introduktion

From 1980 to 2014 increasing incidence for thyroid cancer was observed. The increase was primarily attributable to an increase for papillary thyroid carcinomas. Two trend breaks were seen. From 1993 to 2010 the age-adjusted incidence rates (AAIRs) rose 5% pr year, this was significantly higher than previously. Further the AAIRs rose 13% pr year from 2010-2014, this increase was even steeper.

This study aims to examine if the steep increase observed in thyroid cancer incidence is still continued the last 10 years.

Materiale/metode

This is a retrospective study including patients registered in the Danish Cancer Registry diagnosed with thyroid cancer between 2015-2025.

We will calculate the AAIRs per 100,000 inhabitants, analyze the average annual percentage change (AAPC) and calculate the relative survival.

We also want to evaluate the effect of age, calendar period, and birth cohort on incidence using an age-period-cohort model.

Resultater

Data is actual analyzed

Diskussion

The explanation for this increase in incidence is controversial, and different causes have been hypothesized; increased diagnostic intensity, environmental and lifestyle changes and 'over-diagnosis'. If the incidence rates were truly increasing due to an epidemic of diagnosis, there should previously have been found a significant "period effect" according to the annual percentage change. This was not found.

The reason for the massively increasing incidence rate of thyroid cancer is still unclear. This calls for a new reevaluation of an eventually continued increase and circumstances that could explain the increase.

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Tilmelding af Foredrag

Foredragets titel

Treatment Strategies and Survival in Oropharyngeal Cancer Across the Nordic Countries: Epidemiological insights from 23 years of multinational data.

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Læge, PhD-studerende

Introduktion

The Nordic countries have a high and increasing incidence of HPV-positive oropharyngeal squamous cell carcinoma (OPSCC). Despite decades of research, substantial gaps remain in understanding and managing of HPV-associated OPSCC, and the most appropriate treatment strategy remains uncertain. These questions can be explored through direct comparison of Nordic OPSCC cohorts, as treatment strategies differ across the region. Although these countries share universal healthcare systems and comprehensive national cancer registries, no such multinational analysis has been conducted.

Materiale/metode

We are compiling national OPSCC cohorts from all five Nordic countries (Iceland, Norway, Sweden, Finland, and Denmark), including patients from 2000 to 2023. The Nordic OPSCC cohort enables comparative analyses of patient characteristics, treatment patterns, survival, and recurrence across the region. The analysis will include HPV/p16 status, TNM stage, gender, age, treatment regimen, survival, recurrence, and more.

Resultater

To date, 6262 patients have been included. We estimate that approximately 8500 patients with both HPV and p16 data will ultimately be included, establishing the largest OPSCC cohort worldwide. Data collection will be completed by end of January 2025, ensuring full availability of results at the presentation in April.

Diskussion

This multinational study has the potential to identify clinically meaningful differences influencing survival across the Nordic OPSCC cohorts, potentially improving future OPSCC treatment and follow-up strategies. The cohort's large size and high follow up rate strengthen the evaluation of prognostic factors in HPV positive OPSCC, enhancing understanding of the heterogeneity seen in survival and prognosis. These insights can ultimately be used to guide future evidence based OPSCC treatment- and follow-up guidelines.

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Tilmelding af Foredrag

Foredragets titel

Circulating tumor HPV-DNA in detection of residual disease and recurrence in HPV-positive oropharyngeal squamous cell carcinoma: The DAHANCA-42 study

Forfatter(e)

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Uddannelsesniveau

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Introduktion

The global incidence of Oropharyngeal squamous cell carcinoma (OPSCC) is increasing, and in Denmark, more than 70% of the cases are linked to Human Papillomavirus (HPV).

The aim of this project is to investigate if circulating tumor HPV-DNA (ctHPV-DNA) in blood can be used to diagnose residual disease and recurrence earlier and more efficient than what is currently possible.

Materiale/metode

All newly diagnosed HPV+ OPSCC patients in Denmark who are treated with a curative intent are offered inclusion at four tertiary centers. Blood samples are collected at diagnosis and after end of treatment at 2 months, 6 months, and hereafter every 6 months for 3 years. Samples are analyzed with an in-house developed digital droplet PCR (ddPCR) assay detecting HPV16, 18, 31, 33, 35, 45, 51 and 58. If a sample is positive for ctHPV-DNA following end of treatment, the patient will be invited for a clinical examination and a PET/CT scan to investigate if residual disease or recurrence is present.

Resultater

The following findings are intentionally not described in detail, as the data has not been peer-reviewed yet: From September 2025 to January 2026, we have enrolled nearly 100 patients. Detection of residual disease and recurrence by ctHPV-DNA in blood has so far shown very strong potential. However, longer follow-up is needed before final conclusions can be drawn.

Diskussion

The ctHPV-DNA blood test is showing very promising results in detection of residual disease and recurrence of HPV-positive OPSCC.

