



نوزدهمین

کنگره بین المللی انجمن علمی جراحان
گوش، حلق، بینی و سر و گردن ایران

انجمن جراحان گوش و حلق و بینی:

امیر آباد شمالی، بالا تر از بلوار کشاورز کوچه صدوقی، پلاک 8

☎ ۰۲۱۶۶۴۲۷۵۱۹ ☎ ۰۹۱۹۱۲۳۹۴۶۰



دبیرخانه اجرایی: مرکز همایش های مهند:

☎ ۰۲۱۸۸۲۴۹۷۷۵ ☎ ۰۹۱۲۷۱۴۹۳۵۶ همهنگی نمایشگاه:



پیام کمیته راهبردی کنگره



دکتر حسام جهانیدیه

دکتر بیژن نقیب زاده

دکتر پیمان دبیر مقدم

همکاران عزیز با سلام

افتخار داریم که با یاری خداوند متعال «نوزدهمین کنگره انجمن علمی جراحان گوش، گلو، بینی و سر و گردن ایران» را در تاریخ‌های پنجم تا هفتم آذرماه ۱۴۰۴ در سالن همایش‌های بین المللی رازی تهران برگزار کنیم.

برنامه علمی این کنگره به موضوعات مرتبط با اتولوژی و نورواتولوژی، راینولوژی، جراحی قاعده جمجمه، جراحی پلاستیک صورت، حنجره، جراحی سر و گردن، خواب، گوش و حلق و بینی کودکان و سایر حوزه‌های مرتبط اختصاص یافته است. چارچوب برنامه‌ها در قالب keynote lectures، سخنرانی‌ها، پانل‌ها، میزگردها، کارگاه‌ها، instruction course، ارایه مقاله و پوستر و نمایش ویدیو خواهد بود و از سخنرانی‌های آفلاین اساتید خارجی نیز بهره خواهیم برد.

افتخار برنامه ریزی و اجرای این کنگره با دکتر بیژن نقیب‌زاده، دکتر پیمان دبیرمقدم و دکتر حسام جهانیدیه بوده است و کمیته برنامه ریزی علمی متشکل از دکتر علیرضا محبی، دکتر ابراهیم کریمی، دکتر جهانگیر قربانی و دکتر معصومه سعیدی هماهنگی برنامه‌ریزی این کنگره را به عهده داشته اند.

در این کنگره برنامه جانبی مجزایی برای دستیاران با عنوان Resident's Forum طرح‌ریزی شده است.

باعث افتخار ماست که از راهنمایی‌ها و پیشنهادهای شما عزیزان برای برگزاری بهتر این رویداد علمی بهره‌مند شویم.

حضور سبزان را در کنگره گرامی میداریم و امیدواریم مطالب علمی که طی این سه روز توسط اساتید برجسته کشور ارائه خواهد شد مورد توجه شما عزیزان و همکاران گرانقدر قرار بگیرد.

در پایان از حضور شرکتهای محترم تجهیزات پزشکی، دارویی و سایرین که با حضور خود باعث برپایی نمایشگاه باشکوه این کنگره گردیدند تشکر و قدردانی می گردد.

آینده روشن و پرفروغی برای جامعه جراحان گوش، گلو، بینی و سر و گردن ایران آرزو داریم.





دکتر حسام جهانیدیه



دکتر بیژن نقیب زاده



دکتر پیمان دبیر مقدم

اعضای کمیته برنامه ریزی



دکتر معصومه سعیدی



دکتر ابراهیم کریمی



دکتر جهانگیر قربانی



دکتر علیرضا محبی

دبیرخانه اجرایی مرکز همایش های مهناد

دکتر سیدجواد امامی زاده، دکتر ندا امین، سارا احمدی، آرزو جامجو، امیر خیر اندیش

با سپاس از همکاری

سیده مریم علوی - هدیه عنایت زاده - مصطفی عینی - حسن ساکت
دکتر فرزاد یادمهر - دکتر محمد سینا - دکتر امیر تبریزی - دکتر نیلوفر نوربان
دکتر میثم عبداللهی - دکتر محمدحسین حاجی ولیئی - دکتر حسین محمد ابراهیمی
دکتر مهدی دولتی - دکتر نیلوفر صولت - دکتر نرگس کلهر - دکتر علی چراغی
دکتر میثم افروز - دکتر محدثه میرشکار

شرکت آلمانت
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نوزدهمین

کنگره بین المللی انجمن علمی جراحان گوش، حلق، بینی و سر و گردن ایران



حامیان کنگره:



انجمن جراحان گوش و حلق و بینی:

امیر آباد شمالی، بالا تر از بلوار کشاورز کوچه صدوقی، پلاک 8

۰۹۱۹۱۲۳۹۴۶۰ ☎ ۰۲۱۶۶۴۲۷۵۱۹



دبیرخانه اجرایی: مرکز همایش های مهنا:

۰۹۱۲۷۱۴۹۳۵۶ ☎ ۰۲۱۸۸۲۴۹۷۷۵



نوزدهمین

کنگره بین المللی انجمن علمی جراحان
گوش، حلق، بینی و سر و گردن ایران

Day
1



روز اول چهارشنبه ۵ آذر ۱۴۰۴

مرکز همایش های بین المللی رازی

روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن اصلی		
ساعت	هیات رئیسه: دکتر محمدتقی خرسندی - دکتر محمد فرهادی دکتر مهدی خواجوی	
۷:۳۰-۷:۴۵	What makes a great face lift?	Dr. Samuel Matin
۷:۴۵-۸:۰۰	20 years of laryngeal surgery: challenges and perspective	Dr Peyman Dabirmoghaddam
۸:۰۰-۸:۱۵	Stapedectomy complications: Prevention	Dr. Masood Motassadi
۸:۱۵-۸:۳۰	Revision FESS	Dr. Moosa Sadrhosseini
۸:۳۰-۹:۱۵	افتتاحیه دکتر محمد رییس زاده ، رئیس کل سازمان نظام پزشکی دکتر بیژن نقیب زاده (رئیس کنگره) دکتر احمد دانشی (رئیس انجمن) دکتر حسام جهاندیده (دبیر کنگره) دکتر پیمان دبیر مقدم (دبیر کنگره)	
۹:۱۵-۱۰:۰۰	استراحت، پذیرایی و بازدید از نمایشگاه	



روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن اصلی

هیات رئیسه: دکتر کوروش یزدانفر - دکتر محمد صادقی

Applicant	Title	ساعت
Dr. Mohsen Naraghi	Non surgical rhinoplasty: pearls and avoidance of complications	۱۰:۰۰-۱۰:۱۵
Dr. Hesam Jahandideh	7 practical takeaways in rhinoplasty	۱۰:۱۵-۱۰:۳۰
Dr Alireza Movahedi	Deviated nose	۱۰:۳۰-۱۰:۴۵
Dr. Shaheen Abdollahi	Unilateral cleft lip nose deformity	۱۰:۴۵-۱۱:۰۰
Dr. Ardavan Tajeddini	Medpore problem in secondary rhinoplasty	۱۱:۰۰-۱۱:۱۵
Dr. Saeed Atighechi	Dorsal preservation in wide non-humpy nose	۱۱:۱۵-۱۱:۳۰
Dr. Mohammadreza Nazari	Low septal strip dorsal preservation	۱۱:۳۰-۱۱:۴۵
Dr. Farzan Rezaee	SPAR-b concept in preservation rhinoplasty	۱۱:۴۵-۱۲:۰۰
Dr. Masoud Jafaripoor	Fat injection	۱۲:۰۰-۱۲:۱۵
Dr. Samuel Matin	Forehead reduction	۱۲:۱۵-۱۲:۳۰

روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن ۲ (سالن گوش)

هیات رئیسه: دکتر سعید الله نوحی - دکتر مسعود متصدی

Applicant	Title	ساعت
Dr. Behrooz Amirzargar	Temporal Bone Truama	۱۰:۰۰-۱۰:۱۵
Dr. Pedram Borghei	OCR in Tymapnomastoidectomy	۱۰:۱۵-۱۰:۳۰
Dr. Nasrin Yazdani	PRP in tympanoplasty	۱۰:۳۰-۱۰:۴۵
Dr. Hamidreza Abtahi	Hearing restoration procedures in pediatric	۱۰:۴۵-۱۱:۰۰
Dr. Mohammad Ajallouian	OCR outcomes following cartilage Vs syntethic materials	۱۱:۰۰-۱۱:۱۵
Dr. Mahtab Rabbani	sigmoid sinus dehisency and pulsatile tinnitus	۱۱:۱۵-۱۱:۳۰
Dr. Behrooz Barati	IT Dexamethason injection in SOM	۱۱:۳۰-۱۱:۴۵
Dr. Hamed Emami	Endoscopic ear surgery	۱۱:۴۵-۱۲:۰۰
Dr. Mojtaba.Mohammadi Ardehali	Auricular Reconstruction in Truma	۱۲:۰۰-۱۲:۱۵
Dr.Maryam Eslamipناه	Temporal bone fibrous dysplasia	۱۲:۱۵-۱۲:۳۰
نماز و ناهار		۱۲:۳۰-۱۳:۳۰

روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن ۳ (سالن سینوس)

هیات رئیسه: دکتر حمید رضا باقری

Applicant	Title	ساعت
Dr.Hamidreza Bagheri	Atrophic Rhinitis and Empty Nose Syndrome	۱۰:۰۰-۱۰:۱۵
Dr.Afsoon Zandi	Endotype Based Treatment of CRS	۱۰:۱۵-۱۰:۳۰
Dr. Gholamreza Bayazian	Patient Selection for Palatal Surgery	۱۰:۳۰-۱۰:۴۵
Dr.Saleh Mohebbi	Principles of the Surgical Management of Malignant Sinonasal Tumors	۱۰:۴۵-۱۱:۰۰
Dr.Mojtaba Ardehali	Open Approaches in Frontal Sinus Surgery	۱۱:۰۰-۱۱:۱۵
Dr. Fatemeh Mohammadi	Interpretation of Sleep Tests	۱۱:۱۵-۱۱:۳۰
Dr. AliAsghar Zolfaghari	Common Mistakes in Rhinology	۱۱:۳۰-۱۱:۴۵
Dr. Nader Akbari	Anatomical Basis of Anterior Skull Base Approaches	۱۱:۴۵-۱۲:۰۰
Dr. Leila Emami	Pharmacotherapy in OSA	۱۲:۰۰-۱۲:۱۵
Dr. Zahra Rastgar	Cough and rhinology	۱۲:۱۵-۱۲:۳۰
نماز و ناهار		۱۲:۳۰-۱۳:۳۰

روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن ۴ (سالن سر و گردن)

