

4.6 Congenital ENT anomalies and management

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Common congenital ENT anomalies in Hong Kong that required surgical treatment are microtia, aural atresia, congenital hearing loss, congenital malformation of the nose, choanal atresia and airway anomalies causing obstruction.

In the Department of Surgery, Queen Mary Hospital, from August 1994 to July 1998, ENT Surgeons had performed 32 cochlear implants for children with congenital profound hearing loss, the follow-up period ranged from 4 months to 4 years. The pure tone threshold after implant reached speech spectrum in all patients and the speech outcome is excellent. Economic analysis of the project by means of cost per quality adjusted life year also indicated good "value for money".

From 1992 to 1997, our team had assessed 62 patients presenting with neonatal onset stridor. Laryngomalacia is the most common cause occurring in 70% of patients. Multiple lesions are common, double pathology occur in 12 patients (19%) and triple pathology in 3 (5%). Microlaryngeal surgery especially when combined with the use of CO₂ laser enabled the surgeon to treat the primary anomaly. Tracheostomy may thus be avoided. Other anomalies are also successfully managed with multidisciplinary team approach.

In summary, management of congenital ENT anomalies account for a significant part of our Pediatric Otolaryngology work. Form, function or both may be affected and often a multidisciplinary team approach is called for. Present day technology enabled us to provide specific and effective treatment for many anomalies and greatly improved the outcome of these children.

5.2 Pancreatic β cell function, insulin resistance and glycaemic control in newly

5.1 Toxicity profile of protease inhibitors in local HIV-infected patients

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Protease inhibitors (PI) are a new group of drugs which can effectively suppress HIV replication. Highly active antiretroviral therapy (HAART) using a PI and 2 nucleoside analogue reverse transcriptase inhibitors (NRTI) or 2 PI and 1 NRTI can reduce mortality and morbidity of HIV-infected persons to an extent not demonstrated by other antiretroviral agents. Side effects, however, are not uncommon. A study was carried out at our HIV clinic by record review to document the range and the frequency of adverse events in local patients associated with the use of PI.

Since May 1997, the 3 PI saquinavir, ritonavir and indinavir consecutively became available at our clinic. As at the end of March, 1998, a total of 70 HIV-infected patients had been treated with PI (total number of regimens: 72). 81% were Chinese and 90% were male. Before starting PI, CD4-cell count ranged from 1 to 317/ μ l (mean: 81.7, median: 62.5). 32 had developed AIDS. Their total follow up period after start of PI was 44.2 patient-years (mean 7.6 months, median 7.8 months)

Among the 60 patients who had indinavir with 2 NRTI, the more common side effects were: asymptomatic hyperbilirubinaemia (59%), nausea/vomiting (28%), fat redistribution (23%), nephrolithiasis (17%), raised ALT (13%), hyperglycaemia (12%), diarrhoea (8%) and paresthesia/taste disturbance (8%). Nephrolithiasis and fat redistribution are 2 adverse reactions unique to indinavir. The latter was not known until the drug had been widely used. In our patients, 17% had isolated facial lipodystrophy, 3% had wasting of limbs and 3% had abnormal fat accumulation in the form of abdominal distention and/or buffalo hump. Overall, indinavir had to be stopped in 1 patient because of excessive nausea and vomiting.

Among the 5 patients who had ritonavir with 2 NRTI, the more common side effects were: nausea/vomiting (60%), raised ALT (60%), diarrhoea (40%), taste disturbance (20%) and asymptomatic hyperbilirubinaemia (20%). Ritonavir had to be stopped in 1 patient because of ritonavir-induced hepatitis.

5 patients had ritonavir together with saquinavir and 1 NRTI. Paresthesia was the most common complaint (60%) followed by nausea/vomiting (40%) and diarrhoea (40%).

For the 2 patients treated with Saquinavir together with 2 NRTI, the only reported side effect was diarrhoea (50%).

Isolated cases of hyperlipidaemia were found in patients on indinavir and ritonavir.

As over 80% of patients experienced some form of adverse reaction with PI, these agents should best be used by physicians familiar with HIV medicine to monitor their side effects and to decide on their optimal use to avoid the emergence of drug resistance, which could lead to treatment failure of HAART.

5.3 Sputum elastase activity correlates with clinical parameters