

# IAO

# International Archives of Otorhinolaryngology

*Organizing Committee*

*Prof. Dr. Richard Louis Voegels*

*Prof. Dr. Ricardo Ferreira Bento*

18th Congress of Otorhinolaryngology Foundation

August 29-31, 2019



**OPEN  
ACCESS**

# CALL FOR PAPERS

You are invited to submit the full articles presented at 18<sup>th</sup> Congress of Otorhinolaryngology Foundation free of cost to the *International Archives of Otorhinolaryngology*.

IAO is an international peer-reviewed journal focusing on disorders of the ear, nose, mouth, pharynx, larynx, cervical region, upper airway system, audiology and communication disorders. Published quarterly, the journal covers the entire spectrum of otorhinolaryngology – from prevention, to diagnosis, treatment and rehabilitation.



## Why publish in IAO?

- Rigorous Peer-Review by Leading Specialists.
- International Editorial Board.
- Continuous Publication: Speeding up the Publication of Articles.
- Web-based Manuscript Submission.
- Complete Free Online Access to all Published Articles via Thieme E-Journals at [www.thieme-connect.com/products](http://www.thieme-connect.com/products)
- Indexations: PubMed and PubMed Central (PMC), Scopus, Embase, Emerging Sources Citation Index (Clarivate Analytics), SciELO, DOAJ.
- Qualis CAPES 2019: A4.

We look forward to receiving your submissions.  
Manuscripts must be submitted electronically

<https://mc04.manuscriptcentral.com/iao-scielo>

For author instructions and further information about publishing in IAO,  
visit [www.thieme.com/iao](http://www.thieme.com/iao)



Scopus®  
Embase®



Thieme

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

Brenda Kehl, Camila Lucia Etges, Julia Souza de Oliveira, Débora Adamatti Cole Stangherlin, Lisiane de Rosa Barbosa, Diego de Souza Leal, Laura Karolainy Barcelos Sotero  
UFCSA

**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

Brenda Kehl, Débora Adamatti Cole Stangherlin, Julia Souza de Oliveira, Maria Cristina de Almeida Freitas Cardoso, Diego de Souza Leal  
UFCSA

**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

Fabiane Regina de Avila Diemer, Carolina da Silveira Riter, Marcio Pezzini França, Caroline Aguirre Christovam  
Universidade Federal do Rio Grande do Sul

**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

Maiara Tomanchieviez, Juliane Meneghetti, Monalisse Costa Batista Berbert, Lisiane de Rosa Barbosa, Maria Cristina de Almeida Freitas Cardoso, Marcia Angelica Peter Maahs, José Faibes Lubianca Neto  
Universidade Federal de Ciências da Saúde de Porto Alegre

**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