

A NEW APPROACH FOR ENT PATIENTS AND TRACHEOSTOMY IN THE CONTEXT OF COVID-19 PANDEMIC

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Abstract: *The year 2020 will be known by the healthcare providers by the COVID-19 pandemic.*

Until June 2020, a SARS-COV-2 (Severe acute respiratory syndrome) virus has infected more than 6.5 million people, killing more than 390.000. This novel coronavirus is spread mainly by close contact, air droplets and aerosols. Because of its special election for the upper aerodigestive tract, the head and neck doctors present a high risk during their consultations and surgeries. The paper aims to present how our clinic managed the patients using circuits and how they proceeded in case of emergency surgeries such as tracheostomy procedure. We consider that the safety of both doctors and patients should be carefully reviewed and updated during this period in order to keep everyone around in good health.

Keywords: *COVID-19, Tracheostomy, ENT doctor.*

AN UPDATE ON THE SURGICAL APPROACH OF THE SLEEP APNEA

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Abstract: *Sleep apnea, together with excessive sleepiness during daytime, restless sleep and snoring are effects of the sleep-disordered breathing. The first step in starting the treatment is to establish the right diagnosis and, the gold standard that helps in obtaining this is recording a polysomnographic study or an overnight sleep study. A reliable indicator of sleep apnea is chronic snoring. We can choose surgical treatment for patients after the patient has tried CPAP without success. The article aims to discuss the treatment strategies in means of surgical techniques used in treating sleep apnea, thus reducing anatomical upper airway obstruction in the hypo-, oro- and nasopharynx. The sites of obstruction of the upper airway involve one or more structures, such as the nasal septum, turbinates, nasal valve, adenoids, tonsils, anterior and posterior tonsillar pillars, uvula, soft palate and base of the tongue. Congenital abnormalities (tonsillar hypertrophy, macroglossia, retrognathia), tumors or laryngomalacia are some of the other reasons that determine the appearance of a site of obstruction. When surgical treatment is required, the first choices are represented by conservative procedures such as uvulectomy, nasal reconstruction, adenoidectomy, tonsillectomy, and palatal implants. Moreover, there are also invasive procedures like uvulopalatopharyngoplasty. Second-line surgical treatment for sleep apnea is complex and refers to maxillary-mandibular advancement, palatal advancement or base of the tongue surgery and tracheostomy.*

Keywords: sleep surgery, obstructive sleep apnea, snoring

BENIGN TUMORS OF THE VOCAL FOLDS – CHOOSING THE CORRECT THERAPY

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Abstract: *Benign vocal folds lesions usually affect general population, and it interferes with daily communication, causing hoarseness, coughing, pain or other symptoms for more than two to three weeks, when seeing a specialist is recommended. Typically, they include nodules, polyps, cysts, papillomas, Reinke edema, chondroma and simple dysplasia. Risks factors are multiple, and the diagnostic and management therapies are constantly developing, ranging from medical and behavioral to different surgical options. In the following paper, we will analyze the main characteristics of the benign tumors of the vocal cords, and how to choose the correct therapy.*

Due to the modern histological studies techniques, vocal folds anatomy has been better understood.

