出國報告（出國類別：國際會議）

發表研究成果論文

第 **13** 屆台灣日本耳鼻喉科醫學會
13th Japan-Taiwan Conference on Otolaryngology-Head and Neck Surgery

服務機關：台北榮民總醫院 耳鼻喉頭頸部
姓名職稱：許弘義 醫師 蕭安穗 部主任
派赴國家：日本 東京
出國期間：**104** 年 **12** 月 **3** 日至 **104** 年 **12** 月 **4** 日
報告日期：**104** 年 **12** 月 **23** 日

摘要

台灣日本耳鼻喉科醫學會年會（Taiwan-Japan Conference on Otolaryngology_Head and Neck Surge）為台灣與日本耳鼻喉科學界的年度盛會。今年度為第十三屆大會，由日本東京大學耳鼻喉暨頭頸外科部主辦。本次大會邀集台灣及日本耳鼻喉科學界專家，針對各項耳鼻喉科最新研究議題進行討論。講題包含耳蝸及中耳聽覺傳導植入物（Cochlear and Middle Ear Implant and BAHA）、老年耳鼻喉科學（Geriatric Otolaryngology）、鼻咽癌及口咽癌（Nasopharyngeal and Oropharyngeal Cancer）、顱底手術（Skull Base Surgery）、下咽癌及喉癌（Hypopharyngeal and Laryngeal Cancer）、唾液腺疾病（Salivary Gland）、中耳疾病及顏面神經（Middle Ear and Facial Nerve）、耳科學及耳神經學之基礎醫學研究（Basic Science of Otology and Neurotology）、喉科學與吞嚥（Laryngology and Dysphagia）、鼻科學（Rhinology）、神經性聽損（Sensorineural Hearing Loss）、化學放射治療及標靶治療（Chemoradiotherapy and Targeted Therapy）、眩暈及前庭病變（Dizziness and Vestibular Disorder），共計十三大主題。本次大會中，蕭安穗部主任與本部耳科許弘義醫師分別提出「非分枝結核桿菌乳突炎」及「經耳道中耳手術之外科技巧」進行報告，與台日兩國學者進行交流。

目次

一、目的

本次會議為第十三屆台灣日本耳鼻喉科醫學會年會，為台日兩國耳鼻喉科學界學術交流之年度盛事。今年度會議由日本東京大學耳鼻喉暨頭頸外科主辦，邀集台日兩國耳鼻喉科學者針對十三項耳鼻喉科領域重要議題進行討論。台灣各大醫學中心今年參加狀況十分踴躍，本院也在耳鼻喉頭頸部 蕭安穗部主任的帶領下，由喉頭頸科朱本元主任、鼻頭頸科許志宏主任、何青吟醫師、耳科連江豐前副院長、王懋哲醫師及許弘義醫師組成的團隊，發表專題討論。不僅聽取台日兩國耳鼻喉科學界頂尖學術進展，也跟與會學者分享本部目前在耳鼻喉科領域研究的最新發展。

二、 過程

今年度台灣日本耳鼻喉科醫學會年會由日本東京大學耳鼻喉暨頭頸外科主辦，會議地點在東京市區內的一橋講堂。會議期間為 104 年 12 月 3 日至 104 年 12 月 4 日，共計兩天。兩天的會議時間共計針對十三項耳鼻喉科重大議題進行討論，議題如下：

1. 耳蝸及中耳聽覺傳導植入物（Cochlear and Middle Ear Implant and BAHA）
2. 老年耳鼻喉科學（Geriatric Otolaryngology）
3. 鼻咽癌及口咽癌（Nasopharyngeal and Oropharyngeal Cancer）
4. 顱底手術（Skull Base Surgery）

