



NESCON 2025

43rd National Conference

Neurotological and Equilibriometric Society of India

31st July – 3rd August 2025 | Novotel, Kolkata

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Shri Dibyendu Barua

Grandmaster, Arjuna Awardee
Gold Medalist – Chess Olympiad
Vice President, All India Chess Federation

Message from Chief Guest

I am deeply honoured to be invited for the 43rd Annual National Conference of the Neurotological and Equilibrimetric Society of India, being held in the city of Kolkata.

As a chess grandmaster, I have spent my life exploring the limitless possibilities of the human brain—its capacity for focus, strategy, memory, and foresight. The intricate connection between neurology and the art of thinking is something I hold in the highest regard. It is inspiring to know that this conference brings together some of the finest minds in the field of neuroscience to further advance our understanding of the brain and balance systems—both so essential, not only in medicine but also in life and sport.

I extend my heartfelt congratulations to the organisers, participants, and delegates. May this conference foster meaningful discussions, fruitful collaborations, and new breakthroughs that benefit society at large.

Wishing the event grand success.

Dibyendu Barua

Grandmaster
Arjuna Awardee
Vice President, All India Chess Federation
Dated: 21-07-2025



Message from Guest of Honor

Dr. Sukumar Mukherjee

Prof. Dr. Sukumar Mukherjee
Senior Consultant - Internal Medicine &
Rheumatology, Bangabibhusan Awardee

Prof AM Saha, Organising Chairman
Dr NVR Mohan Organising Secretary
NESCON 2025

Dear Prof Saha and Dr Mohan

I am delighted to have your kind invitation to be present during Inaugural Ceremony as Guest of Honor in 43rd National Conference of Neuro-Otological and Equilibriometric Society of India, NESCON 2025 scheduled at Kolkata for the third time from 1st to 3rd August 2025 which I gladly accept

I understand that this organization is oldest subspecialty of Otolaryngology in India which was established in 1978 under the Supreme leadership of Prof SK Kacker and Dr Jee V Dea along with others. This is continuing to offer a great job in education and sharing of experience

It is well known, dizziness and vertigo are fairly common right from early childhood to elderly population. Early detection and focused diagnosis are keys to successful outcome of therapy. A collaborative approach between neurologist, paediatrician, ENT specialist and physician has to be

co-ordinated in terms of evaluation, planned treatment and rehabilitation. Over and above hands-on training is all the more necessary to a framework of correct diagnosis and consensus management. This is what is greatly appreciated as "Multidisciplinary team approach" for better outcome. Moreover the appropriate use of modern technology will ~~add~~ add flavour to correct diagnosis and treatment in time.

I believe the Scientific program with interactive during the conference will direct our older concept to usher in newer essence of knowledge and good practice points in the best interest of patient care with diagnosis and vertigo.

I wish your megakonference a laudable success with clear message to narrow down our knowledge gap and fine tuning of practice points.

Since thanks and warm regards
Long live 'NESCOV 2025'

22 July 2025

Sincerely,
Prof. Subramaniam Muthusamy (Retd.)
Medical College, Kollam



Dr. Avinash Bijlani

President
NES of India

Message From President, NES

It is with great pride and heartfelt joy that I extend my warmest greetings to all on this momentous occasion of the 43rd National conference of the Neuro-otological and Equilibriometric society of India.

This conference marks the culmination of yet another successful academic year for our society. It is the result of sheer hard work and dedication from everyone involved.

I extend my gratitude to all members of the organizing committee led from the front by Dr. NVK Mohan, for hosting us. I am sure we are going to witness a renewed enthusiasm and a commitment to greater heights.

Let us continue to work together, fostering innovation, knowledge sharing, and ethical practice for the betterment of vertigo & balance related healthcare.

Warm regards,

A handwritten signature in black ink, appearing to read 'Avinash Bijlani'.

Dr. Avinash Bijlani

President
NES of India



Dr Kshitij Malik

Secretary, NES of India

Message From Secretary, NES

It is a matter of pride to see the Neuro-Otological and Equilibriometric Society of India continue its remarkable journey as a vibrant scientific body of over a thousand doctors dedicated to the field of neuro-otology. Our work addresses some of the most impactful yet often overlooked challenges— hearing loss, tinnitus, and balance disorders—that affect millions.

This year's national conference in the beautiful city of Kolkata is a testament to the growing interest and enthusiasm in our field. With its rich culture, intellectual heritage, and warm hospitality, Kolkata provides the perfect backdrop for meaningful scientific exchange and camaraderie.

Over the past couple of years, the society has grown at a remarkable pace – adding more than 320 new members and conducting workshops and mid-term conferences to advance learning and collaboration. The increasing participation of young colleagues is particularly encouraging and bodes well for the future of neuro-otology in India.

I thank all members, the organizing team, and our esteemed delegates for making this conference a grand success. Let us continue to work together in addressing the pressing problems of hearing and balance with renewed passion and purpose.

A handwritten signature in black ink, appearing to read 'Kshitij Malik'.

Dr Kshitij Malik

Secretary
NES of India





Dr. Ramesh Rohiwal

President-Elect, NES

Message From President Elect, NES

It is a matter of great pride and gratitude to serve as the President-Elect of the Neuro-otological & Equilibrimetric Society of India. Over the past year, I have had the privilege of observing the exceptional work of our predecessors, whose vision and commitment have elevated NES and its conferences to new heights.

As I prepare to take on the role of President, my focus will be on strengthening our academic and collaborative activities—through multidisciplinary CMEs, workshops, mentorship for young colleagues, and community outreach initiatives. We also aim to foster team spirit, enhance our digital presence, and create more opportunities for learning and engagement for our members, especially postgraduates and junior consultants.

I believe NES is not just an academic society, but also a vibrant community that grows stronger when we work together. I look forward to your continued support, participation, and ideas as we take our Society forward, united in purpose.

"If you want to go fast, go alone. If you want to go far, go together." Let's go far—together.

Warm regards,

Dr. Ramesh Rohiwal

President-Elect, NES



Dr. Rajeev Kapila

Treasurer, NES of India

Message from Treasurer, NES

Dear Esteemed Members and Colleagues,

It gives me great pleasure, as the Treasurer of the National Neuro-Otological and Equilibrimetric Society of India to address you at this exciting juncture in our journey. We are witnessing a transformative era in neuro-otology and neuroequilibrimetry—a discipline that intricately blends clinical neurology, otology, audiology and vestibular science to improve diagnosis and management of balance and hearing disorders.

Our society has grown significantly in recent years, thanks to the dedication and enthusiasm of our members. Yet, we believe that the potential for growth—both in numbers and in the depth of scientific engagement is far greater. This year we are organizing the 43rd Annual conference NESCON 2025 in Kolkata. We have selected "Multi disciplinary team approach for better outcomes" as our theme. I take this opportunity to encourage more clinicians, researchers, audiologists and postgraduate students to actively participate in our society's initiatives. Your involvement is essential in building a vibrant, inclusive and progressive academic and clinical ecosystem.

Neuro-otology and Neuroequilibrimetry has come a long way in India and there is still a pressing need to create awareness about its importance.

As we all know, disorders of balance and dizziness are often misdiagnosed or poorly understood even in advanced clinical setups. Our aim is to bridge this gap through education, research and cross-disciplinary collaboration. To truly grow this science, we must promote early interest among medical students and residents, provide more platforms for knowledge exchange and encourage indigenous research tailored to the unique needs of our population.

As Treasurer, I assure you that we are committed to the responsible and transparent use of resources to fund educational programs, research grants, conferences and workshops across the country.

I extend my heartfelt thanks to each one of you who has contributed to our society's success so far. Let us continue to work together to ensure that neuro-otology and neuroequilibrimetry receive the recognition, research attention and clinical application they so richly deserve. Together, let us amplify our efforts, expand our membership and deepen our collective expertise for the betterment of patients and the progress of science.

With warm regards and best wishes,

Dr. Rajeev Kapila

Treasurer
NES of India



Dr. Pawan Singhal

Immediate Past President, Neurotological and Equilibriometric Society of India

Message from Immediate Past President, NES

It fills me with immense pride and gratitude to witness the continued growth and contributions of the Neurotological and Equilibriometric Society of India. As a Past President, I look back with a deep sense of fulfillment at the strides we have made in advancing the science and clinical understanding of balance disorders, vertigo, tinnitus, hearing loss, skull base and other neurotological conditions.

NES has always been a beacon for collaborative learning, research excellence, and clinical innovation. The dedication of its members & the positions and the spirit of scientific curiosity that drives this society are truly commendable. I am confident that the coming years will bring even more progress, collaboration, and global recognition.

I extend my heartfelt wishes to the organizing team, contributors, and all delegates for a successful conference and an inspiring academic exchange. May this meeting stand as a lasting testament to our shared vision and achievements.

Warm regards,

Dr. Pawan Singhal

Neurotological and Equilibriometric Society of India
Secretary, AOI (Rajasthan)
Sr Prof & Head, ENT
SMS Medical College Jaipur



Dr. Dwaipayan Mukherjee

President AOI

Message from President, AOI

It is a matter of pride to have an annual conference of Neuro-otological and equilibrimetric society of India in Kolkata from August 1 to August 3, 2025. It will increase the exposure regarding the various equilibrimetric disorders and address the huge latent cases of vertigo. I wish this conference all the best in terms of academic exposure and knowledge which will be attended by various national and international faculties making it an ideal platform for exchange of ideas furthering the upliftment of the patients in terms of treatment and benefits.

