Six years of evidence-based adult dissection tonsillectomy with ultrasonic scalpel, bipolar electrocautery, bipolar radiofrequency or 'cold steel' dissection.
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Source
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Abstract
OBJECTIVE:
To conduct an adequately powered, prospective, randomised, controlled trial comparing adult dissection tonsillectomy using either ultrasonic scalpel, bipolar electrocautery, bipolar radiofrequency or 'cold steel' dissection.

METHODS:
Three hundred patients were randomised into four tonsillectomy technique groups. The operative time, intra-operative bleeding, post-operative pain, tonsillar fossa healing, return to full diet, return to work and post-operative complications were recorded.

RESULTS:
The bipolar radiofrequency group had a shorter mean operative time. The mean intra-operative blood loss during bipolar radiofrequency tonsillectomy was significantly less compared with cold dissection and ultrasonic scalpel tonsillectomy. Pain scores were significantly higher after bipolar electrocautery tonsillectomy. Patients undergoing bipolar electrocautery tonsillectomy required significantly more days to return to full diet and work. The bipolar electrocautery group showed significantly reduced tonsillar fossa healing during the first and second post-operative weeks.

CONCLUSION:
In this adult series, bipolar radiofrequency tonsillectomy was superior to ultrasonic, bipolar electrocautery and cold dissection tonsillectomies. This method combines the advantages of 'hot' and 'cold' tonsillectomy.
Endocanalicular, high-pressure balloon catheter, endoscopic dacryocystorhinostomy: a randomized controlled trial.
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Abstract
OBJECTIVES:
To conduct a prospective randomized controlled study to investigate the safety and efficacy of endocanalicular, high-pressure, 5-mm balloon catheter, endoscopic dacryocystorhinostomy (DCR) in adult patients with acquired complete nasolacrimal obstruction.

STUDY DESIGN:
Prospective randomized controlled study.

SETTING:
General hospital.

SUBJECTS AND METHODS:
Sixty-six adult patients with a total of 70 procedures were recruited to undergo endoscopic DCR. They were prospectively, equally randomized into 2 groups: endocanalicular, high-pressure, 5-mm balloon catheter, endoscopic DCR (group I) and conventional endoscopic DCR (group II). Regular follow-up sessions were conducted to document the patient's subjective improvement, judge ostium patency on irrigation, and record any complications.

RESULTS:
Both groups demonstrated a success rate of 91.4%. There was a shorter mean operative time (25.7 minutes) in group I (P < .001). The number of adverse events was significantly higher in group II (P < .05). Group I showed statistically significantly more comfort during surgery under local anesthesia with minimal sedation (P < .05).

CONCLUSION:
Endocanalicular balloon catheter endoscopic DCR shares the advantages and success rate of conventional endoscopic DCR. In addition, the former is simpler, requires less manipulation, consumes a shorter operative time, has a better safety profile, and can be conducted under local anesthesia with minimal sedation.


Endoscopic assisted antral window approach for type III nasopharyngeal angiofibroma with infratemporal fossa extension.
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Abstract
OBJECTIVES:
To assess the efficacy and safety of endoscopic assisted antral window approach in advanced nasopharyngeal angiofibroma with infratemporal fossa extension.

MATERIALS AND METHODS:
Sixteen cases diagnosed as juvenile nasopharyngeal angiofibroma type III with infratemporal fossa extension were surgically managed using endoscopic assisted antral window approach (group A) and compared with another group of similar number that were managed using endoscopic assisted midfacial degloving (group B). Inclusion criteria were type III JNA with infratemporal fossa extension and a minimum follow-up of 2 years. Operative time, blood loss, adverse events and recurrences were recorded in all cases.

RESULTS:
The amount of blood lost in group A was significantly less than group B. The operative time of group A was significantly less than group B. No major complications were seen in both groups. Twenty-eight patients showed complete tumor clearance. Four recurrences were seen: two in group A and two in group B.

CONCLUSION:
Endoscopic assisted antral window approach provides a safe, reliable, effective and minimally invasive technique in management of type III JNA with infratemporal fossa extension. Preoperative embolization is a safe measure in the experienced hands that helps to reduce intraoperative blood loss and improves the quality of the surgical field.

Endoscopic dacryocystorhinostomy with double posteriorly based nasal and lacrimal flaps: a prospective randomized controlled trial.
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Abstract
OBJECTIVES:
To conduct the first prospective randomized controlled trial assessing and comparing the safety and efficacy of endoscopic dacryocystorhinostomy (DCR) with double posteriorly based nasal and lacrimal flaps to conventional endoscopic DCR in adult patients with acquired complete nasolacrimal obstruction.

SUBJECTS AND METHODS:
Seventy-four adult patients with a total of 80 procedures were recruited to undergo endoscopic DCR. They were prospectively equally
randomized into 2 groups: endoscopic DCR with flaps (group I) and conventional endoscopic DCR (group II). Regular follow-up settings were done to document the patient's subjective improvement, judge ostium patency on irrigation, and record any complications.

RESULTS:
Endoscopic DCR with flaps had a higher (92.1%) but nonsignificant difference in success rate when compared with conventional endoscopic DCR (87.4%). There was no significant difference between the 2 techniques in operative time, adverse events, and tolerability of the technique to be done under local anesthesia with minimal sedation. Group I demonstrated a significantly lower number of debridement sessions than did group II.

