

June
1999

The Journal of

Laryngology & Otology

Founded in 1887
by Morrell Mackenzie & Norris Wolfenden

Edited by Neil Weir
and Guy Kenyon

Assistant Editors (UK)

Carol Wengraf,
Richard Ramsden,
David Proops,
Valerie Lund,
Andrew Jones,
Michael Rothera,
Martin Bailey,
Liam Flood,
Patrick Bradley,
Nick Jones,
Iain Swan &
John Rubin

Assistant Editors (USA)

Steven Zeitels
Saumil Merchant

Emeritus Adviser
in Pathology
Imrich Friedmann

Advisers in Pathology

Christopher Milroy,
Lesley Smallman,
Ketan Shah &
Adrian Warfield

Adviser in Audiology

Linda Luxon

Advisers in Radiology

Glyn Lloyd &
Peter Phelps

Advisers in Statistics

Anthony Hughes,
Peter Kelly & Janine Gray

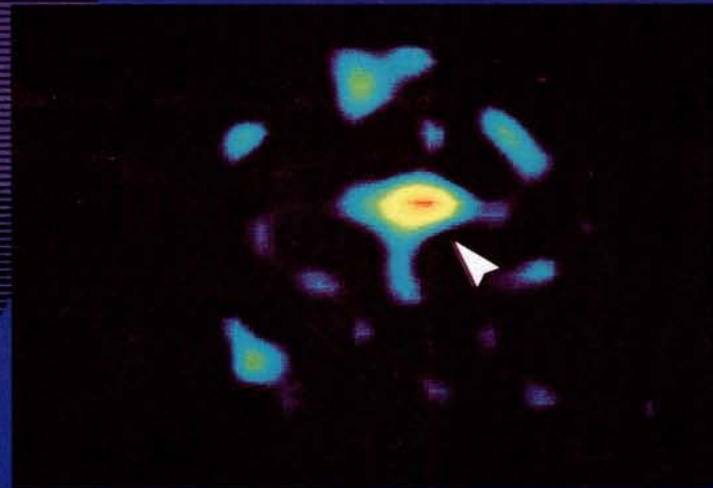
Production Editors

Gillian Goldfarb &
Jennifer Almond

Vol

113

No 6



features:

Cochlear implantation in Thailand

Culture of the organism causing
rhinosporidiosis

Cricohyoepiglottopexy: long-term
results

Uncommon otological
manifestations of nasopharyngeal
carcinoma

Giant cell tumour of the hyoid

**Buying a computer
system will NOT
increase the efficiency
or profitability of your
private practice.**

Buying the right software will.

**Practice Management Software from DGL.
Ring 01280 824600 for your free 30-day trial for Windows '95/98/NT.**

Place
Postage
here

The Journal of Laryngology and Otology
Headley Brothers Limited
The Invicta Press
Queens Road
ASHFORD,
Kent TN24 8HH
UNITED KINGDOM

Place
Postage
here

The Journal of Laryngology and Otology
Headley Brothers Limited
The Invicta Press
Queens Road
ASHFORD,
Kent TN24 8HH
UNITED KINGDOM

Place
Postage
here

The Journal of Laryngology and Otology
Headley Brothers Limited
The Invicta Press
Queens Road
ASHFORD,
Kent TN24 8HH
UNITED KINGDOM



INSTRUCTIONS FOR AUTHORS

1. Original Articles which have not been published elsewhere are invited and should be sent to the Editors. Articles should not normally exceed 7,500 words. Audit articles must demonstrate that the 'audit cycle' has been completed. Articles concerning medico-legal matters are also welcome. Longer articles or theses will be considered for publication as *Supplements* but, in such instances, the costs of publication must be met by the authors or their employing authorities.

2. Review Articles, preferably not exceeding 3,000 words, will be considered but the authors are expected to be recognized authorities on the subject.