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Tilmelding af Foredrag

Foredragets titel

Considerations of using artificial intelligence in research and clinic.

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Phd-studerende, Læge

Introduktion

Artificial intelligence is increasingly integrated into clinical practice, medical research, and public discourse. Despite this growing influence, the technical foundations of large language models (LLMs), including chatbots such as ChatGPT, Claude, and Gemini, remain poorly understood among healthcare professionals. This presentation serves as narrative review of the underlying principles of modern LLMs, with emphasis on their practical limitations in clinical and academic settings.

Materiale/metode

We outline the core mathematical concepts behind LLMs, including tokenisation and vectorisation, transformer-based attention mechanisms, and auto-regressive next-token prediction. These concepts are used to illustrate why LLMs behave in ways that may appear unpredictable or inconsistent to clinicians.

Underlining how these technical features affect performance in tasks relevant to ENT practice, healthcare administration and clinical research workflows. With practical examples demonstrating where LLMs may assist effectively, and where their limitations impose constraints on study design, data validity and clinical safety.

Resultater

We present a pragmatic framework for initial feasibility assessment and risk scoring of AI projects, applicable to both clinical initiatives and academic research projects. This framework aims to support realistic expectations and safer implementation of AI technologies in healthcare.

Diskussion

The problem of non-deterministic outputs and the persistent challenge of hallucinations as an inherent consequence of statistical modelling, continue impose a major risk in both the reproducibility, auditability, and risk management of AI projects in healthcare and research.

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Tilmelding af Foredrag

Foredragets titel

Primary hyperparathyroidism in young women - a retrospective cohort study of outcome in surgically treated patients

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Introduktionsstilling

Introduktion

Primary hyperparathyroidism (PHPT) predominantly affects postmenopausal women but is occasionally also seen in young women.

Materiale/metode

We performed a retrospective cohort study of women aged 15–49 years who underwent parathyroidectomy (PTX) for PHPT at Aarhus University Hospital between 2015 and 2023. Clinical, genetic, surgical, biochemical, and reproductive data were obtained through manual review of electronic medical records.

Resultater

A total of 215 women were included, median age of 42.7 years. Genetic testing was performed in 81% and 7% were pathogenic (MEN1, MEN2, MEN4 or CDC73). Most patients had mild to moderate PHPT (PTH 13 pmol/L and Ca²⁺ 1.45 mmol/L). During PTX, mean PTH reduction was 85%. In sporadic PHPT, the majority had single gland disease (94%). Operations were safe with very few permanent complications (recurrent laryngeal nerve palsy in 1 patient, and hypoparathyroidism in 2 MEN1 patients). Temporary nerve palsy was seen after PTX in 3 patients and 2 patients had a re-operation due to hematoma. In sporadic PHPT (N=200), cure rate was 95%. The remaining 11 patients had missed adenoma (n=1) or multi-gland disease (n=10) and were cured at another operation. Five women (2%) were cured with PTX during pregnancy, without maternal, fetal, or obstetric complications. Pregnancy patterns did not suggest an increased risk of infertility in PHPT.

Diskussion

PTX in young women with PHPT is safe and effective, with excellent surgical and biochemical outcomes. Genetic evaluation is important due to high prevalence of hereditary disease. Surgery during pregnancy appears safe when performed in specialized centers.

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Tilmelding af Foredrag

Foredragets titel

Incidence and survival for sinonasal cancer

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Medical student, research year.

Introduktion

Sinonasal cancer often presents with nonspecific symptoms, leading to late-stage diagnosis and poor prognosis. Treatment strategies offer limited differentiation by anatomical site or histological subtype, partly due to few studies addressing incidence and survival across these categories. This nationwide Danish cohort study (1980–2021) investigates trends in incidence and 5-year overall survival by tumor histology, anatomical location, and gender.

Materiale/metode

This study is a population-based, retrospective cohort study including patients across Denmark from 1980 to 2021. The cohort was derived from the Danish Cancer Registry (DCR). Detailed data on ICD-10 codes, histopathological subtypes, and treatments were extracted from the DCR. Additionally, demographic information, including age, sex, and date of death, were obtained from The Central Population Register.

Resultater

2404 patients were included. The age adjusted incidence of sinonasal cancer ranged between 0.48 per 100,000 (2013) and 0.98 per 100,000 (2007), reaching 0.63 in 2021. Five year survival was highest for tumors in the cavum nasi and lowest for tumors in the sinus sphenoidalis. Among histologies, carcinoma NOS (Not Otherwise Specified) showed the most favorable survival, whereas melanoma showed the poorest. Final data processing will conclude by February 2026, ensuring full results can be presented at the conference.

Diskussion

This study will provide potential valuable insight into sinonasal cancer by assessing five year overall survival and stratifying both survival and incidence by tumor histology, anatomical location, and gender. These findings highlight clinically relevant heterogeneity in sinonasal cancer and may enhance disease awareness, risk stratification, and guide future research aimed at improving diagnostic and therapeutic strategies.