هیات رئیسه: دکتر بیژن خادمی - مسعود کاظمی

Applicant	Title	ساعت
Dr. Mirzadeh	Laryngopharyngeal Reflux: Diagnostic Challenges and Therapeutic Approaches	۱۰:۰۰-۱۰:۱۵
Dr. Danesh	RRP: New Insights in Clinical Management	۱۰:۱۵-۱۰:۳۰
Dr. Ghabasiah	Clinical Management of Unilateral Vocal Fold Paralysis: Diagnostic Advances and Therapeutic Strategies	۱۰:۳۰-۱۰:۴۵
Dr. Mahdiah Mohebbi	Bilateral Vocal Fold Paralysis: Challenges in Airway Management	۱۰:۴۵-۱۱:۰۰
Dr. Hadi Sharooni	Airway Management in Laryngeal Trauma: Clinical Protocols and Decision-Making	۱۱:۰۰-۱۱:۱۵
Dr. Yoosefi	Spasmodic Dysphonia: Diagnostic Differentiation and Botulinum Toxin Therapy	۱۱:۱۵-۱۱:۳۰
Dr. Ayda Sanai	Premalignant Laryngeal Lesions: Diagnosis, Risk Stratification, and Management Strategies	۱۱:۳۰-۱۱:۴۵



Dr. Ehsan Khadivi	Transoral Laser Microsurgery in Benign Laryngeal Lesions: Clinical Outcomes and Voice Preservation	۱۱:۴۵-۱۲:۰۰
Dr. Vita Derakhshandeh	Differential Diagnosis of Congenital Pediatric Airway Disorders Based on Clinical Symptoms	۱۲:۰۰-۱۲:۱۵
Dr. Ali Alizadeh	Voice Rehabilitation After Total Laryngectomy: Current Techniques and Clinical Outcomes	۱۲:۱۵-۱۲:۳۰
نماز و ناهار		۱۲:۳۰-۱۳:۳۰

روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن ۵ (جانبی)

Free Papers Appendix 1

هیات رئیسه: دکتر علی ولی کوهی

Alireza Rezayi -Soufiani	Effect of Platelet-Rich Fibrin on Mucosal Healing and Postoperative Complications Following Endoscopic Sinus Surgery: A Randomized Clinical Trial	۱۰:۰۰-۱۰:۱۰
Mojtaba Meybodian	The relationship between depth of invasion and cervical lymph node metastasis in patients with laryngeal squamous cell carcinoma	۱۰:۱۰-۱۰:۲۰
Amirhossein Babaei	Assessing the Effectiveness of Bupivacaine for Managing Pain Post-Rhinoplasty: A Triple-Blinded Controlled Clinical Trial	۱۰:۲۰-۱۰:۳۰
Shadman Nemati	Phage and Endolysin Therapy Against Antibiotics Resistant Bacteria: From Bench to Bedside	۱۰:۳۰-۱۰:۴۰
Alireza Shahriari	Comparative Mortality and Risk Analysis in Mucormycosis Cases: Pre-Pandemic Versus COVID19- Association	۱۰:۴۰-۱۰:۵۰
Amir Tabrizi	Cerebrospinal fluid leakage following rhinoplasty, septoplasty or septorhinoplasty: A case series study with a comparison to the previously published literature	۱۰:۵۰-۱۱:۰۰
Farzin Davoodi	Atypical Region of glomus tumor: nasal dorsum	۱۱:۰۰-۱۱:۱۰
Mohammad Pourfridoni	Sonodynamic Therapy for Malignant Skull Base and Brain Tumors: A Systematic Review of Potential and Challenges	۱۱:۱۰-۱۱:۲۰
Maryam Roomiani	Comparison of Aesthetic Outcomes of Continuous and Interrupted Suture Techniques in Rhinoplasty for Nasal Alar Reduction Surgery	۱۱:۲۰-۱۱:۳۰

Parisa Damirchi	A Case Series of Delayed Nasal Tip Swelling in Female Rhinoplasty Patients Post-COVID19-Infection or Vaccination	۱۱:۳۰-۱۱:۴۰
Asghar Memarzadeh	Indication use's rhinomanometry in rhinoplasty at long term	۱۱:۴۰-۱۱:۵۰
Afroz Eshaghian	Comparison of neutrophil to lymphocyte ratio and platelet to lymphocyte ratio in two groups of patients with benign and malignant salivary gland tumors	۱۱:۵۰-۱۲:۰۰
Esfandiar Jalilzadeh	Plasma Therapy: Correcting Unwanted Outcomes After Nasal Surgery	۱۲:۰۰-۱۲:۱۰
Seied-Reza Seied-Mohammad-Doulabi	A New Method for Symmetrical Nasal Tip Plasty: The Role of the Location and Caudal Relations	۱۲:۱۰-۱۲:۲۰
Samad Ghiasi	Diagnosis and management of the lower lateral cartilage malposition	۱۲:۲۰-۱۲:۳۰

روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن اصلی

Panel		
Challenges in preservation rhinoplasty	Panel Moderator: Dr. Babak Saedi Members: Dr. Farid Fereydooni Dr. Mohammadreza Nazari Dr. Shahin Bastaninejad Dr. Mohammad Naeemi Dr. Ali Aalizadeh Dr. Hesam Jahandideh	۱۳:۳۰-۱۵:۳۰
استراحت، پذیرایی و بازدید از نمایشگاه		۱۵:۳۰-۱۶:۰۰
هیات رئیسه: دکتر بهزاد پوستی- دکتر محمد رضا فتح العلومی		
Dr. Mehran Doghaee Moghaddam	Deviated nose and preservation rhinoplasty	ساعت ۱۶:۰۰-۱۷:۳۰ ۱۶:۰۰-۱۶:۱۵
Dr. Maryam Roomiani	Rib cartilage: Balancing safe harvest with alternative grafting	۱۶:۱۵-۱۶:۳۰
Dr. Delaram Jaan	Rib cartilage harvest : from Pre-Op finding to ideal rib selection	۱۶:۳۰-۱۶:۴۵
Dr. Ali Goljanian	Scroll reconstruction versus no repair	۱۶:۴۵-۱۷:۰۰
Dr. Arefeh Heydati	How to avoid External valve problem	۱۷:۰۰-۱۷:۱۵
Dr. Manoochehr Fazeli	Case presentation cleft nose reconstruction	۱۷:۱۵-۱۷:۳۰



روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن ۲ (سالن گوش)

Panel		
Tympanoplasty Challenges	Panel Moderator: Dr Ali Koochi Members: Dr. Mohammadtaghi Khorsandi Dr. Hamed Emami Dr. Mohammad Mohseni Dr. Saman Rezaeian Dr. Behrooz Barati	۱۳:۳۰-۱۵:۳۰
استراحت، پذیرایی و بازدید از نمایشگاه		۱۵:۳۰-۱۶:۰۰
هیات رییس: دکتر رسول کمالی - دکتر علیرضا کریمی یزدی		
Dr. Yalda Izadparast	Musculoskeletal causes of ear problems	۱۶:۰۰-۱۶:۱۵
Dr. Maryam Alipoor	Complications of otoplasty management	۱۶:۱۵-۱۶:۳۰
Dr. Maryam Sadeghi Jam	Clinical Challenges in Hearing Aid Prescription	۱۶:۳۰-۱۶:۴۵

روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن ۳ (سالن سینوس)

Panel		
Pitfalls in diagnosis and treatment of CRS and polyposis	Moderator: Dr. Ali Safavi Members: Dr. Morteza Fallahpoor Dr. Mohammadali Kazemi Dr. Shirin Irani Dr. Mostafa Hashemi Dr. Shahin Rajaieh Dr. Nader Akbari Dr. Ali Karimian Dr. Ali Goljanaian	۱۳:۳۰-۱۵:۳۰
استراحت، پذیرایی و بازدید از نمایشگاه		۱۵:۳۰-۱۶:۰۰
هیات رییس: دکتر موسی صدر حسینی		
Video presentation Dr. Moosa Sadrhosseini	Frontal Sinus Surgery	۱۶:۰۰-۱۷:۳۰

روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن ۴ (سالن سر و گردن)

Panel		
Multidisciplinary Management of Airway Stenosis: From Diagnosis to Reconstruction	Panel Moderator: Dr. Aslan ahmadi Members: Dr. Peyman Dabirmoghaddam Dr. Saeed Sohrabpoor Dr. Keyvan Aghazadeh Dr. Ayda Sanaii Dr. Pooya Derakhshan Dr. Mohammadbehgam Shadmehr	۱۳:۳۰-۱۵:۳۰
استراحت، پذیرایی و بازدید از نمایشگاه		۱۵:۳۰-۱۶:۰۰
هیات رئیسه: دکتر علیرضا موحدی		
Dr. Markus Hess (video)	MtF surgery - Voice feminization with Glottoplasty	۱۶:۰۰-۱۶:۱۵
Dr. Ali Safavi	Tracheostomy and Postoperative Care: Clinical Guidelines and Practical Challenges	۱۶:۱۵-۱۶:۳۰
Dr. Mahdiah Mohebbi Dr. Pegah Alizadeh	Laryngeal Injections: Techniques and Applications	۱۶:۳۰-۱۶:۴۵

روز اول، چهارشنبه ۱۴۰۴/۰۹/۰۵ سالن ۵ (جانبی)

Free Papers Appendix 1

هیات رئیسه: دکتر محمودرضا طاهری

Fateme Nasereslami	Association Between the Nasal Septal Deviation and Palatal Measurements in Terms of Age, Gender and Position: A Cone-Beam Computed Tomography Study	۱۳:۳۰-۱۳:۴۰
Saber Jazinizadeh	Comparison of the Effect of the Jaw Thrust Maneuver, Chin Lift, Head Rotation, and Tongue Protrusion on the Obstruction of Different Levels of the Upper Airway During the Drug-Induced Sleep Endoscopy: A Cross-Sectional Study	۱۳:۴۰-۱۳:۵۰
Mahboobeh Karimi-Galougahi	Double-Tunnel Creation in Mucoperichondrial-Mucoperiosteal Septal Flap to Preserve the Sagittal Stability of Dorsal Components in Rhinoplasty	۱۳:۵۰-۱۴:۰۰
Seyyedeh Maryam Khoddami	Psychometric Features of Reflux Symptom Score12-: A standard scale for Evaluation of Laryngopharyngeal Reflux Disease in Persian	۱۴:۰۰-۱۴:۱۰



Afrooz Eshaghian	Evaluation of the Relationship Between the Interval from Surgery to Radiotherapy and Prognosis in Head and Neck Tumors in Isfahan	۱۴:۱۰-۱۴:۲۰
Sara Naaviazdeh	The relationship between cleft palate repair technique and audiological outcomes: A retrospective cohort study	۱۴:۲۰-۱۴:۳۰
Sepideh zoafa	Topical Dexamethasone During Stapedotomy in Patients with Otosclerosis: A Randomized Clinical Trial	۱۴:۳۰-۱۴:۴۰
Atieh Yami	Challenges in Audiogram Interpretation by Otolaryngologists: A Systematic Review	۱۴:۴۰-۱۴:۵۰
Shima soleimani	Vitamin D and Laryngeal Cancer	۱۴:۵۰-۱۵:۰۰
Seyyede Maryam Khoddami	Effectiveness of Semi-Occluded Vocal Tract Exercises in patients with Primary Muscle Tension Dysphonia: A Randomized Controlled Trial	۱۵:۰۰-۱۵:۱۰
Mojtaba Meybodian	Involvement of Level 1 A Neck Lymph Nodes in Squamous Cell Carcinoma of the Tongue	۱۵:۱۰-۱۵:۲۰
Shadman Nemati	White matter lesions in brain MRI and cardiovascular risk factors in sudden sensorineural hearing loss patients: A comparative study	۱۵:۲۰-۱۵:۳۰
Ehsan Amirizad	Practical Decision-Making for Septal Perforations in Rhinoplasty	۱۵:۳۰-۱۵:۴۰
استراحت، پذیرایی و بازدید از نمایشگاه		۱۵:۳۰-۱۶:۰۰
Dr.Mohsen Naraghi	Objective Airway Measurements By Rhinometry Workshop	۱۶:۰۰-۱۷:۳۰

