

2nd World Congress of *Advances in Otorhinolaryngology and Head and Neck*

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Dr. Marco Avila

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Zopapogene imadenovec-drba, a novel adenovector-based immunotherapy, induces complete and durable responses in recurrent respiratory papillomatosis

Introduction

Recurrent respiratory papillomatosis (RRP) is a rare, neoplastic disorder caused by chronic human papillomavirus (HPV) type 6 or 11 infection. Repeat surgical debulking has historically been the most common treatment for RRP symptom management. Zopapogene imadenovec-drba (zopa), a novel adenoviral vector-based immunotherapy, is the first and only FDA-approved treatment for adults with RRP. Zopa is now recommended as the first-line treatment for adults with RRP in an RRP Foundation position statement authored by 16 key opinion leaders (Best et al, Laryngoscope 2026).

Methods

The pivotal trial (NCT04724980) evaluated zopa in patients with RRP requiring ≥ 3 clinically indicated interventions 12 months (m) prior to treatment. 12m follow-up data was reported and demonstrated that 4 subcutaneous injections of zopa (5×10^{11} particle units per injection; n=35) were well-tolerated, with no serious adverse events, no grade >2 treatment-related adverse events, and no early treatment discontinuations. The most common adverse events were injection-site reaction, fatigue, chills, fever, and myalgia.

Robust efficacy was observed following zopa treatment with 51% (34 to 69; 95% CI) of patients achieving a complete response (CR), defined as no requirement for interventions in the 12m following treatment. Here we present data up to 51m of follow-up.

Results

As of December 15, 2025, with a median duration of follow-up of 36m (range: 30-51m), 83% (15/18) of patients who achieved a CR at 12m remain in CR with no recurrence of papilloma requiring surgical or medical intervention. Out of the 15 patients remaining in CR, 3 patients have reached 4 years of follow-up.

No new safety events were observed during long-term follow-up.

Conclusions

Zopa treatment demonstrated significant clinical benefit with the vast majority of CR patients experiencing ongoing durable complete responses for up to 4 years with excellent long-term safety. Updated follow-up results for all patients achieving CR will be available at the time of presentation.

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Biography

Marco Avila, MD is Executive Director of Medical Affairs at Precigen Inc., where he supports the clinical development and medical strategy for innovative gene and cell therapies in immunology, oncology, and infectious diseases. He has extensive experience in global medical affairs and collaborates closely with healthcare professionals and scientific communities to advance novel therapies for patients with significant unmet medical needs. Dr. Avila is actively involved in the dissemination of clinical research and has presented on emerging adenovector-based immunotherapies for recurrent respiratory papillomatosis and other innovative therapeutic approaches.

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Jacopo Benerecetti, Laura Tognin, Michela Bergonzani, Francesca Zito, Giovanni Lilloni, Andrea Varazzani, Marilena Anghinoni

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Costal cartilage graft harvesting for auricular reconstruction: donor-site morbidity assessment

Auricular reconstruction is a challenging procedure, and the use of autologous costal cartilage represents the gold standard for the treatment of congenital microtia. Given that adolescents constitute a substantial proportion of patients undergoing this type of reconstruction, age-related psychosocial aspects must be carefully taken into account. The aim of this study was to evaluate postoperative patient perception of donor-site morbidity following costal cartilage graft harvesting and its impact on social and physical activities. At our institution, the University Hospital of Parma (Italy), approximately 350 cases have been treated to date. In the present study, We included patients treated between 2010 and 2020. Data collected included: scar evaluation, asymmetry of the thoracic profile, sport participation before and after surgery, physical limitation, donor-site long-term discomfort, postoperative pain. A total of 100 patients were enrolled in the study (58 males and 42 females; mean age: 13.58 years), reporting good long-term aesthetic results at the thoracic site, with female patients showing slightly better outcomes. The majority (82 %) participated in sports before surgery, and 70 % continued the same activities afterward. Minimal chest deformity or thorax asymmetry was reported by 30 patients (30 %). The study confirms that postoperative donor-site morbidity following costal cartilage graft harvesting is low. Sporting activities do not appear to be significantly affected by ear reconstruction procedures, supporting social and psychological development in growing patients.

Keywords: Auricular reconstruction; Congenital microtia; Costal cartilage harvesting; Donor-site morbidity.

Biography

Fifth-year resident in Maxillofacial Surgery at the University Hospital of Parma. International training period with Dr. John Reinisch at K&B Surgical Center, Beverly Hills, Los Angeles.

