ELECTIVE (SSC5b) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

I did 2 weeks of electives at KK Women's and Children's Hospital in Singapore. The Paediatrics ENT team which I was attached to was friendly and my supervisor, Professor Henry Tan, was very accommodating and experienced. I am grateful for the chance to experience Paediatrics ENT as it is a very sub-specialized area, with only 2 centres in Singapore having a Paediatrics ENT department. It was also a very good learning experience, as we were not given much ENT teaching in medical school. My time was split mainly between clinics and surgery.

ENT presentations are especially common in Paediatrics. The various conditions I have seen during this elective form the majority of Paediatric presentations in primary care. The most common ear presentation in Paediatrics is infection of the middle ear. As URTIs are very common in children, coupled with the fact that the eustachian tubes in children are relatively under-developed, otitis media is much more common in children than adults. Hence, the bacteria responsible for acute otitis media are similar to the ones causing respiratory tract infections, namely, Strep pneumoniae, Haemophilus influenzae, and Moraxella catarrhali. Recurrent acute otitis media episodes can subsequently be a causative factor for development of Otitis Media with Effusion (OME). Untreated, this can lead to conductive hearing loss which can cause under-development of speech and language capabilities in children. Investigations will include doing an audiometry if old enough, otoacoustic emissions (OAE) test, and auditory brainstem response (ABR) test. Some cases of OME can be managed conservatively, but some will have to be treated with Myringotomy and Tube (M&T) procedure, or grommet insertion, which is a very common Paediatric ENT procedure. Other ear conditions include other types of infection such as Otitis Externa, cholesteatoma requiring mastoidectomy, and hearing loss. Serious cases of hearing loss might require conventional hearing aids, Bone-Anchored Hearing Aids (BAHA), or Cochlear Implants (CI).

The most common conditions encountered in the nose and throat in children are allergic rhinitis (AR) and URTIs. Closely associated with AR is adenotonsillar hypertrophy, which can be complicated by obstructive sleep apnea (OSA), which can lead to failure to thrive in children. Hence, it is vital that these cases are investigated further. This is done by a full ENT examination and possibly a lateral neck X-ray to assess the size of the adenoid tonsils. In cases of tonsils of size grade 3+ or more, adenotonsillectomy (T&A) is indicated, to improve ventilation and to prevent failure to thrive in children. Many children with adenotonsillar hypertrophy who underwent T&A reported improved appetite, sleep quality and weight gain following the procedure. Acute episodes of AR can be treated with a course of steroid nasal spray (Nasonex) and antihistamines (Cetirizine/Fexofenadine).

T&As and M&Ts form the bulk of surgical work in Paediatric ENT. Other interesting cases I saw during the elective were:

- **Supraglottoplasty to treat severe laryngomalacia in a 2-week old baby.**
- **Resection of bilateral earlobe keloid tissue secondary to ear-piercing trauma in an older child.**
- **Removal of multiple foreign bodies in the external auditory canal (EAC) of the right ear.**
- **Resection of a left 2nd branchial cyst.**

The compulsory vaccination schedule in Singapore is largely similar to the one in UK. However, given the higher prevalence of TB in Singapore and the increased incidence of TB in the region as compared to UK, there is an added BCG vaccine offered at birth in Singapore. The BCG vaccine, by contrast, is optional in the UK.

I do feel that Singapore's healthcare can adopt certain principles of UK's primary healthcare services. Recently, with the implementation of a national database where patient information is shared for easier access, GPs in Singapore now find it easier to consolidate patient information. This has been a step in the right direction. However, many patients in Singapore do not have a 'family doctor'. Many of these patients are followed up by different primary care doctors, as seen in polyclinics, and this can lead to reduced patient satisfaction and inefficiencies in follow-up care. There is always potential for loss of information in any transfer-of-information process, and while the implementation of the national database has greatly improved accessibility to patient information, it would be better if patients can be followed up by the same primary care doctor for their healthcare, as seen in the UK.