3. Historical articles of well known characters or events should provide some new information or interpretation: those from within a Hospital's own department highlighting a hitherto less well known contribution are also welcome.

4. Short reports where radiology, pathology or medical oncology have been critical in diagnosis or management will be published on a monthly or bimonthly basis under the headings Radiology, Pathology or Oncology in Focus. Such articles should not normally be longer than 4 pages of A4 text (excluding title page and references) and must emphasise a problem of particular clinical interest. The pathologist, radiologist or oncologist who has been involved will normally be expected to be a co-author and will be expected to sign the covering letter submitted with the paper.

5. Clinical Records (Case Reports) should be brief (as with short reports, no more than 4 pages of A4 text) and should be confined to single cases without precedent in the world literature or to cases which illustrate some entirely new facet in management or investigation. Reports of relative rarities are only welcome when they add to our understanding of a clinical issue.

6. All manuscripts are considered on the understanding that they have been submitted solely to this Journal and that, if accepted, subsequent reproduction in whole or in part will not be permitted without the explicit written consent of the principal Author and Editors. In all cases where such permission is granted the customary acknowledgements must be made.

7. All papers must be accompanied by a covering letter. This should contain a declaration, to be signed by each author, to confirm that they have read and approved the contribution bearing their name. Authors should also individually indicate the part they have played in data collection, analysis or authorship. The principal investigator (who should normally be the first author) should also indicate that he or she is prepared to take total responsibility for the integrity of the content of the manuscript.

In the same letter the authors must list any potential or actual conflicts of interest: where none have occurred this should be clearly stated. Competing interests include affiliations with, or financial involvement in, organizations or entities described in the manuscript and include grant monies, honoraria, fees or gifts related to the work as well as indirect financial support where equipment or drugs have been supplied.

8. Manuscripts must be typewritten in duplicate on one side of the paper only (A4 297 × 210 mm). Double spacing with wide margins (5 cm for the header and 2.5 cm for the remainder) should be used throughout. The pages should be sequentially numbered.

Begin each section on a new page in the following sequence: title page, abstract, text, acknowledgements, references, tables and legends. The following details should apply to each of these sections:

(a) **Title Page**—This should contain a succinct title for the paper and the names of the authors together with their principal higher degree(s). Below this should be the details of the departments in which the authors work and the name of their affiliated institution(s). An address for correspondence and the name of the author who is to receive this should be typed at the foot of the title page: this will ultimately appear beneath the list of references.

If the paper was presented at a meeting, the details must be given and will be inserted at the foot of the first page of printed text.

(b) **Abstract and Key Words**—The abstract should be no longer than 150 words and should include a statement of the problem, the method of study, the results obtained and the conclusions drawn. A separate 'summary' section in the main manuscript is not permitted.

Following the abstract should be those key words which can be used to index the article. Only the words appearing as Medical Subject Headings (MeSH) in the supplement to *Index Medicus* may ordinarily be used: in exceptional circumstances, and where no appropriate word(s) are listed, those dictated by common usage should be supplied.

No paper will be accepted without an abstract and appropriate key words.

(c) **Text**—The text should normally follow the common outlines, i.e., introduction, materials and methods, results and analysis, discussion, conclusion(s). The latter sections should clearly indicate how this work fits with the current body of world literature.

(d) **Illustrations**—Tables and charts should be adjuncts to the text and must not repeat material already presented. They should be numbered consecutively, with Roman numerals, and must be marked with a clear legend.

Photographic illustrations should be unmounted, should not exceed 80 mm in width and should be high quality black and white prints: reproduction of coloured prints will normally be charged to the authors. Two sets of photographic illustrations, one with each copy of the manuscript, should be supplied and each should be clearly identified on the back with the figure number and the first authors name. Where any ambiguity might result the top edge should be identified with an arrow to aid orientation. Colour illustrations from papers are occasionally selected by the editor for use on the front cover of the journal at no cost to the authors. If appropriate a colour version of one of the black and white photographs submitted can be included for this purpose.

