

# IAO International Archives of Otorhinolaryngology

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18th Congress of Otorhinolaryngology Foundation  
August 29-31, 2019



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# International Archives of Otorhinolaryngology

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### 9263. Audiological Evaluation in Wolf – Hirschhorn Syndrome – Case Report

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**Introduction:** Wolf-Hirschhorn syndrome is a genetic alteration caused by the partial deletion of the short arm of chromosome 4. The auditory evaluation is fundamental, since the hearing loss is part of the clinical alterations. **Objective:** To describe the results of the audiological evaluation in Wolf-Hirschhorn Syndrome. **Resumed Report:** EMS, female, three years, was born 39 weeks. Received the diagnosis of the syndrome after birth when the genetic test was performed. It presents a global development delay. Child failed the Neonatal Hearing Screening and the brainstem evoked response audiometry. In 2017, in immittance audiometry, it presented a bilateral type C curve with absent transient and distortion product otoacoustic emissions. In 80 dBnHL, brainstem evoked response audiometry with absolute latencies of I, III and V waves and normal interpeak latencies bilaterally. Electrophysiological threshold at 45dBnHL in the right ear and 50dBnHL in the left ear. In 2018 with chronic otitis media, he performed the tympanocentesis procedure. After five months, audiological reassessment with brainstem evoked response audiometry by stimulus click, by specific frequency, that confirmed moderate sensorineural hearing loss in both ears. In the behavioral evaluation, there was a delay in the development of hearing abilities, but there was an improvement. In visual reinforcement audiometry, she presented responses between 50 and 60 dBnHL. **Conclusions:** The combination of subjective and objective methods was fundamental for a reliable audiological diagnosis, and enabled the process of auditory rehabilitation through the use of the hearing aid.

**Keywords:** wolf-hirschhorn syndrome; hearing; electrophysiology.

### 9265. Noise Interference and Evaluation of Two Different Headphones During the Use of a Teleaudiometry Method for Tablet

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The aim of this study was to compare the performance of two types of supra-aural headphones for automatic hearing screening using a tablet and to verify the noise interference in the evaluation. The hearing screening application automatically evaluates the frequencies of 0.5 kHz at 30 dBHL and 1, 2, and 4 kHz at 20 dBHL, 2.5 s in duration, in each ear separately. Two different headphones were tested: TDH 39 and Sennheiser HD 280 PRO. Each of the headphones was tested in three situations: in silence and in the presence of White Noise (WN) and Cafeteria Noise (CN) both 50dB(SPL) emitted by speakers, inside soundproof booth. The results of the screening were compared to the gold standard, which is the conventional tonal audiometry performed in the sound booth. The study was approved by the Research Ethics Committee. Thirty-three adults of both sexes participated of this study. Both headphones achieved good performance. For the Sennheiser HD 280 PRO, 33 individuals passed the (hearing) screening, both in the quiet and noise situations. For the TDH 39, 31 individuals passed the (hearing) screening, one of the individuals failed in silence and noise (WN) situations and one in the silence. The screening failures, although in small numbers, showed that the Sennheiser HD 280 PRO outperformed the TDH 39. There was no difference in the performance of the screening results between the two types of noise in the two different headphones.

### 9268. Feeding Disorders in Childhood

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**Introduction:** Eating disorders in childhood are classified, among others, as unspecified disorders, whose symptoms involve a restriction of food choices. Usually, there is a fragilized family, which creates expectations and makes meal time stressful for the child. The management is to rebuild trust so the child can enjoy food. **Objective:** To report a case of inappetence. **Report:** Approved by Ethics in Research committee # 1900382. Girl, currently two years and four months old, presents a clinical history of polycystic kidneys, hospitalized in an Intensive Care Unit at three months of age, where a nasal enteric feeding tube was introduced. She remained hospitalized for seven months and oral feeding was restricted to apple bananas and starch cookies. Given clinical disorders, she was fed by feeding tube four times a day through a slow progression infusion pump. Speech-language Therapy evaluation found an important food restriction, use of oral medication and incoordination for ingestion. The diagnosis reached was of food inappetence. A kidney transplant was performed at one year and ten months old, continuing with the same clinical status for feeding, even with handling some food, rarely bringing it to her mouth and consuming small amounts. She presents tactile aversion to textures and refuses to be fed. **Conclusions:** The role of Speech therapy in cases of eating disorders, despite still less known among professionals, becomes the focus of attention of this professional who seeks to make eating safe and pleasurable for the child.

