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BIOGRAPHY

P Hazarika Fellow of UICC is currently working as an otolaryngologist in NMC Specialty Hospital in Abu Dhabi, UAE. He is a former Professor and Head and Director of Post Graduate studies of the Department of Otorhinolaryngology in Kasturba Medical College, Manipal, India. He has 23 years of clinical teaching experience both at the undergraduate and postgraduate levels, with over 80 publications in various national and international journals. He was selected as international guest scholar by the American College of Surgeon in 1986 and has travelled widely to the US, Australia, UK, Malaysia, Switzerland and Mauritius on various fellowship programs. He has taken up an overseas assignment as a consultant and Head of the Department of ENT, Armed Forces Hospital in Kuwait. He was also Chairman of Editorial Board of Indian Journal of Otolaryngology from 1996 to 1999. He was appointed as external accessor by University of Malaya, Kuala Lumpur, Malaysia from August 2000-April 2005. He had done pioneering work in Surgical Rehabilitation of alaryngeal patients.

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MANAGEMENT OF JUVENILE NASOPHARYNGEAL ANGIOFIBROMA (JNA)

Objective: JNA is a histopathologically benign, highly vascular tumor and seen exclusively in adolescent males involving the nasopharynx, anterior skull base, pterygoid-infratemporal fossa and other areas. It comprises 0.05% of total head and neck tumors. This paper deals with the authors experience of 32 such cases treated between 1990–2006 and 2007-2011 in two different institutes. Ten different approaches have been designed and adopted with and without the use of laser.

Design: Depends exclusively on tumour extension. Advantages, disadvantages of these approaches and its role in complete removal and prevention of recurrences of these tumours will be discussed.

Materials & Methods: No. of cases (1990- 2006) - 31case and from (2007-2011) - 1 case, Mean age: 16.8 yr (Youngest 12 & oldest 35 yrs). Preoperative Embolization - 18 cases. Ten different approaches have been adopted. Transpalatal lateral rhinotomy:2, Midfacial degloving:5, Biller's lateral Rhinotomy:6, Craniofacial resection:3, Frontotemporal craniotomy:3, Endoscopic transnasal transpalatal:6, endoscopic approach with or without ECA clamping:5, Le Fort Type 1 osteotomy:2.

Result: All the approaches has given adequate exposure for complete excision excepting the one in craniofacial group where tumour could not be excised completely because of involvement of cavernous sinus. Paper will also highlights the Endoscopic and Le-Fort type 1 approach in tumours, involving the anterior skull base where the external incision can be avoided and same is greatly preferred by the patients.

Conclusion: Surgical excision of both nasopharyngeal, anterior skull base and extra nasopharyngeal JNA tumors almost always requires a combination of approaches. However, endoscopic assisted surgery with or without the use of laser for this type of skull base tumour may be going to be the preferred approach for many authors because of patient's compliance.