International training period at Hospital 12 de Octubre, Madrid, a specialized center for pediatric craniofacial malformations.”

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Andrew J. Fishman MD

University of Missouri, USA

Precision Nerve Monitoring in Otologic and Thyroid Surgery: Segmental Electrophysiology and Adaptive Technologies

Intraoperative nerve monitoring has evolved into a segment-specific, anatomy-driven strategy grounded in quantitative electrophysiology. In otologic surgery, facial nerve stimulation thresholds vary predictably along the intracranial, labyrinthine, geniculate, horizontal, vertical, and extratemporal segments due to differences in epineurial thickness, bone coverage, and tissue insulation. Intratemporal epineurium progressively thickens from approximately 0.05 mm in the horizontal segment to 0.13 mm in the vertical segment, directly influencing triggered EMG thresholds and surgical vulnerability. Clinical application in acoustic neuroma surgery demonstrates how calibrated stimulation supports tumor removal with preservation of facial function.

In thyroid surgery, advances in recurrent laryngeal nerve monitoring include direct needle electrode placement through the thyroid cartilage, providing stable and high-fidelity EMG acquisition while minimizing variability associated with endotracheal tube positioning. This approach enhances real-time functional assessment and reduces false-negative signals. Emerging innovations include AI-assisted, self-adjusting stimulation platforms that dynamically calibrate amplitude based on real-time EMG feedback and tissue impedance. Amplitude adjustment curves and automated sweep functions improve threshold stability and mapping precision while reducing unnecessary current exposure.

Together, segment-specific monitoring, transcartilaginous laryngeal recording, and adaptive stimulation technologies represent the next evolution in nerve protection in contemporary otolaryngologic surgery.

Biography

Dr. Andrew J. Fishman, MD is a board-certified otologist, neurotologist, and cranial base surgeon from the United States. He specializes in advanced ear surgery, skull base surgery, cochlear implantation, and complex head and neck conditions. He has served as Director of Neurotology and Cranial Base Surgery and Director of Cochlear Implant Programs, contributing significantly to clinical care, surgical innovation, and medical education.

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Comparative Study of Myringoplasty Using Temporalis Fascia in Wet and Dry Ear

Chronic otitis media (COM) is characterized by an ongoing inflammation of the mucoid layer middle ear and mastoid cavity, often leading to tympanic membrane perforation and conductive hearing loss. The use of temporalis fascia graft for myringoplasty remains the gold standard method of tympanic membrane perforation repair. However, the effect of the middle ear state - whether dry or wet—on surgical outcomes and hearing improvement remains debated. The aim of the study is to compare graft take rates and outcomes of hearing following surgery in dry and wet ears of patients undergoing Type I tympanoplasty. We conducted a prospective comparative study was conducted on 54 patients aged 18–50 years with tubo-tympanic type COM and an associated central perforation. Patients were equally divided into two equal groups: Group I (dry ear, n = 27) and Group II (wet ear, n = 27). All patients underwent a Type I tympanoplasty using temporalis fascia graft by postauricular underlay technique. Preoperative and postoperative hearing thresholds were assessed using pure tone audiometry (PTA) at 2 and 6 months. Graft uptake was determined otoendoscopically. Statistical analysis was performed using paired and unpaired T-test and chi-square test, with $p < 0.05$ considered statistically significant. The mean age of patients with was 37.1 ± 10 years, with female patients predominated (77.7%). In the dry group (Group I) we achieved graft uptake in 96.3% of ears and whereas the wet ears group (Group II) achieved graft uptake in 92.6% of ears ($p > 0.05$). Mean PTA improved from 55 dB to 40 dB in dry ears and from 64 dB to 43 dB in wet ears, showing significant postoperative hearing gain in both groups. The use of temporalis fascia myringoplasty achieves excellent graft uptake and hearing improvement in both dry and wet ears, and minimal discharge at the time of surgery does not adversely affect outcomes. Therefore, a wet ear should not preclude tympanoplasty.

Keywords: Chronic otitis media · Myringoplasty · Temporalis fascia graft · Tympanoplasty · Dry ear · Wet ear

Biography

As an ENT surgeon and Ex Senior Resident at MGIMS Sevagram, Wardha, I combine strong clinical judgment with a patient-oriented approach to deliver exceptional head and neck care. My medical journey began with an intensive internship at GMC Nagpur and Akola, followed by vital frontline service as a Medical Officer managing busy outpatient flows during the COVID-19 pandemic.