On the behalf of AOI, I wish the organising team very best for the upcoming conference which will be a grand success both academically and culturally.

Thank you

A handwritten signature in black ink that reads "Dwaipayan Mukherjee".

Dr. Dwaipayan Mukherjee

President, AOI



Dr. Utpal Jana

President

Association Of Otolaryngologists Of India, West Bengal

Message from President, AOIWB

It gives me immense pleasure to convey my heartfelt greetings to the President, office bearers, and members of NEURO-OTOLOGICAL AND EQUILIBRIOMETRIC SOCIETY OF INDIA on the occasion of your 43rd Annual Conference at Kolkata.

Such academic congregations provide an excellent platform for exchanging knowledge, sharing clinical experiences, and fostering collaboration among specialists. They not only help in updating our understanding of recent advances in medical science but also strengthen the bonds of professional camaraderie, which is so essential for the growth of our fraternity.

I am confident that this conference will be a grand success and will inspire new ideas, research initiatives, and innovative practices that ultimately benefit our patients and society at large.

On behalf of AOIWB, I extend my best wishes for the success of this conference and congratulate you on the publication of this informative and valuable souvenir. May your endeavors continue to enrich the field of medicine and serve humanity with greater dedication.

Warm regards,

Dr. Utpal Jana

President

Association Of Otolaryngologists Of India, West Bengal



Dr. Ajoy Kumar Khaowas

Hony Secretary
AOI West Bengal

Message from Secretary, AOIWB

Deafness and Vertigo are two major diseases we face in our day to day practice. Even after major scientific advances in this field of ENT the social stigma and lack of awareness leads to negligence in the treatment.

The contribution of the Neurotological and Equilibrimetric Society in this field by spreading knowledge and awareness is encouraging. I congratulate the Neurotological and Equilibrimetric Society and the Organising Committee for organising the 43rd Annual National Conference at Kolkata on 31st July to 3rd August 2025 under the leadership of Dr A M Saha, Organising Chairman Dr N V K Mohan, Organising Secretary.

AOI West Bengal is also organising programs throughout the year to promote research, spreading knowledge and awareness in the field of ENT and Head Neck surgery. AOI West Bengal has extended support and our members have actively participated in NESCON 2025. I am sure that all of us will benefit from this Conference.

Long live AOI West Bengal.

Ajoy Kumar Khaowas

Dr Ajoy Kumar Khaowas

Hony Secretary
AOI West Bengal



Message from Organizing Chairman, NESCON 2025

Dr. A M Saha

Organizing Chairman, NESCON 2025

Dear Colleagues and Delegates,

It gives me immense pleasure to welcome you to NESCON 2025, the 43rd Annual Conference of the Neuro-Otological and Equilibrimetric Society of India, scheduled to be held from August 1st to 3rd, 2025, in Kolkata, India. The conference will be preceded by a Live Surgical Workshop on July 31st, offering participants a unique opportunity to witness advanced techniques in real-time.

This year's theme, "Multidisciplinary Team Approach for Better Outcomes," underscores the evolving need for integrated, collaborative care in the diagnosis, treatment, and rehabilitation of patients with balance and neuro-otological disorders.

Our comprehensive scientific program has been thoughtfully curated to foster meaningful dialogue and hands-on learning among ENT surgeons, neurosurgeons, audiologists, vestibular therapists, and equilibrium specialists. Through a blend of cutting-edge workshops, live demonstrations, hands-on training sessions, and evidence-based scientific presentations, we aim to bridge the gap between clinical expertise and interdisciplinary synergy.

The conference will also serve as a platform for networking, knowledge exchange, and collaborative innovation, bringing together some of the brightest minds in the field. Whether you are a seasoned practitioner or an emerging professional, NESCON 2025 promises to enrich your clinical practice and broaden your professional horizon.

Hosting this year's event in Kolkata, fondly known as the City of Joy, adds a vibrant cultural dimension to the experience. Beyond the academic engagement, we invite you to immerse yourself in the city's rich heritage, indulge in its world-renowned cuisine, and enjoy the warmth and hospitality that define this historic metropolis.

We look forward to your enthusiastic participation and are confident that your engagement will make this conference a resounding success.

Warm regards,

A handwritten signature in black ink, appearing to read 'A. M. Saha', with a horizontal line underneath.

Dr. A M Saha

Organizing Chairman – NESCON 2025

43rd Annual Conference of the Neuro-Otological and Equilibrimetric Society of India



Message from Organising Secretary, NESCON 2025

Dr. N V K Mohan
Organising Secretary, NESCON 2025

Dear friends and colleagues,

I feel greatly honoured and happy to welcome you all to the 43rd National Conference of The Neurotological and Equilibriometric Society of India, NESCON 2025 at Kolkata – The City of Joy! We would like to express our sincere gratitude to the parent body for entrusting us with the herculean responsibility of organising the 43rd National conference of our society.

Our society, The Neurotological and Equilibriometric Society of India, is the oldest subspeciality society of Otolaryngology established in 1978 by the stalwarts of the field to advance the science of neurotology. We have tried our best to design a scientific programme that covers every aspect of our speciality with a special emphasis on greater collaboration with our colleagues from other specialties in keeping with the theme of this year's conference i.e "Multidisciplinary team approach for better outcomes". As professionals dealing with deafness and vertigo, both much-neglected and misunderstood senses of perception, we the present-day neurotologists would like to highlight the need for greater coordination amongst our colleagues from different specialties to rehabilitate these patients into society more meaningfully and fruitfully. While I hope we have been able to do justice to the responsibility entrusted on us by our parent organisation and been able to live up to the expectations, I also hope all of you have a good time and make happy memories that last a lifetime at NESCON 2025.

Any credit for a successful conference goes entirely to the whole team led and guided ably by members of our AOI West Bengal, especially our senior members, who have steadfastly stood beside us in our endeavour and have lent us their vast experience in organising innumerable national conferences. The immense and unconditional support of our dear AOI President Dr. Dwaipayan Mukherjee is undeniable in every step.

Any omissions and transgressions are solely and squarely mine and for you to forgive. Welcome to the City of Joy and hoping you have a fruitful conference and a great stay. Let us make memories!!!

Warm Regards,

A handwritten signature in black ink, appearing to be 'NVKM' with a stylized flourish underneath.

Dr. N V K Mohan
Organising Secretary
NESCON 2025.



**NEUROTOLOGICAL &
EQUILIBRIOMETRIC
SOCIETY OF INDIA**

About NES OF INDIA

NES of India, established in 1978, is dedicated to advancing the field of neuro-otology and equilibrimetry through research, collaboration, and knowledge sharing. We are the biggest Nationally Registered Society in India working in the field of Audio-Vestibular Medicine.

Aims & Objectives

The aims and objectives of the society shall be as under:

- To undertake scientific Research in the area of Neuro-otology and in the related areas such as neurophysiology, neuroanatomy, engineering and audiological aspects etc.
- To establish, operate, promote, run, maintain, manage, Institution(s) engaged in advancement of research pertaining to Neuro-otology and Equilibrimetry.
- To provide research facilities for carrying out basic and applied research in concerned system and disciplines such as Neuro- Otology, Audiology, Neuro-physiology etc.
- To conduct experiments and to undertake and carry on research, experiments and tests related to the concerned research disciplines Neuro-otology/Equilibrimetry.
- To establish, provide, maintain and conduct or assist research laboratories and experimental institution for scientific research. This will be done when the society will have enough fund. Until such time research laboratories in recognised Medical colleges and Hospitals will be utilised.
- To give advice on, publish and otherwise promote utilisation of research results in the field of Neuro-Otology and allied subjects.
- To promote, develop and improve scientific exchange of knowledge as well as technical cooperation between similar research Institutions in India and abroad.
- To conduct conferences, refreshers courses, lectures, seminars, demonstrations and exhibitions relating to the research done and results obtained. There will be an annual meeting with scientific programme.
- To make available to others techniques and materials developed as a result of research by individual or a group of members of the society.
- To do all acts, matter and things as are incidental or conducive to the attainment of the above aims and objective or any one or more of them.

Other Objectives

- To print, publish, exhibit, subscribe and subsidise the periodicals, books, pamphlets or posters that may be considered desirable for the promotion of the objectives of the society. Efforts will be made for publishing a Newsletter of the Society and a journal in future.
- To acquire, build, hire, maintain, run research laboratory and related facilities and to equip them with amenities considered necessary for the proper discharge of their functions of the society. This may be possible after having enough fund with society.
- To borrow or raise money or security or otherwise from time to time for this purpose of the society upon such terms and conditions as may be deemed reasonable.
- To provide, award, institute fellowship or scholarships, stipend, remuneration and or other similar payments to student and research scholars to facilitate their undertaking scientific research in areas of concerned interest to the society.
- To cooperate with association of otolaryngologist of India and other national and international bodies.