— 本部耳科 王懋哲醫師 獲邀進行專題演說

5. 下咽癌及喉癌（Hypopharyngeal and Laryngeal Cancer）

— 本部喉頭頸科 朱本元主任 獲邀擔任座長並進行專題演說

6. 唾液腺疾病（Salivary Gland）
7. 中耳疾病及顏面神經（Middle Ear and Facial Nerve）

— 本部耳鼻喉頭頸部 蕭安穗部主任 獲邀擔任座長並進行專題演說

8. 耳科學及耳神經學之基礎醫學研究（Basic Science of Otology and Neurotology）

9. 喉科學與吞嚥（Laryngology and Dysphagia）

10. 鼻科學（Rhinology）

— 本部鼻頭頸科 何青吟醫師 獲邀擔任座長並進行專題演說

11. 神經性聽損（Sensorineural Hearing Loss）

12. 化學放射治療及標靶治療（Chemoradiotherapy and Targeted Therapy）

13. 眩暈及前庭病變（Dizziness and Vestibular Disorder）

本部耳科許弘義醫師及杜宗陽主任以 “Technical Considerations of Transcanal Middle Ear Surgery” 「經耳道中耳手術之外科技巧」為題進行口頭專題報告。本次報告統計自 1999 年至 2013 年，共計進行 1307 例單純慢性中耳炎手術。其中，經耳道中耳手術的比例由 45%逐年增加至 80%；而耳前切口中耳手術的比例則由 55%遞減至 20%。經此兩種手術方式完成的第一型鼓室成型術，術後耳膜癒合及聽力恢復狀況都十分良好，兩者無統計差異。自 2007 年至 2013 年，共計 39 例術前預計以經耳道方式進行之聽小骨鏈重建手術，最後成功以經耳道方式完成者計 26 例，其餘 13 例因為術中無法完整檢視聽小骨，或耳道狀況不理想，於術中決定改以耳前切口方式完成手術。此兩組病人術後聽力恢復並無顯著差異。

本部蕭安穗部主任，以 “Non-Tuberculous Mycobacteria Otomastoiditis”為題，於中耳手術研討議程中發表演說。Non-Tuberculous Mycobacteria，非分枝性結核桿菌為中耳感染症中少見的致病源。此項研究總共蒐集一共 17 例於本院確診並且治療完成的非分枝性結核桿菌慢性中耳炎病患，分析其致病成因、臨床表現上的特徵、抗生素選用、手術治療的角色以及詳細治療過程。

會議中與日本山形大學專精耳內視鏡手術的欠畑誠治，Seiji Kakehata 教授，針對經耳道中耳手術的經驗進行討論並且交換意見。讓台灣及日本兩地與會學者對於本院中耳手術的進展留下深刻印象。

三、 心得

本次會議中，本人報告的議程區段就是以耳內視鏡手術為主題，因此聽取了台日兩國關於經耳道耳內視鏡手術方面最新的經驗分享。耳內視鏡手術為目前在耳科學界十分熱門的新興手術方式，因此每每在世界各地，包含日本及台灣的耳鼻喉科會議都會引起熱烈的討論。此次會議，由日本山形大學欠畑誠治，Seiji Kakehata 教授團隊發表的”Feasibility and Advantages of Myringoplasty using Transcanal Endoscopic Ear Surgery (TEES)”讓人留下深刻的印象，耳內視鏡手術為中耳手術帶來不同於顯微鏡中耳手術的視野，部分顯微鏡手術無法探查的中耳手術死角，在內視鏡的協助之下都可以獲得不錯的視野，也有機會以較小的手術傷口完成中耳手術。大阪 Rosai Hospital 的 Kazuo Oshima 也以”Endoscopic Ear Surgery as A Tool for Surgical Training”為題，討論應該以何種方式將耳內視鏡手術整合進入耳鼻喉科專科醫師的訓練過程，提供耳內視鏡手術訓練很好的方向。

