Little do I realise that the specialty of Ear Nose and Throat is involved in management of the diseases of the head and neck in the early days of my medical career when I was a medical officer in the Medical and Health Department in the early eighties. I chose ENT as my career at first sight in those days as I thought that the duty as an ENT trainee was light, and did not have to attend to busy night calls. Life did not turn out to be so during my training. Often hours had to be spent assisting my consultant in performing complicated head and neck surgeries.

As ENT surgeons, or more specifically, Otorhinolaryngologists, we are concerned with management of diseases of the Ear, Nose and Throat and related structures of the head and neck from the skull base down to the neck. This is our specialty description since the formation of the Hong Kong Academy of Medicine. We are trained in the examination and diagnosis of lesions of the skull base down to the neck, in the earlier days with mirrors for indirect examination, and now direct vision with rigid and flexible endoscopes. We are fully familiar with the head and neck anatomy and this has enabled us to perform resections of lesions and reconstructions of defects of the head and neck confidently and competently. In this ever expanding field of Otorhinolaryngology, we work with specialists in other fields and in particular, neurosurgeons, plastic surgeons, maxillofacial surgeons, when the need arises to deliver the best care to our patients.

With interdisciplinary collaboration, complex head and neck resections are no longer stories of the past and are now commonplace in our surgical practice. We are now able to perform extensive ablative surgeries followed by meticulous techniques of reconstruction, on our own or with collaboration from the plastic surgeons. When there is involvement of the skull base as in sinonasal tumours, we resect the tumour en bloc with the involved anterior skull base together with the neurosurgeons. Pedicled flaps have largely been replaced by free flaps in reconstruction of defects of the head and neck. Nevertheless, they still play an important role in less complex reconstructions or in localities where free flap reconstructions are not readily available.

As Otorhinolaryngologists, our training in using the operating microscope and loupes in magnification has an added advantage in surgeries of the head and neck. Parotid surgery, especially revisional parotid surgery, is an example. The identification of the facial nerve at the stylomastoid foramen remains a difficult task in the face of extensive scarring from previous surgery or a large tumour at that site. Positive identification of the facial nerve in the vertical portion in the mastoid bone with our operating microscope and otology, an alternative technique to retrograde dissection, sometimes provide a timely rescue to the helpless surgeon at this point.

Our understanding in speech and swallowing rehabilitation has helped patients with vocal cord mobility disorder either after surgery or other causes. The development of surgical methods in rehabilitation of the paralysed vocal cord is an important development. This has improved significantly the swallowing and speech problems of patients with such disorders after recurrent nerve damage from various causes. In this regard, thyroidectomies are not to be taken lightly as recurrent laryngeal nerve damage is an ever present risk of the operation. Meticulous identification of the recurrent laryngeal nerve at the entry point into the larynx remains the best way to safeguard the nerve from damage. In the event of an inadvertent injury to the nerve, the technique of vocal cord medialisation is a valuable adjunct to improve the voice and reduce aspiration rather than a wait-and-see policy.

A discussion of head and neck surgeries would be incomplete without a touch on minimally access surgery development. Where there is a natural orifice, transluminal surgeries of the upper aero-digestive tract assisted by the operating microscope or endoscope where necessary, are now realities rather than open surgeries of the past, which required long hospital stays. Transoral surgeries of the upper aerodigestive tract, involving the tongue, hypopharynx, and the larynx, are now possible with the carbon dioxide laser. Such surgeries have avoided a lot of open resections, making hospital stays shorter and enabling faster rehabilitation. Endoscopic thyroid surgery in surgeries of the head and neck is another important breakthrough.

Based on more precise imaging and staging of head and neck tumours, we are now able to resect tumours with better oncological clearance and target our therapy to encompass the tumour more accurately. These modern imaging techniques include the CT, MR and now the PET scan. The use of selective neck dissections has enabled us to stage the neck more accurately for planning adjunctive therapy to the neck. Our understanding of tumour molecular pathogenesis including the p53 mutations may have significant impact on our approach of management of head and neck cancers. For example, when there are genetically altered...
cells, despite achieving microscopically clear resection margins, the chance of a recurrent or a new tumour may be substantially increased\textsuperscript{4,5}. The employment of human adenovirus-p53 gene therapy to head and neck cancers with p53 mutations may have a role in improving survival\textsuperscript{6}. The implication of HPV in the causation of a subset of head and neck tumours and their better response to chemotherapy may have future applications\textsuperscript{7}.

The road to combat against head and neck cancers is long and tortuous. We, as Otorhinolaryngologists, definitely and should play a pivotal role to better the management of patients with head and neck cancers. We should strive to play an important role in future research, and training of our future generation of Otorhinolaryngologists with interest in head and neck surgery. With concerted efforts from specialists in other fields, we are confident that we can conquer this disease and improve the quality of life and survival of our affected patients.

### References