CONCLUSION:
Endoscopic DCR with double posteriorly based nasal and lacrimal flaps provides a viable alternative to conventional endoscopic DCR in managing acquired nasolacrimal duct obstructions in adults. It has a comparable success rate, operative time, and safety profile, with a suggestion of a better healing profile in terms of mucosal recovery, wound healing, and less need for debridement sessions.

Headscarf pin, a sharp foreign body aspiration with particular clinical characteristics.
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Abstract
The process of wearing head scarf is very complex; girls used to hold a number of pins in the mouth and utilize them one by one to fix the scarf. Loss of concentration results in pin aspiration. We presented our experience with scarf pin aspiration and discussed the unique clinical characteristics of this problem. We reviewed the records of 73 patients who underwent bronchoscopy for scarf pin inhalation during the period from January 1995 to May 2009. The following data were collected, history of aspiration, time lag before presentation, symptoms and signs, radiological findings, bronchoscopic findings, number of repeated bronchoscopy, complications, need for thoracotomy and time of discharge. All patients were female, mean age 13.4 years. The time lag before admission was <12 h for 59 (81%) patients. Positive history was present in all cases. Chest radiography identified the pins in all cases. The foreign bodies were seen in the left bronchial system in 37 (50.7%) patients, in the right bronchial system in another 24 (32.9%), and in the trachea in 12 (16.4%) patients. In 66 (90.4%) patients, the foreign body was removed in the first bronchoscopic trial; a second trial was needed in 5 (6.8%) patients, and thoracotomy was performed in two patients. In conclusion, head scarf pin aspiration occurs in adolescent Islamic girls. The clinical presentation and radiological findings are diagnostic in all cases. Rigid bronchoscopy is the preferred treatment modality.
Optimizing the surgical field in pediatric functional endoscopic sinus surgery: a new evidence-based approach.

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Abstract
OBJECTIVES: To conduct the first prospective randomized controlled study 1) evaluating the possibility of improving the quality of the operative field and to provide a bloodless functional endoscopic sinus surgery (FESS) in children through total intravenous anesthesia (TIVA) using remifentanil combined with propofol, and 2) testing the safety and efficacy of remifentanil in propofol-TIVA in inducing controlled hypotension in children at a target mean arterial blood pressure of 50 mm Hg.

SUBJECTS AND METHODS: Seventy children underwent FESS under hypotensive general anesthesia with equal randomization into two groups. Group I received TIVA with remifentanil, whereas group II had balanced anesthesia (BA) with esmolol. Heart rate, blood pressure, operative time, blood loss, and quality of the surgical conditions were recorded.

RESULTS: Intraoperative blood loss in the TIVA group was less than in the BA group. The quality and dryness of the surgical field in both the visual analogue scale and the six-point scale was significantly better in the TIVA group than in the BA group. Hypotension was sustained at the target mean arterial blood pressure of 50 mm Hg in the two groups, without any significant difference.

CONCLUSION: Improving the quality of the surgical field and providing a bloodless FESS in children is attainable with TIVA. TIVA using a combination of remifentanil and propofol is superior to BA, even with the use of additional potent hypotensive agents such as esmolol. Both techniques are safe and effective in inducing controlled hypotension in children at a
target mean arterial blood pressure of 50 mm Hg.


**Powered versus conventional endoscopic sinus surgery instruments in management of sinonasal polyposis.**

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**Abstract**

To conduct a prospective randomized controlled trial investigating the efficacy and safety of powered versus conventional endoscopic sinus surgery instruments in the management of sinonasal polyposis. Two hundred patients with sinonasal polyposis who failed conservative therapy were included in the study. They were equally randomized into powered and conventional instruments groups. A subjective visual analogue scale (VAS), endoscopic examination, saccharine clearance time and coronal CT were done preoperatively. Intraoperatively, the operative time, the surgical conditions and degrees of dryness of the operative field were carefully rated and recorded. Postoperatively, VAS, polyp grades, saccharine clearance time, the number of endoscopic debridement and time to mucosalization were recorded. Complications, smoothness of postoperative course were reported. Both groups experienced a significant improvement in the VAS with no statistically significant difference in symptom improvement between the two groups except for olfaction where there was significant improvement in the powered group. Similarly, the two groups demonstrated a significant improvement in the objective parameters including polyp grade and saccharine clearance time changes, but no significant difference between the two groups was found. The operative time as well as the surgical conditions and dryness of the operative field score were significantly better in the powered group. There was a tendency for improvement in the number of endoscopic debridement and time to mucosalization in powered group when compared to conventional instruments group, but this did not reach statistical significance. The incidence of postoperative synechiae was significantly lower in powered endoscopic group. Powered endoscopic sinus surgery offers a better therapeutic approach for patients with sinonasal polyposis when compared to endoscopic surgery with the conventional instruments. It provides a bloodless dry operative field with better visualization for a more precise, less traumatic procedure with minimal intraoperative complications and shorter operative time. Additionally, patients have a smoother postoperative course, less incidence of synechiae, with a tendency for a faster healing.