

Tips on nasopharyngeal carcinoma surveillance

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ABSTRACT

Introduction: The main objectives of post-treatment surveillance are to detect tumour recurrence or second primary tumours early. It is also essential to address the complications of treatment and to provide emotional support where necessary. **Methods:** There are several modalities of post-treatment surveillance, which include history, physical examination, nasoendoscopy, imaging studies (PET, MRI, CT, US) and serology (EBV DNA, TFT). Published data to support the use of these modalities and the optimum frequency that they should be carried out will be discussed. **Results:** There is no consensus in the literature on the optimum frequency of follow-up visits after treatment with curative intent. However, tumour recurrence is more common in the first 3 years after treatment and follow-up visits should be more frequent in the first few years after treatment. There is some evidence that PET-CT may be the most sensitive imaging modality for surveillance. **Conclusion:** It is unclear whether surveillance provides any survival advantage. Nevertheless, a structured surveillance protocol will provide the clinician some guidelines to adhere to.

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The ENT Conundrum in primary immunodeficiency: What are we missing?

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ABSTRACT

Introduction: Primary immunodeficiency (PID) causes recurrent infection including ear, nose and throat infection. The ENT manifestation in PID was not well studied before. The aim of the presentation is to highlight the ENT manifestation that may occur in PID patients and indication for referral to paediatric of the cases that suspected PID. **Methods:** PID patients were screened for any ENT manifestations by history and physical examinations. The results were tabulated and presented as descriptive result. **Results:** Majority of PID patients has ENT manifestation (83%) either as the presenting complaints, during the PID diseases progression or newly diagnosed by screening. The most common ENT recurrent infection in PID patients was otitis media and recurrent tonsillitis. Rhinosinusitis was also one of the manifestations in PID as well. From Jeffrey Modell Foundation, Primary Immunodeficiency Resource Centre, the 2 from 10 warning sign for PID were recurrent ear and nose infection (four or more new ear infections within 1 year and two or more serious sinus infections within 1 year). **Conclusion:** All patients with PID need to be screened for ENT manifestations and referral should be made accordingly. Patients with recurrent ENT manifestations and infections should be screened for PID and should be referred to paediatrician for further management.