This aspect is important in order to understand the lesions site, and also for surgical reasons, in case this is necessary. The vocal fold has five layers, which, from deep to superficial, are: thyroarytenoid muscle, deep lamina propria, intermediate lamina propria, superficial lamina propria and the squamous epithelium. The vocal ligament is formed by the deep and the intermediate lamina propria, while the surface upon which the vocal fold vibrates is formed by the superficial lamina propria, which provides a gelatinous layer. These aspects are important when analyzing a vocal fold lesion and its treatment options. Polyps are the most frequent benign lesions of the vocal cords. They can appear either on one side or bilaterally. Repeated vocal cord irritation may lead to nodules, which are callous-like growths, and they appear bilaterally. If treatment is not initiated early, they can continue to grow and stiffen over time, so that makes early detection an important step. Cysts may occur when the irritation results in an obstruction of a glandular duct and when they appear, they significantly affect the frequency of the voice. The correct diagnostic is very important, because the treatment range vary from conservative, behavioral, medical and dietary therapies, to surgery. Typically, polyps are treated surgically, while nodules can first be treated conservatively, benefiting from behavioral therapy under the guidance of a speech therapist. Only when the behavioral and medical therapy does not succeed, and the nodule is refractory to it, surgery may be indicated. There are also a series of possible underlying issues that may need to be taken care of, among which: reflux, sinusitis, allergies, which can predispose to more often vocal lesions and vocal hygiene impairment. But one must also pay attention to behavioral intervention for smoking, stress, environment improvements, such as humidity. Benign vocal folds tumors benefit from a wide range of treatment options, from behavioral to medical and surgical therapies. The diagnostic is a very important step, so the correct treatment can be chosen. Prevention actions must be also taken, such as: stopping smoking, humidifying the rooms, reducing stress, warming up the voice before prolonged use, voice resting in anticipation of its intensive use, and avoiding alcohol drinking and caffeine intake.

Keywords: Benign, speech therapy, vocal cords tumors, vocal cords surgery

DIFFERENT ENDOSCOPIC APPROACHES OF THE INFERIOR TURBINATES: ADVANTAGES AND DISADVANTAGES

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Abstract: *Surgical treatment of the inferior turbinate hypertrophy is a largely debated topic due to the great number of approach possibilities, the role it has in normal nasal function and the possible complications that could arise. Making the right choice regarding the course of treatment of this pathology is paramount since it has a high impact on the patient's life.*

Keywords: *inferior turbinate hypertrophy, chronic rhinitis, inferior turbinoplasty.*

FRONTAL SINUS SURGERY – ENDOSCOPIC VS. OPEN

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Abstract: *The aim of our paper is to highlight the main advantages and disadvantages of both frontal sinus surgical approaches, the endoscopical techniques and the classic, open approach. Mainly, it is important to highlight the indications, the surgical procedure, the benefits and the risks associated with each of the options available. Frontal sinusitis usually occurs when an anatomic variation is present, a variation that can obstruct the ventilation and the drainage of the sinus (e.g.: high nasal septum deviation, variations in the pneumatization of ethmoid air cells). Surgical indications in the treatment of frontal sinusitis are: the presence of orbital or central complications (e.g. osteomyelitis, subperiosteal abscess, epidural abscess, brain abscess, meningitis, sinus thrombosis), mucocoele or failure of the conservative therapy, recurrent exacerbation or chronic reactivation of the disease. The two main categories of frontal sinus surgical approach are external and endoscopic techniques. There have also been developed combined methods of external and endoscopic approach, such as mini-trephine or a combined osteoplastic flap and endoscopic frontal sinusotomy. The external frontal sinus approaches include sinus puncture (Kuemmel- Beck frontal sinus trephine) and osteoplastic surgery, and its indications may include: central rhinogenous complications, osteomyelitis, treatment of pathologies involving the posterior wall of the frontal sinus, large osteomas, neo-osteogenesis of the frontal recess, intraosseous hemangiomas. While the external approach provides a satisfactory management of the frontal sinus diseases, at the price of not preserving mucosal and osseous integrity, endoscopic techniques have the advantage of being minimally-invasive, preserving normal mucosa, with the aim of relieving the frontal sinus pathology, while decreasing the rate of recurrence. There are several types of endoscopic approaches: endoscopic frontal sinusotomy, balloon sinoplasty and endonasal frontal sinus drainage (DRAF types I-III). Endoscopic approaches are suitable for both*

complicated acute sinusitis and chronic sinusitis: a first-time surgery, benign and malignant tumor surgery and medial mucopyocele. It is nowadays preferred for the frontal sinus surgical management and has successfully replaced the more invasive external approach, being almost always effective in treating even the most harmed frontal sinuses. Although, endoscopic surgery requires sufficient experience, a suitable surgical equipment and an intensive training, it is nowadays preferred in the vast majority of cases. It offers great advantages in reducing post-operative complications and recurrence rates in frontal sinus diseases for both acute and chronic conditions, while having a special emphasis on mucosal preservation. Though, the external method has been the main surgical access to the frontal sinus for decades, nowadays, the osteoplastic flap is being reserved to those cases that cannot be approached endonasally, presenting a wide range of disadvantages, such as postoperative complications, high recurrence rates, need of defect reconstruction and the risk of not having a good esthetic result, due to a possibly a conspicuous post-operative scar.