另外，日本山形大學欠畑誠治，Seiji Kakehata 教授此次大會也以”The Efficacy of Color Mapped Fusion Images Together with a T1 Weighted Image in the Postoperative Follow-up Evaluation for Residual Cholesteatomas” 為題，提出將 MRI 影像合併 Color Mapped Fusion Image，用以追蹤膽脂瘤手術後，殘餘膽脂瘤及膽脂瘤復發的偵測之應用，大幅提高以影像學追蹤膽脂瘤復發的敏感度，此外也可以影像學評估進行經耳道內視鏡手術的可行性。

本部提出的兩項報告，經耳道內視鏡合併顯微鏡雙模式中耳手術，同時融合兩項手術方式的優點，大幅縮短手術時間，病患的治療成效也十分良好，獲得台日雙方耳外科的熱烈討論與認同。日本山形大學欠畑誠治教授甚至於會後詳細與許弘義醫師討論有關經耳道雙模式中耳手術的進行方式，對本院目前進行的經耳道雙模式中耳手術表達高度興趣。

由蕭安穗部主任提出的非分枝性結核桿菌為中耳感染症因為在國內外文獻中都為十分少見的案例，本部提出一共 17 例的病例分析討論，獲得台日雙方學

界的高度重視。此外，本項研究報告已於日前投稿，並且獲得刊登於國際期刊“Clinical Infectious Disease”(Impact Factor：8.886)，為目前針對非分枝性結核桿菌為中耳感染症最完整的研究之一。

此次會議，本部研究獲得國內外學者的高度重視及熱烈討論，大幅提升本部在台日學界的可見度。特此向 輔導會、院長、副院長以及各級長官致謝。

四、 建議事項

(一) 積極發展耳內視鏡手術：

此次會議，發現耳內視鏡手術在國際間儼然已經成唯一項熱烈討論的新興手術方式，與本部杜宗陽主任行之有年的經耳道中耳手術的基本概念不謀而合。目前本部以耳內視鏡合併顯微鏡雙模式進行中耳手術的成果十分良好。因此未來除了應繼續與國內外進行耳內視鏡手術的醫師進行交流以獲取新知，與各界分享本院中耳手術的成效，同時也應該積極發展耳內視鏡合併顯微鏡雙模式中耳手術，以擷取兩種系統所長，獲得最好的治療成效。惟目前關於耳內視鏡手術的相關器械仍略顯不足，有待盡速添購補齊耳內視鏡手術器械，以期之後在這個領域有更突破性的發展。

(二) 爭取研究成果發表的機會：

國際會議是發表研究成果非常好的舞台。本部在現有不足的研究環境下，仍舊有不少優良的研究成果。例如此次會議發表的「經耳道中耳手術技巧」以及「非分枝性結核桿菌中耳炎」，在這次會議中都獲得非常好的迴響。因此應該多鼓勵本院醫師參與國際會議，並發表研究成果，以提升本院研究在國際學界的可見度。