NES Office Bearer's 2024 - 2025



Dr. Avinash Bijlani
President



Dr. Surajit Barman
Vice President



Dr. Kshitij Malik
Hon. Secretary



Dr. Rajeev Kapila
Hon. Treasurer



Dr. Ramesh Rohiwal
President Elect



Dr. Pawan Singhal
Past President



Dr. Nilotpal Dutta
Executive Member



Dr. Pushkar Kasat
Executive Member



Dr. Preethy Mary
Executive Member



Dr. Pradeep Vundavalli
Executive Member



Dr. Rahul Aggarwal
Executive Member



Dr. Prateek Porwal
Executive Member



Dr. Darwin Kaushal
Executive Member



Dr. Vidhu Sharma
Executive Member

Organizing Committee NESCON 2025



Prof. B.K. Roychowdhury
Patron



Dr. Dulal Basu
Chief Advisor



Prof. Santanu Banerjee
Chief Advisor



Prof. A.M. Saha
Organising Chairman



Prof. Arunabha Sengupta
Jt. Organising Chairman



Dr. N.V.K. Mohan
Organising Secretary



Dr. Nilotpall Dutta
Jt. Organising Secretary



Dr. Anupama Satpathy
Treasurer

Scientific Committee



Prof. Utpal Jana
Chairman



Prof. Amitabha Roychoudhury
Jt. Scientific Chairman



Dr. Nilotpal Dutta
Member



Dr. Col. Roohie Singh
Member



Dr. Ranjan Roychoudhury
Member



Dr. Sabyasachi Gon
Member



Dr. Chirajit Dutta
Member



Dr. K.P. Verma
Member



Dr. Ushirin Bose
Member

Registration & Reception Committee



Dr. Debasish Guha
Chairman



Dr. Ajay Khaowas
Member



Dr. Diptangshu Mukherjee
Member



Dr. Anupama Satpathy
Member



Dr. Baishakhi Bakat
Member

Hall & Program Coordination Committee



Dr. Soumen Bandopadhyay
Chairman



Dr. Soumitra Kumar
Member



Dr. Debabrata Das
Member



Dr. Indranil Pal
Member



Dr. Devjani Ghosh Shrestha
Member

International Faculty



Dr. Gregory Leigh

AO, BEd (Griffith), MSc (Washington U.), PhD (Monash), FACE
Director of NextSense Institute;
Conjointly Professor of Education and Disability Studies-
Macquarie School of Education

Professor Leigh joined the Royal Institute for Deaf and Blind Children (now NextSense) as a Senior Lecturer in 1993 and was appointed to his current role in 2006, where he is responsible for expanding and developing NextSense Institute's world-class research and education programs and facilities.

He holds a degree in Special Education from Griffith University, a Master of Science (Speech and Hearing) from Washington University and a PhD in Special Education from Monash. In 2014, he was invested as an Officer in the Order of Australia (AO), for distinguished services to the deaf and hard of hearing community.

He began his career in education of the deaf at the Queensland School for the Deaf in Brisbane in 1979. In 2001, he was made a Fellow of the Australian College of Educators and in 2014 he was invested as an Officer in the Order of Australia (AO) 'for distinguished service to the deaf and hard of hearing community, particularly children, through education, research, public policy development and specialist services'.

Professor Leigh held a variety of positions in the education of deaf children in Queensland before entering academia. He was coordinator of the program in education of the deaf at Deakin University from 1987 until taking up the position of Senior Lecturer and foundation Head of RIDBC Renwick Centre (now NextSense Institute) in 1993. In 2003 he was International Visiting Scholar at the National Technical Institute for the Deaf (Rochester Institute of Technology), New York.

He is the Director of NextSense Institute.

Professor Leigh is a member of the Editorial Boards of The Journal of Deaf Studies and Deaf Education and Phonetics and Speech Sciences and is a member of the Key Scientists Committee of the Hearing Cooperative Research Centre. He has served on several Australian Government consultative committees, including the New South Wales Ministerial Standing Committee on Hearing and the National Neonatal Hearing Screening Working Party.

He is currently Chairman of the Australasian Newborn Hearing Screening Committee. He is a former National President of the Education Commission for the World Congress of the World Federation of the Deaf and is Chair or Co-Chair of the International Steering Committees of both the Asia-Pacific Congress on Deafness (APCD) and the International Congress on Education of the Deaf (ICED).

International Faculty



Dr. Shankar Rangan

MBBS, DLO, FRCS, FRCP, MSc
Consultant Audiovestibular Physician (Paediatrics) and
Head of Department of Paediatric Audiovestibular Medicine,
Wirral University Teaching Hospitals, UK

Dr. Shankar Rangan works as a Consultant Audiovestibular Physician in Paediatrics at Wirral University Teaching Hospital NHS Foundation Trust and is Head of the Department of Paediatric Audiovestibular Medicine.

His areas of interest include diagnosis and management of Paediatric balance and vestibular problems, particularly managing paediatric balance problems using simple everyday steps, diagnosis and management of complex audiological problems in children including APD, Tinnitus, Hyperacusis, Misophonia, management of hearing problems in children with neurodevelopmental problems, especially Autism.

His particular area of interest is aetiology of permanent childhood hearing impairment, and he runs the course "Aetiological investigations for hearing loss in children" at London. He regularly lectures on various Paediatric Audiovestibular topics nationally and internationally.

Dr. Shankar Rangan is the President of the British Association of Audiovestibular Physicians (BAAP), he is the first Asian/Indian to hold this post. He is also the Northern representative and Executive Committee member of British Association of Paediatricians in Audiology (BAPA).

He conducts and organizes various courses in the UK. He has written chapters in Scott-Brown's Otorhinolaryngology, Head and Neck Surgery Textbook.

International Faculty



Dr. Raj Nandi

MS, DLO, MSc, FRCS, FRCP (Hon)
Clinical Lead and Consultant in Audiovestibular Medicine
Royal National ENT Hospital,
University College London Hospitals NHS Foundation Trust, London, UK.

Dr. Raj Nandi specialises in Audio-vestibular Medicine and has been on the Specialist Register of the General Medicine Council since December 2008, having completed his training in London.

As Consultant within the specialty, Dr. Nandi has a particular interest in Vestibular Medicine and in Central Auditory Processing disorders both in children and adults. He has authored several papers in peer reviewed publications, presented at International and national conferences and has been an active member of the British Association of Audio-vestibular Physicians.

Within the remit of his responsibilities as Consultant in the NHS, Dr. Nandi developed a paediatric hearing service in West Kent and is now a full time Consultant in Audio-vestibular Medicine working in Neuro-otology at the Royal National ENT Hospital, Huntley Street, London.

He specialises in working with patients with hearing and balance disorders, including tinnitus, noise induced hearing loss, central auditory processing deficits, peripheral and central balance disorders. Dr. Nandi also has an interest in the medico legal aspects of Audio-vestibular medicine such as occupational hearing loss.

National Faculty

Dr. A M Saha	Dr. Ashish K Lahiri	Dr. E Sivakumar
Dr. Abhik Sikdar	Dr. Ashwini Kumar Verma	Dr. Foujia Shireen Hakeem
Dr. Abhishek Gupta	Dr. Asish Dhapke	Dr. Gautam Khaund
Dr. Ajay Kumar Vats	Dr. Asit Kumar Chatterjee	Dr. Gyanaranjan Nayak
Dr. Ajay Mallick	Dr. Atul Patil	Dr. Hanifa Akhtar
Dr. Ajoy Khaowas	Dr. Avinash Bijlani	Dr. Haradhan Bora
Dr. Alok Thakar	Dr. Baisakhi Bakat	Dr. Henry Nongrum
Dr. Alokendu Bose	Dr. Barin Kumar Roychoudhuri	Dr. Himanshul Kala
Dr. Ambily Sahadevan	Dr. Bhanu Bhardwaj	Dr. Hirak Roychoudhury
Dr. Ameet Kishore	Dr. Bhartendu Bharti	Dr. I N Kundu
Dr. Amit Goyal	Dr. Bidhan Ray	Dr. Indranil Chatterjee
Dr. Amit Keshri	Dr. Biswajit Gogoi	Dr. Indranil Pal
Dr. Amit Sahgal	Dr. Biswarup Mukherjee	Dr. Isha Tyagi
Dr. Amit Sharma	Dr. Chandan Saha	Dr. J N Gurtu
Dr. Amitabha Roychoudhury	Dr. Chandrayi Banerjee	Dr. Jacky Ganguly
Dr. Amitava Roy	Dr. Charuhas Sadashiv Jagtap	Dr. Jaskaran Singh
Dr. Anandabrata Bose	Dr. Chetana Naik	Dr. Jayant Jaswal
Dr. Anil Jain	Dr. Chirajit Dutta	Dr. Jayanta Saha
Dr. Animesh Ghosh	Dr. D N Chatterjee	Dr. K P Verma
Dr. Aninda Banik	Dr. Darshan Bhatt	Dr. K R Meghnadh
Dr. Anirban Biswas	Dr. Darwin Kaushal	Dr. Kamalendu Halder
Dr. Anirban Dalui	Dr. Debashis Guha	Dr. Kanchan Pathak
Dr. Anirban Ghosh	Dr. Debashis Mukherjee	Dr. Kapil Soni
Dr. Aniruddha Majumdar	Dr. Debashis Sanyal	Dr. Kaushik Mondal
Dr. Anita Bhandari	Dr. Debashri Roy	Dr. Kiruba Shankar
Dr. Anjali Baruah	Dr. Debratan Nandi	Dr. Koyel Das
Dr. Anjan Bhuyan	Dr. Deepak Haldipur	Dr. Kritika Iyengar Saha
Dr. Anjana Sarmah	Dr. Deepti Sinha	Dr. Kshitij Malik
Dr. Anupama Satpathy	Dr. Devjani Ghosh Shrestha	Dr. Leena Vishwakarma
Dr. Archana Jhawar	Dr. Dhrubhojyoti Mukherjee	Dr. Manas Guha
Dr. Arindam Bhandari	Dr. Dipanjana Datta	Dr. Manjula Bhattacharya
Dr. Arindam Das	Dr. Dipankar Mukherjee	Dr. Mayukh Roy
Dr. Arjun Dasgupta	Dr. Diptanshu Mukherjee	Dr. Minakshi Kusari
Dr. Arun Singh	Dr. Dulal Bose	Dr. Mithila Poonacha
Dr. Arunabha Sengupta	Dr. Dushyant Khedikar	Dr. Mohan Kameswaran
Dr. Ashim Desai	Dr. Dwaipayan Mukherjee	