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کنگره بین المللی انجمن علمی جراحان
گوش، حلق، بینی و سر و گردن ایران

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روز دوم پنجشنبه ۶ آذر ۱۴۰۴

مرکز همایش های بین المللی رازی



روز دوم، پنجشنبه ۱۴۰۴/۰۹/۰۶ سالن اصلی

هیات رئیسه: دکتر حسین حکمت آرا - دکتر احمد دانشی دکتر نظام الدین برجیس		ساعت
Dr. Jahangir Ghorbani	Regenerative Medicine in Otolaryngology	۷:۳۰-۷:۴۵
Dr. Mobin Saboohi	Artificial intelligence	۷:۴۵-۸:۰۰
Dr. Maziar Motiee	Approach to Neck Mass	۰۸:۰۰-۸:۱۵
Dr. Hadi Samimi	Tips and Pearls in Endoscopic Sinus Surgery	۰۸:۱۵-۸:۳۰
Dr. Alireza Mohebbi	My challenging in cephalic malposition correction over the years	۰۸:۳۰-۰۸:۴۵
Dr. Ahmad Daneshi	Facial nerve decompression under water	۰۸:۴۵-۰۹:۰۰
Dr. Ali Eftekharian	Facial nerve trauma	۰۹:۰۰-۰۹:۱۵
استراحت، پذیرایی و بازدید از نمایشگاه		۰۹:۱۵-۱۰:۰۰

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پانل: دخالت های غیرمجاز در امور پزشکی گرداننده: دکتر علی اصغر شیرازی اعضا: دادستان دادسرای جرایم پزشکی-معاونت درمان وزارتخانه معاونت پیشگیری پلیس فتا- معاون پزشکی قانونی-معاون حقوقی نظام پزشکی دکتر ابراهیم رزمپا-دکتر بابک نیکومرام		ساعت ۱۰:۰۰-۱۱:۳۰
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Dr. Alireza Mesbahi	Spreader graft (form & function)	۱۱:۳۰-۱۱:۴۵
Dr. Hamidreza Hosnani	Conservative hump remove	۱۱:۴۵-۱۲:۰۰
Dr. Shahin Bastaninejad	Structural tip-plasty	۱۲:۰۰-۱۲:۱۵
Dr. Shahriar Yahyavi	Correction of difficult caudal septum in closed technique with strut	۱۲:۱۵-۱۲:۳۰
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Almanet	Industry symposium: AI marketing for otolaryngologists	۱۳:۱۵-۱۳:۳۰

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هیات رئیسه: دکتر افتخاریان-دکتر بصیر هاشمی		
Dr. Yalda Jabbarimoghadam	Revision tympanoplasty: Causes and techniques	۱۱:۳۰-۱۱:۴۵
Dr.Mohammad Reza Afzalzadeh	SSNHL new treatments	۱۱:۴۵-۱۲:۰۰
Dr. A Amizadeh	Malignant external otitis	۱۲:۰۰-۱۲:۱۵
Dr. Mandegari	Principals of CI	۱۲:۱۵-۱۲:۳۰
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هیات رئیسه: دکتر محمود رحمتیان- دکتر هادک قنبرک		
Dr. Reyhaneh Heidari	Updates of Palatal Surgery in OSA	۱۱:۳۰-۱۱:۴۵
Dr. Mohsen Naraghi	The Postoperative Care after ESS: The Key to Reducing Recurrence and Enhancing Surgical Success	۱۱:۴۵-۱۲:۰۰
Dr. Shirin Irani	Carotid Injury During Endoscopic Sinus Surgery	۱۲:۰۰-۱۲:۱۵
Dr.Parisa Adimi	Phenotypes of OSA	۱۲:۱۵-۱۲:۳۰
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هیات رئیسه: دکتر عبدالحمید حسین نیا

Dr. Mahboobehj Asadi	Facial nerve injury in parotid gland surgery	۱۱:۳۰-۱۱:۴۵
Dr. Mohammadmahdi Salem	Salivary gland biopsy (FNA, CNB, Excisional Bx)	۱۱:۴۵-۱۲:۰۰
Dr. Mohammad Jazayeri	HPV in head and neck	۱۲:۰۰-۱۲:۱۵
Dr. Maryam Akbari	Surgical approach to parapharyngeal space tumor	۱۲:۱۵-۱۲:۳۰

روز دوم، پنجشنبه ۱۴۰۴/۰۹/۰۶ سالن ۵ (جانبی)

Residents Forum Appendix 2

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Dr. Kalhor	Sympathetic Chain Schwannoma in a Pediatric patient	۱۱:۳۰-۱۱:۴۵
Dr. Mive Chi	Salivary Gland Sarcoma	۱۱:۴۵-۱۲:۰۰
Dr. Bazi	Bilateral Maxillectomy for Chondrosarcoma	۱۲:۰۰-۱۲:۱۵
Dr. Nikbakht	Eccrine Carcinoma of External Auditory Canal	۱۲:۱۵-۱۲:۳۰
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Dr. Farid Freyddooni	Correction of a crooked nose with asymmetric alar levels	۱۳:۳۰-۱۳:۴۵
Dr. Farhad Hafezi	Asymmetric rules in nose, body & face	۱۳:۴۵-۱۴:۰۰
Panel		
Nasal base muscle management	Panel Moderator: Dr. Alireza Mohebbi Members: Dr. Farhad Hafezi Dr. Behzad Poosti Dr. Rozina Besharatizadeh Dr. Abolhasan Gheysari Dr. Babak Saaedi Dr. Sam Touisserkani	۱۴:۰۰-۱۵:۳۰
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هیات رئیسه: دکتر یگانه تیموری		
Dr. Amirarvin Sazgar	Instruction course Face lift from A- Z	۱۶:۰۰-۱۷:۳۰
Ms. Samaneh Nasimi	Scar and silicon therapy	۱۷:۳۰-۱۷:۴۵



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اجرای کنسرت
حجت
اشرف زاده

پنجشنبه ۱۴۰۴/۰۹/۰۶ | ساعت ۲۰:۰۰ | مکان سالن همایش های رازی

جهت دریافت کارت به دبیرخانه مراجعه نمایید

لطفا جهت ورود به سالن حتما کارت دعوت را همراه داشته باشید






روز دوم، پنجشنبه ۱۴۰۴/۰۹/۰۶ سالن ۲ (سالن گوش)

هیات رئیسه: دکتر سودابه مقدم

Dr. Faramarzi	HA implications in ME	۱۳:۳۰-۱۳:۴۵
Dr. Sohrab Rabie	Treatment of sever SNHL with catheter: a simple procedure	۱۳:۴۵-۱۴:۰۰
Panel		
Otosclerosis: Challenges and controversies	Panel Moderator: Dr. Alimohammad Asghari Members: Dr. Basir Hashemi Dr. Hamed Emami Dr. Sohrab Rabiei Dr. Mirmohammad Jalali Dr. Masoomeh Saeedi Dr. Farhad Mokhtarinejad	۱۴:۰۰-۱۵:۳۰
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Dr. Farbod Farahbakhsh	Biofilms in ME infections & COM	۱۶:۰۰-۱۶:۴۵
Dr. Shadman Nemati	Meniere Registry Report	۱۶:۴۵-۱۷:۱۵
Dr. Manoochehr Fazeli	Cartilage Tympanoplasty	۱۷:۱۵-۱۷:۳۰
کنسرت حجت اشرف زاده		۲۰:۰۰-۲۲:۰۰

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هیات رئیسه: دکتر جعفر مطهری		
Dr. Matin Ghazizadeh	Updates of Sinonasal Tumors	۱۳:۳۰-۱۳:۴۵
Dr. Shahin Rajaieh	Future of Endoscopic Sinus Surgery	۱۳:۴۵-۱۴:۰۰
Panel		
FESS; Every Day Cases, Unexpected Challenges	Panel Moderator: Dr. Maryam Jalesi Members: Dr. Mohammadhossein Baradarnfar Dr. Babak Ghalebarghi Dr. Hamidreza Bagheri Dr. Matin Ghazizadeh Dr. Mohammadreza Firoozifar Dr. Delaram Jaan	۱۴:۰۰-۱۵:۳۰
استراحت، پذیرایی و بازدید از نمایشگاه		۱۵:۳۰-۱۶:۰۰
هیات رئیسه: دکتر هوشنگ گرامی		
Dr. M. Baradanbfar	Video presentation: Endoscopic Sinus Surgery	۱۶:۰۰-۱۶:۴۵
Panel		
Applications of Regenerative Medicine in Otolaryngology	Panel Moderator: Dr. Jahangir Ghorbani Members: Dr. Mohsen Naraghi Dr. Mahboobeh Karimi Dr. Gilda Givchi	۱۷:۱۵-۱۷:۳۰
کنسرت حجت اشرف زاده		۲۰:۰۰-۲۲:۰۰



روز دوم، پنجشنبه ۱۴۰۴/۰۹/۰۶ سالن ۴ (سالن سر و گردن)

هیات رئیسه: دکتر احمد رضا اخوت- دکتر احمد انتظارى

Dr. Saleh Mohebbi	Sialo-endoscopy	۱۳:۳۰-۱۳:۴۵
Dr. Momeni	SMAS in parotid gland surgery	۱۳:۴۵-۱۴:۰۰
Panel		
Case base thyroid surgery	Panel Moderator: Dr Saeed Sohrabpoor Members: Dr. Mohammad Tavangar Dr. Mehrshad abbasi Dr. Mahmood Sajjadi Dr. Maziar Motiee Dr. Hossein Chegini Dr. Fatemeh Hashemi	۱۴:۰۰-۱۵:۳۰
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هیات رئیسه: دکتر فرخ حیدری		
Dr. Ghadami	Designing Clinical Trials in Head and Neck Oncology in Iran. Publishing and Presenting Head and Neck Research in International Journals.	۱۶:۰۰-۱۶:۴۵
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Dr. Nourian	Vascular Complication of Filler injection	۱۳:۳۰-۱۳:۴۵
Dr. Yadmehr	Inverted Papilloma Combined Approach	۱۳:۴۵-۱۴:۰۰
Dr. Beheshtian	Supraglottic Paraganglioma	۱۴:۰۰-۱۴:۱۵
Dr. Shirvani	SCC of Sinonasal Cavity in HIV infection	۱۴:۱۵-۱۴:۳۰
Dr. Shemshadi	Cervical Vertebrae dislocation after tonsillectomy	۱۴:۳۰-۱۴:۴۵
Dr. Ganjali	5 to 7 anastomosis	۱۴:۴۵-۱۵:۰۰
Dr. Rashidi	Endoscopic Assisted resection of Facial Nerve Schwannoma	۱۵:۰۰-۱۵:۱۵
Dr. Shemshadi	Endoscopic Resection of Base of tongue Tumor	۱۵:۱۵-۱۵:۳۰
استراحت، پذیرایی و بازدید از نمایشگاه		۱۵:۳۰-۱۶:۰۰
Professional Voice Panel Dr. Peyman Dabirmoghadam Dr. Samira Aghadoost Mr. Alireza Poorostad Mr. Arash Absala		۱۶:۰۰