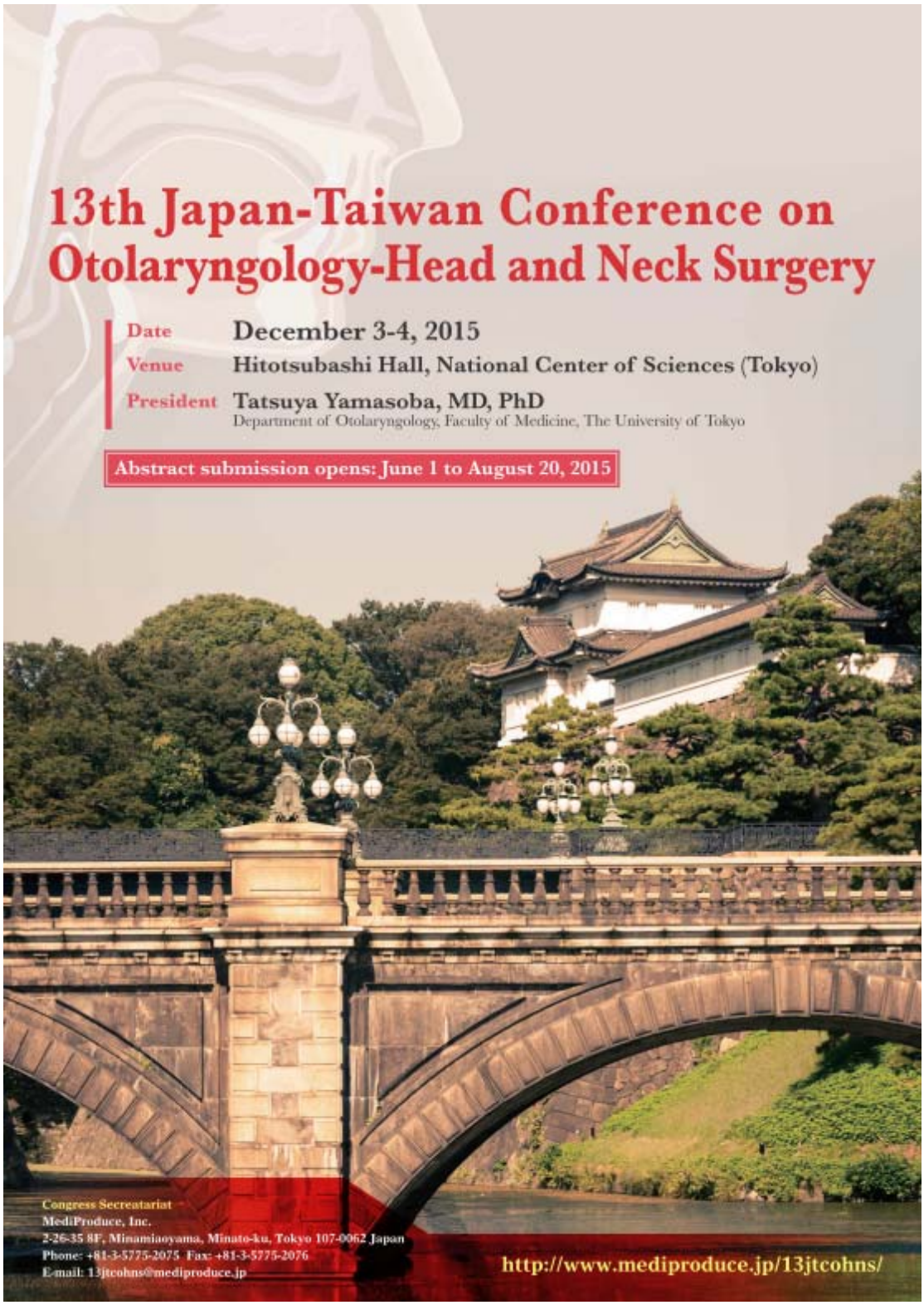
(三) 增進語言能力

語言能力為國際會議交流的首要工具。而此不僅止於英語能力，也包含其他第二外語專長。例如此次會議，許弘義醫師於報告時以日語作簡短的自我介紹，就十分具有親和力。本部醫師大多具有優秀的英文口語對話技能。然而以英語進行口

頭報告甚至是專業議題討論，則更具難度，也需要多加練習。因此，也應該多鼓勵本院醫師參加國際會議，以增加以英語報告並且參與討論的經驗。

五、 附錄

1. 大會議程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President Tatsuya Yamasoba, MD, PhD
Department of Otolaryngology, Faculty of Medicine, The University of Tokyo
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2. 發表之論文摘要

Paper 12 9:30 - 10:40

Otology 4

Chairs: **Atsushi Matsubara** (*Department of Otolaryngology, Hirosaki Graduate School of Medicine, Aomori, Japan*)
Chin-Kuo Chen (*Department of Otolaryngology, Chang Gung Memorial Hospital, Chang Gung University, Taipei, Taiwan*)