During my MS-ENT residency at MGIMS, I gained extensive surgical exposure, including a specialized 45-day neurosurgery posting where I independently performed craniotomies. I have since built a robust surgical repertoire, mastering conventional and endoscopic tympanoplasties, septoplasties, and fracture repairs. Actively engaged in academic medicine, I presented research at MENTCON 2023 and successfully defended my MUHS-approved thesis on myringoplasty. Today, I thrive in high-stress environments, balancing active surgical practice and outpatient care while mentoring the next generation of junior residents and interns.

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Rosana Queiroz

Doctor By Program in Otorhinolaryngology and Head and Neck Surgery at UNIFESP - EPM. São Paulo- Brazil. José Ricardo Gurgel Testa - Adjunct Professor of Pediatric. Otorhinolaryngology at UNIFESP-EPM- São Paulo- Brazil

Study of changes in the facial framework in patients with congenital or acquired facial paralysis during growth, through the Functional Matrix theory

Facial growth is the result of a complex combination of genetic and acquired factors. Several studies indicate that the quality of mechanical stimuli generated during functional activities can significantly influence craniofacial morphology. Studies in animals and one study in humans investigated and concluded that, in humans with congenital or childhood-acquired facial paralysis, changes in the facial framework occurred, corresponding to what occurred in animals with apparent induced paralysis. CT scan measurements in humans showed one measurement related to the midface region and seven measurements related to the mandible. Observing the measurements obtained from the cited study, we made comparisons with the literature referring to the Functional Matrix Theory, relating one to the possible altered matrix due to lack of innervation. Considering that the musculature innervated by the facial nerve has a close relationship with the dermis through a superficial musculoaponeurotic system and entheses, we observed that a search for reorganization of these tissues occurred. However, this demand occurs asynchronously. On the paralyzed side, the absence of traction in the functional periosteal matrix—particularly in the ramus region—resulted in an anomalous form characterized by a compensatory increase in the mandibular body. In contrast, the healthy side showed greater traction in the ramus, possibly due to a lack of contralateral muscular opposition, or one that altered its dimensions. We conclude, therefore, that the interconnection through the fascia and entheses, under completely unsystematic muscular recruitment, subverts the orientation of growth, culminating in an altered skeletal conformation.

Keywords: rehabilitation, growth, Facial Paralysis,

Biography

Dr. Rosana Queiroz is a Dental Surgeon specializing in Functional Orthopedics of the Maxillofacial region. She holds a PhD in Health Sciences and has postgraduate training in Otorhinolaryngology. Her professional and research interests focus on craniofacial development, functional jaw orthopedics, and the relationship between oral health, facial growth, and airway-related conditions. She contributes to advancing knowledge in multidisciplinary approaches to maxillofacial and healthcare sciences.

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Dr Dianne Hayter

House of Lords, United Kingdom

The UK attempt to legislate for Assisted Dying: why it failed and why it might yet succeed

The UK Parliament has tried to legislate for assisted dying on a number of occasions, most recently with a Private Member's Bill starting in the House of Commons, which was scrutinised for over 100 hours before being passed by a majority of elected MPs and then sent to the House of Lords for further scrutiny and possible amendment. Like all matters of conscience (capital punishment, abortion) such legislation is always led by an individual MP rather than being a government bill. Unfortunately from my position (as someone in favour) the Bill was completely stalled in the Lords by a minority of Peers fundamentally against the principle of the Bill – in defiance of our normal way of working (which is to accept that the elected House should decide whether it wants a particular bill, and we just try to amend it to make it more workable). Opponents tabled an unprecedented 1,000 amendments to the Bill and then spoke at such length on every occasion that we ran out of parliamentary time. The presentation will look at the sort of changes made in the Commons, including on the role of Judges, or medical professions in agreeing to allow an assisted dying to take place, as well as why a change in the law is so needed. It will then examine the opponents attempts to kill the bill in the Lords, the types of arguments used, and the procedural devices employed. It will also touch on public support for the measure as well as the particular role of the church.

Biography

Baroness Dr Dianne Hayter is a senior member of the UK House of Lords, with a background in running not-for-profit organisations (including Alcohol Concern and the Pelican Cancer Charity) and in consumer affairs. She was a Member of the National Patient Safety Agency and of the Board of the National Consumer Council, Chair of the Legal Services Consumer Panel, Vice Chair of the Financial Services Consumer Panel, and Director of Corporate Affairs at the Wellcome Trust. She currently chairs the Lords Industry and Regulation Select Committee, and The Property Standards Board. She has a PhD in history and is the author of various books, pamphlets and articles.

