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foot and possible macroglossia were identified. Altered Otoacoustic Emissions and Automatic Auditory Brainstem Response exams in the left ear and normal in the right ear, cerebral ultrasound with alteration in the morphology of the left lateral ventricle and possible alteration of the corpus callosum and electroencephalogram showed convulsive crisis. Patient referred for audiological diagnosis.

Conclusion: Important report to identify possible hearing alterations in cases of Fetal Alcohol Syndrome, seeking greater knowledge on the subject.

Keywords: audiology; fetal alcohol syndrome; speech therapy; newborn.

10611 Hearing assessment in patients treated at a reference center for the treatment of osteogenesis imperfecta

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Introduction: Osteogenesis imperfecta (OI) is a rare inherited disease characterized by decreased bone density due to defects in type 1 collagen biosynthesis. The main clinical features of OI are bone fragility, recurrent fractures, short stature and progressive bone deformity. Other manifestations include: bluish sclera, dentinogenesis imperfecta, ligament laxity, hearing loss.

Objectives: Assess the hearing of these patients to verify the prevalence of hearing loss according to the type of OI.

Methods: Pure tone audiometry was performed in patients treated at a public hospital in southern Brazil at a Reference Center for the treatment of OI for auditory quantification according to the type of OI.

Results: The sample consisted of 44 patients, 26 female and 18 male, with a minimum age of 5 and a maximum of 68 years (median of 19.5 years). Among the types of OI, 31 individuals were evaluated as Type I, 4 from III, 6 from IV and 3 from V. The mean thresholds obtained varied according to ear and type of OI, with the highest being seen in Type III on the left. difference (12.35dB). There was a higher percentage of normality in types I, III and IV (66, 50 and 75% respectively). Among hearing loss, the greatest impairment was the sensorineural type (33%) in Type V and 17% in Type IV, mixed (26%) in Type I, followed by conductive impairment (25%) in Type III.

Conclusion: The percentage of hearing loss in the group of patients evaluated corroborates the need for auditory monitoring of these patients.

10612 Access and permanence of patients with voice complaints or swallowing in a speech therapy clinic

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Introduction: The trajectory of patients in a health service is marked by a series of factors, since the access to completion of treatment, which generally influence their adherence or not to the established proposal.

Objective: To analyze the variables associated with the clinical outcome of patients with voice or swallowing complaints.

Methods: Observational, cross-sectional, descriptive and retrospective study. 81 records were included in the research, 47 female and 34 male, aged over 18, attended at the Voice Clinic of the Speech Therapy Service of the University Hospital Clementino Fraga Filho between 2010 and 2018. Participants were divided into three groups, based on the clinical outcome of the speech therapy: discharge, dismissal and abandonment. The variables studied were gender, marital status, education, income, being a voice professional or not, initial complaint, speech-language diagnosis hypothesis and professional who referred. For descriptive analysis, frequency measures were used and for inferential analysis, Pearson's Chi-Square test was used ($p < 0.05$).

Results: Sociodemographic variables were not significantly associated with the outcome. Dropping out of therapy was associated

with income of up to 1 minimum wage ($p=0.04$). There was an association between the specific voice complaint and the outcome of speech therapy discharge ($p=0.02$). Low adherence to treatment was observed, as evidenced by high dropout and dropout rates.

Conclusion: Income was associated with the clinical outcome of noncompliance, and the initial complaint with the clinical outcome of discharge.

Keywords: unified health system; health services; hospital clinic; outpatients; speech therapy.

10614 Vocal effects in combined treatment in metastatic medullary thyroid carcinoma: Case report

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Introduction: Thyroid cancer is the most common malignant tumor in the head and neck region. Alternative treatments for metastatic disease may include surgery, radiotherapy or radioiodine therapy and chemotherapy.

Objectives: Describe the impacts of combined treatment for Metastatic Medullary Thyroid Carcinoma on vocal quality.

Resumed report: Forty-four years-old female patient diagnosed with metastatic medullary carcinoma of the thyroid. She went through a partial thyroidectomy in 2012, and in the same year, the gland was completely removed. In 2013, was submitted to 25 radiotherapy sessions, admitted two times for I-131 MIBG therapy and one time for administration of iodine therapy. In 2021, she presented nodal recurrence in the cervical region, causing the patient to perform a right and left neck dissection. Present severe cervical fibrosis and left vocal cord paralysis. In the self-perception vocal questionnaire, she presented vocal disadvantage in the Voice Handicap Index (VHI-10) and in the Voice Handicap Index-Throat (VHI-T), which refers to laryngeal sensitivity. On the GRBASI Scale, she presented grade three for general and hoarseness, grade two for breathiness and harshness, and grade one for instability. In the Thyroidectomy-Related Voice (TVQ) the total score was 72, which the total score can be 80. These questionnaires assess vocal disadvantages and the TVQ aims to assess the complaints at laryngeal, vocal and swallowing after thyroidectomy.

Conclusion: It is observed that the combined use of treatments for metastatic medullary carcinoma of the thyroid can have major consequences for the patient's vocal quality.

Keywords: thyroidectomy; thyroid cancer; radiotherapy; voice quality.

10617 Impacts of total thyroidectomy in the voice of pediatric patients: Case series

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Introduction: Post-thyroidectomy dysphonia is a recurrent manifestation, however, information related to the juvenile population is still scarce.

Objective: To analyze the vocal self-perception and the findings of videolaryngoscopy exams of five patients with total thyroidectomy in childhood.

Resumed report: The study was approved by the Research Ethics Committee under CAAE No. 89042418.7.0000.5274 and carried out at the National Cancer Institute located in Rio de Janeiro. There was the Vocal Performance Questionnaire (QPV) and the Pediatric Voice Quality of Life Questionnaire (QV-P), followed by rigid laryngoscopy. All participants had papillary thyroid carcinoma and underwent radioactive iodine treatment in addition to surgery. The five participants have preserved vocal fold mobility and the Recurrent Laryngeal Nerve, two participants have a glottic cleft, one has arytenoid asymmetry and the other has attenuated salivary stasis. The QPV scores show that all participants express some impairment in vocal performance, whether mild or moderate. In the results of the QV-P,