O12-1 **Feasibility and Advantages of Myringoplasty using Transcanal Endoscopic Ear Surgery (TEES)**
Department of Otolaryngology, Head and Neck Surgery, Yamagata University Faculty of Medicine, Japan
Takatoshi Furukawa

O12-2 **Efficacy of transcanal endoscopic ear surgery in chronic otitis media**
Department of Otolaryngology, Saitama Medical Center, Saitama Medical University, Japan Masafumi Ohki

O12-3 **The Outcome of Endoscopic Ossiculoplasty with Artificial Prosthesis**
Department of Otorhinolaryngology, Cathay General Hospital, Taipei, Taiwan Tzu-Chin Huang

O12-4 **Technical Considerations of Transcanal Middle Ear Surgery**
Department of Otolaryngology-Head and Neck Surgery, Taipei Veterans General Hospital, Taiwan / National Yang-Ming University, School of Medicine, Taipei, Taiwan Hung-I Hsu

O12-5 **The feasibility of transcanal endoscopic tympanoplasty with no surface wound**
Department of Otolaryngology-Head and Neck Surgery, Chang Gung Memorial Hospital, Taiwan / Department of Otolaryngology-Head and Neck Surgery, Chang Gung University, Taiwan Chin-Kuo Chen

O12-6 **Endoscopic ear surgery as a tool for surgical training**
Department of Otolaryngology - Head and Neck Surgery, Osaka Rosai Hospital, Japan Kazuo Oshima

O12-7 **Underwater endoscopic management for inner ear diseases**
Department of Otolaryngology-Head and Neck Surgery, Tohoku University Graduate School of Medicine, Japan
Daisuke Yamauchi

O12-4

Technical Considerations of Transcanal Middle Ear Surgery

Hung-I Hsu, Tzong-Yang Tu

Department of Otolaryngology-Head and Neck Surgery, Taipei Veterans General Hospital, Taiwan / National Yang-Ming University, School of Medicine, Taipei, Taiwan

Transcanal middle ear surgery is to repair a drum defect and possibly reconstruct an interrupted ossicular chain directly through the ear canal without a standard endaural or postauricular incision under an operating microscope with the assistance of an endoscope. The application of transcanal surgery is not confined to a small perforation with a wide canal as most otologists might think and do. In fact, a near-total perforation repair and an ossiculoplasty can be performed through an advanced transcanal surgery in experienced hands. From 1999 to 2013, a total of 1307 middle ear surgeries for chronic otitis media were performed by the senior author. The annual rate of transcanal middle ear surgery was increased from 45% to 80%, while that of endaural approach was decreased from 55% to 20%. Both surgical approaches showed good ear drum healing rates and hearing results for type I tympanoplasty. During the year 2007 to 2013, among the 39 attempted transcanal ossiculoplasty, two-thirds of them succeeded with transcanal approach and one-third shifted to endaural approach due to limited exposure of ossicles. The hearing outcome was comparable between the two groups.

Advanced transcanal middle ear surgery is a delicate procedure that requires careful preoperative evaluation, intraoperative decision making, and mastery of difficult surgical techniques to achieve a good result. The operator must learn to manipulate two instruments with both hands at the same time. Precise coordination between surgeon's eyes through a microscope and hands through instruments are important prerequisites for a successful surgery. To overcome the natural curvature of ear canal, a standard ear speculum is placed to straighten the ear canal. The ear drum is shown through the speculum by carefully adjusting the position of speculum opening by surgical instruments under the microscope. The condition of ossicular chain and other middle ear structures can be further inspected with the assistance of an endoscope. However, in case of unexpected difficult exposure, the transcanal surgery is changed to endaural approach during surgery instead. The surgical results are comparable with those of traditional endaural and/or postauricular approach middle ear surgery. The advantages of transcanal approach include a minimal incision, a short operation time, good wound healing, cosmetic result and patient acceptability.

