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ORIGINAL ARTICLE

Otorhinolaryngology surgery analysis in Japan and Thailand: Comparing Nihon University School of Medicine with Thammasat University Faculty of Medicine

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Summary *Background/Objective:* We compared the surgery data of the department of otorhinolaryngology of the university hospitals in Japan and Thailand to make each feature and the differences of both otorhinolaryngology surgeries clear. There are some medical meetings and congresses between Japan and Thailand, but so far it has not reported about the comparison of surgery data.

Methods: Retrospectively, we analyzed the surgical statistics of department of otorhinolaryngology of Nihon University Itabashi Hospital (Japan) and Thammasat University Hospital (Thailand) between 2013 and 2014.

Results: In Japan, there were many surgeries involving the middle ear and paranasal sinuses

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whereas in Thailand, tracheotomy and tonsillectomy were more frequently performed. Statistical analysis of the surgical data revealed specific tendencies in the nature of the operations performed at each university.

Conclusion: This study revealed that there are rather differences between two hospitals' surgeries features. It was thought that it would be beneficial to both institutions to gain a deeper understanding of the areas of expertise of each university in order to foster an environment conducive to increasing future international collaborations.

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1. Introduction

In recent years, the rise of globalism among Asian countries has become particularly noteworthy as evidenced by the increasing numbers of Asian citizens traveling internationally for various purposes. International exchanges have also become more prominent in the field of medicine. Recently, Nihon University, one of Japan's most prestigious private universities, and Thammasat University, one of Thailand's most prestigious national universities, had an opportunity for international exchange and collaborative research. As yet, there are no reports that have examined surgical operation and disease statistics between Japan and Thailand in the field of otolaryngology. Therefore, we conducted this study for the purpose of elucidating any tendencies with respect to surgical methods and diseases in Japan as compared with those in Thailand. A further aim is to encourage international cooperation of surgical techniques and knowledge in the future.

2. Methods

The surgical cases in 2013 and 2014 in the Department of Otolaryngology-Head and Neck Surgery, Nihon University School of Medicine, Itabashi Hospital (hereinafter referred to as "Nihon Univ. ENT"), and Thammasat University Department of Otolaryngology, Thammasat University Hospital (hereinafter referred to as "Thammasat Univ. ENT"), were listed and compared. For both hospitals, only data from surgical cases performed in the operating room, not in outpatient or hospital rooms, were included in this study. The names of the surgical methods were divided into 42 types in accordance with the Annual Surgery Report of Nihon Univ. ENT. Both universities listed disease names of the indication and surgical procedures listed in the medical records. Then, the differences of the medical terminology between Japan and Thailand were discussed by doctors and integrated into the above procedures. For the number of operations, we calculated both percentage notation for the total number of operations and real notation for the case.

Nonparametric test was used for statistics. This research was approved at the Nihon University School of Medicine Itabashi Hospital Ethics Committee (approved number; RK-170314-10) and we underwent this research according to the ethic policy and the Declaration of Helsinki.

3. Results

Table 1 shows the breakdown of the number of surgical operations for both university ENT departments in 2013 and 2014. Table 1 is the total of 42 surgical operation types categorized into each area of ENT in accordance with the classification method of the Annual Surgery Report of Nihon Univ. ENT. In 2013 and 2014, the total number of operations at Nihon Univ. ENT was 500 and 521, respectively for a grand total of 1021. Similarly, totals at Thammasat Univ. ENT were 801 in 2013 and 802 in 2014 for a grand total of 1603 surgeries performed. Figs. 1 and 2 show graphs of the total numbers of surgeries in 2013 and 2014. Fig. 1 shows the percentage and Fig. 2 shows the actual numbers of surgeries. As for the statistical analysis, only the total difference of Category D was statistically significant ($p < 0.05$). However, examination and analysis of those data revealed a specific tendency in the numbers of operations at Nihon Univ. ENT and Thammasat Univ. ENT. Initially, the data show that surgeries in otology and rhinology are more frequently performed at Nihon Univ. ENT, whereas oropharynx, larynx, and the tracheal region surgeries are more frequently performed at Thammasat Univ. ENT. A more detailed examination of the 1st to the 10th categories of surgical procedures, in order of frequency, is shown in Table 2a–c. The 1st most frequent to the 3rd most frequent of them is shown in percentages in Fig. 3. As shown in Table 2a and b, the ranking in order of frequency of these operations, was the same both in percentages and in actual number of cases. Among the top three most frequently performed operations at each university, none overlapped with each other. The three most frequent surgery types performed at Nihon Univ. ENT were as follows: paranasal sinus surgery (endoscopic) 12.8% (131 cases), tympanoplasty 12.2% (125 cases), surgery of salivary gland tumor 7.0% (71 cases). Similar data for Thammasat Univ. ENT were as follows: tracheotomy 15.2% (244 cases), tonsillectomy 12.4% (199 cases), adenoidectomy 7.8% (125 cases). Adenoidectomy and neck dissection both held the 10th most frequent surgery type position at Nihon Univ. ENT.

Table 2c is aggregated data from each institution. This table shows the top 6 most frequently performed surgical procedures at both institutions. It is notable that among the top 3 surgeries from Nihon Univ. ENT, none of them overlapped with any of the top 3 performed at Thammasat Univ. ENT. Among the aggregated top 6 ranked surgeries, tracheotomy was ranked 1st (1st at Thammasat Univ. ENT), endoscopic paranasal sinus surgery was ranked 2nd (1st at

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