

# IAO

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ics of the University Hospital at Federal University of Sergipe. The study sample consisted of 18 adults of both sexes, aged between 18 and 59 years, with asthma diagnosis since childhood, associated or not with rhinitis. The patients were submitted to oromiofunctional evaluation, collection of peak expiratory volume maximum in one second and peak nasal inspiratory flow, besides the application of protocols to control asthma and allergic rhinitis. **Results:** 44.4% of the participants had a diagnosis of rhinitis only and 55.6% had asthma and related rhinitis; 38.9% of the patients presented uncontrolled asthma; 55.6% of the patients had low nasal inspiratory flow peak; 27.8% presented mild orinasal respiration; 38.9% severe orinasal respiration. **Conclusions:** In the present study, it was possible to demonstrate the interrelationship between asthma and/or rhinitis with oral breathing, by relating them with peak nasal inspiratory flow and changes in the respiratory pattern.

**Keywords:** rhinitis; Asthma; Breathing; Speech therapy.

### 9788. Audiological Evaluation in Children with Retinoblastoma

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**Introduction:** Retinoblastoma is a primary intraocular tumor. Depending on the treatment protocol with chemotherapy and/or radiation, it may be associated with bilateral and irreversible hearing loss. **Objective:** to characterize the audiological evaluation in oncological patients with history of retinoblastoma. **Methods:** The group was selected from Instituto de Oncologia Pediátrica- UNIFESP. Inclusion criteria were: age equal or superior to 5 years old, uni or bilateral retinoblastoma diagnosis, be on remission and not be on chemotherapy in the past 2 years, be subjected to a minimum of 6 chemotherapy cycles with Carboplatin, alone or associated with other drugs. Selected children were subjected to Tone Threshold Audiometry, High-Frequency Audiometry, oral audiometry, acoustic immittance measurements, otoacoustic emissions evoked by transient stimuli, and also clinical history. **Results:** 21 patients were included in the study. Statistically significant differences were observed in relation to auditory thresholds between groups of subjects for the frequency of 250 Hz to the left ear, and to 500 Hz in both ears, with G1 (children aged from 5 to 12 years old) presenting worse auditory thresholds than G2 (teenagers from 13 to 19 years old). Regarding transient otoacoustic emissions, there was no statistically significant variation. It was found that both general response, as well as frequency bands, were diminished on the left ear of the two groups. **Conclusions:** Children that underwent chemotherapeutic treatment with Carboplatin presented auditory thresholds within normal patterns and regular cochlear function.

**Keywords:** audiology; oncology; audiological evaluation; carboplatin; children.

### 9789. Swallowing Characterization of Children with Asthma and Rhinitis

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**Introduction:** Asthma and allergic rhinitis are considered manifestations of the same syndrome, described as allergic inflammation of the airways, since they have com-

mon epidemiological, genetic and pathophysiological bases. Thus, any alteration in relation to the mode and type of this breathing function may occur losses in the other stomatognathic functions, such as swallowing. **Objective:** To characterize the swallowing function in children with asthma and rhinitis. **Method:** The study was developed in the Pediatric Outpatient Clinics of the University Hospital at Federal University of Sergipe. The study population consisted of 30 children aged between 06 and 14 years, of both genders, with a diagnosis of asthma and/or rhinitis. **Results:** 30% of the participants had oral sealing with mild contraction for liquid and pasty consistency and 26.7% for solid consistency. All of them kept the tongue inside the oral cavity, in all the consistencies tested. 6.6% presented associated head movement for liquid consistency, pasty and 6.7% for solid. The tension of the facial muscles was present for 53.4% of the participants with liquid consistency, 60% with pasty consistency and 63.3% for solid consistency. All patients presented absence of food leakage. **Conclusions:** The present study showed that children with asthma and rhinitis presented slight alterations in swallowing function, with regard to the tension of the facial muscles, which may be altered as a result of oral breathing, consequence of nasal obstruction present in people with medical diagnosis of asthma and or rhinitis.

**Keywords:** rhinitis; asthma; swallowing; speech therapy.

### 9790. Oropharyngeal Dysphagia in Frailty Syndrome Susceptibility in Patients with Neurodegenerative Diseases

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**Introduction:** Frailty syndrome is considered a multidimensional syndrome, which involves biological, physical, cognitive, social, economic and environmental factors, and can be manifested in individuals of all age groups. During the course of a progressive neurological disease, half of the patients affected by the disease will develop oropharyngeal dysphagia, and as it progresses, it leads to significant health problems, including malnutrition, dehydration, aspiration pneumonia and even death. **Objectives:** To verify the association of oropharyngeal dysphagia in the frailty syndrome in patients with neurodegenerative diseases. **Methods:** A cross-sectional study whose sample consisted of 99 patients diagnosed with neurodegenerative and neuromuscular diseases treated at a referral hospital in Porto Alegre. The medical records of patients treated at this outpatient clinic between April 2016 and May 2018 were analyzed. Type of neurodegenerative disease, disease duration and results of frailty and swallowing assessments were collected. To determine the frailty, the Edmonton Frail Scale protocol was used. The Northwestern Dysphagia Patient Check Sheet, Eating Assessment Tool, and the Dysphagia Detection Questionnaire in patients with Parkinson's disease were used for the evaluation of swallowing changes. **Results:** There were factors associated with frailty syndrome: mild-grade oropharyngeal dysphagia (PR = 3,642; CI95%: 1,726-7,685); moderate to severe oropharyngeal dysphagia (PR = 2,509; CI95%: 1,127-5,589) and self-perception of signs of oropharyngeal dysphagia (PR = 1,787; CI95%: 1,117-2,857). **Conclusions:** It is concluded that what contributes to the presence of frailty syndrome in patients with neurodegenerative and neuromuscular diseases is oropharyngeal dysphagia, regardless of its degree, as well as its self-perception.

**Keywords:** deglutition; frailty; neurodegenerative disease.