National Faculty

Dr. Mubarak Khan	Dr. Ramesh Rohiwal	Dr. Somanth Saha
Dr. N Brian Shunyu	Dr. Ranjan Roychowdhury	Dr. Sona Mohandas
Dr. Narayan Jayashankar	Dr. Ranjith Rajeswaran	Dr. Sonali Pandit
Dr. Narendra Suratwala	Dr. Rohit Bhattacharyya	Dr. Soumen Bandhyopadhyay
Dr. Naresh Panda	Dr. Roohie Singh	Dr. Soumitra Ghosh
Dr. Navneet Kumar	Dr. Rupam Borgohain	Dr. Sourav Datta
Dr. Nilotpall Dutta	Dr. S M Tarique Najeed	Dr. Sourav Gupta
Dr. Nitika Gupta	Dr. Sabyasachi Gon	Dr. Souvik Roychoudhury
Dr. Noor Uddin Malik	Dr. Sahidul Arefin	Dr. Srinivas Dorsala
Dr. NVK Mohan	Dr. Sampath C Prasad Rao	Dr. Subhajit Banerjee
Dr. Omkar Halwai	Dr. Samrat Sandip Bose	Dr. Subhamoy Karmakar
Dr. Paramita Chakraborty	Dr. Sankar Nath Jha	Dr. Subhashis Chakraborty
Dr. Pawan Singhal	Dr. Sarmishtha Bandyopadhyay	Dr. Subrata Mukhopadhyay
Dr. Pijush Ray	Dr. Satish Jain	Dr. Sugirtha Anand Kumar
Dr. Poulami Chakraborty	Dr. Satya Brata Phukan	Dr. Sumanta Dutta
Dr. Prabir Basu	Dr. Saumik Das	Dr. Sumit Basu
Dr. Pradeep Vundavalli	Dr. Saumitra Kumar	Dr. Sunil Jalan
Dr. Pranabasish Banerjee	Dr. Sayan Ganguly	Dr. Supriya Chingtham
Dr. Prasanta Gure	Dr. Sayan Hazra	Dr. Surajit Barman
Dr. Prasanta Kumar Roy	Dr. Sekhar Bandyopadhyay	Dr. Sushma Sharma
Dr. Prateek Porwal	Dr. Shabnam Fathima	Dr. Swanand Gholap
Dr. Pratishtha Sachan	Dr. Shambhunath Mukherjee	Dr. Swarup Bikash Mishra
Dr. Pravesh Sampath	Dr. Shantanu Banerjee	Dr. Tarun Kanti Kar
Dr. Preethy Mary	Dr. Shantanu Panja	Dr. Tushar Kanti Ghosh
Dr. Preeti Bijlani	Dr. Shauvonik Satpathy	Dr. Uma Patnaik
Dr. Prem Sagar	Dr. Shenny Bhatia	Dr. Ushirin Bose
Dr. Purnendu Bikash Roy	Dr. Shomeshwar Singh	Dr. Utpal Jana
Dr. Pushkar Kasat	Dr. Shuvendu Kar	Dr. V Anand
Dr. Rahul Agrawal	Dr. Shuvendu Roy	Dr. Vaishali Sangole
Dr. Rajat Jain	Dr. Shwetha Shenoy	Dr. Vidhu Sharma
Dr. Rajeev Kapila	Dr. Siddharth Mandal	Dr. Vijay P Bania
Dr. Rajeev Kumar	Dr. Singari Prabhakar	Dr. Vijay V Ghuge
Dr. Rajesh Vishwakarma	Dr. Smita Saha	Dr. VijayalakshmiSubramaniam
Dr. Ramanauj Sinha	Dr. Smriti Rupa Dutta	Dr. Vinod Khandhar
Dr. Ramandeep Virk	Dr. Snehasis Barman	Dr. Vishwanath Natesh
		Dr. Zulfiquir Hazarika

Workshop Programme

NESCON 2025	
DR. SHANKAR MOHAN SEN MEMORIAL PRE CONFERENCE SURGICAL WORKSHOP	
DATE - 31st JULY 2025 VENUE - AUDITORIUM, CK BIRLA HOSPITALS -CMRI, Kolkata	
REGISTRATION TIME - 8 AM to 9 AM	
WORKSHOP 1	TEMPORAL BONE DISSECTION FOR COCHLEAR IMPLANTATION
COURSE DIRECTORS	Dr. NVK Mohan, Dr. Amitabha Roychoudhury, Dr. Dipankar Mukherjee
FACULTY	Dr. Amit Keshri, Dr. Pawan Singhal, Dr. Amit Goyal
WORKSHOP COORDINATORS	Dr. Anupama Satpathy, Dr. Ushirin Bose
TIME	SESSIONS
09:00 - 09:20 (20 Mins)	Anatomy Relevant to Cochlear Implant
09:20 - 09:40 (20 Mins)	Posterior Tympanotomy
09:40 - 10:00 (20 Mins)	Avoiding Complications
10:00 - 12:30 (2.5 Hrs)	First Batch of Dissectors
12:30 - 14:00 (1.5 Hrs)	Live Demonstration of Auditory Brainstem Implant on Cadaveric Specimen from SSKM Hospital (Link Will Be Shared in Website)
	FACULTY - Dr. Ameet Kishore
14:00 - 16:30 (2.5 Hrs)	Second Batch of Dissectors
WORKSHOP 2	MANAGEMENT OF EUSTACHIAN TUBE DYSFUNCTION – MEDICAL & SURGICAL
COURSE DIRECTORS	Dr. Arjun Dasgupta
FACULTY	Dr. Rajesh Vishwakarma
WORKSHOP COORDINATORS	Dr. Baishakhi Bakat
TIME	SESSIONS
09:00 - 09:20 (20 Mins)	Anatomy and Physiology of Eustachian Tube
09:20 - 09:40 (20 Mins)	Case Based Discussion on Allergy in ENT (Sponsored by SANOFI)
09:40 - 10:00 (20 Mins)	Indications of Eustachian Tuboplasty
10:00 - 12:30 (2.5 Hrs)	First Batch of Hands on Training
12:30 - 14:00 (1.5 Hrs)	Live Demonstration of Auditory Brainstem Implant on Cadaveric Specimen from SSKM Hospital (Link Will Be Shared in Website)
	FACULTY - Dr. Ameet Kishore
14:00 - 16:30 (2.5 Hrs)	Second Batch of Hands on Training
WORKING LUNCH IN BETWEEN WORKSHOP	
WORKSHOP 3	AUDITORY BRAINSTEM IMPLANT ON CADAVERIC SPECIMEN
COURSE DIRECTORS	Dr. Arunabha Sengupta
FACULTY	Dr. Ameet Kishore
WORKSHOP COORDINATORS	Dr. Arindam Das, Dr. Sayan Hazra
TIME	SESSION
12:30 - 14:00 (1.5 Hrs)	Live Demonstration of Auditory Brainstem Implant on Cadaveric Specimen from SSKM Hospital (Link Will Be Shared in Website)
FACULTY DINNER - FROM 6:30 PM at Officer's Club, Central Hospital of South Eastern Railway,Kolkata	

NESCON 2025

DR. SHANKAR MOHAN SEN MEMORIAL PRE CONFERENCE WORKSHOP

DATE - 31st JULY 2025 | VENUE - Central Hospital of South Eastern Railway, Garden Reach, Kolkata