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Tilmelding af Foredrag

Foredragets titel

PhD-defence:

Use of fluorescence in thyroid operations.

Forfatter(e)

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Uddannelsesniveau

Tidlig Kursist.

Introduktion

Total thyroidectomy is associated with a substantial risk of postoperative hypoparathyroidism, a complication linked to long-term morbidity but inconsistently reported due to heterogeneous definitions. Hypoparathyroidism has been associated with renal impairment, reduced quality of life, and increased healthcare burden. Reliable strategies to predict and reduce hypoparathyroidism are lacking. This dissertation aimed to quantify national and local hypoparathyroidism rates, evaluate associated mortality and kidney disease, and assess surgical and intraoperative strategies to predict and reduce this complication.

Materiale/metode

Four studies were conducted: one single-center retrospective cohort, two nationwide matched cohort studies using Danish registries, and one prospective observational study. Outcomes included transient and permanent hypoparathyroidism, all-cause mortality, chronic kidney disease, and intraoperative predictors. Indocyanine green fluorescence angiography and intraoperative parathyroid hormone measurements were evaluated for predictive value and safety. Hypoparathyroidism was defined according to consensus guidelines, and multivariable analyses adjusted for relevant confounders.

Resultater

The national postoperative hypoparathyroidism rate was 16.6%. Hypoparathyroidism was not associated with increased all-cause mortality except in cancer patients. Both patients with and without hypoparathyroidism had a 2-3-fold increased risk of chronic kidney disease compared with the background population. Low parathyroid fluorescence intensity predicted hypoparathyroidism, while a parathyroid hormone decline <83% excluded permanent hypoparathyroidism. No adverse events or hepatic impairment were observed following indocyanine green administration.

Diskussion

Hypoparathyroidism remains a common complication after total thyroidectomy and is associated with significant renal morbidity. Mortality risk appears limited to patients operated for malignancy. Combined intraoperative assessment with ICG fluorescence and ioPTH was safe and accurately predicted postoperative parathyroid function. An ioPTH

decrease <83% reliably excluded permanent hypoPT. A well-perfused gland did not exclude hypoPT. Further studies with refined fluorescence scoring are needed. Integration of these tools provides real-time guidance and may reduce the risk of long-term hypoPT.

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Tilmelding af Foredrag

Foredragets titel

Postoperative Bleeding After Parathyroidectomy: Incidence and Risk Stratification in a Nationwide Study

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Medical Student

Introduktion

Parathyroidectomy is generally considered a safe surgical procedure. However, patients are still admitted for overnight observation due to concern for postoperative neck hematoma, a rare but potentially life-threatening complication. Increasing interest same-day parathyroidectomy requires the true incidence of postoperative bleeding and the potential for patient selection. This study aimed to determine the incidence of postoperative bleeding requiring reoperation and to identify patient- or procedure-related risk factors to support risk stratification and same-day discharge.

Materiale/metode

A population-based retrospective cohort study using Danish national administrative data from 2014–2024 was conducted to determine incidence. A case-control analysis was performed to identify patient- and procedure-related risk factors.

Resultater

A total of 2,533 patients underwent parathyroidectomy. Six patients required reoperation for postoperative hematoma, corresponding to an incidence of 0.24% (95% CI, 0.09–0.51%). Analysis of risk factors is ongoing.

Diskussion

The low incidence of postoperative bleeding suggests that same-day parathyroidectomy may be considered in selected patients. Ongoing analyses aim to identify risk factors to guide safe patient selection.

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Phase-contrast tomography and synchrotron X-ray phase contrast imaging of surgically removed tongue tumors

Forfatter(e)

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Uddannelsesniveau

Introlæge

Introduktion

Inadequate surgical margins after oral cancer surgery significantly increase the risk of local recurrence and the need for additional treatment. Recent studies have found that phase-contrast tomography (micro-CT) can predict margin status in breast cancer surgery. This study therefore aims to explore the potential of advanced X-ray imaging in three-dimensional visualization of surgically removed tongue tumors.

Materiale/metode

Patients with oral squamous cell carcinoma of the tongue were invited to participate in a prospective clinical trial. Following surgery, surgical specimens were formalin-fixed and transported to the Technical University of Denmark for micro-CT imaging using the Polaris by Exiscope scanner. Scans were performed on both whole-specimen blocks and paraffin blocks. After histological workup, the paraffin blocks were scanned at the MAX IV synchrotron scanner in Lund.

Resultater

Five patients were included in this pilot project. Micro-CT imaging of whole tumors revealed only limited morphological differences between healthy and tumor tissue, whereas micro-CT imaging of FFPE blocks clearly delineated morphological differences. Synchrotron scans revealed even further detail, visualizing tumor characteristics such as keratinization, amorphous cells, and debris. However, lymphocytes and tumor cells could not be reliably distinguished, as the cytoplasm-to-nucleus ratio was not adequately visualized.