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Prof. Pawel Szycha, MD PhD DSc

PlasticSurgery.Pl by Prof. Pawel Szycha, Sopot, Poland

Natural Dorsum in Rhinoplasty: A Preservation Push-Up Approach to Beautiful, Unoperated Results

Achieving a natural-looking nasal dorsum remains one of the primary goals—and greatest challenges—of modern rhinoplasty, particularly in patients requiring dorsal augmentation or revision surgery. Traditional graft-based techniques, while effective in restoring structure, may lead to stiffness, contour irregularities, or an “operated” appearance that patients increasingly wish to avoid. This presentation introduces a preservation-oriented push-up approach to dorsal augmentation, designed to enhance nasal projection and function while maintaining the integrity of native anatomical structures. The technique is based on controlled elevation and repositioning of the middle vault, preserving key elements such as the upper lateral cartilages and keystone area, and minimizing the need for extensive grafting. In more complex or revision cases, a modified extended dorsal split variation allows for precise correction of deformities and improved adaptability to altered anatomy. Clinical outcomes demonstrate significant improvement in nasal airflow alongside smooth, natural dorsal aesthetic lines and high patient satisfaction, reflecting the growing demand for subtle, individualized results. By prioritizing anatomical preservation and structural balance, this approach reduces morbidity and enhances long-term predictability. The preservation push-up concept represents a shift toward a more refined philosophy in rhinoplasty—one that focuses not only on correction, but on achieving beautiful, harmonious, and unoperated outcomes tailored to each patient.

Keywords: Rhinoplasty, Natural dorsum, Preservation rhinoplasty, Push-up technique, Dorsal augmentation, Revision surgery

Biography

Prof. Paweł Szycha is a Professor of Medical Sciences and board-certified plastic surgeon specializing in advanced rhinoplasty and aesthetic surgery. He is internationally recognized for his work in preservation rhinoplasty and precision-based techniques integrating modern imaging and surgical planning. He has authored over 60 peer-reviewed publications with a cumulative Impact Factor exceeding 60 and has presented at leading international congresses including ASPS, EURAPS, and ISAPS. His clinical work focuses on achieving natural, long-lasting outcomes through anatomy-driven approaches. He is an active member of ASPS and ISAPS and serves on editorial boards of scientific journals.

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Dr. S. Müller-Hagedorn

Necker University Hospital, France

Orthodontic Perspectives in the Interdisciplinary Management of Pediatric Obstructive Sleep Apnea

Orthodontic Perspectives in the Interdisciplinary Management of Pediatric Obstructive Sleep Apnea

Pediatric obstructive sleep apnea (OSA) is a highly prevalent, multifactorial, and often underdiagnosed condition with significant consequences for cognitive and behavioral development. Early detection and timely multidisciplinary interventions are essential, particularly in children with craniofacial anomalies or syndromes associated with increased OSA risks, to prevent long-term complications. The orthodontists' role in the interdisciplinary management of pediatric OSA, focusing on early screening for craniofacial risk factors and implementing interceptive orthodontic interventions that support favorable airway development and growth modulation is explored. Through early and frequent interaction with pediatric patients, orthodontists are well-positioned to identify clinical signs of airway-related abnormalities and craniofacial risk factors such as mandibular and maxillary retrognathism, maxillary constriction, and high-arched palatal vaults. Orthodontic interventions such as rapid maxillary expansion (RME), mandibular advancement, and myofunctional therapy may improve airway patency in selected cases. These approaches should be coordinated and integrated within the multidisciplinary team, including orthodontists, pediatricians, sleep specialists, ENT specialists, and speech-language pathologists. Furthermore, caregivers' involvement and patients' compliance are keys to success. Despite encouraging clinical observations, current evidence is limited by heterogeneity and a lack of long-term outcome data. Future research should prioritize well-designed prospective trials, explore the effectiveness of combined therapeutic strategies, and support the development of standard diagnostic protocols. Equally important is a stronger focus on early diagnosis and preventive measures to enhance patient outcomes and long-term treatment strategies. Integrating orthodontists into early OSA care is essential for optimizing outcomes and reducing long-term morbidity.

Biography

Dr. Silvia Müller-Hagedorn is an orthodontic specialist affiliated with the Pediatric Maxillofacial and Plastic Surgery Unit at Necker University Hospital (AP-HP), Paris, France, and the Department of Orthodontics at the Medical Center – University of Freiburg, Germany. Her research focuses on craniofacial anomalies, pediatric orthodontics, airway development, and obstructive sleep apnea. She is an active researcher and contributor to international scientific conferences, with numerous publications in the fields of orthodontics and craniofacial medicine.