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مرکز همایش های بین المللی رازی

روز سوم، جمعه ۱۴۰۴/۰۹/۰۷ سالن اصلی		
هیات رئیسه: دکتر محمد تقی مصباح-دکتر محمد نعیمی دکتر مجتبی ملکی		ساعت
Dr Paydarfard (video)	Ear Surgery	۷:۳۰-۷:۴۵
Dr. Mohammad Farhadi	Otolaryngologic Sleep Disorders	۷:۴۵-۸:۰۰
Dr Mehdi Khajavi	Future of head and neck cancers in Iran	۰۸:۰۰-۸:۱۵
Dr. Amin Amali	Challenging in high radix	۰۸:۱۵-۸:۳۰
Dr Ebrahim Karimi	Main factors in flap selection for H&N reconstruction	۰۸:۳۰-۰۸:۴۵
Dr. Mehdi Ghasemi	Cochlear migraine	۰۸:۴۵-۰۹:۰۰
Dr. Ben Talei (video)	Weekend lift: Internal deep plane neck lift	۰۹:۰۰-۰۹:۱۵
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هیات رئیسه: دکتر علیرضا محبی - دکتر اردوان تاج دینی

Dr.Gholamreza Bayaziyan	Auriculoplasty	۱۰:۰۰-۱۰:۱۵
Dr. Shahriyar Yahyavi	Otoplasty	۱۰:۱۵-۱۰:۳۰
Dr. Gholamreza Shirani	Genioplasty: indications and clinical practice	۱۰:۳۰-۱۰:۴۵
Dr. Akbar Bayat	Reconstruction of upper lip in severe bilateral cleft lip	۱۰:۴۵-۱۱:۰۰
Dr. Siavash Javidan	Lower lid and lid-cheek junction management	۱۱:۰۰-۱۱:۱۵
Dr. Ben Talei (video)	Cupid lip lift	۱۱:۱۵-۱۱:۳۰
Dr. Golshani	Treatment of skin scar in rhinoplasty	۱۱:۳۰-۱۱:۴۵
Dr. Alireza Majlesi	Upper blepharoplasty : pre-op assessment	۱۱:۴۵-۱۲:۰۰
Dr. Mohammadtaher Rajabi	Belpharoplasty : intra operation consideration	۱۲:۰۰-۱۲:۱۵
Dr. Mohammadmehdi Salem	Temporalis transfer for smile reanimation	۱۲:۱۵-۱۲:۳۰

روز سوم، جمعه ۱۴۰۴/۰۹/۰۷ سالن ۲ (سالن گوش)

هیات رئیسه: دکتر اصفری - دکتر نسرین یزدانی

Dr. Farahani	auditory & vestibular dysfunction in elderly	۱۰:۰۰-۱۰:۱۵
Dr.Samira Alipoor	Asthetic Principles in Otoplasty	۱۰:۱۵-۱۰:۳۰
Dr. Shadman Nemati	Tympanosclerosis	۱۰:۳۰-۱۰:۴۵
Dr. Mirmohammad Jalali	Cholesteatoma	۱۰:۴۵-۱۱:۰۰
Dr. Narges Alizadeh	ET dysfunction	۱۱:۰۰-۱۱:۱۵
Dr. Mohsen Ahadi	Diagnostic tests in vertigo	۱۱:۱۵-۱۱:۳۰
Dr Alireza Rezai	Persistent postural perceptual dizziness	۱۱:۳۰-۱۱:۴۵
Dr. Samaneh Zand	New advances in SOM treatment	۱۱:۴۵-۱۲:۰۰
Dr. Vahidi	Stapedotomy in cases with absence or incomplete incus	۱۲:۰۰-۱۲:۱۵
Dr. Maryam Yaghoobi	Single sided Deafness treatment	۱۲:۱۵-۱۲:۳۰
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هیات رئیسه: دکتر مسعود قاسمی - دکتر ولی علی کوهی

Dr. Mahsa Rekabi	Probiotics and Diet in CRS and Allergic Rhinitis	۱۰:۰۰-۱۰:۱۵
Dr. Zeinab Naderpoor	PAP in the Management of OSA	۱۰:۱۵-۱۰:۳۰
Dr. Sevil Nasirmohtaram	CSF Leak	۱۰:۳۰-۱۰:۴۵
Dr. Akbarpour	Technical points in Pediatric Endoscopic Sinus Surgery	۱۰:۴۵-۱۱:۰۰
Dr. Hesam Jahandideh	Minimally Invasive Approaches in Frontal Sinus Surgery	۱۱:۰۰-۱۱:۱۵
Dr. Nasim Rad	Sinus Surgery in CF and Mucociliary Dysfunction	۱۱:۱۵-۱۱:۳۰
Dr. Pedram Borghei	Drug Induced Sleep Endoscopy	۱۱:۳۰-۱۱:۴۵
Dr. Mehdi Bakhshai	Rhinoplasty and Sinus Conditions	۱۱:۴۵-۱۲:۰۰
Dr. Mohammadreza Firoozifar	Clinical Significance of Imaging Findings in Sinonasal Diseases	۱۲:۰۰-۱۲:۱۵
Dr. Masood Ghasemi	Dental Implants and Maxillary Sinus	۱۲:۱۵-۱۲:۳۰

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هیات رئیسه: دکتر جلال مهدی زاده - دکتر علیرضا جعفری

Dr. Pegah Alizadeh	Early glottic cancer RT vs TLM	۱۰:۰۰-۱۰:۱۵
Dr. Ali Bagherihagh	T3 laryngeal cancer management	۱۰:۱۵-۱۰:۳۰
Dr. Saeed Ahmadi	Management of Neck Traumas	۱۰:۳۰-۱۰:۴۵
Dr. Farrokh Heidari	Digital surgery: for future surgery	۱۰:۴۵-۱۱:۰۰
Dr. Benyamin Rahmati	Pharyngeal reconstruction	۱۱:۰۰-۱۱:۱۵
Dr. Bagher Alipoor	Regional flap in head and neck reconstruction	۱۱:۱۵-۱۱:۳۰
Dr. Bijan Khademi	RLN in thyroid surgery	۱۱:۳۰-۱۱:۴۵
Dr. Shahab Shabani	Neck dissection: complication management	۱۱:۴۵-۱۲:۰۰
Dr. Benyamin Moosavi	New area in head and neck oncology research	۱۲:۰۰-۱۲:۱۵
Dr. Ruhollah Abassi	Neck dissection: surgical technique	۱۲:۱۵-۱۲:۳۰
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Residents Forum Appendix 2

هیات رئیسه: دکتر ذبیحی دان- دکتر پرورش

Dr. Babaee	Management of thyroid cartilage fractures	۱۰:۰۰-۱۰:۱۵
Dr. Bagheri	Peritonsillar abscess complicated by ICA aneurysm	۱۰:۱۵-۱۰:۳۰
Dr. Goudarzi	Buccal SCC resection and reconstruction with temporoparietal fascial flap	۱۰:۳۰-۱۰:۴۵
Dr. Jafari	PTC and B-Cell Hodgkin Lymphoma	۱۰:۴۵-۱۱:۰۰
Dr. Rashme	Myoepithelial Carcinoma of Parotid Gland	۱۱:۰۰-۱۱:۱۵
Dr. Rezaee	Proptosis in a rhinoplasty case	۱۱:۱۵-۱۱:۳۰
Dr. Alizade	Tongue and oropharyngeal SCC, reconstructed with SCM and skin graft	۱۱:۳۰-۱۱:۴۵
Dr. Nikbakht	Sternberg Canal CSF Leak	۱۱:۴۵-۱۲:۰۰
Dr. Jafari	Malignant Melanoma of Sinonasal	۱۲:۰۰-۱۲:۱۵
Dr. Shiravi	Skull Base Tumor	۱۲:۱۵-۱۲:۳۰
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Dr. Yeganeh Teymouri	Endoscopic lateral brow lift	۱۳:۳۰-۱۳:۴۵
Dr. Afsoon Zandi	The temporal more lift with vertical brow suspension	۱۳:۴۵-۱۴:۰۰
Panel		
Thick skin rhinoplasty	Panel Moderator: Dr Naghibzadeh Members: Dr Alireza Mesbahi Dr Amir Arvin Sazgar Dr Mohammad Sadeghi Dr Ebrahim Razmpa Dr Shahrokh khoshsirat Dr Shahriar Nazari Dr Amin Amali	۱۴:۰۰-۱۵:۳۰
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روز سوم، جمعه ۱۴۰۴/۰۹/۰۷ سالن ۲ (سالن گوش)

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Dr. Saleh Mohebi	Lateral temporal bone resection:	۱۳:۴۵-۱۴:۰۰
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Dr. Maryam Yaghoobi	Persistent stapedial artery	۱۶:۱۵-۱۶:۳۰
Dr. Samaneh Zand	Canaloplasty in Canal Atresia	۱۶:۳۰-۱۶:۴۵

روز سوم، جمعه ۱۴۰۴/۰۹/۰۷ سالن ۳ (سالن سینوس)		
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روز سوم، جمعه ۱۴۰۴/۰۹/۰۷ سالن ۴ (سالن سر و گردن)

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Dr. Mahboobeh Karimi	Precancerous oral lesion	۱۳:۴۵-۱۴:۰۰
Panel		
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روز سوم، جمعه ۱۴۰۴/۰۹/۰۷ سالن ۵ (جانبی)

Residents Forum Appendix 2

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دبیرخانه اجرایی و هماهنگی نمایشگاه : مرکز همایش های مهناذ

تهران، شهرک قدس، بلوار پاکنژاد، نبش ورودی یادگار شمال، ساختمان زند، واحد ۲۰۳

تهران، بزرگراه جلال آل احمد، روبروی شهرآرا، خیابان چهارم، شماره ۹، واحد ۶

PAPER ABSTRACTS



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Effect of Platelet-Rich Fibrin on Mucosal Healing and Postoperative Complications Following Endoscopic Sinus Surgery: A Randomized Clinical Trial

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Background/Objective: Chronic rhinosinusitis (CRS) is a common inflammatory disorder that often necessitates endoscopic sinus surgery (ESS) when medical therapy fails. Although ESS is effective, postoperative complications such as delayed mucosal healing, adhesion, and crusting can compromise surgical outcomes. Platelet-Rich Fibrin (PRF), an autologous platelet-derived biomaterial rich in growth factors, may enhance tissue regeneration and wound healing. This study aimed to evaluate the efficacy of PRF in promoting mucosal healing and reducing postoperative complications following ESS in patients with CRS

Methods: In this randomized clinical trial, 16 patients with CRS undergoing bilateral ESS were included. In each patient, one sinus received topical PRF application immediately after surgery (intervention side), while the contralateral sinus served as control and received standard postoperative care. Endoscopic evaluations were performed at postoperative weeks 1, 2, and 4 to assess pain, adhesion, crusting, granulation, stenosis, infection, and bleeding. Data were analysed using the Wilcoxon signed-rank test, and $p < 0.05$ was considered statistically significant