REGISTRATION TIME - 9:00 - 9:30 AM

NEUROTOLOGY

COURSE DIRECTOR : Dr. Srinivas Dorasala

COURSE COORDINATORS : Dr. Nilotpall Dutta, Dr. K P Verma , Dr. Ambily Sahadevan

Session - I	CONTEXT SETTING	
TIME	Topic	Speaker
09:30 - 09:45 (15 Mins)	Context Setting	Dr. Srinivas Dorasala
Session - II	HISTORY PROFORMA	
TIME	Topic	Speaker
09:45 - 10:15 (30 Mins)	History proforma	Dr. Vijayalakshmi Subramaniam
Session - III	CLINICAL TESTS	
TIME	Topic	Speaker
10:15 - 11:15 (60 Mins)	Head Impulse Test	Dr. Surajit Barman
	Head Shaking Hyper Ventilation	Dr. Prateek Porwal
	VOR - Suppression	Dr. Avinash Bijlani
	Vibration Test	Dr. Sona Mohandas
	222	Dr. Pradeep Vundavalli
	Valsalva	Dr. Ramesh Rohiwal
11:15 - 11:45 (30 Mins)	Nystagmus Patterns	Dr. Prateek Porwal
11:45 - 13:00 (75 Mins)	Therapeutic Decision Making Vestibular Migraine	Dr. Srinivas Dorasala
		Dr. Nilotpall Dutta
13:00 - 14:00 (60 Mins)	LUNCH BREAK	
TIME	Topic	Speaker
13:00 - 14:00 (60 Mins)	BPPV - Basic and Newer Manuever and Home Based Manuever	Dr. Srinivas Dorasala
		Dr. E Sivakumar
		Dr. Avinash Bijlani
		Dr. Pushkar Kasat
		Dr. Vijayalakshmi Subramaniam
TIME	Topic	Speaker
16:00 - 16:30 (30 Mins)	Reading Brainstem and Lower Cranial Nerve MRI	Dr. Pradeep Vundavalli
TIME	Topic	Speaker
16:30 - 17:30 (60 Mins)	Newer Vestibular Rehabilitation Technique	Dr. Srinivas Dorasala
		Dr. Prateek Porwal
TIME	Topic	Speaker
17:30 - 17:45 (15 Mins)	Vertigo in Pregnancy	Dr. Paramita Chakraborty
17:45 - 18:00 (15 Mins)	SUMMARY	

FACULTY DINNER - FROM 6:30 PM at Officer's Club, Central Hospital of South Eastern Railway,Kolkata

Scientific Programme

NESCON 2025		
DAY 1- 1st August 2025		
DR. ABIRLAL MUKHERJEE MEMORIAL HALL		
Session I	SYMPOSIUM ON TYMPANOMASTOID SURGERY	CHAIRPERSONS : Dr. Debratan Nandi, Dr. Saumendra Nath Bandyopadhyay MODERATOR : Dr. Dwaipayan Mukherjee
TIME	TOPICS	SPEAKERS
09:00 - 10:00	CWUM (Inside Out Mastoidectomy) (12 Mins)	Dr. Darwin Kaushal
	CWDM (12 Mins)	Dr. Soumitra Ghosh
	Reconstruction options after Mastoidectomy (12 Mins)	Dr. K P Verma
	Materials for Ossiculoplasty (12 Mins)	Dr. Sayan Hazra
Session II	SYMPOSIUM ON AUDITORY BRAINSTEM IMPLANT	CHAIRPERSONS :Dr. Anandabrata Bose , Dr. Ajay Mallick MODERATOR : Dr. Mohan Kameswaran
TIME	TOPICS	SPEAKERS
10:00 - 11:00	Introduction and brief history of ABI - (8 Mins)	Dr. Mohan Kameswaran
	Surgical Anatomy of the Cochlear Nucleus - (8 Mins)	Dr. Ramandeep Virk
	Candidacy - (8 Mins)	Dr. Naresh Panda
	Surgical Technique - (8 Mins)	Dr. Ameet Kishore
	Audiology- Pre-op evaluation, intra-op electrophysiology and outcomes - (8 Mins)	Dr. Ranjith Rajeswaran
	Surgical challenges and complications - (8 Mins)	Dr. Mohan Kameswaran
	Panel Discussion on Auditory Brainstem Implant (ABI) (12 Mins)	
Session III	KEYNOTES SESSION (I)	CHAIRPERSONS : Dr. Dulal Bose, Dr. Alok Thakar
TIME	TOPICS	SPEAKERS
11:00 - 12:00	Auditory Neural Prosthesis - A Window to the Brain (20 Mins)	Dr. Mohan Kameswaran
	Advancements in cochlear implant technology : expanding access and improving outcomes (20 Mins)	Dr. Gautam Khaund
	Skill Development in Cochlear Implant Surgery (20 Mins)	Dr. Shomeshwar Singh
Session IV	KEYNOTES SESSION (II)	CHAIRPERSONS : Dr. A M Saha, Dr. Arunabha Sengupta
TIME	TOPICS	SPEAKERS
12:00 - 13:30	Dr. Isha Tyagi KEYNOTE - Cochlear implantation in cochleo - vestibular anomalies (20 Mins)	Dr. Ashish K Lahiri
	Decision making in vestibular schwannoma surgery (20 Mins)	Dr. Narayan Jayashankar
	Universal Newborn Hearing Screening and Early Intervention: Insights from the LOCHI Study - (20 Mins)	Dr. Gregory Leigh
13:30 - 14:30	LUNCH BREAK	
Session V	INTERACTIVE SYMPOSIUM ON EARLY INTERVENTION IN PAEDIATRIC DEAFNESS	CHAIRPERSONS : Dr. Barin Kumar Roychoudhuri, Dr. I N Kundu MODERATOR : Dr. Mohan Kameswaran
TIME	TOPICS	SPEAKERS
14:30 - 15:50	Universal Neonatal Hearing Screening Programme by WHO - (8 Mins)	Dr. Shankar Rangan
	Neonatal Brain Development and importance of auditory input in early life - (8 Mins)	Dr. Arun Singh
	Neonatal Hearing Screening- Lessons learnt and an audit of outcomes - (8 Mins)	Dr. Alok Thakar
	Early Intervention and Quality of Life: Learning from the LOCHI Study - (8 Mins)	Dr. Gregory Leigh

Session V	INTERACTIVE SYMPOSIUM ON EARLY INTERVENTION IN PAEDIATRIC DEAFNESS	CHAIRPERSONS : Dr. Barin Kumar Roychoudhuri, Dr. I N Kundu
		MODERATOR : Dr. Mohan Kameswaran
TIME	TOPICS	SPEAKERS
14:30 – 15:50	Developmental challenges in children with Special Needs – (8 Mins)	Dr. Shuvendu Roy
	Aiming to bring down age of intervention– (8 Mins)	Dr. Chandan Saha
	Post C.I. habilitation – An Overview – (8 Mins)	Mrs. Leena Vishwakarma
	Panel Discussion on Early Intervention in Paediatric Deafness – (24 Mins)	
Session VI	SYMPOSIUM ON FACIAL NERVE	CHAIRPERSONS : Dr. Shantanu Banerjee, Dr. Kamalendu Halder
		MODERATOR : Dr. Alok Thakar
TIME	TOPICS	SPEAKERS
15:50 – 17:05	Anatomy of Facial Nerve and avoiding Injury in tympanomastoid surgery (12 Mins)	Dr. Ushirin Bose
	Electrophysiology of facial nerve (12 Mins)	Dr. Sayan Hazra
	Tackling facial nerve injury in TM surgery (12 Mins)	Dr. Arindam Das
	Facial nerve in the Skull Base (12 Mins)	Dr. Sampath C Prasad Rao
	Facial nerve reanimation (12 Mins)	Dr. Alok Thakar
	Panel Discussion on Facial Nerve – (15 Mins)	
Session VII	SYMPOSIUM ON LATERAL SKULL BASE	CHAIRPERSONS : Dr. Isha Tyagi, Dr. Utpal Jana
		MODERATOR : Dr. Pawan Singhal
TIME	TOPICS	SPEAKERS
17:05 – 18:20	Approach to Jugular foramen (12 Mins)	Dr. Kiruba Shankar
	Skull Base Osteomyelitis (12 Mins)	Dr. Sampath C Prasad Rao
	Parapharyngeal Tumours (12 Mins)	Dr. Pawan Singhal
	Vestibular Neurectomy for Intractable Vertigo (12 Mins)	Dr. Narayan Jayashankar
	Optimising results in Skull Base Surgery – Nerve Monitoring (12 Mins)	Dr. Amit Keshri
	Panel Discussion on Lateral Skull Base – (15 Mins)	
19:30 Onwards	GALA DINNER	
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NESCON 2025		
DAY 1- 1st August 2025		
DR. S D MUKHERJEE MEMORIAL HALL		
Session I	SYMPOSIUM ON ANATOMY AND PHYSIOLOGY OF VESTIBULAR SYSTEM	CHAIRPERSONS : Dr. Satya Brata Phukan, Dr. Samrat Sandip Bose
TIME	TOPICS	SPEAKERS
09:00 - 10:00	Anatomy of Vestibular System (15 Mins)	Dr. Sugirtha Anand Kumar
	Physiology of Vestibular System (15 Mins)	Dr. Supriya Chingtham
	History Taking in a vertigo patient (15 Mins)	Dr. Shenny Bhatia
	Vertigo: when to think beyond Neuro-Otology (15 Mins)	Dr. Anirban Dalui
Session II	SYMPOSIUM ON INVESTIGATIONS IN DIZZINESS - BEYOND NUMBERS	CHAIRPERSONS : Dr. Jayant Jaswal , Dr. Rupam Borgohain
TIME	TOPICS	SPEAKERS
10:00 - 11:00	OCCULOMETRY (VNG) (12 Mins)	Dr. Prateek Porwal
	Gait Evaluation (Role of Posturography & CCG Craniocorpography) (12 Mins)	Dr. Srinivas Dorasala