Photomicrographs of histopathological specimens must be accompanied by details of the staining method and the magnification used.

Photographs which could result in the person illustrated being identified must be accompanied by a signed release giving specific consent to publication. For minors signed parental permission is required.

Written permission from the publisher to reproduce any illustration with copyright elsewhere must be obtained and, where necessary, the consent of the senior author must also be acquired.

(e) **Measurements**—These must be in metric units with Systeme Internationale (SI) equivalents given in parentheses.

(f) **References**—The Harvard system should be used. Other systems are not permissible.

In the list of references all authors should be included and references should be in alphabetical order (by name of first author). The following format should be used:

For papers the names of the authors, the year of publication, the title and the journal name in full should be given followed by the volume and page numbers, e.g., Green, C., Brown, D. (1951) The tonsil problem. *Journal of Laryngology and Otology* 65: 33–38.

For single author books the style used should be Green, C. (1951) The tonsil problem. 2nd Edition. vol. 1, Headley Brothers Ltd., Ashford, Kent, pp 33–38.

For papers in multi author books with one or more editors the reference should include the title of the chapter and the names of the editors together with the number of the edition as in: Brown, D. (1951) Examination of the Ear. In *Diseases of the Ear Nose and Throat*. 2nd Edition. (White, A., Black B., eds.) Headley Brothers Ltd., Ashford, Kent, pp 33–38.

Within the body of the text references should be in parentheses and should cite the author(s) and the year of publication. A paper written by three or more authors should be abbreviated e.g., Green *et al.*, 1951.

The authors should personally verify the accuracy of every reference before submitting a paper for publication.

(g) **Drugs**—The proper names of drugs should be used. One reference to a proprietary name may be given if this is felt to be important to the study.

9. **Submission of manuscripts**—Manuscripts should be sent to the Editors, The Journal of Laryngology and Otology, 2 West Road, Guildford, Surrey GU1 2AU (Fax: +44(0)1483-451874). All authors should send a facsimile number where possible to speed communication. Material submitted on floppy disk or sent by e-mail is not acceptable.

Page proofs sent to authors should be corrected and returned within 5 working days. No extra material should be added to the manuscript at this stage. Orders for reprints must be made on the form provided at the time of returning the proofs.

10. **Rejection of manuscripts**—All manuscripts that are rejected will no longer be returned to the authors and those submitting papers should, therefore, ensure that they retain at least one copy. The exception will be manuscripts containing coloured illustrations where the illustrations only will normally be returned automatically by Surface Mail.

11. **Subscriptions, advertising and business communications**—Information concerning these matters can be obtained from The Editors, c/o The Journal of Laryngology and Otology, Headley Brothers, The Invicta Press, Ashford, Kent TN24 8HH.

HEADLEY BROTHERS LTD, THE INVICTA PRESS, ASHFORD, KENT, GREAT BRITAIN

© Journal of Laryngology and Otology Ltd., 1999 ISSN 0022-2151

Periodicals Postage Paid at Rahway N.J.

Postmaster: Send address corrections to The Journal of Laryngology and Otology, c/o Mercury

Airfreight International Ltd. Inc., 365 Blair Road, Avenel, N.J. 07001. Frequency of Publication: Monthly.



The Journal of Laryngology & Otology Publications

Available from the Publishers and from Agents throughout the world. Prices include postage and packing.

The Journal of Laryngology and Otology

Edited by Neil Weir and Guy Kenyon

A leading international journal, published monthly and containing original scientific articles and clinical records in all fields of Otolaryngology, Rhinology and Laryngology. Including occasional supplements. Founded in 1886.

Annual subscription for 1999 (calendar year): £135.00 Institution, £95.00 Individual, Students rate £55.00.

ISSN 0022 2151

Supplements still available separately.