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**Abdul Wajid Khan Faisal^{1*} , Muhammad Faiq² ,
Sadia Nasim³ and Aqsa Anam⁴**

PIC, Pakistan

Acute rheumatic fever or rheumatoid arthritis? The role of hydroxychloroquine: a case report

Abstract and Aqsa Anam⁴ Background Rheumatic fever is endemic in our part of the world. Arthritis is the most common clinical presentation and is characteristically migratory in nature. Rheumatoid-like arthritis in acute rheumatic fever is not described in literature. Although arthritis is typically treated with nonsteroidal anti-inflammatory drugs, the role of hydroxychloroquine remains less well studied. Case presentation A 24-year-old Pakistani female individual presented with symmetrical polyarthritis involving the small joints of the hands along with morning stiffness. She was diagnosed with rheumatic heart disease in 2011, when she initially presented with arthritis and mild mitral regurgitation. On current evaluation, her echocardiography showed worsening heart disease, with severe mitral regurgitation, moderate aortic regurgitation, moderate tricuspid regurgitation, severe pulmonary hypertension, and good biventricular systolic function. Her antistreptolysin O titer and C-reactive protein levels were raised. She was started on nonsteroidal anti-inflammatory drugs but showed no response. The patient was referred to a rheumatologist and managed with immunosuppressive drugs, including hydroxychloroquine. Her arthritis settled, the aortic regurgitation regressed, and she was discharged in stable condition following mitral valve replacement. Features favoring rheumatic arthritis in this case included the presence of rheumatic heart disease, elevated antistreptolysin O titer, and response to benzathine penicillin. Features suggestive of rheumatoid arthritis included poor response to nonsteroidal anti-inflammatory drugs and the pattern of joint involvement (symmetrical polyarthritis of the small joints of the hands with morning stiffness). Group A streptococcal infection can trigger interleukin-1 beta-mediated granulocyte-monocyte colony-stimulating factor and interferon gamma + CD4 T cell expansion, mechanisms implicated in autoimmune disorders such as rheumatoid arthritis and systemic lupus erythematosus. Similarly, granulocyte-monocyte colony-stimulating factor plays an important role in the pathogenesis of rheumatic heart disease following acute rheumatic fever. Hydroxychloroquine suppresses granulocyte-monocyte colony-stimulating factor and may therefore be effective in these patients. Conclusion Immunosuppressive drugs may be beneficial in treating these patients, as they behave exactly the same way as patients of other autoimmune disorders. Streptococcus acts as a trigger for the activation of the immune system. The clinical picture can vary depending upon the immune response activated. Keywords Arthritis, Rheumatic fever, Hydroxychloroquine

Biography

Prof. Dr. Abdul Wajid Khan Faisal is a Professor of Cardiology at the Punjab Institute of Cardiology, Lahore, Pakistan. He is a qualified cardiologist with expertise in cardiovascular diseases, interventional cardiology, and cardiac care. His research interests include coronary artery disease, hypertension, and advanced cardiac interventions. He has contributed to scientific publications and clinical research in the field of cardiology.

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**Andrey R. Aleksandrov¹, Mikhail V. Agaltsov²,
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²*National Medical Research Center for Therapy and Preventive Medicine, Moscow, Russia*

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Positional Therapy for Obstructive Sleep Apnea in Otorhinolaryngology Practice: Clinical Experience and Applications

Obstructive sleep apnea (OSA) is a multidisciplinary problem of particular importance to otorhinolaryngology practice, since its underlying mechanism involves recurrent upper airway obstruction at the level of the retropalatal and retroglossal spaces, as well as other pharyngeal regions. In many patients, the severity of snoring and apneic events is influenced by body position during sleep. The supine position may increase the collapse of pharyngeal structures, leading to a position-dependent OSA phenotype. Therefore, positional therapy can be regarded as a non-invasive and personalized treatment approach for selected patients with sleep-disordered breathing, aimed at modifying body position during sleep. The aim of this work is to present clinical experience with the SoftSleep vibrotactile device (LLC SOFTSLEEP, Moscow, Russia) as a positional therapy approach for OSA. The device is worn on the chest with a textile strap, monitors body position during sleep, and provides a gentle vibrotactile stimulus when the patient assumes the supine position, promoting a transition to a lateral sleeping position without causing full awakening.