Session II	SYMPOSIUM ON INVESTIGATIONS IN DIZZINESS – BEYOND NUMBERS	CHAIRPERSONS : Dr. Jayant Jaswal , Dr. Rupam Borgohain
TIME	TOPICS	SPEAKERS
10:00 – 11:00	Assessment of the Vestibulo Ocular Reflex (12 Mins)	Dr. Surajit Barman
	Role of VEMPS in Vestibular Disorders (12 Mins)	Mr. Swarup Bikash Mishra
Session III	KEYNOTES SESSION	CHAIRPERSONS : Dr. Debashis Sanyal, Dr. Vijayalakshmi Subramaniam
TIME	TOPICS	SPEAKERS
11:00 – 12:00	Advances in imaging of cochlear and vestibular hydrops (20 Mins)	Dr. Raj Nandi
	Migraine-Tinnitus Nexus and Management (20 Mins)	Dr. Kshitij Malik
	Topographical analysis of Central vestibular syndromes (20 Mins)	Dr. Avinash Bijlani
Session IV	INVITED TALKS	CHAIRPERSONS : Dr. Chandan Ghosal, Dr. Anil Jain
TIME	TOPICS	SPEAKERS
12:00 – 12:30	Approach to Chronic Dizziness (12 Mins)	Dr. Bidhan Ray
	Extra Ocular examination in a Vestibular disorder patient (12 Mins)	Dr. Pradeep Vundavalli
Session V	SYMPOSIUM ON DEEPER INSIGHTS INTO BPPV	CHAIRPERSONS : Dr. Subrata Mukhopadhyay, Dr. Zulfiquar Hazarika
TIME	TOPICS	SPEAKERS
12:30 – 13:30	Understanding BPPV (12 Mins)	Dr. Avinash Bijlani
	Testing protocols for BPPV and why standardisation is necessary (12 Mins)	Dr. Anita Bhandari
	Atypical Variants in BPPV (12 Mins)	Dr. Ajay Kumar Vats
	Newer Insights into BPPV (12 Mins)	Dr. Srinivas Dorasala
Session VI	SYMPOSIUM ON MASTER THE CENTRAL VESTIBULAR DISORDERS	CHAIRPERSONS : Dr. Prabir Basu, Dr. Sumit Basu
TIME	TOPICS	SPEAKERS
13:30 – 14:30	Eye movements in central Vestibular disorders (How to differentiate it from peripheral) (12 Mins)	Dr. Pradeep Vundavalli
	Acute Vestibular Syndrome (12 Mins)	Dr. Atul Patil
	PICA/ AICA Syndromes (12 Mins)	Dr. Sushma Sharma
	Canalith Jam: An Underrecognized Cause of Acute Vestibular Syndrome (12 Mins)	Dr. Ajay Kumar Vats
Session VII	KEYNOTES SESSION	CHAIRPERSONS : Dr. Ramesh Rohiwal , Dr. Kshitij Malik
TIME	TOPICS	SPEAKERS
14:30 – 15:10	Ascending the hierarchy of the Vestibular system for a more effective clinical outcome (20 Mins)	Dr. Anirban Biswas
	Interpreting Evolving Vestibular signs in Ménière's disease (20 Mins)	Dr. Anita Bhandari
Session VIII	INVITED TALKS	CHAIRPERSONS : Dr. Haradhan Bora, Dr Souvik Roychoudhury
TIME	TOPICS	SPEAKERS
15:10 – 15:55	Clinical pearls in identifying rarer diseases in vertigo (12 Mins)	Dr. Ramesh Rohiwal
	Visual dependency in BPPV (12 Mins)	Dr. Gyanaranjan Nayak
	Episodic Vestibular Syndromes (12 Mins)	Dr. Deepti Sinha
Session IX	SYMPOSIUM ON PAEDIATRIC VERTIGO AND BALANCE DISORDERS	CHAIRPERSONS : Dr.Gautam Khaund, Dr. Ajay Mallick MODERATOR : Dr. Nilotpall Dutta
TIME	TOPICS	SPEAKERS
15:55 – 16:55	Anatomy of vestibular system in Children (12 Mins)	Dr. Chetana Naik
	Evaluation of a Dizzy child (12 Mins)	Dr. Kshitij Malik
	Case discussion in a Dizzy child (12 Mins)	Dr. Shankar Rangan
	Management of Paediatric Vertigo and Balance disorders (12 Mins)	Dr. Nilotpall Dutta

Session X	INVITED TALKS	CHAIRPERSONS : Dr. Subhendu Kar, Dr. Foujia Shireen Hakeem
TIME	TOPICS	SPEAKERS
17:00 – 18:15	PPPD as a functional neurological disorder (12 Mins)	Dr. Raj Nandi
	Vestibular Rehabilitation – Simplified for day to day practice (12 Mins)	Dr. Charuhas Sadashiv Jagtap
	Diagnostic and therapeutic management of BPPV with Atypical nystagmus for all the canal with the help of BPPV chair (12 Mins)	Dr. Vinod Khandhar
	Functional dizziness (12 Mins)	Dr. Swanand Gholap
	Role of investigation in vestibular migraine (12 Mins)	Dr. Himanshul Kala
19:30 Onwards GALA DINNER		
<i>**Scientific Programme is subject to last minute changes in case of any unavoidable circumstances.</i>		

NESCON 2025		
DAY 1- 1st August 2025		
DR. TARUN PALIT MEMORIAL HALL		
Session I	PG AWARD PAPER	
TIME	TOPICS	SPEAKERS
09:00 – 10:45 (6+2 Mins Each)	"Sleep Quality Disturbances in Patients with Peripheral Vestibular Disorders: A Questionnaire-Based Study"	Dr. Namrata Chakraborty
	Subtotal Petrosectomy With Cochlear Implantation: Perils Till Pearls	Dr. Annncy Abraham
	"Comparison of speech outcome in Rubella positive versus Rubella negative cochlear implant candidates using specific speech outcome scores."	Dr. Sabrina Farheen
	Chronic Vertigo: Efficacy of Videonystagmography and Vestibular Rehabilitation	Dr. Nidhi Singh
	"Effects of Bilateral Hearing Aid Use on Computerized Dynamic Posturography (CDP) in Hearing impaired adults: A Prospective interventional study"	Dr. Prasanth L
	"Endoscopic and microscopic facial nerve decompression after traumatic facial nerve tpalsy- a comparative study"	Dr. Akash Mandal
	"Assessment of Changes in Serum Prestin levels as an inner ear biomarker in patients with severe to profound hearing loss undergoing cochlear implant surgery"	Dr. Anup Das
	Functional Head Impulse Test In Patients Undergoing Vestibular Neurectomy	Dr. Karthik Parvela
	Objective evaluation of Vestibular Rehabilitation using Dynamic Posturography in Paediatric Cerebral Palsy: A Randomised Control Trial between Conventional versus Conventional with Virtual-reality based vestibular rehabilitation	Dr. Arundhati Mukherjee
	Comparison of cochlear implant electrode placement between Round window vs cochleostomy approach	Dr. Rinchen Angmo
	"STAMCO Classification for Predictive Analysis in Mastoid Surgeries: An Ambispective Study"	Dr. Rishabh Mehta
10:45 – 12:15 (6+2 Mins Each)	"Correlation between Dispersion Product Otoacoustic Emissions in Patients with Unexplained Tinnitus."	Dr. Rachit Pahwa
	A narrative review of 68 cases from our clinic: exploring posturography –assisted rehabilitation as a novel adjunctive therapy for Vestibular Neuritis.	Dr. Vaishali Sangole
	Does muscle relaxant play role in management of Benign Paroxysmal Positional Vertigo?	Dr. Richa Agrawal
	Objective Screening Of Noise Induced Hearing Loss In Armed Forces Personnel: Can Otoacoustic Emissions Replace The Standard Audiometry?	Dr. Divya Sethi