The ENT Surgeon looks at the Orbit

by D. F. N. Harrison

This supplement records in some detail Professor Harrison's 'personal experience over a period of 20 years dealing with a wide variety of clinical conditions in which entry into the orbit was a desirable or essential part of treatment'.

Pp 42 Printed 1980

Retail £10.00 (US\$20.00)

20 Years Experience with Homografts in Ear Surgery

by Christian Betow

The author, a professor of Otolaryngology in West Berlin, gives a full account of his pioneering development of homograft materials in reconstructive surgery of the middle ear.

Pp 28 Printed 1982

Retail £10.00 (US\$20.00)

Experimental and Clinical Studies in Otitis Media with Effusion

by Jamsheed A. Khan

An experimental and clinical study on the effects of Carbocisteine on fluid in the middle ear.

Pp 28 Printed 1983

Retail £10.00 (US\$20.00)

Proceedings of the Sixth British Academic Conference in Otolaryngology

Edited by John Ballantyne and John Booth

Pp 134 Printed 1983

Retail £10.00 (US\$20.00)

Second International Tinnitus Seminar

Chairman: Abraham Shulman

A comprehensive study of the problems and treatment of tinnitus.

Pp 323 Printed 1984

Retail £10.00 (US\$20.00)

Forensic Audiology

by Chuang Wei Ping

A clear concise and practical guide to industrial hearing damage by a barrister/physician. This is an unusual and highly specialised aide memoire for the personal injuries practitioner, well illustrated with recent case law. A commendable enterprise by the author.

Pp 57 Printed 1986

Retail £10.00 (US\$20.00)

The Acute Orbit

Preseptal (Periorbital) cellulitis subperiosteal abscess and orbital cellulitis due to sinusitis.

by J. R. Moloney, N. J. Badham and A. McRae

Pp 18 Printed 1987

Retail £10.00 (US\$20.00)

Nasal Mast Cells: A Preliminary Report on their Ultrastructure

by A. B. Drake-Lee, F.R.C.S.

The ultrastructural morphology of mast cells in the nose and the adenoids are compared. Normal cells have a very varied morphology with electron dense granules which have scrolls occasionally. Cells from patients with perennial allergic rhinitis show variable degranulation in all areas examined. Few cells were seen in the surface epithelium. Cells from the adenoids had different degrees of degranulation which suggests that mast cell reactions are not a constant feature.

Pp 17 Printed 1987

Retail £10.00 (US\$20.00)

Surgical Anatomy of Structures Adjacent to the Thyroid Apex and Post-operative Voice Change (A Review Including Dissection)

by K. L. Yezingatsian, F.R.C.S.

Pp 13 Printed 1987

Retail £10.00 (US\$20.00)

Inferior Meatal Anastrostomy Fundamental Considerations of Design and Function

by Valerie Joan Lund, M.S., F.R.C.S.

Pp 18 (Contains 12 x 4 colour illustrations) Printed 1988

Retail £10.00 (US\$20.00)

Surgical Management of the Discharging Mastoid Cavity

by R. P. Mills, M.Phil., F.R.C.S.

Pp 6 Printed 1988

Retail £10.00 (US\$20.00)

Acquired Subglottic Stenosis

by John M. Graham, F.R.C.S.

Pp 48 Printed 1988

Retail £10.00 (US\$20.00)

The University College Hospital/Royal National Institute for the Deaf Cochlear Implant Programme

Pp 57 Printed 1989

Retail £15.00 (US\$30.00)

Place-pitch and vowel-pitch comparisons in cochlear implant patients using the Melbourne-Nucleus cochlear implant

by Charles K. Pauka

Pp 31 Printed 1989

Retail £15.00 (US\$30.00)

The Scottish Tonsillectomy Audit

by R. L. Blair, W. S. McKerrow, N. W. Carter and A. Fenton

Pp 24 Printed August 1996

Retail £15.00 (US\$30.00)

The Birmingham Bone Anchored Hearing Aid Programme 1988-1995

Departments of Otolaryngology and Audiology, University Hospital, NHS Trust, Birmingham

Pp 52 Printed December 1996

Retail £15.00 (US\$30.00)

A History of the Royal National Throat, Nose and Ear Hospital 1874-1982

Glenice Gould

Pp 60 1998

Retail £15.00 (US\$30.00)

B.A.P.O.