Diskussion

This pilot project demonstrates that advanced X-ray imaging modalities can provide rapid, in-depth three-dimensional visualization of tumor tissue. Visualization of tumor invasion patterns and the possibility of three-dimensional reconstruction of histology may prove crucial in assisting surgeons in tumor margin assessment and pathologists in laboratory workup. These findings lay the foundation for future studies on this topic.

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Tilmelding af Foredrag

Foredragets titel

Validity of fine needle aspiration in 18F-FDG-avid thyroid incidentalomas

Forfatter(e)

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Uddannelsesniveau

Speciallæge

Introduktion

Tilfældighedsfund i thyroidea på FDG-PET/CT-scanninger udgør en klinisk udfordring pga. den i litteraturen beskrevne betydelige risiko for malignitet.

Formålet med studiet var at undersøge den diagnostiske værdi af finnålsaspiration som led i udredningen af tilfældigt fundne FDG-PET/CT positive knuder i thyroidea.

Materiale/metode

Gennemgang af alle patienter med FDG-PET-positive tilfældighedsfund i thyroidea opereret i perioden 1.12.2009-30.07.2021 med både histologi og cytologi tilgængelig. Beskrivelser af alle FDG-PET/CT-scanninger foretaget i Region Nordjylland i perioden blev gennemgået for FDG-opdag i thyroidea.

Resultater

Der blev ialt inkluderet 782 patienter med 862 thyroidea knuder. Den estimerede incidens af thyroidea incidentalomer på FDG-PET/CT var 2,2 % af alle skanninger i inklusionsperioden. Data vedrørende risiko for malignitet behandles fortsat og præsenteres på konferencen.

Diskussion

Data behandles fortsat og diskuteres på konferencen.

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Transoral ultrasound in the diagnostic workup of a suspected peritonsillar abscess - a cluster randomized study

Forfatter(e)

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Uddannelsesniveau

Medical doctor, Ph.D-student

Introduktion

A peritonsillar abscess is a collection of pus between the tonsil and constrictor muscles. Peritonsillar cellulitis and acute tonsillitis are also peritonsillar inflammations, but without pus formation.

Symptoms and objective findings of acute tonsillitis and peritonsillar cellulitis can mimic those of a peritonsillar abscess. As the treatment of these diseases differs, it is important to differentiate them.

Smaller transoral ultrasound probes allow direct visualization of the peritonsillar region via the oral cavity and have substantial diagnostic potential for detecting an abscess.

Materiale/metode

Patients referred on suspicion of a peritonsillar abscess are enrolled in a cluster-randomized controlled trial. The clusters are weeks. In half of the weeks, patients receive a diagnostic evaluation with transoral ultrasound, and in the other half, without ultrasound.

Resultater

We still just have preliminary results, but expect the inclusion of 350 patients to be complete by the 16th of April. The primary outcome is the diagnostic accuracy. Secondary outcomes are the number of positive needle aspirations, the number of needle aspirations performed, the number of patients undergoing surgery, the number of hospital visits and the number of days hospitalized

Diskussion

Transoral ultrasound is a recently implemented diagnostic tool for peritonsillar abscesses. But its overall potential has not been established. This study explores the potential benefits and limitations of using transoral as a standard part of peritonsillar abscess diagnostics.

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Tilmelding af Foredrag

Foredragets titel

PSMA PET/CT Thyroid Incidentalomas: Is the Malignancy Risk Overestimated?

Forfatter(e)

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Afdeling/praksis

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Uddannelsesniveau

Tidlig hoveduddannelseslæge. Posterens præsenteres som en del af forskningstræningskursus.

Introduktion

Prostate-specific membrane antigen positron emission tomography/computed tomography (PSMA PET/CT) is widely used in prostate cancer staging and increasingly reveals incidental findings, including thyroid lesions. Focal PSMA-PET/CT thyroid incidentalomas are often managed with fast-track cancer work-up due to concerns about malignancy, despite limited evidence supporting this practice. The true malignancy risk of these incidentalomas remains uncertain.

Materiale/metode

This retrospective cohort study included all PSMA PET/CT scans performed between 2019 and 2023. Patients with focal PSMA uptake in the thyroid gland referred for ENT evaluation were included, while cases with diffuse uptake were excluded. Thyroid incidentalomas were evaluated using ultrasound, fine-needle aspiration, scintigraphy, and surgery when indicated. Malignancy risk was assessed based on histopathology and clinical follow-up.