Results: PRF significantly improved mucosal healing outcomes compared with control. Adhesion formation was reduced at all follow-up intervals ($p = 0.0094, 0.0103, 0.0121$). Crusting showed marked improvement ($p = 0.0012, 0.0003, 0.0032$), and granulation tissue decreased significantly ($p = 0.0139, 0.0339, 0.0209$). No significant differences were observed for pain, stenosis, infection, or bleeding. No adverse events related to PRF were reported

Conclusion: Topical application of PRF after ESS enhances mucosal healing and significantly reduces adhesion, crusting, and granulation formation without additional complications. PRF is a safe and effective autologous adjunct for optimizing postoperative recovery in chronic rhinosinusitis surgery



Cerebrospinal fluid leakage following rhinoplasty, septoplasty or septorhinoplasty: A case series study with a comparison to the previously published literature

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Background/Objective: Cerebrospinal fluid (CSF) leakage is a rare but serious complication of rhinoplasty and septoplasty, often resulting from improper handling of the ethmoid bone's perpendicular plate. Patients typically present with rhinorrhea, but severe complications like meningitis, pneumocephalus, intracranial abscess, and death can occur

Methods: We report our experience managing seven patients with iatrogenic CSF leaks following rhinoplasty, septoplasty, and septorhinoplasty, highlighting various clinical presentations and management strategies. The patients had a mean age of 31.8 years with a mean follow-up duration of 11 months. Five patients were presented with rhinorrhea, one patient presented with a generalized headache with fever, and the other patient experienced a headache and rhinorrhea. Computed tomography (CT) scans of the paranasal sinuses (CT PNS) and CT cisternography were utilized to localize the .CSF leak

Results: Defects in the cribriform plate were found in all patients except one (case 4). Three patients were diagnosed with meningitis (cases 1,4, and 6), and pneumocephalus occurred in two patients (cases 2 and 7). Management included conservative therapy, .antibiotic treatment, and endoscopic CSF leak repair surgery

Conclusion: Rhinoplasty, septoplasty, and septorhinoplasty are technically challenging procedures that require surgeons to employ appropriate techniques, thoroughly understand anatomical details, and carefully handle the perpendicular plate to prevent skull base damage and complications. Post-operative monitoring for signs such as unilateral rhinorrhea, severe headache, high fever, and loss of consciousness is crucial to reduce serious complications. A 4 thorough literature review was conducted to compare etiologies, common findings, and management strategies with previously .published cases

Assessing the Effectiveness of Bupivacaine for Managing Pain Post-Rhinoplasty: A Triple-Blinded Controlled Clinical Trial

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Background/Objective: Rhinoplasty is often accompanied by significant postoperative pain, making effective pain management crucial for enhancing patient satisfaction and facilitating recovery. This study evaluates the effectiveness of bupivacaine, a longacting local anesthetic, in managing postoperative pain for patients undergoing .rhinoplasty

Methods: A randomized triple-blind controlled clinical trial was conducted involving 220 participants aged 17 to 50 years, classified as ASA I. Participants were randomly assigned to one of four groups: Control (no bupivacaine), injection (4 ml of bupivacaine via nerve block), topical (bupivacaine-soaked mesh placed in the nostrils), and combination (both topical and injection). Pain levels were assessed at 1, 6, 24, 48, and 72 hours post-surgery. Secondary outcomes included analgesic consumption, the .incidence of postoperative nausea and vomiting, and patient complications

Results: A total of 212 patients completed the study. At 1, 6, 24, and 72 hours postsurgery, the topical group reported significantly lower pain levels compared to other groups. Analgesic consumption was significantly lower in both the injection and combination groups. Additionally, the combination group had lower rates of postoperative nausea and vomiting and reported higher overall satisfaction, with (79.2% rating their experience as “better than they expected” ($p=0.020$)

Conclusion: The use of bupivacaine, especially when applied combined, through both topical and injection methods, greatly improves pain management after rhinoplasty. This technique not only decreases pain and the need for analgesics but also enhances .patient satisfaction and reduces side effects



Phage and Endolysin Therapy Against Antibiotics Resistant Bacteria: From Bench to Bedside

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Background/Objective: The rapid global spread of antibiotic-resistant bacteria presents a growing public health crisis, threatening the efficacy of existing antimicrobial treatments. As traditional antibiotics become increasingly ineffective, alternative therapies such as bacteriophages and endolysins have gained renewed scientific and clinical interest. These biological agents, naturally derived from bacteriophage life cycles, exhibit potent and selective antibacterial activity, especially against multidrug-resistant pathogens. Despite decades of research, the clinical translation of phage and endolysin therapies remains limited due to regulatory, delivery, and stability challenges

Methods: This review provides a comprehensive overview of the mechanisms, advantages, and limitations of both bacteriophages and endolysins, including their structure, mode of action, and interaction with bacterial hosts. Particular attention is given to combination therapies, where synergistic effects have been observed—especially in biofilm-associated infections. We also explore the latest findings from preclinical studies, clinical trials, and compassionate-use cases, with an emphasis on genetically engineered and synthetic variants that enhance therapeutic potential. Furthermore, we discuss manufacturing challenges, regulatory barriers, and future directions such as personalized phage therapy and engineered endolysins

Results: By synthesizing current knowledge, this review highlights the academic and translational significance of phage and endolysin-based approaches in combating antibiotic-resistant infections

Conclusion: Currently, the isolation and application of phage enzymes and endolysins are proving effective against antibiotic-resistant bacteria, including those classified as MDR, XDR, and PDR. Studies conducted in both animals and humans indicate that phages offer a promising avenue for treating complex bacterial infections in clinical environments. However, several challenges hinder the optimal use of phages, both individually and in combination, prompting ongoing research to develop effective solutions

Comparative Mortality and Risk Analysis in Mucormycosis Cases: Pre-Pandemic Versus COVID-19 Association

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Background/Objective: This study aims to compare the clinical profiles, outcomes, and mortality-related risk factors of COVID-19-associated mucormycosis (CAM) with cases identified before the pandemic. Additionally, it seeks to evaluate the impact of the COVID-19 pandemic on the epidemiology and severity of mucormycosis .infections

Methods: Retrospective, observational study. We reviewed clinical data of patients diagnosed with mucormycosis before and during the COVID-19 pandemic. The study included a detailed analysis of demographic profiles, clinical characteristics, risk factors, treatment outcomes, and mortality. Mortality-related risk factors were specifically analyzed through logistic regression models to identify predictors of poor .outcomes in CAM patients

Results: The study included 122 cases of mucormycosis, with 85 cases associated with COVID-19. Patients with CAM showed higher prevalences of diabetes mellitus and hypertension compared to pre-pandemic cases, while malignancies were higher in peri-pandemic cases than in CAM cases ($p < 0.05$). CAM cases also demonstrated significantly higher in-hospital mortality (23.1%) compared to pre-pandemic cases (7.7%). Elevated platelet counts and the presence of periorbital edema were more commonly observed in CAM patients. Mortality-based analysis indicated that malignancies and high platelet counts were significant predictors of mortality in CAM .patients

Conclusion: COVID-19 has markedly affected the severity and mortality of mucormycosis, with CAM cases showing worse outcomes than pre-pandemic incidences. Our study emphasizes the need for aggressive management and increased awareness of risk factors to enhance survival rates in CAM patients during the .pandemic



Association Between the Nasal Septal Deviation and Palatal Measurements in Terms of Age, Gender and Position: A Cone-Beam Computed Tomography Study

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Background/Objective: Nasal septum deviation might disrupt the integrity of nasal septum components, resulting in deformity. Such changes might affect the morphology of adjacent structures. The aim of the present study was to evaluate the association between the nasal septal deviation and palatal measurements in terms of age, gender and position on CBCT images in an Iranian population

Methods: Nasal septum deviation might disrupt the integrity of nasal septum components, resulting in deformity. Such changes might affect the morphology of adjacent structures. The aim of the present study was to evaluate the association between the nasal septal deviation and palatal measurements in terms of age, gender and position on CBCT images in an Iranian population

Results: There were no significant differences between two groups in the palatal depth ($P=0.967$), palatal width ($P=0.223$) and the palatal depth/palatal width ratio ($P=0.644$). The results showed that the variables PAD ($P=0.023$) and PAD/PIL ratio ($P=0.006$) in superior-inferior position were significantly different. Also significant differences in palatal depth ($P<0.001$) and palatal width ($P=0.05$) between male and female subjects were found. Based on the comparison of age, PAD, PIL, and PAD/ PIL ratios, no significant differences were observed in the means of these parameters between the two groups

Conclusion: There were no significant differences in the dimensions of the palate (depth and width) and their ratio between subjects with and without nasal septum deviation, although greater palatal dimensions (depth and width) were detected in males compared to females

Atypical Region of glomus tumor: nasal dorsum

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Background/Objective: thermoregulation and blood flow control. While these tumors most commonly occur in the subungual regions of young adults, they may arise in any anatomical site, including the head and neck region. Nasal cavity involvement, particularly in the nasal septum, is exceedingly rare and often presents with nonspecific symptoms such as nasal obstruction, epistaxis and localized pain. Glomus tumors in the nasal cavity and dorsum remain exceptionally uncommon, with limited cases reported (2,3). Here we are representing a 48 year old patient with Glomus Tumor in .Nasal Dorsum

Methods: A 48-year-old female homemaker, residing in Tehran, presented with a nasal dorsum mass that had been present for four months prior to the visit, without progressive enlargement, along with dissatisfaction regarding nasal aesthetics. The nasal mass was surgically resected and sent for histopathological evaluation. The surgical approach involved a Rhinoplasty incision to elevate the skin flap. The mass was then completely excised from the nasal dorsum without causing any cutaneous injury. The tumor had caused a deformity in the underlying nasal dorsum bone. Following the resection, and to address the resulting deformity, osteotomy and dorsal .augmentation were performed

Results: composed of uniform round-to-oval cells arranged in nests and sheets surrounding branching capillary-sized vessels, separated by fibrous septa. Tumor cells exhibited: -Pale eosinophilic-to-amphophilic cytoplasm -Round, centrally located nuclei -Inconspicuous nucleoli -Rare mitotic figures -No necrosis or significant atypia (-Prominent perivascular arrangement No infiltrative growth (benign nature

Conclusion: distinct perivascular pattern (HCE, $\times 100$ and $\times 400$). Immunohistochemical staining demonstrated strong cytoplasmic positivity for smooth muscle actin (SMA) in tumor cells



Sonodynamic Therapy for Malignant Skull Base and Brain Tumors: A Systematic Review of Potential and Challenges

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Background/Objective: Malignant skull base tumors present unique treatment challenges due to their complex anatomy, critical neurovascular structures, and limited accessibility. Sonodynamic therapy (SDT) is an emerging non-invasive approach that combines low-intensity ultrasound with tumor-selective sonosensitizers to generate reactive oxygen species (ROS) for targeted tumor cell destruction. This review systematically evaluates the mechanistic basis, preclinical evidence, clinical trials, sonosensitizer advancements, and ultrasound parameter optimization of SDT, with an emphasis on applications to malignant skull base tumors and adjacent brain structures

Methods: Following PRISMA 2020 guidelines, a comprehensive search of four bibliographic databases and supplementary sources identified 36 relevant studies on SDT applied to malignant brain and skull base tumors, including in vitro, in vivo, and early-phase clinical trials