In a pilot study of 35 healthy volunteers, the device reduced supine sleep from 57.24% to 6.92% without affecting total sleep duration. In a clinical cohort of 10 patients with mild and moderate position-dependent OSA, SoftSleep reduced supine sleep time to less than 10% of total sleep duration and was associated with a 7- to 8-fold decrease in apnea-hypopnea index; in mild OSA cases, AHI decreased to zero events per hour.

These findings indicate that vibrotactile positional therapy may complement otorhinolaryngology practice in the management of snoring and position-dependent OSA, especially in mild-to-moderate cases and in patients with poor tolerance of, or low adherence to, other treatments.

Keywords: obstructive sleep apnea, position-dependent sleep-disordered breathing, positional therapy, apnea-hypopnea index, vibrotactile device

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Biography

Andrey R. Aleksandrov is a biomedical engineer and researcher specializing in wearable medical technologies, sleep monitoring, and digital approaches to sleep-disordered breathing. He is involved in the development and clinical evaluation of SoftSleep, a vibrotactile device for positional therapy in obstructive sleep apnea. In collaboration with colleagues from the National Medical Research Center for Therapy and Preventive Medicine, he conducts research in sleep medicine and works on the development and validation of screening systems for somnology. His interests include biomedical signal processing, wearable sensors, medical device validation, and translation of engineering solutions into clinical practice.

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Gibson N¹ (Presenting author), Jonckers P², Lee L², Davis K², Nkulikiyinka P², Sweetman D², Patel N¹

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Development of a Multiplayer Serious-Game Simulator for Crisis Resource Management During Catastrophic Events in Transoral Robotic Surgery

Background

Catastrophic airway emergencies during transoral robotic surgery (TORS), including airway fires and major haemorrhage, are rare but potentially fatal events requiring rapid multidisciplinary coordination and effective non-technical skills. Existing surgical simulation platforms predominantly focus on technical skill acquisition and individual task performance, with limited emphasis on communication, teamwork, and crisis resource management within robotic ENT surgery.

Aim

To develop and evaluate the feasibility of a multiplayer serious-game simulation platform designed to facilitate non-technical skills training during catastrophic TORS emergencies.

Methods

A multiplayer desktop-based simulation platform was developed using Unity™ to recreate a robotic operating theatre environment. Playable roles included surgeon, scrub nurse, anaesthetist, anaesthetic assistant, and nurse runner, alongside a game-master training role. The prototype simulated airway fire management during TORS, requiring coordinated task completion, communication, and decision-making under time pressure. Design principles incorporated gamification, forced task interdependence, realistic operating room layouts, ambient audio, and role-specific interactions to enhance immersion and teamwork. Iterative development was performed in collaboration with an ENT surgeon experienced in robotic head and neck surgery.

Results

A functional multiplayer prototype supporting remote participation and real-time interaction between team members was successfully developed. The platform incorporated dynamic scenario control, task sequencing, oxygen/fire physiology systems, and role-dependent interactions. Stakeholder feedback highlighted the perceived educational potential of adjustable scenario difficulty and multidisciplinary interaction within the simulation environment.

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Conclusion

This project demonstrates the feasibility of a multiplayer serious-game platform for simulating catastrophic robotic airway emergencies and facilitating non-technical skills training in ENT surgery. Further work is required to evaluate educational validity, user acceptability, and objective impact on teamwork and crisis management performance.

Keywords: Transoral Robotic Surgery; Robotics; Simulation Training; Airway Management; ENT education

Biography

Dr. Niamh Gibson is a healthcare professional affiliated with Southampton General Hospital, UK. She is involved in clinical practice and medical research, contributing to advancements in patient care and healthcare innovation. Her work focuses on improving clinical outcomes through evidence-based approaches and multidisciplinary collaboration.

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Leo DeRaeve, Marinela-Carmen Cumpăt, Aimée van Loo, **Isabel Monteiro Costa**, Maria Assunção, João Canossa Dias, Cristian Mârt, Bogdan Cavaleriu, Alois Ghergut, Alexandra Maftei, Ovidiu-Cristian Tudorean, Luminita Rădulescu, Corina Butnaru, Roxana Serban, Tatiana Meriacre

Universidade of Aveiro, Portugal

Quality Standard for Rehabilitation of Young Deaf Children Receiving Cochlear Implants

Background and objectives

More and more children with severe-to-profound hearing loss are receiving cochlear implants (CIs) at an early age to improve their hearing and listening abilities, speech recognition, speech intelligibility, and other aspects of spoken language development. Despite this, the rehabilitation outcomes can be very heterogeneous in this population, not only because of issues related to surgery and fitting or the specific characteristics of the child with his/her additional disabilities but also because of huge differences in the quality of the support and rehabilitation offered by the therapist and the family. These quality standards for the rehabilitation of young deaf children receiving CIs are developed within the European KA202 Erasmus+ project “VOICE”—vocational education and training for speech and language therapists and parents for the rehabilitation of children with CIs, Ref. No.: 2020-1-RO01-KA202-080059.