Keywords: frontal sinusitis, Functional Endoscopic Sinus Surgery, minimal-invasive, external methods

FRONTO-ETHMOIDAL SINUSITIS – WHEN SHOULD WE CONSIDER A MIXED APPROACH?

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Abstract: *Over time, paranasal sinuses surgery evolved towards less invasive techniques, which would preserve sinus mucosa and ensure a physiologic drainage. Thus, since the introduction of endoscopic surgery, indications for open surgery in inflammatory pathology of the sinuses were limited.*

In selected cases, the surgeon can benefit from the advantages of both approaches in order to increase the chances of success and lower the risk of complications.

The authors are presenting a case of chronic fronto-ethmoidal rhinosinusitis with orbital complication, which was treated using a mixed approach, endoscopic endonasal and external.

Keywords: sinusitis, mixed approach, orbital complication

LARYNGEAL PAPILOMATOSIS – A CONTINUOUS CHALLENGE

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Abstract: *Laryngeal papillomatosis is also known as glottal papillomatosis, benign disease of the upper aerodigestive tract caused by infection with human papillomavirus. The evolution is unpredictable, ranging from mild disease and spontaneous remission to an aggressive disease with pulmonary spread, a potentially life-threatening course can occur compromising the airways. Glottal papillomatosis is a disease with a low predisposition for malignancy.*

However the ENT surgent should be one step ahead of the disease in order to prevent the evolution to the state of a malignant tumour and to remove the lesions in the early stages. A requirement for frequent surgical debulking procedures is often needed. Many complementary therapies are being explored, together with new surgical instrumentation that can help avoid inevitable long-term stenotic complications, that can affect the quality of life. Vaccination has a potentially important role.

Keywords: HPV, oro-pharyngo-laryngeal cancers, vaccination, LASER CO2 surgery

LOCAL RECONSTRUCTIVE SOLUTIONS FOR PATIENTS WITH CEREBROSPINAL FLUID LEAKS

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Abstract: *Skull base surgery is considered one of the most challenging procedures in ENT surgery.*

Due to the location of the area involved, small mobility of instruments and the proximity of the brain, this technique is performed by few surgeons. The cerebrospinal fluid leak (CSF) represents the pathologic communication of the meningeal layer with the extracranial space. A nasal CSF leak can have multiple causes, and it represents an emergency taking into consideration the risks involved. It can occur after local surgery, a traumatism, a tumor or spontaneous. In the early stages, the patient describes the presence of watery-like nasal drainage. Later on, the evolution of this pathology can lead to convulsions and even coma. In this paper, we present the local endonasal reconstructive solutions for patients with CSF leaks.

All cases presented are patients operated in our clinic, mainly with Hadad-Bassagasteguy flap but we can extend the flap up to the inferior turbinate or middle turbinate. After surgery, all the procedures lead to a closed CSF leak. The flaps used did not lose their viability even after oncological treatments.

After the procedure, the patients' quality of life did not change, even more for those with previous functional obstruction, for which a significant improvement was reported. CSF leaks are still considered an emergency due to the risk of cerebral complications. For such intervention, an experienced surgeon is required. He must be able to find the exact place of the leakage and use a proper technique of closure that can avoid any future relapses. Nowadays, helped by the advances in imagery, the improvements of endoscopic instruments and well-trained doctors, CSF leaks closure have excellent rates of healing and a rapid reintegration of the patient in their healthy life.