**Keywords:** feeding; child behavior; feeding and eating disorders.

### 9272. Eletrofisiological Profile : Anterior Inferior Cerebellar Artery (AICA)

Natalia Ferrazoli, Caroline Donadon, Renata Unger Lavor, Milaine Dominici Sanfins, Adriano Rezende Silva, Reinaldo Jordão Gusmão  
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**Background:** We can observe in the imaging examination, in some cases, the presence of a vessel, most often the anterior inferior cerebellar artery (AICA) in relation to the internal auditory meatus and coming into contact with the VIII cranial nerves and, there are many questions whether this anatomical variation can actually be seen as the cause of the symptoms mentioned. **Objective:** This study aims to discuss whether AICA can be considered a differential diagnosis between the causes of SHL and tinnitus. **Material:** 02 women and 01 men, between 65 to 74-year-old, complaining of tinnitus and sensorineural hearing loss with audiometric interaural asymmetry. In addition to hearing evaluation and electrophysiological assessment (auditory brainstem response, VEMPc, P300, electrocochleography), laboratory tests were performed, Computed Tomography (CT) of Mastoid and Magnetic Resonance Imaging (MRI) of the cerebellar point angle for investigation of the clinical picture. **Results:** All patients presented to the MRI types II or III vascular loops of the Chavda classification, sensorineural hearing loss and audiometric with interaural asymmetry. Altered results at ABR and electrocochleography, P300 with normal results and other tests were normal. For rehabilitation and treatment options, we opted for the attempt of ambulatory control and adaptation of bilateral hearing aids with auditory training. **Conclusions:** AICA within the internal auditory meatus, asymmetric sensorineural audiometric and altered ABR, can be an impor-

and high frequencies (TA2: 4000, 6000, 8000 Hz) were considered. Data were analyzed statistically by Student's t-test. **Results:** The TA1 for G1 right ear was 31,21 decibels and G2, 26,61 decibels ( $p=0,268$ ). For TA2, the G1 mean was 51,44 decibels and G2, 41,41 decibels ( $p=0,063$ ). To the left ear, the G1 TA1 was 33,41 decibels and G2, 26,89 decibels ( $p=0,145$ ), and TM2 53,18 and 44,97 decibels ( $p=0,131$ ), respectively. **Conclusions:** There were indications of worse hearing in the diabetic group, which presented worse thresholds, but with no statistically significant difference.

**Keywords:** aged, audiology, diabetes mellitus, hearing loss.

### 9319. Speech-language pathology intervention in a patient with Behçet's Syndrome

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**Introduction:** Behçet's syndrome is a multisystemic vasculitis of unknown etiology that causes painful oral and genital wounds, skin lesions, neurological, joint, renal and gastrointestinal manifestations. Speech therapy can contribute to the recovery of these patients, mainly guaranteeing a safe diet. **Objective:** To report the speech-language pathology intervention of a patient with Behçet's syndrome. **Case Report:** Patient P.R.M., 15 years old and with Behçet's Syndrome, was hospitalized at Santo Antônio Children's Hospital, before even being aware of his diagnosis, and began speech-language therapy after medical team's request to introduce alternative communication. In the initial evaluation, patient presented hypotonic orofacial musculature, with open lips, tongue on the buccal floor, bite reflex, reduced laryngeal mobility and use of exclusive alternative route of feeding. Myofunctional therapy and swallowing stimulation were performed with cold thermal and gustatory stimuli. Evaluations were also performed for diet progression during hospitalization, since he presented moderate to severe oropharyngeal dysphagia. Nineteen sessions and videofluoroscopic swallowing study were performed during hospitalization. Patient was discharged from the hospital, more communicative, slowed speech, weak and breathy voice and with indication for liquidized pasty diet and thickened liquids. **Conclusions:** Speech therapy and follow-up were of great importance in this case, providing safety for the patient when feeding, as well as re-adjusting orofacial structures affected during hospitalization, besides reinforcing the need for speech therapists in the hospital environment.