Resultater

Among 1,477 PSMA PET/CT scans, thyroid uptake was observed in 80 cases (5.4%), including diffuse uptake in 38 (2.6%) and focal uptake in 42 (2.8%). Forty patients with focal uptake constituted the study cohort. Diagnostic hemithyroidectomy was performed in nine patients, while the remaining patients underwent fine-needle aspiration and/or long-term clinical follow-up. Thyroid malignancy was confirmed in one patient, corresponding to a malignancy risk of 2.5%

Diskussion

Our results indicate that the malignancy risk of focal PSMA-PET/CT thyroid incidentalomas may be overestimated. Considering the favorable prognosis of papillary thyroid carcinoma and the common presence of advanced prostate cancer, routine fast-track referral may be unnecessary. A more conservative diagnostic approach appears reasonable.

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Quality Assessment of Stationary vs. Handheld Camera Setups for Oropharyngeal Evaluation in Patients with Sore Throat

Forfatter(e)

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Uddannelsesniveau

KBU-Læge

Introduktion

Upper respiratory tract infections, including acute pharyngitis and tonsillitis, are among the most common reasons for medical consultations. While viral infections account for approximately 75% of cases, they rarely require antibiotics or physician intervention. Since key clinical signs are visible on inspection, oropharyngeal imaging may support remote assessment. This study evaluates different imaging modalities for their ability to capture relevant anatomy and produce diagnostically useful images in patients with sore throat symptoms.

Materiale/metode

We collected oropharyngeal images and conducted a usability study with 132 patients presenting to the Emergency Department at Bispebjerg Hospital with sore throats. Image sources included self-recorded smartphone videos, staff-recorded videos, and images from a stationary photo station, with and without the flashlight turned on. All patients without all four image modalities were excluded, leaving 86 patients included. Experienced physicians assessed image quality and anatomical visibility. Objective image metrics - pixel range, variance, and lightness - were analyzed.

Resultater

The subjective assessment indicated that anatomical structures were most visible in self-captured smartphone videos. Regarding overall image quality, staff-captured smartphone videos achieved the highest mean scores. The objective analysis revealed that smartphone-captured images exhibited pixel-value distributions concentrated near the upper end across all RGB channels. In contrast, images from the Stationary Photo Station (SPS) demonstrated significantly lower pixel ranges ($p < 0.05$). Furthermore, smartphone images showed greater variance compared to SPS images ($p < 0.05$). Lightness analysis indicated that smartphone images were centered around midscale values, with a significant difference in mean lightness compared to SPS images ($p < 0.05$).

Diskussion

This study demonstrates that smartphone-based video capture can be standardized to provide high-quality visualization of oropharyngeal structures, outperforming a stationary photo station in terms of exposure consistency

and user acceptance. Future research could focus on combining images with patients' symptoms, benchmarking them against in-person consultation, and incorporating the data into a multimodal AI model.

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Tilmelding af Foredrag

Foredragets titel

PhD-afhandling: From Symptoms to Solutions: Clinical Assessment, Imaging-Based Mechanisms, and Balloon Eustachian Tuboplasty in Adults with Eustachian Tube Dysfunction

Forfatter(e)

NH Holm, B Molnar, M Pedersen & T Ovesen

Afdeling/praksis

Øre-, Næse-, Halsafsnit,
Regionshospitalet Gødstrup

Uddannelsesniveau

Speciallæge, PhD

Introduktion

Det eustakiske rør bidrager til trykudligning i mellemøret. Ved dysfunktion (ETD) opstår undertryk i mellemøret og ørerelaterede symptomer. Diagnosticering er udfordret af manglende entydige tests, og behandlingen varierer fra konservativ til kirurgisk intervention, herunder drænanlæggelse og ballonudvidelse (BET). PhD-afhandlingens formål var at styrke udredningen af ETD via spørgeskemaer, undersøge korrelation mellem sino-nasale gener og ETD, afsøge anatomiske årsagsforklaringer gennem billeddiagnostik samt evaluere den kliniske effekt og prognostiske faktorer ved BET sammenlignet med konventionel drænbehandling.

Materiale/metode

Afhandlingen omfattede tre studier: studie 1 evaluerede ETDQ-7 spørgeskemaets diagnostiske egenskaber hos patienter med ETD versus raske kontroller og samt korrelation med SNOT-22 score. Studie 2 kortlagde anatomiske forhold i det eustakiske rør ved at fusionere MR-scanninger og Cone Beam CT-scanninger hos 28 patienter og 10 kontroller for at måle rørets dimensioner. Studie 3 sammenlignede effekten af BET og drænanlæggelse ved 50 patienter vurderet ud fra ændringer i ETDQ-7 score og tympanometri.

Resultater

Studie 1 viste høj sensitivitet for ETDQ-7, men indikerede en livskvalitetspåvirkning hos patienterne vurderet ved SNOT-22. Studie 2 afslørede, at patienter med ETD har signifikant længere eustakiske rør end raske, samt tegn på atrofi af m. levator veli palatini og Ostmann's fat pad. I Studie 3 opnåede knap halvdelen af patienterne en normalisering af ETDQ-7 score efter både dræn og BET. Effekten af BET var dog markant reduceret hos patienter med en symptomvarighed over 10 år, hvilket understreger betydningen af anamnesens længde for det samlede resultat.