Symposium 7

14:55 - 16:05

Middle Ear and Facial Nerve

Chairs: Haruo Takahashi (*Department of ORL-HNS, Nagasaki University Graduate School of Biomedical Sciences, Nagasaki, Japan*)

An-Suey Shiao (*Department of Otolaryngology-Head & Neck Surgery, Taipei Veterans General Hospital, Taipei, Taiwan*)

SY7-1 **The new technology: Canal wall up tympanoplasty with transplantation of tissue-enginieered cell sheets**

Department of Otorhinolaryngology, Jikei University of Medicine, Tokyo, Japan Hiromi Kojima

SY7-2 **Facial nerve regeneration surgery using bFGF-gelatin hydrogel in patients with severe Bell's palsy**

Department of Otolaryngology, Ehime University School of Medicine, Ehime, Japan Naohito Hato

SY7-3 **Fallopian canal dehiscence in pediatric cholesteatoma**

Tokyo-kita Medical Center, Tokyo, Japan / Jichi Medical University Saitama Medical Center, Saitama, Japan Yukiko Iino

SY7-4 **Feasibility of Transcanal Endoscopic Ear Surgery to Access Cholesteatoma in the Tympanic Sinus by Depth Classification**

Department of Otolaryngology, Head and Neck Surgery, Yamagata University Faculty of Medicine, Yamagata, Japan Seiji Kakehata

SY7-5 **Nontuberculous Mycobacterial Otomastoiditis**

Department of Otolaryngology-Head & Neck Surgery, Taipei Veterans General Hospital, Taipei, Taiwan An-Suey Shiao

SY7-6 **Intraoperative continuous facial nerve monitoring in cochlear implant and middle ear surgery**

Department of Otolaryngology, Kaohsiung Chang Gung Memorial Hospital and Chang Gung University College of Medicine, Taiwan Chung-Feng Hwang

SY7-5

Nontuberculous Mycobacterial Otomastoiditis

An-Suey Shiao, Chien-Fu Yeh, Tzong-Yang Tu

Department of Otolaryngology-Head & Neck Surgery, Taipei Veterans General Hospital, Taipei, Taiwan

Objective: To evaluate the clinical manifestations and treatment outcomes of the rare disease, nontuberculous mycobacterial otomastoiditis (NTM).

Study Design: Retrospective cohort study.

Method: Patients diagnosed with NTM otomastoiditis according to mycobacterial cultures were included in this study. Age distribution, gender ratio, clinical manifestations including otorrhea, otalgia, granulation, facial palsy, imaging features, diagnostic methods, treatment modalities and outcomes of these patients were analyzed.

Results: The 17 enrolled patients with NTM had a median age of 57 years (range 42~81) with no obvious difference in gender ratio. There were 14 (82.4%) patients with Mycobacterium abscessus infection. All patients had otorrhea and 16 (94.1%) patients had granulations in their middle ear. 6 patients (35.3%) had otalgia and 2 (11.8%) had facial palsy. Imaging studies revealed 16 patients had soft tissue density in the middle ear cavity. Ossicular chain destruction was noted in 4(25%) cases during the surgery. The rate of simultaneous lung involvement was 5.9%. All patients received medical treatment, 16 (94.1%) received surgical treatment, and 3 (17.6%) received revision surgery.

Conclusion: NTM should be suspected if a patient has chronic refractory otorrhea, granulations in the middle ear, otalgia or facial palsy. Medication and surgery may complement each other to treat this disease.

3. 與會照片

圖一 臺北榮總耳鼻喉部與會醫師

圖二 許弘義醫師進行口頭報告

圖三 許弘義醫師與山形大學欠畑誠治教授合影

圖四 會後攝於一橋講堂會場

圖五 蕭安穗部主任與高橋晴雄教授擔任座長

圖六 蕭安穗部主任與本次大會主席東京大學耳鼻喉頭頸外科 Tatsuya Yamasoba 教授合影

圖七 蕭安穗部主任與郭錦龍醫師及 Nomura 教授合影