Results: SDT induces tumor-specific apoptosis and necrosis through ROS and ultrasonic cavitation, achieving high treatment selectivity with minimal damage to vital surrounding tissues at the skull base. Various sonosensitizers such as 5-ALA and novel nano sonosensitizers demonstrated enhanced tumor targeting in these anatomically challenging regions. Clinical trials highlight SDT's safety and preliminary efficacy in high-grade gliomas extending to skull base involvement and pediatric tumors. Optimization of ultrasound frequency, intensity, and pulsing is critical for effective SDT while preserving sensitive neurovascular structures. Combination with chemotherapy, radiotherapy, and immunotherapy shows promise for synergistic tumor control

Conclusion: SDT holds considerable potential as a minimally invasive, targeted therapy for malignant skull base tumors, overcoming anatomical and biological barriers. Advances in sonosensitizer technology, ultrasound delivery, and integration with multimodal treatments are paving the way toward clinical translation. Further large-scale clinical trials are needed to confirm efficacy, optimize protocols, and establish SDT as a standard option for skull base oncology

White matter lesions in brain MRI and cardiovascular risk factors in sudden sensorineural hearing loss patients: A comparative study

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Background/Objective: Sudden Sensorineural Hearing Loss (SSNHL) is an otologic emergency characterized by a rapid decrease in hearing threshold. The etiology of SSNHL is often unclear, with potential links to vascular pathologies. This study investigates the association between white matter lesions (WMLs) observed in brain .MRI and cardiovascular risk factors in SSNHL patients

Methods: This case-control study involved 34 SSNHL patients and 34 matched controls, none of them had migraine. Both groups underwent pure tone audiometry and brain MRI. WMLs were assessed using the Fazekas scale. Cardiovascular risk factors, .including hypertension, diabetes, dyslipidemia, BMI, and smoking, were documented

Results: While none of the cardiovascular risk factors showed a significant difference between the two groups, the presence of WMLs was significantly higher in the SSNHL group compared to controls (79.4 % vs. 32.4 %; $p < 0.001$). More specifically, 24 patients (70.6 %) and 10 controls (29.4 %) had periventricular white matter (PVWM) lesions, while 20 patients (58.8 %) and 8 controls (23.5 %) had deep white matter (DWM) lesions. Logistic regression analysis revealed that increased grades of PVWM lesions were associated with a 5.7-fold higher likelihood of moderate or greater hearing loss ($p = 0.033$). The degree of DWM lesions, according to the Fazekas scale, .demonstrated a significant correlation with hearing recovery rate

Conclusion: White matter lesions (WMLs) are significantly associated with sudden sensorineural hearing loss (SSNHL), with higher grades of PVWM lesions increasing the likelihood of severe hearing loss and DWM lesions correlating with hearing .recovery. These associations seem to be independent of cardiovascular risk factors



The relationship between cleft palate repair technique and audiological outcomes: A retrospective cohort study

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Background/Objective: Otitis media with effusion is common in children with cleft palates. This study aimed to investigate the link between palatal closure techniques and audiological outcomes

Methods: In this retrospective-prospective cohort study, we examined the relationship between palate repair techniques and hearing outcomes in children with cleft palates. From 2017 to 2022, 190 ears of 95 cleft patients were studied at the Cleft Lip and Palate Department of Shiraz University of Medical Sciences. Variables assessed included the surgical technique, cleft severity, auditory brainstem response (ABR) threshold, and tympanometry configuration

Results: The mean ABR improved from a prepalatoplasty value of 39.51(11.62) decibels (dB) to a postpalatoplasty mean of 26.61(11.60) dB (Cohen's d: 1.12 [95% CI: 0.90–1.34]). Initially, 87.9% of the studied ears exhibited abnormal tympanometry, but this significantly decreased to 47% postsurgery (risk ratio: 4.43 [95% CI: 1.20– 16.43]). When compared with Sommerlad intravelar veloplasty, the Nadjmi modified Furlow palatoplasty was associated with a notably lower mean ABR (β : 6.58 [95% CI: 10.43 to 2.73], p-value = .001) and a reduced frequency of abnormal tympanometry (odds ratio [OR]: 1.10; 95% CI: 1.85 to 0.36, p-value = .004). Factors like prepalatoplasty ABR, cleft palate severity, gender, and syndromic did not confound these findings

Conclusion: Although the Nadjmi modified Furlow palatoplasty showed better results, our findings indicate a significant improvement in ABR and tympanometry. outcomes for both techniques. Future randomized controlled trials are suggested to confirm the influence of palatal closure techniques on audiological outcomes

Topical Dexamethasone During Stapedotomy in Patients with Otosclerosis: A Randomized Clinical Trial

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Background/Objective: To investigate the effect of topical dexamethasone on improving hearing outcomes and alleviating postoperative symptoms in patients diagnosed with otosclerosis who have undergone stapedotomy

Methods: Seventy patients diagnosed with otosclerosis were randomly divided into intervention and control groups and underwent stapedotomy with or without topical dexamethasone, respectively. Hearing outcomes and postoperative pain, vertigo, and tinnitus were compared

Results: The mean improvement in the air- bone gap (ABG) was 23.53 ± 8.70 dB in the intervention group and 18.95 ± 11.66 dB in the control group, with no statistically significant difference between the two groups (0.087). Speech Reception Threshold (SRT) and Word Recognition Score (WRS) improved more significantly in the dexamethasone group ($p < 0.001$ and $p = 0.004$, respectively). Postoperative tinnitus and vertigo were significantly lower in the dexamethasone group ($p = 0.032$ and $p < 0.001$, respectively)

Conclusion: Applying dexamethasone during stapedotomy can reduce post- operative vertigo and tinnitus. Although hearing outcomes were better in the intervention group, there was no statistically significant difference in ABG improvement between the two groups



Challenges in Audiogram Interpretation by Otolaryngologists: A Systematic Review

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Background/Objective: The audiogram is one of the fundamental tools for assessing hearing function and plays a crucial role in diagnostic and therapeutic decision-making in ENT clinics. However, accurate interpretation of audiometric results requires specialized knowledge of auditory physiology, testing procedures, and recognition of hearing loss patterns. Reports indicate that some ENT specialists face difficulties in precisely interpreting audiograms, particularly in differentiating between sensorineural, conductive, and mixed hearing losses. This review aims to identify the main challenges and propose strategies to improve the accuracy of audiogram interpretation among .otolaryngologists

Methods: A systematic narrative review was conducted through searches in PubMed, Scopus, and Google Scholar databases. The keywords “Audiogram interpretation,” “ENT,” “Hearing loss,” and Audiology collaboration” were used to identify relevant literature published between 2010 and 2024. Out of 63 initially retrieved studies, 28 met the inclusion criteria and were analyzed. Data were descriptively reviewed and .categorized into three domains: educational, clinical, and systemic challenges

Results: Findings revealed that the main challenges in audiogram interpretation fall into three categories: Educational: Lack of structured and practical training in audiogram interpretation, and limited understanding of masking principles. Clinical: Misclassification of hearing loss type occurred in approximately 20–30% of reported cases. Systemic: Absence of standardized audiology reporting formats and limited interprofessional collaboration between ENTs and audiologists. Recent studies suggest that targeted training programs and interdisciplinary collaboration can reduce .interpretation errors by up to 45%

Conclusion: Accurate audiogram interpretation requires advanced audiological knowledge, clinical experience, and effective collaboration between ENT specialists and audiologists. Strengthening audiology-related education, establishing standardized reporting formats, and integrating supportive digital tools can substantially enhance .diagnostic accuracy and improve clinical decision-making in hearing care

Vitamin D and Laryngeal Cancer

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Background/Objective: Laryngeal cancer, a major subtype of head and neck squamous cell carcinoma (HNSCC), is associated with high morbidity and mortality. Vitamin D, through its active metabolites, regulates cell growth, apoptosis, and immune responses. Given the global prevalence of vitamin D deficiency, understanding its role in laryngeal cancer is of significant clinical interest. This systematic review aimed to evaluate the relationship between vitamin D status and the incidence, biological mechanisms, and therapeutic implications of laryngeal cancer

Methods: A systematic search of PubMed, Scopus, Web of Science, and Google Scholar was conducted for articles published between 2000 and 2025 using the keywords “laryngeal cancer” AND “vitamin D.” Eligible studies included observational epidemiological studies (cross-sectional, case-control, cohort), Mendelian randomization analyses, and in vitro mechanistic investigations

Results: Individuals with laryngeal cancer consistently exhibited lower serum vitamin D levels compared with healthy controls. Higher circulating vitamin D levels were associated with a reduced risk of laryngeal cancer, independent of established risk factors such as smoking. Mechanistic studies suggest that vitamin D metabolites, particularly 24R,25(OH) D_3 , inhibit cell proliferation, promote apoptosis, and reduce metastatic potential in laryngeal cancer cells, with these effects influenced by ER α 66 expression. Additionally, vitamin D may enhance responses to immunotherapy and improve clinical outcomes, although evidence remains preliminary

Conclusion: Current evidence supports an association between vitamin D deficiency and increased risk of laryngeal cancer, while sufficient vitamin D status appears to exert protective effects. However, the context-dependent actions of vitamin D metabolites and receptor expression highlight the need for further mechanistic studies and well-designed clinical trials to clarify its preventive and therapeutic potential



Comparison of Aesthetic Outcomes of Continuous and Interrupted Suture Techniques in Alar base Reduction Surgery

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Background/Objective: Alar base reduction necessitates optimal wound closure for both patient satisfaction and surgical efficiency. The comparative impact of different suturing techniques on scar quality and operative time warrants investigation. The aim of the study was to compare the visual scar results and suturing time of two methods (interrupted and continuous) in alar base reduction surgery.

Methods: This cohort study included 26 rhinoplasty patients (Oct 2021-Oct 2022). In each patient, the right alar base was closed with simple interrupted sutures, and the left with continuous sutures. Scar results were independently assessed by blinded observers using a visual analog scale (VAS). Suturing time for each method was also recorded.

Results: 26 patients (6M, 20F; mean age 32 ± 6 years) were included. Mean scar scores were 1.63 ± 0.76 (interrupted) and 1.39 ± 0.77 (continuous), with no significant difference ($p > 0.05$). Patient satisfaction also showed no significant difference ($P = 0.75$). However, the continuous method's mean suturing time was 3.1 ± 0.6 minutes (range 2.3-4.2), significantly faster than the interrupted method's 5.2 ± 0.7 minutes (range 4.5-7.1).

Conclusion: Both methods yielded similar scar results and patient satisfaction. However, the continuous method significantly reduced operative time.