Diskussion

ETDQ-7 er et brugbart værktøj, omend en revision bør inkludere en quality of life parameter. Patienter med ETD har en højere SNOT-22 score end raske kontroller. De anatomiske fund tyder på, at rørets længde og atrofi spiller en rolle i ETD. Studiets design muliggør ikke en endegyldig fastlæggelse af kausalitet. Sammenlignet med drænbehandling er BET non-inferior i forhold til at nå under ETD cutoff score (<14,5). Resultaterne indikerer, at indgrebet bør tilbydes tidligt i sygdomsforløbet for at optimere effekten. Der er generelt behov for at redefinere den minimale klinisk betydningsfulde ændring (MCID) for ETDQ-7 for bedre at kunne vurdere subjektiv behandlingseffekt i fremtidig forskning.

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Tilmelding af Foredrag

Foredragets titel

Phd: Surgeon-Performed Ultrasound of Oropharyngeal Cancers

Forfatter(e)

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Uddannelsesniveau

Phd

Introduktion

Ca. 18% af alle hoved-halskræfttyper i Danmark er mundsvælgskræft, og der fra år 2000-2020 sket en næsten tredobling i den årlige forekomst. Denne stigning er forårsaget af øget forekomst af den kræftfremkaldende virus "human papillomavirus" (HPV). HPV-positiv mundsvælgskræft debuterer ofte med spredning til halsens lymfeknuder. Nogle af disse primære kræftknuder gemmer sig dybt inde i mandlerne eller tungeroden, hvorved den kliniske undersøgelse og billeddiagnostik kan have svært ved at opspore dem. I stedet kan højfrekvent ultralyd give en højere billedopløsning end standard billeddiagnostik, især hvis ultralydsproben placeres direkte på slimhindeoverfladen (transoral ultralyd). Vores formål var at undersøge, hvorvidt højfrekvent ultralyd kunne forbedre opsporing, opmåling, og kirurgisk behandling af patienter med mundsvælgskræft.

Materiale/metode

De fire studier i denne PhD afhandling var alle prospective, enkeltarmsstudier hvor patienter med mistanke eller bekræftet mundsvælgskræft blev inkluderet. I Studie I inkluderede vi patienter med synlig mundsvælgsforandringer, for at kunne undersøge for transoral ultralyds gennemførlighed, samt evne til at kunne opspore og stadieinddele primærknuder i en ambulant setting. Ydermere sammenlignede vi ultralyd med magnetisk resonans (MR)-skanning. I Studie II udvidede vi konceptet med en systematisk protokoleret teknik, der skulle kunne gennemføres på tre forskellige

VIII øre-, næse-, hals (ØNH) afdelinger. I dette studie inkluderede vi patienter med mistanke om mundsvælgskræft eller lymfeknudespredning heraf. Disse patienter blev undersøgt med både transoral ultralyd og ultralyd af mundsvælget gennem huden på halsen (transcervikalt). Herefter blev der sammenlignet i forholdt til MR-skanning og klinisk undersøgelse med den endelige histopatologidiagnose som reference. Til Studie III undersøgte vi brugen af transoral ultrasound under fuld narkose til opsporing af primærknuder hos HPV-positive patienter med ukendt primærtumor (UPT) blændet til intraoperative kliniske fund. Til Studie IV brugte vi ex vivo 3D ultralyd til at sammenligne mål fra kirurgisk fjernede mundsvælgskræftknuder og deres underliggende raske væv i forhold til histopatologien.

Resultater

I studie I fandt vi, at transoral ultralyd kunne udføres på ambulante patienter og derved påvise

mundsvælgskræft med sensitivitet på 95% (n = 20 af 21 primærknuder). I studie II inkluderede vi 162 patienter med mistanke om mundsvælgskræft (n = 106 [65%]). Ultralyd havde en højere diagnostisk præcision i forhold til klinisk undersøgelse (86% vs. 68%, $p < 0,001$) og MR-skanning (86% vs. 76%, $p = 0,007$). Vi fandt desuden, at transoral ultralyd havde bedre billedkvalitet i forhold til ultralyd gennem halsen, hvilket medførte tydeligere afgrænsning af kræftknuderne. Dette var essentielt for stadieinddeling, hvor ultralyd havde høj overensstemmelse med den endelige stadieinddeling for især knuder mindre end 2 cm ("T1", 87% overensstemmelse) og for de fremskredent invasive knuder ("T4", 77% overensstemmelse). Til sammenligning havde CT og MR dårligere overensstemmelse med T1 tumorer, hhv. 25% og 31%, og desuden for T4 tumorer, hhv. 48% og 64%. I studie III fandt vi at transoral ultralyd kunne påvise primærknuder i de korrekte lokalisationer hos 93% af patienter med HPV-positiv UPT sammenlignet med 76% for klinisk undersøgelse ($p = 0,02$). I studie IV fandt vi med ex vivo 3D ultralyd, at fire kirurger kunne måle tumorer med høj korrelation til patologien ($r = 0,84$ for tumor bredde og $r = 0,85$ for tumor dybde). Samtidig kunne den dybe margin vurderes med en nøjagtighed på $+0,5$ mm (SD: 1,2 mm) i forhold til histopatologisk undersøgelse.