Keywords: Anterior skull base, Cerebrospinal fluid leak, Endoscopic sinus surgery, Hadad-Bassagasteguy flap

MAJOR COMPLICATIONS IN ACUTE ODONTOGENIC MAXILLARY SINUSITIS – THE SAFE MEDICAL CONDUCT

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Abstract: *Maxillary sinusitis of odontogenic origin is a common disease in dental, otorhinolaryngologic, allergic, general, and maxillofacial contexts. Despite the modern antibiotic therapies applied in the practice of otorhinolaryngology, the orbital complications of sinusitis are still considered a severe threat to essential functions of the eye, including loss of vision, and at worst, life-threatening symptoms. The aim of this paper is to illustrate the major complications of acute odontogenic maxillary sinusitis with a relevant clinical case. The diagnose was determined based on anamnesis, anterior rhinoscopy and CT scans with coronal and axial projections. Intensive treatment was initiated with a combination of broadspectrum antibiotics. A combined endoscopic approach with Caldwell-Luc technique was performed under general anaesthesia. Orbital complications of sinusitis are considered to be severe pathologies.*

The multidisciplinary team consisting of a ophthalmologists, otorhinolaryngologists, and neurologists is critical for the good outcome of the patient. Urgent diagnostic studies (imaging investigations), aggressive antimicrobial therapy and surgery are indicated.

Keywords: *odontogenic sinusitis, maxillary sinus, orbital complication*

MANAGING CHILDBIRTH DURING THE CORONAVIRUS PANDEMIC

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Abstract: *The current epidemiological context of the SARS-CoV-2 pandemic imposes special management of a suspected or confirmed COVID-19 positive pregnant women in order to prevent vertical transmission and to protect medical staff. Thus, we aim to present the current situation according to literature data which include 86 pregnant women who have given birth to 87 newborns (one twin pregnancy). We have acquired clinical data which further complement guideline recommendations regarding pregnant patients who are suspected or confirmed to be infected with the new coronavirus (2019-nCoV, SARS-CoV-2). In conclusion, measures need to be implemented in order to protect the medical staff and the newborn. If a pregnant coronavirus patient shows suggestive symptomatology, delivery by caesarian section must be considered. Vertical transmission is possible and, most likely, new information about the 2019-nCoV associated pregnancy will be published in the near future.*

Keywords: *COVID-19, SARS-CoV-2, pregnancy, birth, newborn, labor, caesarian section*

NASAL OSTEOSARCOMA – LONG TIME MANAGEMENT

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***Abstract:** The nose and paranasal sinuses are an uncommon location for osteosarcomas. With few reports in literature, there aren't any guidelines on long time management. The main goal in treating osteosarcomas is a complete surgical resection with negative histological margins, which also represents the strongest prognostic factor for survival. Overall survival rates vary with different citations and can be improved by adding oncological treatment. Chemotherapy was used as adjuvant to surgery with positive outcomes, while radiotherapy was preferred for cases with negative prognostic factors. Long time follow-up recommendations should continue for a decade after diagnostic and treatment. The authors are presenting a case of recurrent nasal osteosarcoma at a 29-year-old patient.*

***Keywords:** nasal osteosarcoma, surgical treatment, oncological treatment*

SURGICAL APPROACH OF INVERTED PAPILOMA – AN UPDATE ON ENDOSCOPIC INTERVENTIONS

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***Abstract:** Inverted papilloma is a benign sinonasal tumor, having the most common surgical indication amongst them. It originates from the mucosal lining of the nasal lateral wall and paranasal sinuses. With still an unclear pathogenesis, this neoplasm has aggressive local growth, with a risk of malignant transformation and a high post-surgery recurrence rate. With endoscopic surgery gaining more popularity and efficiency over the years, the paper aims to present the endoscopic approach of the inverted papilloma and its advantages, focusing on the maxillary sinus localization. The tumoral mass that is free-floating in the nasal cavity is firstly debulked using the powered microdebrider. The surgeon is aiming to completely remove the attachment region of the tumor and, after that, also extract the part growing into the sinus. A transseptal access with crossing multiple incisions technique can be used to move the tumor across the median line, in the central compartment of the nose to expose the pedicle of the tumor. In higher Krouse stages, the surgery of other sinuses can require a combined approach, as the endoscopic one can be insufficient. An incomplete resection in primary surgery is considered to be linked to a higher recurrence rate of the inverted papilloma. Therefore, ENT surgeons, tend to use pedicle-oriented endoscopic surgery for the complete removal of the tumor, because of its lower recurrence rate, lack of facial scars, reduced intraoperative and hospitalization time, reduced postoperative pain and reduced face swelling compared to the open approach. Endoscopic surgery, with the help of imaging techniques, has now become a gold standard for experienced rhino-surgeons.*