A Case Series of Delayed Nasal Tip Swelling in Female Rhinoplasty Patients Post-COVID-19 Infection or Vaccination

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Background/Objective: Delayed immune-mediated reactions following SARS-CoV-2 infection or vaccination have been described in patients with dermal fillers, but similar responses in post-rhinoplasty nasal tissues are rarely reported

Methods: This retrospective case series included 19 female rhinoplasty patients (aged 22–55 years) presenting with delayed nasal tip swelling after either Omicron-variant COVID-19 infection (n=10) or the first dose of vaccination (n=9). Clinical presentation, timing, and treatment outcomes were evaluated

Results: Swelling developed within 1–14 days post-trigger. Sixteen patients (84%) received intralesional triamcinolone acetonide (40 mg/mL, 1:5 dilution), with three requiring a second dose. All treated patients demonstrated significant improvement and reported high satisfaction, with no adverse effects such as atrophy or discoloration

Conclusion: This series suggests an immune-mediated mechanism for delayed nasal tip swelling following COVID-19 infection or vaccination in rhinoplasty patients. Intralesional triamcinolone is an effective and safe treatment. Surgeons should remain vigilant for this emerging complication in the post-COVID-19 era



Indication use's rhinomanometry in rhinoplasty at long term

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Background/Objective: Rhinomanometry is dignostic test before and after nose surgery fomeaturing the breath. Many priests maybe says my breath is worse after surgery. This test determine and comparison the breath before -after surgery

Methods: Before surgery we should have rhinomanometry and compression after surgery. I gave this test in patients with deviated nose that we know they have bad breath and may have obstruction

Results: I study patient one year after surgery with good result and comparison tests. 4 patient resources after 12 year and i gave rhinomanometry and i saw the test haven't any chang and breathing is very good

Conclusion: This test have a value like spirometry in lung disease but don't use in all patient with nose

surgery

Double-Tunnel Creation in Mucoperichondrial–Mucoperiosteal Septal Flap to Preserve the Sagittal Stability of Dorsal Components in Rhinoplasty

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Abstract: Removal of the dorsal hump in structural rhinoplasty disarticulates the upper lateral cartilages (ULCs) from the septum, resulting in a loss of control over the medial and posterior displacement of the lateral nasal walls. This consequently leads to disruption of the dorsal aesthetic lines (DALs) in oblique and frontal views. The inability to control this disadvantage has been a major factor driving the search for alternative approaches, such as dorsal preservation rhinoplasty, over the past decade. We propose a novel technique for creating a double tunnel within the mucoperichondrial–mucoperiosteal septal flap to achieve reliable control over the vertical positioning of dorsal components. This method has been applied in over 2,000 cases, demonstrating favourable outcomes in preserving mid-vault stability while allowing for precise manipulation of the hump and other dorsal characteristics in structural rhinoplasty.



Plasma Therapy: Correcting Unwanted Outcomes After Nasal Surgery

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Background/Objective: Unwanted outcomes after rhinoplasty remain a major concern for both patients and surgeons. Hypertrophic scars, residual suture marks, nostril asymmetry, poor results in thick-skin noses, and other irregularities are frequent causes of dissatisfaction. These complications often lead to revision surgery, prolonged conflicts, and medico-legal issues. There is a clear need for a minimally non-invasive method that can help surgeons address these challenges and reduce patient complaints. Plasma therapy, using FDA-approved and CE-marked devices, has recently emerged as a valuable supportive tool in managing such conditions

Methods: We present clinical cases treated with plasma therapy after rhinoplasty. All sessions were performed under topical anesthesia with standardized handpiece protocols. Indications included hypertrophic scars, nostril asymmetry, contour irregularities, and complications in thick-skin nasal tips. Procedures were carried out in outpatient settings with minimal downtime

Results: Plasma therapy showed consistent clinical improvement in skin texture, scar appearance, and contour refinement. In multiple cases, patients expressed significant satisfaction, and surgeons avoided the need for revision rhinoplasty. No major complications were reported. Plasma therapy proved safe, effective, and repeatable

Conclusion: Plasma therapy may serve as a supportive adjunct for rhinoplasty by correcting unwanted outcomes after nasal surgery. It provides surgeons with a minimally non-invasive, standardized option to reduce dissatisfaction, minimize revision procedures, and improve both patient trust and surgical outcomes

A New Method for Symmetrical Nasal Tip Plasty: The Role of the Location and Caudal Relations

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Background/Objective: Tip plasty is the reshaping of the nasal tip according to the surgeon's and patient's expectations. Various techniques have been described, yet outcomes remain inconsistent. Suture techniques are currently favored for being non-destructive, reversible, and predictable in primary rhinoplasty. Achieving a symmetrical and unified tip complex is crucial, especially in revision or uneven tips. This study aims to introduce and describe a modified suture technique designed to optimize tip alignment and projection

Methods: Following standard domal creation, equalization, and interdomal sutures, a new "tip adjustment suture" was added before fixation to the columellar strut or septal extension graft. Using 4-0 or 5-0 nylon/prolene sutures, the needle passes from the cephalic to caudal portion of the dome and then returns cephalically in reverse. The assistant maintains crossed tension to align both domes symmetrically in the same plane. Final fixation is performed using a fine needle, after which routine refinement steps are completed

Results: The modified suture technique provided improved control over dome symmetry and caudal alignment during surgery. It ensured consistent dome positioning, reduced tip irregularity, and maintained projection without structural disruption. The method demonstrated stability during intraoperative manipulation and simplified adjustment in asymmetrical or revision cases

Conclusion: This modified tip adjustment suture offers a simple, reproducible, and minimally invasive refinement to conventional tip plasty. By improving dome alignment and projection control, it enhances aesthetic predictability. Future prospective studies with objective follow-up assessments are recommended to validate its long-term outcomes and clinical reliability



Diagnosis and management of the lower lateral cartilage malposition

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Background/Objective: Cephalic malposition of the lower lateral cartilages (LLC) gained increasing awareness as a distinct anatomical entity within the last years. It has become clear that this type of deformity is not amenable to traditional rhinoplasty techniques. The degree of malposition divided to three type: mild, moderate and severe. In mild and moderate degree of malposition we used alar rim graft and lateral crural strut graft. In sever degree of malposition we used lateral crural transposition .technique

Methods: 32 patients were from 19 up 43 years old. 12 patient with mild degree of malposition underwent alar rim graft. 7 patients with moderate malposition underwent lateral crural strut graft. In 13 patients with severe malposition we used lateral crural .transposition technique

Results: In all patients with alar rim graft we had excellent result. In 1 patients with latera crural strut graft there was mild degree of nostril asymmetry. In 2 patients with lateral crural transposition technique we had 2 nostril asymmetry and 1 patient with .incisional rime scar hypertrophy

Conclusion: One of the important etiology of nasal tip deformity is Lower lateral cartilage malposition. Diagnose and recognize of degree of malposition and use .suitable technique could help to have perfect results

The relationship between depth of invasion and cervical lymph node metastasis in patients with laryngeal squamous cell carcinoma

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Background/Objective: This study aimed to investigate the relationship between DOI (Depth of Invasion) and metastasis to the neck lymph nodes in patients with (laryngeal squamous cell carcinoma (LSCC

Methods: This cross-sectional observational study was conducted on all patients diagnosed with LSCC who underwent total laryngectomy and neck dissection between 2014 and 2021. DOI was measured in millimeters by a pathologist who examined the patients' specimens. Demographic information and tumor characteristics were collected and analyzed

Results: The study included 62 patients with LSCC, of whom 23 (37%) had cervical lymph node metastasis. There were 54 (87%) male. The mean DOI was (9.91 ± 1.60) mm in the metastatic group and (7.56 ± 1.42) mm in the non-metastatic group. The results showed that tumors with a higher DOI had a higher probability of cervical lymph node metastasis ($p < 0.001$), but there was no significant correlation between DOI and the number of involved lymph nodes ($p = 0.318$). The analysis also revealed that poorly differentiated tumors (p . value < 0.001), male patients (p . value < 0.001), and older patients (p . value < 0.001) had a higher DOI

Conclusion: According to our results, DOI can be an important predictive factor in predicting cervical lymph node metastasis in LSCC. Therefore, measuring DOI can assist surgeons in decision-making for neck dissection. It is recommended that DOI be determined during surgery using frozen sections or pre-operatively with deep biopsy samples. Considering that laryngeal cancer with cervical lymph node metastasis has a worse prognosis, it could be concluded that greater DOI predicts worse prognosis



Involvement of Level 1 A Neck Lymph Nodes in Squamous Cell Carcinoma of the Tongue

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Background/Objective: In this study we investigated the involvement of level 1 A .neck lymph nodes in squamous cell carcinoma of the tongue

Methods: In this cross-sectional study, 60 patients with SCC of the tongue undergoing cervical lymph node dissection were involved. The data collection tool was a researcher-made checklist including: age, gender, anatomical location, tumor stage, tumor grade, tumor size, history of smoking and the presence of the level 1 A cervical lymph node metastasis. The data was extracted from the medical history and pathological reports .of the patients and finally all data were analyzed

Results: Mean age of the patients was 58.9 years old (53.3% were male and 46.7% were female). 20% of the patients had history of smoking. Staging of the tumor was as following: T1=16.6%, T2=23.3%, T3=50% and T4=10.1%. Frequency of tumor size was as following: size0.8=61.7%. The frequency of cervical lymph node involvement in level 1 A was 0% and was 10% in level 1B and 51.6% in level 2–4 and total involvement was =61.6%. There was no significant difference in age between two groups with and without neck lymph node involvement (p-value=0.13). There was a significant difference in gender (p-value=0.02), history of smoking (p-value=0.02), staging of the tumor (p-value=0.03) and size of the tumor (p-value=0.04) between two .groups with and without neck lymph node involvement

Conclusion: The results of the current study showed that the involvement of level 1 A neck lymph nodes had zero frequency among the patients. Other involvement with higher frequency was significantly influenced by the variables of gender, smoking, .tumor stage and tumor size

Comparison of neutrophil to lymphocyte ratio and platelet to lymphocyte ratio in two groups of patients with benign and malignant salivary gland tumors

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Background/Objective: The ratio of neutrophils to peripheral lymphocytes is known as an inflammatory marker, and based on the results of previous studies, its increase is significantly associated with poor survival in cancers such as head and neck squamous cell cancer and breast cancer. Based on this, the present study was conducted to compare the neutrophils to lymphocytes ratio (NLR) and platelets to lymphocytes ratio (PLR) .in two groups of patients with benign and malignant salivary gland tumors

Methods: This was a cross-sectional study to compare two groups of patients with benign and malignant salivary gland masses, which was conducted in 2024. During the last 6 years (from 2018 to 2024), these patients had undergone surgery in two hospitals of Al-Zahra and Kashani in Isfahan with a definite diagnosis of salivary glands. 380 Patients were included in the study, and NLR, PLR was obtained from pre .operation laboratory exam

Results: NLR and PLR were significantly higher average than benign masses. groups ($P < 0.05$) The best cut point was 2.24 for NLR (with sensitivity = 78% and specificity (80%) and 104.35 for PLR (with sensitivity= 68% and specificity 60%

Conclusion: Neutrophil-to-lymphocyte ratio and platelet-to-lymphocyte ratio are easy and practical methods that provide valuable information in the diagnosis, severity and prognosis of various diseases such as salivary gland masses. Keywords: neutrophil to lymphocyte ratio, platelet to lymphocyte ratio, benign masses, malignant masses, .salivary glands



Comparison of the Effect of the Jaw Thrust Maneuver, Chin Lift, Head Rotation, and Tongue Protrusion on the Obstruction of Different Levels of the Upper Airway During the Drug-Induced Sleep Endoscopy: A Cross-Sectional Study

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Background/Objective: To determine the impact of four maneuvers (Jaw Thrust, Chin Lift, Head Rotation, and Tongue Protrusion) on the degree of airway collapse at different airway levels during drug-induced sleep endoscopy (DISE) compared with natural supine position (regular) DISE and evaluate the association of each maneuver with polysomnographic findings compared with regular DISE without any maneuver.

