Introduction: To investigate the accuracy of MRI versus FNA in correctly differentiating benign from malignant parotid tumours.

Methods: We identified patients from Jan 2012 to June 2013 who underwent a parotidectomy and obtained the parotid sample list from the pathology department. Only parotidectomies carried out for primary tumour removal were considered. All parotidectomies performed as part of a complete dissection for other primary malignancies were excluded.

Results: Total cases: 30, MRI sensitivity: 85.7%, MRI specificity: 95%, Predictive positive value (PPV): 85.7%, Predictive negative value (NPV): 95%, FNAC sensitivity: 57%, FNAC specificity: 100%, PPV: 100%, NPV: 86%

Conclusions: Our results highlight the increased sensitivity of MRI as a diagnostic tool in differentiating malignant parotid lesions. FNA have a low sensitivity in malignant cases but have maximum specificity in benign pathology. At £140 MRI is cost effective compared to FNAC (£126). Combining these two modalities yields no diagnostic advantage. There may be a substantial role for MRI that requires further research, outcomes of which may have a potentially significant impact on changing current UK practice.

0437: CURRENT TRENDS IN HEAD AND NECK SURGERY: USE OF RECURRENT LARYNGEAL NERVE MONITORING (RLNM)

Oluwafeyiseye Babatola1,2, Dheeraj Karamchandani1, Syed Farhan Ahsan1,1
Royal Shrewsbury Hospital, Shrewsbury, Shropshire, UK; 2Heartlands Hospital, Birmingham, West Midlands, UK.

Introduction: Aim is to understand the patterns of use of nerve monitoring in UK surgical practice.

Methods: An electronic questionnaire was sent to the 434 members of the ENT-UK expert panel in 2012. 86 members (22.4%) of the panel identified themselves as having an interest or subspecialty related to thyroid surgery. The survey contained 8 questions on their current practice in thyroid or parathyroid surgery. Only parathyroidectomies carried out for primary tumour removal were considered. All parathyroidectomies performed as part of a complete dissection for other primary malignancies were excluded.

Results: Of 100 respondents (23.04% response rate) of this panel, 50 of these surgeons performed thyroid and/or parathyroid surgery on a regular basis and the following results pertain to this group. 56.3% use the RLNS in almost all cases that they perform. A further 12.5% used it in fewer than half of their cases. 29.2% did not use the stimulator at all.

Conclusions: Currently there appears to be no true consensus among the surgeons performing thyroid surgery on use of RLNS in thyroid surgery.