Diskussion

Samlet set viser denne afhandling, at kirurg-udført ultralyd kan anvendes, som udvidelse af den kliniske undersøgelse af patienter, til detektion og stadieinddeling af mundsvælgskræft. Derudover kan teknikken bruges i flere forskellige intraoperative sammenhæng til bl.a. opsporing af mindre primærknuder eller til sikring af komplet fjernelse af knuden under robotkirurgi. Fremtidig forskning med randomiserede kontrollerede studier er nødvendig for at undersøge, hvor stor en gevinst der er ved at tilføje ultralyd af mundsvælget sammenlignet med standardudredning.

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Tilmelding af Foredrag

Foredragets titel

"Recurrence of Ranulas After Surgery: Insights from the Danish Population"

Præsentation som led i forskningstræningskurset

Forfatter(e)

Sebastian Satkunasingam Valsted, MD, Christian Sander Danstrup, MD,

Afdeling/praksis

Audiologisk afdeling

Uddannelsesniveau

Hoveduddannelses læge

Introduktion

Ranula is a mucous retention cyst of the floor of the mouth caused by obstruction or disruption of the sublingual gland ducts. Clinically, ranulas are classified as simple or plunging and may cause dysphagia, speech impairment, and cervical swelling. Despite multiple surgical treatment options, recurrence rates and morbidity vary, and consensus on the optimal first-line approach remains lacking. This study addresses this clinical knowledge gap by evaluating treatment strategies for ranula in a Danish clinical setting.

Materiale/metode

A retrospective chart review will be conducted at the Department of Otolaryngology, Aalborg University Hospital, covering the period from 2000 to 2020. Patients will be identified using relevant diagnostic and procedure codes in the Electronic Patient Record (EPR) system

Resultater

under udarbejdelse

Diskussion

under udarbejdelse

Unavngivet

- Ønsker kun præsentation af poster

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Tilmelding af Foredrag

Foredragets titel

Optimising CRSwNP management: effects of biologic therapy and FESS on sinonasal symptoms, sleep, and otologic outcomes

Forfatter(e)

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Uddannelsesniveau

Læge, PhD

Introduktion

Chronic rhinosinusitis with nasal polyps (CRSwNP) has for many years been considered a surgical disease with optimal management consisting of nasal corticosteroids, nasal saline irrigation combined with systemic corticosteroids and/or sinus surgery in patients whose disease remains uncontrolled despite standard medical therapy. However, the introduction of monoclonal antibodies (biologic treatment) gives rise to the question of whether there is still a need for surgical intervention in the treatment of CRSwNP

Materiale/metode

All papers and the thesis are based on the same population who participated in the FESSnonFESS study, a randomised controlled trial comparing FESS and 100 mg subcutaneous mepolizumab versus mepolizumab alone in patients with severe uncontrolled CRSwNP. Outcomes included patient-reported disease burden (SNOT-22), objective disease measures (nasal polyp score), inflammatory markers, sleep-related measures, and otologic assessment including tympanometry, audiometry, and COMOT-15.

Resultater

Both groups achieved significant improvements after six months of treatment, including reductions in SNOT-22 score, nasal polyp score, nasal congestion score, and inflammatory markers. Sleep quality, which was poor at baseline, also improved, although no clinically meaningful change in obstructive sleep apnoea was observed. Otologic assessment demonstrated that almost 23% of patients had pathological tympanometry at baseline; after six months, middle ear symptoms improved significantly, while objective hearing (PTA) did not improve significantly.

Diskussion

Management of CRSwNP may be optimised by combining FESS with mepolizumab compared with mepolizumab alone over a six-month follow-up, particularly in patients with heavy disease burden and large nasal polyp size. The thesis further underlines that CRSwNP should not only be considered a nasal condition, but rather part of a broader systemic airway disease, affecting more than "just" the nose.

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Tilmelding af Foredrag

Foredragets titel

A systematic review of current evidence in Thyroid surgery and thromboembolism

Forfatter(e)

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Uddannelsesniveau

Cand. med.