British Association for
Paediatric Otorhinolaryngology

Annual Meeting
Saturday 3rd July 1999
Hospital for Sick Children
Great Ormond Street, London

Cost £25

.....
Meeting and Membership Enquiries:

David Albert, 234, Great Portland St W1N 5PH
0171-390-8300

Abstracts (to be published in JLO) to:

David Albert

A prize to be given to best presentation

Deadline: 14th May Format: 1 side A4 (12 point)

Temporal Bone Surgical Dissection Course

INTERNATIONAL CENTER FOR OTOLOGIC TRAINING (ICOT)

- Designed for practicing otolaryngologists and senior residents
- Temporal bone dissection morning and afternoon
- Lectures and surgical videotape

1999

February 27 - March 3 • April 17 - 21
September 18 - 22 • November 13 - 17

2000

February 26 - March 1 • April 15 - 19
September 16 - 20 • November 18 - 22

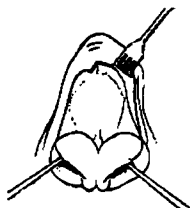
Fees: Physicians - \$925 • Residents \$450
46 hours CME credit

COURSE DIRECTORS:

M. MILES GOLDSMITH, MD, FACS
MALCOLM D. GRAHAM, MD, FACS

Contact Shirley Johnson, RN, MSA
email: JohnsSh1@memorialmed.com
912-350-7365 • Fax 912-350-8998

Memorial
HEALTH
Savannah, Georgia USA



Open Structure Rhinoplasty *Ethicon Fellowship*

Closing date for applications is Friday 30th July 1999
4th Dundee Advanced Skills Course
23 & 24 September 1999

Ethicon Ltd. have generously donated £490 to cover the registration of a suitably qualified trainee to attend this course. Preference will be given to trainees able to demonstrate an interest in rhinology and/or facial plastic surgery.

Applicants should send a one page C.V., including a paragraph outlining their particular interest in rhinoplasty to:

Paul White FRACS, Rhinologist,
Department of Otolaryngology,
University of Dundee,
Ninewells Hospital
DUNDEE DD1 9SW
E-mail: paulw@dh.scot.nhs.uk

University
Of Dundee



Open Structure Rhinoplasty 4th Dundee Advanced Rhinoplasty Skills Course 23 & 24 September 1999

**Live operating
demonstration**

CME approved

Individual "hands" on
anatomical dissection training
given

- tip sculpturing
- shield grabs
- columella & septa struts
- nb and conchal cartilage
harvesting

Faculty:

Paul White (Dundee)
Nick Jones (Nottingham)
Gerald McGarry (Glasgow)
Brian Bingham (Glasgow)
Nigel Padgam (Kent)
Robin Blair (Dundee)

Registration: £490 and is limited to
20 delegates only

Enquiries to Mrs. M. Bishop,
Department of Otolaryngology,
Ninewells Hospital, and Medical
School, Dundee (*mornings only*)