Methods: One hundred and nine OSA patients aged 20 to 55 who were candidates for sleep surgery were included. The association of the Apnea Hypopnea Index (AHI) with the degree of obstruction during four maneuvers of DISE and regular DISE was evaluated.

Results: AHI is significantly predicted by degree of obstruction at the velum (regular DISE) ($\beta=10.213$), oropharynx (regular DISE) ($\beta=7.979$), velum (jaw thrust DISE) ($\beta=12.286$), oropharynx (jaw thrust DISE) ($\beta=8.430$), velum (head rotation DISE) ($\beta=10.357$), and velum (chin lift DISE) ($\beta=10.781$). In the multivariate model, AHI was predicted by the velum during the jaw thrust maneuver ($\beta=7.985$). Velum obstruction during DISE with jaw thrust, closing, and rotation maneuvers can significantly predict AHI.

Conclusion: The degree of velum collapse during the jaw thrust maneuver is the most reliable and independent finding that correlates with the severity of obstructive sleep apnea.

Effectiveness of Semi-Occluded Vocal Tract Exercises in patients with Primary Muscle Tension Dysphonia: A Randomized Controlled Trial

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Background/Objective: The present study aimed to survey therapeutic effects of four commonly utilized semi-occluded vocal tract exercises (SOVTEs) including tongue trill, lip trill, straw phonation, and water resistance therapy (WRT) in patients with (primary muscle tension dysphonia (MTD

Methods: This was a double-blind randomized controlled trial study conducted on 30 female participants with primary MTD. Participants were randomly assigned to one of four SOVTE groups (experimental groups) and a vocal hygiene (control group). All participants completed four therapy sessions over two weeks. Pre- and post-intervention assessments included aerodynamic [maximum phonation time (MPT)], acoustic (cepstral measures), auditory-perceptual (overall severity of dysphonia), and self-reported [vocal tract discomfort (VTD) and Voice Handicap Index (VHI)] measurements. To study treatment effectiveness, within-group and between- group comparisons were done

Results: Within-group analyses revealed a significant increase in MPT following lip trill, straw phonation, and WRT ($p < 0.05$). In tongue trill and straw phonation groups, the overall severity of dysphonia decreased significantly. Also, both VTD and VHI showed significant improvements following straw phonation and WRT ($p < 0.05$). However, acoustic measures have no significant changes across the SOVTE groups ($p > 0.05$). In the control group, only acoustic measures and VHI indicated significant changes ($p < 0.05$). In Between-group comparisons, only MPT and VTD revealed significant improvement. Post hoc analyses confirmed that improvement of MPT was significantly greater in the straw phonation compared to other experimental and control groups ($p < 0.05$; $\eta^2 \geq 0.14$). For the VTD, significant differences were observed between trills, tongue trill and WRT, (and WRT and vocal hygiene ($p > 0.05$); $\eta^2 \geq 0.14$

Conclusion: All four common SOVTEs were effective for voice therapy of patients with primary MTD. Although certain SOVTEs demonstrated significant improvements in MPT and VTD, no single exercise proved clearly superior. It is recommended to design future studies with larger sample size using by objective measures



Psychometric Features of Reflux Symptom Score-12: A standard scale for Evaluation of Laryngopharyngeal Reflux Disease in Persian

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Background/Objective: Laryngopharyngeal reflux disease (LPRD) is highly prevalent in otolaryngology practice and substantially impairs voice and airway-related quality of life. However, there is a lack of evidence for validated and reliable patient-reported outcome tools that support diagnosis and monitoring treatment outcomes in Persian. This study aims to culturally adapt and psychometrically validate a Persian version of the 12-item reflux symptom score (RSS-12p) for adults with LPRD

Methods: In a cross-sectional adaptation phase, we translated the reflux symptom score-12 into Persian (RSS-12p) via forward-backward translation and expert panel review; then, face validity was studied in 20 LPRD patients. A subsequent prospective cohort enrolled 63 adults with LPRD and 50 healthy controls. LPRD was defined as reflux symptom index (RSI) >13 or reflux finding score ≥ 7 . Psychometric evaluation included discriminant validity (independent-samples t-test), convergent validity (Pearson correlation), internal consistency (Cronbach's α), test-retest reliability (intraclass correlation coefficient [ICC; N=31, 7-day interval]), absolute reliability (standard error of measurement, SEM; smallest detectable change, SDC), and assessment of floor/ceiling effects ($\geq 15\%$). Data sampling was conducted in Amir-Alaam hospital

Results: No missing responses were observed, and no floor or ceiling effects occurred. The RSS-12p discriminated between LPRD patients and healthy controls ($P < 0.001$). Construct validity was supported by a strong Pearson correlation with the RSI ($r = 0.87$; $P < 0.001$). Internal consistency was confirmed (Cronbach's $\alpha = 0.85$ for total score; $\alpha = 0.72$ for QoL). Test-retest reliability was excellent (ICCagreement = 0.98 (for the total score and 0.94 for QoL

Conclusion: The Persian version of the 12-item reflux symptom score is a valid, reliable, and practical tool for assessing and monitoring laryngopharyngeal reflux disease in Persian-speaking adults. Future studies are needed to establish responsiveness and the minimal clinically important difference, validate against the gold-standard reflux monitoring test, and define screening cutoffs

Evaluation of the Relationship Between the Interval from Surgery to Radiotherapy and Prognosis in Head and Neck Tumors in Isfahan

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Background/Objective: Delay in treatment is associated with a potentially worse prognosis; however, determining an acceptable timeframe for this interval is important in order to achieve optimal outcomes for patients. The aim of this study was to investigate the relationship between the delay in initiating radiotherapy following surgery and the prognosis of patients with head and neck cancer.

Methods: This retrospective study reviewed patients with head and neck cancer who underwent surgery followed by radiotherapy at Seyed al-Shohada Hospital between 2014 and 2018. The relationship between the surgery-to-radiotherapy interval and patient survival and prognosis was evaluated. Additionally, other potential prognostic factors were assessed using multivariable regression analysis.

Results: A total of 106 patients with various head and neck cancers were evaluated. Analysis of covariance (ANCOVA), controlling for primary tumor site and disease stage, showed no significant difference in the mean interval between surgery completion and radiotherapy initiation among patients with or without recurrence ($p = 0.63$).

Conclusion: This study found no significant association between the interval from surgery to radiotherapy and two-year or five-year survival or recurrence in patients with head and neck cancer.



Practical Decision-Making for Septal Perforations in Rhinoplasty

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Background/Objective: Rhinoplasty in patients with a coexisting septal perforation presents significant surgical challenges, including uncertainty in operative planning and technical limitations.

Methods: Despite the frequency of this scenario, no standardized or widely accepted algorithm exists to guide decision making. we propose a practical, structured approach for managing nasal septal perforations in patients undergoing rhinoplasty.

Results: Key patient-specific factors should be considered to guide surgical planning, including being symptomatic or not, perforation size, perforation location relative to the columella, underlying etiologies, and patient habits that may affect healing. A general approach for selecting optimal management in rhinoplasty patients with septal perforations is described.

Conclusion: This framework may help surgeons navigate different clinical scenarios, improve operative planning, and care for this challenging cases.

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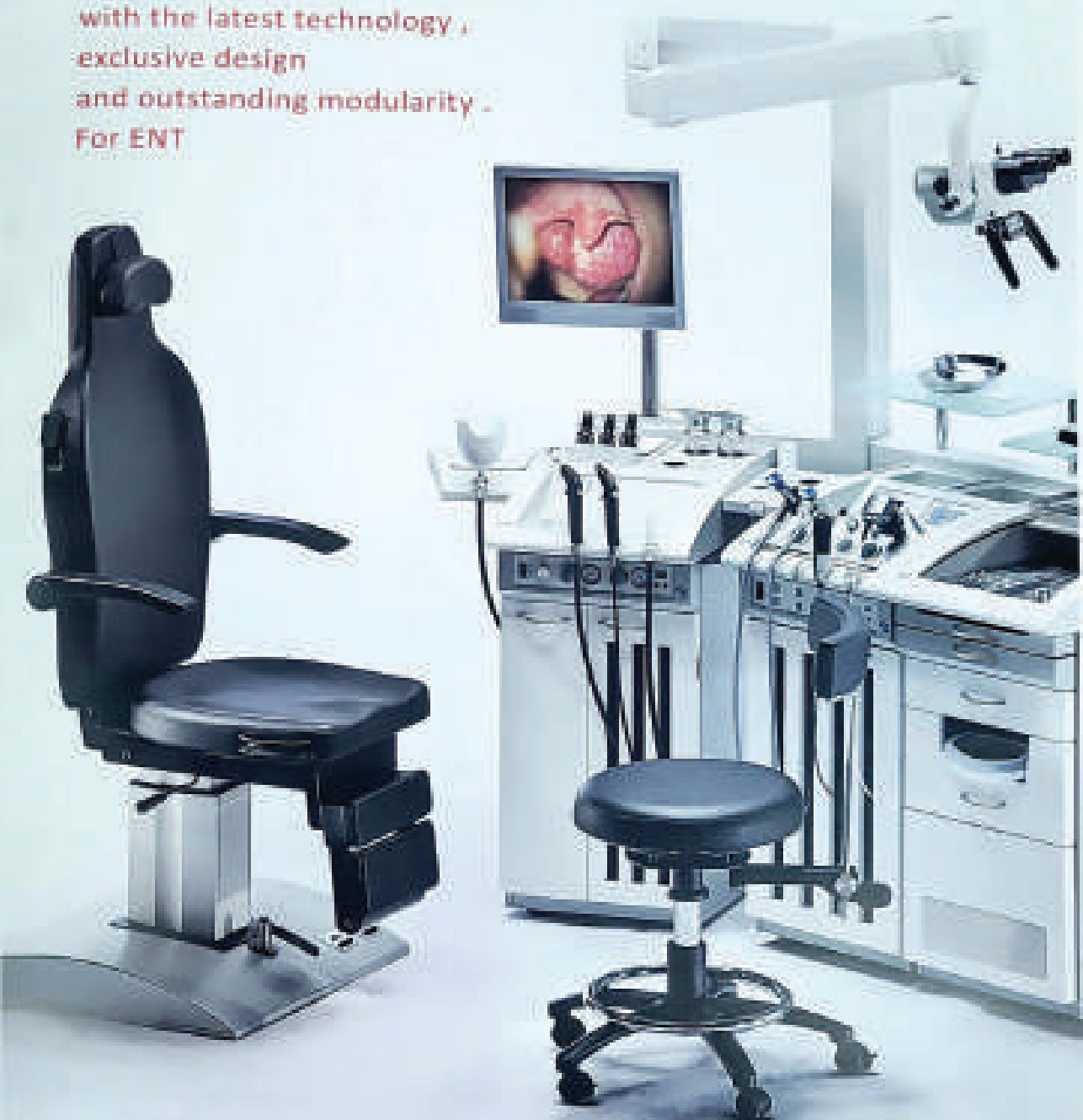


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