Material and methods

To develop these quality standards, we used the input from the face-to-face interviews of 11 local rehabilitation experts in CIs from the four partner countries of the project and the outcomes of the bibliographic analysis of 848 publications retrieved from six databases: Pub Med, PsychInfo, CINAHL, Scopus, Eric, and Cochrane. Based on all this information, we created a first set of 32 quality standards over four domains: general, fitting, rehabilitation, and for professionals. Further on, the Delphi method was used by 18 international rehabilitation experts to discuss and agree on these standards.

Results

The results from the literature analysis and the interviews show us that more than 90% of the consulted international experts agreed on 29 quality standards. They focus on different aspects of rehabilitation: the multidisciplinary team, their expertise and knowledge, important rehabilitation topics to focus on, and programming issues related to rehabilitation.

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Conclusions

These equality standards aim to optimize the activity of speech rehabilitation specialists so that they reach the optimal level of expertise. Also presented is the necessary equipment for the IC team to carry out the rehabilitation sessions in good conditions. This set of quality standards can be useful to ensure the appropriate postoperative care of these children. As a result, the rehabilitation process will be more relaxed, and therapists will have the opportunity to focus more on the specific needs of each child, with the provision of quality services, which will result in better results. This theme is particularly complex and dependent on multifactorial aspects of medicine, education, speech therapy, social work, and psychology that are very intricate and interdependent.

Keywords: cochlear implants, language therapists, speech recognition, speech intelligibility, quality standards

Biography

Dr. Isabel Monteiro Costa is a researcher and healthcare professional from Portugal. Her work focuses on advancing scientific knowledge through research and academic contributions in her field. She is involved in professional and scientific activities aimed at promoting innovation, collaboration, and the advancement of healthcare and research.

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Professor Slavica Kozina

University of Split, Croatia

Quality of Life and Aesthetic Satisfaction in Patients Who Underwent the “Commando Operation” with Pectoralis Major Myocutaneous Flap Reconstruction—A Case Series Study

The “commando operation” is an extensive surgical procedure used to treat patients with oral squamous carcinoma and metastasis in the cervical lymph nodes. While the procedure can be curative, it is also very mutilating, which consequently has a major impact on the patient’s quality of life. Several studies showed that the procedure is associated with loss of certain functions, such as impairments in speech, chewing, swallowing, and loss of taste and appetite. Furthermore, some of these impairments and their degree depend on the reconstruction method. However, the data regarding the functional impairments and aesthetic results in patients who underwent the “commando operation” along with the pectoralis major myocutaneous flap reconstruction are still inconclusive. This study included 34 patients that underwent partial glossectomy, ipsilateral modified radical neck dissection, pectoralis major myocutaneous flap reconstruction, and adjuvant radiotherapy. A structured questionnaire was used to evaluate aesthetical results and functional impairments as well as to grade the level of satisfaction with the functional and aesthetic outcomes both by the patients and by the operator. Most of the patients stated that their speech (N = 33; 97%) and salivation (N = 32; 94.2%) severely changed after the operation and that they cannot chew (N = 33; 97%) and swallow (N = 33; 97%) the same as before the operation. Moreover, almost half of the patients (N = 16; 47%) reported that they have severe sleep impairments. However, only few of the included patients stated that they sought professional help regarding the speech (N = 4; 11.7%), eating (N = 5; 14.7%), and sleeping (N = 4; 11.7%) disturbances. Additionally, there was a statistically significant difference between the operator and the patients in the subjective assessment of the aesthetic results ($p = 0.047$), as operators gave significantly better grades. Our results imply that this procedure and reconstructive method possibly cause impairments that have an impact on the patients’ wellbeing. Moreover, our outcomes also suggest that patients should be educated and rehabilitated after the “commando operation” since most of them were reluctant to seek professional help regarding their impairments. Lastly, sleep deficiency, which was observed after the procedure, should be further explored.

Biography

Professor Slavica Kozina is an Associate Professor at the School of Medicine, University of Split, Croatia. She specializes in psychological medicine, with research interests in psychological trauma, mental health, communication in healthcare, and medical education. Professor Kozina has contributed extensively to multidisciplinary health sciences research and is actively involved in teaching, mentoring, and international scientific collaborations.

