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Abstract Selection

Effects of repetitive transcranial magnetic stimulation on voice and speech in Parkinson's disease
Dias AE, Barbosa ER, Coracini K, Mala F, Marcolin MA, Fregni F.
Department of Neurology and Psychiatry, University of Sao Paulo, Sao Paulo, Brazil.
Acta Neurologica Scandinavica, (2006) Feb, Vol. 113, pp. 92–9, ISSN: 0001-6314.

Objective To investigate the effects of repetitive transcranial magnetic stimulation (rTMS) on vocal function in Parkinson's disease (PD).

Material and methods Two different sets of rTMS parameters were investigated on 30 patients with PD: active or sham 15 Hz rTMS of the left dorsolateral prefrontal cortex (LDLPFC) (110% of motor threshold (MT), 3000 pulses per session) and active 5 Hz rTMS of the primary motor cortex (M1)-mouth area (90% MT, 2250 pulses per session). A blind rater evaluated speech characteristics (acoustic and perceptual analysts of voice) and voice-related quality of life (V-RQOL).

Results rTMS of LDLPFC resulted in mood amelioration and subjective improvement of the V-RQOL only (71.9% improvement, $p < 0.001$), but not in objective measures such as fundamental frequency ($p = 0.86$) and voice intensity ($p = 0.99$). On the other hand, rTMS of M1-mouth induced a significant improvement of the fundamental frequency (12.9% for men and 7.6% for women, $p < 0.0001$) and voice intensity (20.6%, $p < 0.0001$).

Conclusions Our findings provide initial evidence that rTMS of the primary motor cortex might yield a beneficial effect on vocal function in PD.

Costs associated with persistent allergic rhinitis are reduced by levocetirizine
Bousquet J, Demarteau N, Mullol J, van den Akker van Marle ME, Van Ganse E, Bachert C.
Clinique des Maladies Respiratoires, University Hospital, Montpellier, France.
Allergy, (2005) Jun, Vol. 60, pp. 788–94, ISSN: 0105-4538.

Background Allergic rhinitis was recently classified by the ARIA guidelines as persistent or intermittent. Levocetirizine was shown to improve symptoms and health-related quality of life of patients with persistent allergic rhinitis in the XPERT study, a 6-month randomized double blind placebo-controlled trial.

Objective To assess the total costs of persistent allergic rhinitis, and the effect of long-term treatment with levocetirizine on these costs from several perspectives (societal, social security system, and employers).

Methods Direct medical cost parameters (medications, physician visits and hospitalizations) and time lost parameters (workdays and Usual Daily Activities (UDA) lost) related to persistent allergic rhinitis and its comorbidities (asthma, sinusitis, otitis and upper respiratory infection) were measured. A cost analysis was performed using 2002 French costing data.

Results From a societal perspective, the total cost of persistent allergic rhinitis without long-term treatment was estimated at 355.06/patient/month. From a social security perspective, levocetirizine treatment yielded an additional cost of 2.78/patient/month, compared to no-treatment. However, levocetirizine reduced the total cost of persistent allergic rhinitis and its comorbidities by 152.93/patient/month from a societal perspective and by 64.70/patient/month from an employer perspective. Most gains resulted from a decrease in the lost workdays and UDA in the levocetirizine group.

Conclusion The cost of persistent allergic rhinitis is substantial. Treatment with levocetirizine reduces the cost of persistent allergic rhinitis and its comorbidities to the society by 152.93/patient/month while improving symptoms and health-related quality of life.

A tribute to our teacher, Dr. Judith Hall: a child with the trait of the Earl of Shrewsbury
Stephan Mark J.
Department of Pediatrics, Madigan Army Medical Center, Tacoma, Washington 98431, USA. mark.stephan1@us.army.mil
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Organized human endeavor can be lifted an order of magnitude through teaching if it is inspiring (Editor, *Am J Dis Child*, 1972). The benevolent influence of Dr. Judy Hall's inspiring clinical teaching in the field of genetic syndromes and birth defects is illustrated through the eventual surgical remediation of conductive hearing loss for a 4-year-old girl with unusual knuckles. The fascinating history of this child's syndrome has been further explored in the descendents of the first Earl of Shrewsbury. The legends of his story and his role in the Hundred Years War were immortalized by William Shakespeare in his play Henry VI Part I, but neither Shakespeare nor historians documented that the Earl actually had abnormal finger joints. Heterozygous mutations in the human noggin gene (NOG) cause a spectrum of joint fusions, including this child's traits. On behalf of practitioners of medicine, pediatrics, clinical genetics, and dysmorphology, as well as research scientists in the many domains of genetics, thank you, Judy, for your inspiration, enthusiasm, and teaching.

Large vestibular aqueduct syndrome: audiological, radiological, clinical, and genetic features
Berrettini Stefano, Forli Francesca, Bogazzi Fausto, Neri Emanuele, Salvatori Luca, Casani Augusto Pietro, Franceschini Stefano Sellari.
ENT Unit, Neuroscience Department, University of Pisa, Pisa 56126, Italy. s.berrettini@med.unipi.it
American Journal of Otolaryngology, (2005) Nov–Dec, Vol. 26, pp. 363–71, ISSN: 0196-0709.