Session II	CONSULTANT AWARD PAPER	
TIME	TOPICS	SPEAKERS
10:45 – 12:15 (6+2 Mins Each)	Post Traumatic Vertigo – Is It All Bppv? – A Case Report	Dr. Sugirtha Anandkumar
	Understanding The Cortical Activity Involvement In Bppv :A Single Pulse Transcranial Magnetic Stimulation Perspective	Ms. Koyel Das
	Barriers to effective management of BPPV – An insight into the clinician's Perspective – A Prospective Observational Study	Dr. Saikat Samaddar
	Sitting up Vertigo – a perplexity in certainty	Dr. P Praveen Kumar
	"Beyond Hearing – Insights into Vestibular Schwannoma – Unmasking Atypical Symptomatology Of Vestibular Schwannoma–A Rare Case Report"	Dr. Shenny Bhatia
	Prenatal hearing screening by fetal vibroacoustic stimulation: interim results of a prospective cohort study	Dr. Prem Sagar
	"The Invisible Instability: Assessment of Postural balance and Vestibular function in Chronic Otitis Media using Dynamic Posturography and Rotary Chair Tests"	Dr. Sharmistha Chakravarty
Session III	VIDEO AWARD PAPER	
TIME	TOPICS	SPEAKERS
12:15 – 13:15 (8+2 Mins Each)	Scope, Skill and Success: Navigating through the Tympanoplasty Spectrum	Dr. Namrata Chakraborty
	Subtotal Petrosotomy With Cochlear Implantation: Perils Till Pearls	Dr. Anncy Abraham
	"Canal Switch from Posterior to Anterior semicircular canal following repositioning manoeuvre – A Case Report"	Dr. Nidhi Singh
	A Case of Squamous Cell Carcinoma Temporal Bone:Therapeutic Strategy & Amp; Follow Up	Dr. Prasanth L
	Bilateral Benign Paroxysmal Positional Vertigo – Myth or Reality: A case report	Dr. P Praveen Kumar
	"Decoding Posterior Canal, Clinical Conundrum in BPPV Management– An Observational Study"	Dr. Saikat Samaddar
13:30 – 14:30	LUNCH BREAK	
Session IV	SYMPOSIUM ON PRE COCHLEAR IMPLANT ASSESSMENT AND COUNSELLING	CHAIRPERSONS : Dr. Pranabasish Banerjee MODERATOR : Dr. Ranjith Rajeswaran
TIME	TOPICS	SPEAKERS
14:30 – 15:30	Genetics in Hearing Loss (12 Mins)	Dr. Dipanjana Datta
	Candidacy selection (12 Mins)	Dr. Ranjith Rajeswaran
	Decision Making (12 Mins)	Dr. Krithika Iyengar Saha
	Decision Making (12 Mins)	Dr. Ambily Sahadevan
Session V	SYMPOSIUM ON MEDICAL ETHICS AND MEDICO-LEGAL ASPECTS OF PRACTICE	CHAIRPERSONS : Dr. Tarun Kanti Kar, Dr. Amit Goyal
TIME	TOPICS	SPEAKERS
15:30 – 15:50	Medical Ethics in Clinical Practice (20 Mins)	Dr. Mayukh Roy
15:50 – 16:10	Medicolegal Aspects in Clinical Practice (20 Mins)	Dr. Sankar Nath Jha
Session VI	SYMPOSIUM ON POST COCHLEAR IMPLANTATION HABILITATION	CHAIRPERSONS : Dr. J N Gurtu, Dr. K P Verma MODERATOR : Dr. Krithika Iyengar Saha
TIME	TOPICS	SPEAKERS
16:10 – 17:10	Mapping (10 Mins)	Dr. Chandan Saha
	AVT (10 Mins)	Ms. Shabnam Fathima
	Outcomes and Measures (10 Mins)	Dr. Krithika Iyengar Saha
	Red Flags (10 Mins)	Mr. Sahidul Arefin
	Panel Discussion on Post Cochlear Implantation Habilitation (15 Mins)	
Session VII	INVITED TALKS	CHAIRPERSONS : Dr. Subhajit Banerjee, Dr. Manjula Bhattacharya
17:10 – 17:45	Endoscopic Tympanomastoid Surgery (12 Mins)	Dr. Snehasis Barman
	Basics of hearing aid fitting for the ENT surgeon (12 Mins)	Mr. Siddharth Mandal + Mrs. Smita Saha
19:30 Onwards	GALA DINNER	
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NESCON 2025

DAY 2- 2nd August,2025

DR. ABIRLAL MUKHERJEE MEMORIAL HALL

Session I	SYMPOSIUM ON OTOSCLEROSIS	CHAIRPERSONS : Dr. Purnendu Bikash Roy, Dr. Bidhan Ray MODERATOR : Dr. Ramandeep Virk
TIME	TOPICS	SPEAKERS
08:30 – 10:00	Audiology and Case Selection in Management of Otosclerosis (12 Mins)	Dr. Baisakhi Bakat
	Laser in Stapedotomy (12 Mins)	Dr. Deepak Haldipur
	Difficult situation in stapes surgery (12 Mins)	Dr. Amit Keshri
	Revision Stapedotomy (12 Mins)	Dr. Ashim Desai
	FAR Advanced otosclerosis (12 Mins)	Dr. Ramandeep Virk
	Reverse Neo Stapedotomy (12 Mins)	Dr. Barin Kumar Roychoudhuri
	Panel Discussion on Otosclerosis (18 Mins)	
Session II	ORATIONS	CHAIRPERSONS : Dr. A M Saha, Dr. Avinash Bijlani
TIME	TOPICS	SPEAKERS
10:00 – 10:45	Dr. PP Karnik Oration – Topokinetic memory and Spatial Orientation : it's relation to the vestibular system	Dr. Surajit Barman
10:45 – 11:30	Dr. Joe V Desa Oration – Cochlear Implant Surgery – technique, equipment and Overcoming Obstacles	Dr. V Anand
11:30 – 12:15	NES Oration – Complex BPPV and Solutions	Dr. Narendra Suratwala
12:30 – 14:00	INAUGURATION CEREMONY	
14:00 – 15:00	WORKING LUNCH	
Session III	SYMPOSIUM ON SURGERY FOR VERTIGO	CHAIRPERSONS : Dr. Dipankar Mukherjee, Dr. Sourav Datta MODERATOR : Dr. Amit Keshri
TIME	TOPICS	SPEAKERS
14:30 – 15:30	Intratympanic medication for Vertigo (12 Mins)	Dr. Isha Tyagi
	Labyrinthectomy (12 Mins)	Dr. Prem Sagar
	Endolymphatic Sac Decompression (12 Mins)	Dr. Amit Keshri
	Chemical Labyrithectomy (12 Mins)	Dr. Saumitra Kumar
	Panel Discussion on Surgery for Vertigo (12 Mins)	
Session IV	SYMPOSIUM ON COCHLEAR IMPLANT	CHAIRPERSONS : Dr. Ashish K Lahiri, Dr. Snehasis Barman MODERATOR : Dr. Amitabha Roychoudhury
TIME	TOPICS	SPEAKERS
15:30 – 17:00	Candidacy (10 Mins)	Dr. Biswajit Gogoi
	Subtotal Petrossectomy with Cochlear Implantation in the infected ear (10 Mins)	Dr. Ashim Desai
	Difficult scenarios in C.I. (10 Mins)	Dr. Roohie Singh
	Expanded indications and new horizons (10 Mins)	Dr. Amit Goyal
	Optimizing outcomes in C.I. (10 Mins)	Dr. Shomeshwar Singh
	Surgical Nuances (10 Mins)	Dr. Amitabha Roychoudhury
	Panel Discussion on Cochlear Implant (30 Mins)	
18:00 – 19:00	GBM in DR. S D MUKHERJEE MEMORIAL HALL	
19:30 Onwards	GALA DINNER	
E POSTER Session will be held on 2nd Aug 2025 at 3 PM Onwards in DR. SHANKAR MOHAN SEN MEMORIAL HALL		
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NESCON 2025

DAY 2- 2nd August, 2025

DR. S D MUKHERJEE MEMORIAL HALL

08:00 – 10:00	COMMON SESSION in DR. ABIRLAL MUKHERJEE MEMORIAL HALL	
10:00–14:00	ORATIONS and INAUGURATION CEREMONY in DR. ABIRLAL MUKHERJEE MEMORIAL HALL	
Session I	PANEL DISCUSSION	CHAIRPERSONS : Dr. Srinivas Dorasala , Dr. Chetana Naik
		MODERATOR : Dr. Avinash Bijlani
TIME	TOPICS	PANELISTS
14:30 – 15:30	How to Manage a Case of Vertigo ? – Do's & Don't	Dr. Ramesh Rohiwal
		Dr. Charuhas Sadashiv Jagtap
		Dr. Swanand Gholap
		Dr. Nilotpal Dutta
		Dr. Souvik Roychoudhury
		Dr. Prateek Porwal
Session II	KEYNOTES SESSION	CHAIRPERSONS : Dr. Charuhas Sadashiv Jagtap, Dr. Darshan Bhatt
TIME	TOPICS	SPEAKERS
15:30 – 16:30	Emerging Technologies in the Management of Vertigo (20 Mins)	Dr. Srinivas Dorasala
	FHIT in Sudden Sensorineural Hearing loss – Decision Making (20 Mins)	Dr. Deepak Haldipur
	Practical Management of Paediatric Vestibular Problems (20 Mins)	Dr. Shankar Rangan
Session III	SYMPOSIUM ON ROLE OF DANCE AND MUSIC THERAPY IN VERTIGO MANAGEMENT	CHAIRPERSONS : Dr. Henry Nongrum, Dr Dushyant Khedikar
TIME	TOPICS	SPEAKERS
16:30 – 17:00	Music Therapy in Vertigo (12 Mins)	Dr. Vijayalakshmi Subramaniam
	Dance Therapy (12 Mins)	Dr. Sona Mohandas
Session IV	SYMPOSIUM ON ACUTE VERTIGO: WHAT TO DO ?	CHAIRPERSONS : Dr Smrity Rupa Dutta, Dr Sonali Pandit
TIME	TOPICS	SPEAKERS
17:00 – 18:00	Red Flags in Acute Vertigo (12 Mins)	Dr. Omkar Halwai
	Clinical examination in an Acute Vertiginous Patient (12 Mins)	Dr. Nitika Gupta
	Case presentations in acute vertigo (12 Mins)	Dr. Preethy Mary
	Drug therapy in Acute Vertigo (12 Mins)	Dr. Paramita Chakraborty
18:00 – 19:00	GBM	
19:30 Onwards	GALA DINNER	
E POSTER Session will be held on 2nd Aug 2025 at 3 PM Onwards in DR. SHANKAR MOHAN SEN MEMORIAL HALL		
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NESCON 2025