Tel: 01382 660 111 ext 2726
Fax: 01382 631816
e-mail: paulw@dh.scot.nhs.uk

CALENDAR SECURE TRANSACTIONS ABSTRACTS WHAT'S NEW

Otolaryngology is an international specialty



<http://www.jlo.co.uk>



Otolaryngology is an interactive specialty

ABSTRACTS SEARCH ENGINE INSTRUCTIONS TO AUTHORS WHAT'S

SECURE TRANSACTIONS ORDER SUPPLEMENTS

NEW CURRENT ISSUE FEATURE ARTICLE

JLO

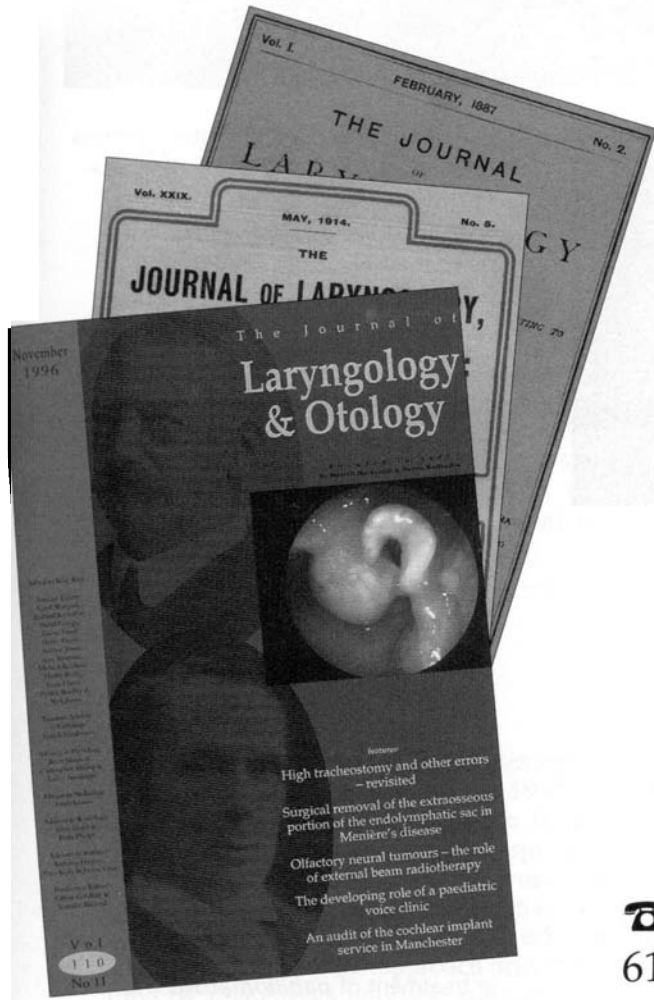
See us at

BACO

4 – 9th July 1999

Foyer of the Fisher Building in St. John's College

THE CHANGING WORLD OF ENT EVERY MONTH IN THE JLO



The Journal of Laryngology and Otology was the first British journal in the ENT field. Since 1887, it has remained the definitive information resource for surgeons, consultants and students. The Journal is run as a charity to promote education and knowledge in all spheres of Laryngology, Rhinology, Otology and related fields.

The JLO is very much an international journal with contributors from around the world and readers from over 80 countries.

The JLO contains main Articles, case reports and short communications from all over the world. Other contents include the quarterly book review, selected abstract service, and every ten years there is a comprehensive index issue published.

The Journal has a very good record of publishing up-to-date information; many articles are published within three months of being accepted for publication. As part of our charitable mandate we sponsor Travelling Fellowships for registrars, Visiting Professors who conduct lecture tours of the UK, and the JLO subsidizes our Student price to maximise access by the next generation. **By subscribing to the JLO, you not only gain everyday access to this valuable source of information, but also assist in the promotion of excellence in the ENT domain.**

☎ To subscribe today fax +44 1233 612345 with your credit card details.

The Journal of Laryngology and Otology



Journal of Laryngology and Otology

Headley Brothers Ltd, The Invicta Press, Ashford, Kent TN24 8HH, UK

Tel: 01233 623131 Fax: 01233 612345 Email: Publishing@Headley.co.uk

Please enter my subscription for

Individual

1999 - £95 (U.S.\$218.50)

Institutional

1999 - £135 (U.S.\$310.50)

Registrars / Residents / Interns (Please send letter from tutor or head of department to confirm training status)

1999 - £55

Name: _____

Address: _____

Postcode: _____

Payment to Journal of Laryngology and Otology by cheques in Sterling drawn on a London bank or U.S. dollars drawn on a U.S. bank.