Purpose The aim of this study was to analyze the clinical, audiological, radiological, and genetic features of a group of patients affected with large vestibular aqueduct syndrome.

Materials and methods Seventeen patients affected with large vestibular aqueduct syndrome (LVAS), diagnosed by means of high-resolution magnetic resonance imaging of the inner ear, with 3-dimensional reconstructions of the labyrinth and by high-resolution spiral computed tomography of the temporal bone, performed only on the oldest patients, have been submitted to a complete audiological evaluation, a thyroid functional and ultrasonographic study, and a molecular study of the PDS gene.

Results The clinical presentation of LVAS was very variable in our group of patients. The enlarged vestibular aqueduct was bilateral in 15 cases and unilateral in 2; it was the only malformation of the labyrinth in 12 patients, whereas it was associated with other inner ear anomalies in the other 5. The hearing loss was very variable in degree (from mild to profound), age at onset and progression. Moreover among the 17 patients, 10 were clinically affected by Pendered's syndrome (PS), 3 by distal renal tubular acidosis associated with large vestibular aqueduct, whereas in 3 patients the large vestibular aqueduct was not syndromal. Finally, we identified mutations in the PDS gene in 5 of 10 patients with PS.

Conclusions Our data underscore the frequent role of the large vestibular aqueduct syndrome in the pathogenesis of sensorineural hearing loss and the overall wide variability in its audiological features. It is also highlighted that LVAS is often part of some syndromal diseases, most of which are PS, which is often misdiagnosed because of the varying degree of thyroid symptoms. This study also underscores the possible role of hydro-electrolyte and acid-base eridolymphatic fluid disorders in the pathogenesis of enlarged vestibular aqueduct syndrome.

Locations of congenital cholesteatoma in the middle ear in Japanese patients

Kashiwamura Masaaki, Fukuda Satoshi, Chida Eiji, Matsumura Michiya.
Department of Otolaryngology, Head and Neck Surgery, Hokkaido University Graduate School of Medicine, Sapporo, Japan. true-north@eva.hi-ho.ne.jp
American Journal of Otolaryngology, (2005) Nov–Dec, Vol. 26, pp. 372–6, ISSN: 0196-0709.

Objectives To present clinical features of congenital cholesteatoma treated in our institute and to investigate the locations of congenital cholesteatoma in the middle ear of Japanese patients to verify its pathogeneses.

Patients and methods A retrospective chart review of patients in our institute and a review of articles on congenital cholesteatoma reported by Japanese researchers. Charts of the 25 patients with congenital cholesteatoma treated in our institute were reviewed regarding symptoms, locations of cholesteatoma in the middle ear, and ossicular anomalies. The same points were investigated in the 71 cases in the Japanese literature.

Results Unlike Westerners, more than half of the Japanese cases had posterior-type cholesteatomas, any parts of which did not exist anteriorly beyond the handle of the malleus. Congenital ossicular anomalies, absence of the long process of the incus, and/or the superior structure of the stapes were seen with a high rate in the Japanese patients.

Conclusions These two findings of the posterior location of cholesteatomas in the middle ear and the high incidence of congenital ossicular anomalies in the Japanese patients suggested that there should be some racial difference in pathogenesis of congenital cholesteatoma. The pathogenesis of congenital chloesteatoma cannot be adequately explained by only one theory alone. It is more appropriate to explain the pathogenesis by using an aggregation of theories.

Elective neck dissection during salvage laryngectomy

Yao Mike, Roebuck Jeremy C, Holsinger F Christopher, Myers Jeffery N.
Department of Otolaryngology, University of Illinois, Chicago, IL 60657, USA. myao@uic.edu
American Journal of Otolaryngology, (2005) Nov–Dec, Vol. 26, pp. 388–92, ISSN: 0196-0709.

Purpose To evaluate the rate of occult metastases detected with elective neck dissection during salvage laryngectomy for radiation failures.

Methods and materials Retrospective review of 63 patients failing radiation therapy treated with salvage surgery between 1970 and 1999. Charts were reviewed for tumor stage, neck treatment, complications, surgical time, and survival. Median follow-up for patients with glottic and supraglottic cancers was 7.8 and 4.5 years, respectively.

Results Thirty-one of 41 glottic cancer patients received elective neck dissections. Three (10%) of 31 had occult metastases. Recurrent staged rT3 and greater tumors showed a 20% rate of occult metastases. No survival advantage was noted between patients treated with elective neck dissection and those followed expectantly ($p = 87$). Cartilage invasion and perineural invasion in the larynx were associated with a higher risk of occult metastases ($p < .05$). Ten of 22 supraglottic cancer patients received elective neck dissections. Two (2%) of 10 had occult metastases, and a statistically significant survival advantage was not noted ($p = 49$).

Conclusions We recommend bilateral neck dissection at the time of laryngectomy for recurrent staged rT3/4 tumors and all patients with recurrent supraglottic cancers because of the higher rate of occult metastases.

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Abstract Selection

Proceedings of the 130th Semon Club, Otolaryngology Department, Guy's and St Thomas' NHS Foundation Trust, London, UK, 18 November 2005, E36