2nd World Congress of *Advances in Otorhinolaryngology and Head and Neck*

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Yasine Mirmozaffari

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Incidence of Occult Malignancy Diagnosed on Histopathology in Routine Adult Tonsillectomies

Objectives

To determine the contemporary prevalence of occult malignancy in adult tonsillectomy specimens, particularly in light of rising rates of human papillomavirus (HPV)-associated oropharyngeal squamous cell carcinoma (OPSCC), and to evaluate the implications for current histopathological examination protocols.

Methods

A retrospective chart review was conducted of all patients aged ≥ 18 years who underwent tonsillectomy at a tertiary care hospital and affiliated centers from January 1, 2018, to December 31, 2022. Pathology reports, clinical indications, demographic data, smoking history, HPV vaccination status, and p16 immunohistochemistry were reviewed. Surgical indications were classified as either benign (e.g., tonsillitis, OSA, and tonsillolithiasis) or suspicious for malignancy (e.g., tonsillar asymmetry, tonsillar mass, or concern for cancer); malignancy rates were compared between these two groups.

Results

Among 1580 adult tonsillectomy cases, 1529 (96.8%) underwent histopathological examination. Of these, 1328 were performed for benign indications. Two occult malignancies (0.15%) were detected in this group: one mantle cell lymphoma and one HPV-associated squamous cell carcinoma in a vaccinated 26-year-old female with no traditional risk factors. In contrast, malignancy was found in 32.8% ($n = 66/201$) of cases performed for suspicious indications, with squamous cell carcinoma predominating. p16 positivity was identified in 95.5% of HPV-associated OPSCCs. Smoking history and lack of HPV vaccination were significantly more common in patients with malignant pathology.

Conclusions

Although our findings align with previously reported incidence rates, they highlight the need for continued vigilance in histopathologic evaluation as HPV-related oropharyngeal cancer rates rise and patient risk profiles evolve.

Biography

Dr. Yasine Mirmozaffari is affiliated with the Department of Otolaryngology–Head and Neck Surgery at the University of North Carolina, USA. His academic and clinical interests focus on advancing research and knowledge in the field of otolaryngology, head and neck disorders, and related areas of patient care. He contributes to clinical research, education, and the advancement of innovative approaches in ear, nose, and throat (ENT) healthcare.

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Assessment of the Therapeutic Effect of Galvanic Vestibular Stimulation (GVS) and Virtual Reality (VR) on Bilateral Vestibular Hypofunction (BVH) and Intelligent Diagnosis

Objective

To verify the rehabilitative superiority of Galvanic Vestibular Stimulation (GVS) combined with Virtual Reality (VR) for low-frequency vestibular function in patients with Bilateral Vestibular Hypofunction (BVH) and to develop a Machine Learning (ML) model based on quantitative caloric test metrics for objective identification of vertigo status and therapeutic effect.

Methods

Forty BVH patients meeting inclusion criteria were randomly assigned to either GVS alone or GVS+VR. Both groups received 5 min of 600 μ A direct-current GVS; the experimental group simultaneously viewed a 9-min optokinetic VR scene. Pre- and post-stimulation Hallpike caloric tests recorded peak Slow Phase Velocity (SPV) for each ear. Six classic machine learning algorithms (Support Vector Machine, Decision Tree, Random Forest, K-Nearest Neighbors, Logistic Regression, XGBoost) were employed to evaluate the state of vertigo and the therapeutic effect.

Results

Before and after stimulation, the main effect of time was significant in both left and right SPV and overall functional scores ($p < 0.001$). The interaction effect of time $\times$ group was also significant, indicating that the combined intervention has a transient excitatory regulatory effect on vestibular function. ML was utilized for treatment outcome detection, with the random forest model performing the best.

Conclusion

Combined GVS and VR may produce an additive effect that acutely modulates low-frequency vestibular function in BVH patients. The caloric test based Random Forest model serves as an objective screening tool for vertigo, providing an algorithmic foundation for mobile health and tele-rehabilitation.

Keywords: Galvanic Vestibular Stimulation; Virtual Reality; Bilateral Vestibular Hypofunction; machine learning

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Biography

Obtained a PhD degree in Electrical Engineering. Mainly engaged in research on bioelectromagnetics and bioelectromagnetic technology, involving fields such as bioelectromagnetic functional imaging, intelligent medicine, and health engineering