***Keywords:** inverted papilloma, pedicle-oriented surgery, functional endoscopic surgery, benign sinonasal tumor.*

SURGICAL TREATMENT OF NASAL VALVES DYSFUNCTION

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***Abstract:** Although being common in current practice, the nasal valve dysfunctions are often overlooked in cases of nasal obstruction and poor nasal airflow, leading to misdiagnose and maintenance of the patient's symptoms.*

There are two valve mechanisms in the nose: the external and the internal one. The nasal valve area is the narrowest point in the nasal cavity, having the biggest airflow resistance, and being crucial for the functional part of the nose. The causes of these dysfunctions can be primary or secondary (due to other underlying nasal abnormalities), each having its own surgical treatment and site of interest.

The paper aims to present the surgical approach of this pathology, focusing on the primary nasal valve insufficiency.

We will present a review of the surgical techniques that are used for the treatment of nasal valves dysfunctions according to the affected area and the collapse degree during forced inspiration.

The first area corresponds to the internal nasal valve, where we used: radiofrequency, spreader grafts, spreader flaps (folding the upper lateral cartilage), Park's mattress flaring suture and splay grafts.

The second area corresponds to the external nasal valve, situated at the vestibular region, for which we used radiofrequency, lateral crura tightening techniques, lateral alar rim support grafts, lateral alar strut grafts and batten grafts, depending on the patient's symptoms severity.

There are also cases where the dysfunction is affecting both areas, the entire lateral nasal wall, therefore requiring a combination of the aforementioned techniques for strengthening the wall.

Due to anatomical and functional particularities and complexity, we can conclude that nasal valve dysfunctions are not easy to manage. Therefore, the surgeon should correctly identify the cause and site of the pathology in order to choose a proper procedure. There is no single technique to address every type of dysfunction. We consider the open rhinoplasty to be more helpful in complex cases, because of the better visibility and more precision, while less severe ones can be approached through a closed method.

Keywords: *nasal valve, functional nasal surgery, lateral wall insufficiency*

THE ENDOSCOPIC APPROACH OF PARANASAL SINUSES – A SYSTEMATIC REVIEW

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Abstract: Endoscopic techniques have improved and gained popularity among ENT surgeons. Their minimally invasive role in surgery has been widely accepted in most communities. Functional endoscopic sinus surgery is a standard procedure performed within otolaryngology, but it carries the potential for significant life-changing complications. It is, therefore, essential that trainees undergo adequate training.

The assessment of the nasal cavities with rigid or flexible optics, and imagistic examinations (CT and MRI) have an important role in establishing the nature of the lesions in the paranasal sinuses. These assessments are mandatory before endoscopic sinus surgery. In this paper, we aim to present information on functional endoscopic sinus surgery that help the surgeon prevent intraoperative and postoperative complications. We have reviewed the data from literature, and presented selected information about the most common functional sinus surgery procedures with focus on anatomic landmarks. The learning curve for endoscopic sinus surgery is prolonged because of rigours and extensive training. Surgeons should rely on easily recognizable and constant anatomic landmarks to guide the surgery. Although the paranasal sinus anatomy has a great variability, there are constant bony landmarks that should be searched during surgery in order to have a good orientation in the field. These simple markers may prove useful in all endoscopic surgery.

Keywords: endoscopic sinus surgery, paranasal sinuses, minimally invasive

TUMORAL DEBULKING FOR EXTENSIVE NASO-SINO-ORBITAL TUMORS

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Abstract: Sinonasal malignant tumors are a group of heterogenous, rare neoplasms, with a yearly incidence of 1 case per 100000 people, which are usually located next to critical neurovascular structures.