Bill me
 I enclose my cheque for £ _____
made payable to The Journal of Laryngology & Otology
 Please charge £ _____ to my
 Mastercard Visa Access Eurocard
Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Expiry Date _____

Signature _____ Date _____

Please allow up to 30 days for your order to be processed.

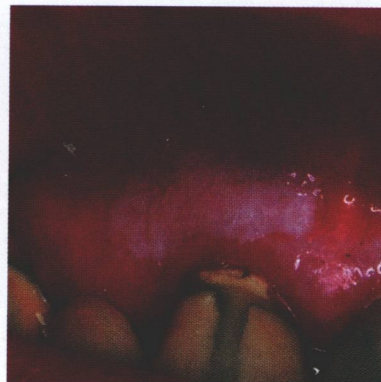
MONEY BACK GUARANTEE

The Journal of Laryngology and Otology will send you a full refund on the unexpired part of your subscription should you decide you do not wish to continue your subscription. All claims for undelivered issues must be made within six months of issue publication date. JUNE 99

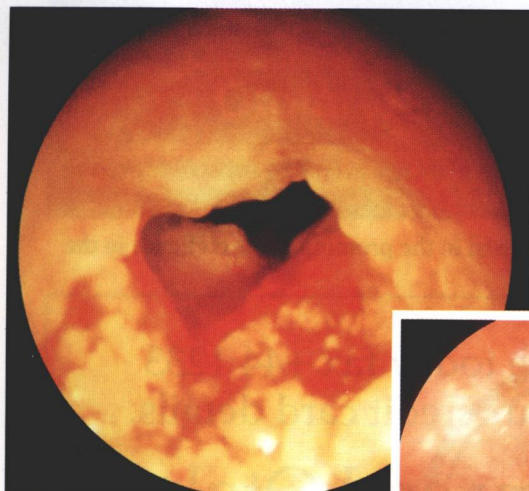
New Techniques in ENT: Made-to-order Instruments for APC and Electrosurgery



1



2



3



4

APC (Argon Plasma Coagulation) permits safe hemostasis and effective devitalization of pathologic tissues.

Specially developed instruments now make the advantages of APC – along with ERBE electrosurgical technology – available for ENT as well:

- Limited penetration depth with reduced risk of perforation
- Non-contact technology
- No vaporization, no carbonization
- Easy to use
- Improved postoperative wound healing

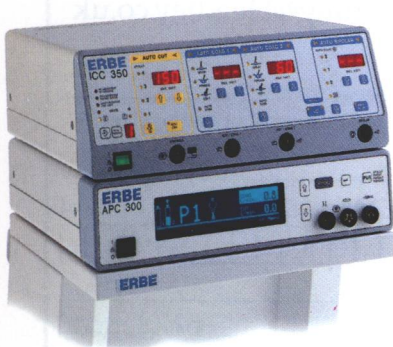
The **nasal turbinates** are reduced effectively and lastingly in **hyperplasia** (see Fig. 1).

APC permits non-contact, homogeneous and highly effective treatment of superficial lesions of the oral mucosa such as **granuloma** and **leucoplakia** (Fig. 2).

APC's limited penetration depth offers maximum protection against perforation in treatment of **papillomatosis** (Fig. 3).

The tympanic membrane can be opened by the Microneedle 100 (Fig. 4) with pinpoint accuracy and precision in **otitis media**. And this with minimum necrosis of the incision margins.

We will be glad to provide you with more information about other possibilities of application.



APC 300 with the ERBOTOM ICC 350



Selected instruments for ENT

ERBE

ERBE Elektromedizin GmbH, Waldhörnlestraße 17, D-72072 Tübingen
Telefon 07071/755-0, Telefax 07071/755-188, E-Mail: sales@erbe-med.de
<http://www.erbe-med.com>