Introduktion

Venous thromboembolism (VTE), encompassing deep vein thrombosis (DVT) and pulmonary embolism (PE), represents a potentially life-threatening complication in surgical patients. The risk of VTE following thyroid surgery remains poorly defined, and the balance between preventing thromboembolism and avoiding postoperative cervical hematoma (POCH) is of critical concern. This systematic review aims to evaluate current evidence on the incidence of VTE and POCH after thyroid surgery with particular focus on the impact of perioperative pharmacological thromboprophylaxis.

Materiale/metode

A systematic literature search adhering to PRISMA 2020 guidelines was conducted in Pub-Med and EMBASE on January 15, 2025. Eligible studies included adult patients undergoing thyroid surgery reporting postoperative VTE and/or POCH, with or without anticoagulant prophylaxis. Data on study characteristics, patient demographics, surgical type, anticoagulant regimen, and postoperative outcomes were extracted, and a meta-analysis was performed.

Resultater

Of 627 identified records, ten studies met the inclusion criteria, encompassing 165,607 patients from four countries. The pooled incidence of VTE after thyroidectomy was 0.15% (95% CI 0.13–0.17), while POCH occurred in 1.41% (95% CI 1.32–1.51) of cases. No significant association was found between low-molecular-weight heparin (LMWH) prophylaxis and reduced VTE incidence. VTE risk remained low irrespective of anticoagulant use. VTE incidence did not differ by type of thyroid surgery. Overall, POCH occurred approximately ten times more frequently than VTE.

Diskussion

The incidence of VTE after thyroid surgery is low, whereas POCH is a more common and clinically significant complication. Routine use of LMWH prophylaxis does not appear to confer a clear benefit in reducing VTE but may elevate bleeding risk. This supports an individualized, risk-based approach rather than routine chemoprophylaxis in thyroid surgery patients. Further large-scale, prospective studies are warranted to refine perioperative guidelines and optimize patient safety.

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Tilmelding af Foredrag

Foredragets titel

Temporal trends and geographic variation in frenotomy procedures among infants in Denmark

Forfatter(e)

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Uddannelsesniveau

PhD

Introduktion

Frenotomy is increasingly used to treat suspected ankyloglossia in infants, yet its clinical benefit and appropriate use remain debated. We examined national trends, geographic variation, and potential complications of frenotomy in Danish infants.

Materiale/metode

We conducted a population-based cohort study including all infants born in Denmark from January 1, 2014, to December 31, 2024, using nationwide health registers with individual-level linkage. Frenotomy was identified through procedure codes in the Danish National Health Service Register and the National Patient Registry. Matched controls without frenotomy were selected for comparison. Outcomes included annual and age-specific incidence proportions, cumulative incidence by birth cohort and sibling order, regional and municipal variation, and absolute and relative risks of bleeding, repeat procedures, and hospital contacts for feeding difficulties or failure to thrive.

Resultater

Among 656,240 infants, 56,737 (8.6%) underwent frenotomy within the first year of life at a median age of two weeks (interquartile range, 0-5). Annual incidence increased from 5.3% in 2015 to 12.0% in 2024 and was consistently higher among boys. Cumulative incidence rose from 4.6% in the 2014-2017 birth cohort to 12.0% in the 2021-2024 cohort. Most procedures were performed in private practice (91%) and by otolaryngologists (92%). Geographic variation was substantial, with municipal incidence ranging from 4.2% to 36% in 2024. Bleeding within 30 days occurred in 0.02% of treated infants versus 0.003% of controls (RR 6.7, 95% CI 2.7-17), and 6.3% underwent repeat procedures. Hospital contacts for feeding difficulties or poor weight gain were more common among treated infants.

Diskussion

Frenotomy use in Danish infants more than doubled over the past decade, with marked geographic variation and early-life concentration. Given limited evidence of effectiveness, these findings highlight the need for improved implementation of evidence-based treatment and further evaluation of the clinical appropriateness of widespread frenotomy in infancy.

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Head and neck cancer (HNC) is a significant challenge for patients and healthcare providers in Denmark and worldwide. The incidence is rising, and the disease can be difficult to diagnose. Due to significant progress in laboratory technology within the past decades, new possibilities for diagnostic evaluation, treatment, and follow-up are continuously emerging. This may give health professionals new possibilities to diagnose and treat the disease.

This PhD thesis and its related papers focus on the diagnostic use of new molecular technologies in patients suspected of HNC, mainly analyses of the epigenetic landscape of primary tumors and circulating cell-free DNA in plasma originating from tumors in the oral cavity. The thesis also aims to evaluate patients' knowledge and acceptance of the use of gene tests and personalized medicine. Our main hypotheses were that we would be able to discriminate between tumor tissue and healthy tissue based on methylation profiles from biopsies. Furthermore, that we could discriminate between patients with cancer and healthy controls based on methylation profiles from cell-free DNA in plasma and that alterations found in plasma would match the profiles found in tissue. Lastly, that patients with HNC with no knowledge of such specialized tests and personalized medicine would accept their use for improvement of diagnostic work-up, treatment, and follow-up.