They are twice more frequent in males than in females and often related to a history of professional exposure. Initial signs and symptoms are subtle and similar to those in benign sinonasal pathology. For this reason, in many cases, these tumors are diagnosed in advanced stages. Being unilateral and lacking response to usual treatments should raise the question of malignancy. Invasion of the orbit depends on histology, location, specific tumor aggressiveness and is a marker of poor prognosis. However, the development of endoscopic technology and high-resolution imaging have led to improvements in the diagnostic and therapeutic processes.

Keywords: sinonasal malignancy, endoscopic surgery, orbital invasion, tumor debulking.

TUMORS LOCATED IN THE SUPRACLAVICULAR FOSSA - THE NECESSARY STEPS IN CASE MANAGEMENT

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Abstract: *The management of a patient with supraclavicular fossa tumefaction is a challenge for the ENT surgeon. A systematic approach is based on two critical features: the anatomy of the area and the pathology that might develop in the respective structures. The differential diagnosis consists of three main categories: infectious/inflammatory disease, congenital and neoplastic pathology. Solitary supraclavicular tumefaction in the young adult is frequently metastatic and must be treated accordingly.*

The rigorous anamnesis and clinical examination often lead to a provisional diagnosis. Laboratory testing and imaging investigations are mandatory parts of the diagnostic algorithm. In most cases the excisional biopsy and histopathology are required in order to establish a definitive diagnosis and plan for further treatment. The purpose of this article is to review the necessary steps in managing a patient with a supraclavicular fossa mass, by means of a clinical case.

Keywords: *cervical mass, supraclavicular fossa, biopsy, differential diagnosis, clinical examination*

UVULOPALATOPLASTY TECHNIQUES. AN OVERVIEW

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Abstract: *Over the past years, the technique of uvulopalatoplasty has significantly evolved. For the first time, the LASER technique was described in 1986 by Carenfelt and involved the broad approach of the anterior pillars, as well as the partial resection of the anterior pillars and tonsils. Furthermore, the technique has been modified by Kamami and named LASER-assisted uvulopalatoplasty. For uvulopalatoplasty, you can also use radiofrequency, which is the minimally invasive technique for primary snoring and mild obstructive sleep apnea. Uvulopalatoplasty is an effective and safe surgical treatment for obstructive apnea and severe snoring. This article aims to discuss the strategical surgical techniques used for uvulopalatoplasty. Most complications can be avoided by using the proper surgical procedure.*

The surgery of the soft palate and uvula consists of performing both radical techniques for large surfaces removal from oropharyngeal structures as well as minimally invasive techniques that decrease the risk of later fibrosis and impaired function. Hypotonia or atonia of the soft palate, as well as hypertrophy of the uvula, may cause sleep disorders, revealed both by primary snoring and later on, obstructive apnea.

LASER uvulopalatoplasty can be associated with radiofrequency or coblation stiffening of the soft palate.

In these cases, it is not recommended to perform both surgeries in the same session in order to avoid pain and the possible local and general complications. New surgical techniques

have the advantages of being less traumatic for the patient and therefore, more suitable for local anaesthesia and outpatient surgery.

Keyword: *LASER surgery, radiofrequency, coblation, uvulopalatoplasty*

VISUAL PERFORMANCE ASSESSMENT OF AIR TRAFFIC CONTROLLERS

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Abstract: *The paper reviews the parameters of optimal functioning of the visual apparatus, integrating them into a “pyramid of vision”, which allows an integrated approach to testing visual function in professions with high psycho sensory requirements, such as aeronautics. Methods for testing DVA (Dynamic Visual Acuity), SC (Contrast Sensitivity), VB (Binocular Vision) and stereoscopy are mentioned, of great importance in the aeronautical environment. The identification of the causes proposes the counterbalancing measures of CVS (Computer Vision Syndrome).*

Keywords: *traffic controller, Visual Performance Index (VPI), Computer Vision Syndrome (CVS).*