**Keywords:** behçet's syndrome, speech therapy, deglutition disorder, myofunctional therapy.

### 9323. Speech Therapy in a Patient with a Cleft Lip and Palate

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**Introduction:** The cleft lip and palate is a malformation capable of leading to several alterations that interfere with an individual's life. Speech therapy assists in bettering affected structures and functions, as well as preventing compensations that may arise during the development of the individual. **Purpose:** To report the speech pathology follow-up of a patient with a complete unilateral cleft lip and palate. **Case Report:** Study approved by the Ethics and Research Committee (1900382). Patient with a complete unilateral cleft lip and pal-

ate began speech-language therapy at Santo Antonio Children's Hospital at 3 years and 2 months old. An initial evaluation was conducted, and therapeutic goals were set, such as directing airflow into the oral cavity, adapting the mobility and posture of orofacial structures and increasing velopharyngeal sphincter mobility, as well as correcting the phonetic-phonological alterations according to language acquisition. Therapy consisted of weekly and sometimes bi-weekly meetings 45-minutes long, totaling 78 sessions in 4 years. Speech therapy showed upper lip elongation, thinner scarring of the lips, directing air to the oral cavity, lip sealing, phonoarticulatory adequacy, and therefore, all the objectives achieved. **Conclusions:** Follow-up and speech therapy provide the cleft patient with more adequate orofacial structures and a better establishment of stomatognathic functions and communication. Clinical evolution varies but it is necessary to seek it from birth until the completion of corrective and/or aesthetic surgeries since each stage of development has a specific speech-language clinical demand.

**Keywords:** speech-language pathology, cleft palate, cleft lip, myofunctional therapy.

### 9324. Phonoaudiologist and Community Health Agent in Partnership to Promote Safe Feeding in Patients Paved

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**Introduction:** Adults and elderly people bedridden by degenerative or neurological conditions often present dysphagia, which is considered a disorder in one or more phases of swallowing, which can affect the lower airways. In Primary Care, one of the professionals close to these patients is the Community Health Agent, who can give initial guidelines in the cases of dysfunctional swallowing and request guidance from a speech therapist. **Objective:** To promote training with the team of Community Health Agents regarding the physiology and swallowing changes that can be found in home visits for adults and the elderly in bed and to know the basic care necessary for a safe diet. **Methodology:** One-hour training in the format of a dialogic class, with the following topics being addressed: Speech-language pathology in swallowing disorders, normal and dysfunctional swallowing physiology, important signs of risk during feeding, food security of the bedridden patient and criteria for referral for specialized evaluation. **Results:** The exchange of knowledge and experience allows early identification of the risk signs of dysphagia and provides an efficient orientation in the promotion of food safety, as well as signaling the cases that need referral to a specialized team. **Conclusions:** The empowerment of the Community Health Agent in the identification of signs of dysphagia is an important strategy that reduces injuries and hospitalizations as well as savings for public health.

**Keywords:** speech therapist, community agent, dysphagia.

### 9325. Characteristics of Lips and Tongues of Children and Adolescents Oral Breathers

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**Introduction:** Nasal breathing is an essential function for the balanced growth and development of the orofacial musculature. Against any impediment, or resistance in the passage of air through the nose, a breath is observed by an alternative