DAY 2- 2nd August,2025

DR. TARUN PALIT MEMORIAL HALL

DR. SHANKAR MOHAN SEN MEMORIAL HALL		
Session I	SYMPOSIUM ON VERTIGO	CHAIRPERSONS : Dr. Asit Kumar Chatterjee, Dr. Saurabh Gupta
TIME	TOPICS	SPEAKERS
08:00 - 10:00	Cortical Activity in BPPV –A Single Pulse –Transcranial Magnetic Stimulation Perspective (10 Mins)	Ms. Koyel Das
	Unraveling the Complexities Vestibular Migrane : Analyzing Through Clinical Features, DHI Assessment and VNG Findings(10 Mins)	Dr. Vishwanath Natesh
	Role of EcochG in Vestibular Disorders (10 Mins)	Mr. Pravesh Sampath
	An approach to a case of vertigo in Paediatric age group (10 Mins)	Dr. Ajay Mallick
	Effectiveness of Combined Cognitive Behavioral Therapy (CBT) and Vestibular Rehabilitation in Persistent Postural–Perceptual Dizziness (PPPD) and Residual Dizziness Post–BPPV: A Case Series (10 Mins)	Mr. Rohit Bhattacharyya
	Falls and its prevention in elderly (10 Mins)	Dr. Anjali Baruah
	Still Spinning? From Confusion to Better Understanding (10 Mins)	Dr. Abhishek Gupta
	Acute unilateral vesibulopathy (10 Mins)	Dr. E Sivakumar
	Bilateral Vestibulopathy (10 Mins)	Dr. Henry Nongram
	Migraine Associated Vertigo – The Great Mimicker (10 Mins)	Dr. Abhik Sikdar
10:00–14:00	ORATIONS and INAUGURATION CEREMONY in DR. ABIRLAL MUKHERJEE MEMORIAL HALL	
13:30 - 14:30	WORKING LUNCH	
Session II	SYMPOSIUM ON REMOTE PROGRAMMING AND SUPPORT FOR THE HEARING IMPAIRED	CHAIRPERSONS : Dr. A M Saha, Dr. Debashis Mukherjee
		MODERATOR : Dr. Ranjith Rajeswaran
TIME	TOPICS	SPEAKERS
14:30 - 15:30	Use of Artificial Intelligence and remote programing in Hearing aids(12 Mins)	Mr. Debasish Bose
	Remote Mapping In Cochlear Implants (12 Mins)	Dr. Ranjith Rajeswaran
	Telepractice for Family Centred Early Intervention following Cochlear Implantation (12 Mins)	Dr. Gregory Leigh
	Panel Discussion on Remote Programming and Support for the Hearing Impaired (15 Mins)	
Session III	INVITED TALKS	CHAIRPERSONS : Dr. Debashis Guha, Dr. Sarmishtha Bandyopadhyay
TIME	TOPICS	SPEAKERS
14:30 - 15:30	Pharmacotherapy in Vertigo (10 Mins)	Dr. Bhartendu Bharti
	Inside Out Mastoidectomy – The Preferred Approach (10 Mins)	Dr. Anandabrata Bose
	Idiopathic Sudden Sensorineural Hearing Loss (ISSNHL): Role of Oral Corticosteroid, Intratympanic Steroid, Vasodilators and Antivirals (10 Mins)	Dr. Sekhar Bandyopadhyay
Session IV	INVITED TALKS	CHAIRPERSONS : Dr. Arjun Dasgupta, Dr. Chirajit Dutta
TIME	TOPICS	SPEAKERS
16:00 - 17:00	Posterior Tympanotomy Vs Veria: The Need to be Versatile and Why this Conflict is Meaningless! (10 Mins)	Dr. Rajeev Kapila
	One Incision to Address Multiple problems – Transhelical Incision and its Applications in Otology (10 Mins)	Dr. Ashwini Kumar Verma
	Predictors of Successful Outcomes in Sudden SNHL – An Institutional Experience (10 Mins)	Dr. Darwin Kaushal
Session V	SYMPOSIUM ON COCHLEAR HEALTH	CHAIRPERSONS : Dr. Subhashis Chakraborty, Dr. Singari Prabhakar
		MODERATOR : Dr. Amit Goyal
TIME	TOPICS	SPEAKERS
17:00 - 18:00	Cochlear Metrics and Insertion Trauma in Cochlear implantation (12 Mins)	Dr. Amit Goyal
	Hearing Preservation Techniques in CI (12 Mins)	Dr. Vidhu Sharma
	Technology Enabled Improvement of Outcomes in cochlear implatation (12 Mins)	Dr. Anupama Satpathy
	Reducing inner ear injury in middle ear surgery (12 Mins)	Dr. Anirban Ghosh
	Panel Discussion on Cochlear Health (12 Mins)	
18:00 - 19:00	GBM in DR. S D MUKHERJEE MEMORIAL HALL	
19:30 Onwards	GALA DINNER	
E POSTER Session will be held on 2nd Aug 2025 at 3 PM Onwards in DR. SHANKAR MOHAN SEN MEMORIAL HALL		
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NESCON 2025

DAY 2- 2nd August, 2025

DR. SHANKAR MOHAN SEN MEMORIAL HALL

Session I	INSTRUCTIONAL COURSE - MEDTRONICS AND BOSTON SCIENTIFIC	CHAIRPERSONS : Dr. Sekhar Bandyopadhyay, Dr. Dhrubajyoti Mukhopadhyay
		MODERATOR : Dr. Ramandeep Virk
TIME	TOPICS	SPEAKERS
08:00 - 08:45	Instrumentation Skull Base Surgery - Lasers/Facial Nerve Monitors/Neuro-Navigation	Dr. Ramandeep Virk Dr. Rajeev Kapila Dr. Shantanu Panja
10:00 - 14:00	ORATIONS and INAUGURATION CEREMONY in DR. ABIRLAL MUKHERJEE MEMORIAL HALL	
Session II	E POSTER COMPETITION	
TIME	TOPICS	SPEAKERS
15:00 - 16:15 (6+2 Mins Each)	Clinical Evaluation of early initiation of Cocktail Regimen in the Management of Sudden Sensorineural Hearing Loss: A 6-Month Institutional Study	Dr. Mangalik Mukherjee
	"Not Just Another Dizzy Patient: An Atypical Labyrinth of Brain-Stem Tuberculoma with a Neuro-Otologic Twist"	Dr. Namrata Chakraborty
	Beyond Ménière's: Spectrum of Associated Vestibular Disorders- A Cohort Study.	Dr. Saikat Samaddar
	Subtotal Petrossectomy With Cochlear Implantation: Perils Till Pearls	Dr. Anncy Abraham
	"Treating Posterior Canal BPPV: Epley's manoeuvre versus Semont's manoeuvre: A 6-Month Institutional Study"	Dr. Karishma Ali
	"Atypical Horizontal Canal BPPV: Use of Videonystagmography in diagnosis and efficient Canalolith repositioning"	Dr. Nidhi Singh
	Spinning Truths: "Clinical profile & outcomes of BPPV through the VNG Lens	Dr. Prasanth L
	Bifid Facial Nerve: A report of two clinical cases and its implications	Dr. Rinchen Angmo
	"Comprehensive Management of profound SNHL with Incomplete Partition type II with cochlear aplasia: Our Clinical Experience"	Dr. Rishabh Mehta
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NESCON 2025

DAY 3- 3rd August, 2025

DR. ABIRLAL MUKHERJEE MEMORIAL HALL

Session I	SYMPOSIUM ON SCIENCE OF ELECTRODES IN C.I.	CHAIRPERSONS : Dr. Debangshu Ghosh, Dr. Sunil Jalan
TIME	TOPICS	SPEAKERS
08:15 - 08:45	Cochlear Slim Modiolar Electrode - Considerations & Rational of Electrode Design (10 Mins)	Mr. Ashish Dhapke
	Science Behind the Electrodes (10 Mins)	Dr. Jagrati Sharma
	Role of Electrode Design in Restoring Closest to Natural Hearing (10 Mins)	Mr. Amit Sahgal
Session II	MINI SYMPOSIUM - BONE CONDUCTION IMPLANT	CHAIRPERSONS : Dr. Debarshi Roy, Dr. Chandreyi Banerjee MODERATOR : Dr. Roohie Singh
TIME	TOPICS	SPEAKERS
08:45 - 09:45	Indications (10 Mins)	Dr. Gyanaranjan Nayak
	Surgical Planning and Technique - BAHA (10 Mins)	Dr. Rajeev Kapila
	BONE BRIDGE (10 Mins)	Dr. Roohie Singh
	OSIA (10 Mins)	Dr. Ushirin Bose
	Panel Discussion on Bone Conduction Implant (20 Mins)	

Session III	SYMPOSIUM ON INTRATYMPANIC DRUG DELIVERY FOR INNER EAR DISEASE	CHAIRPERSONS : Dr. Saumik Das, Dr. Ajoy Kumar Khaowas MODERATOR : Dr. Rajeev Kapila
TIME	TOPICS	SPEAKERS
09:45 - 10:45	Methods of Drug Delivery to the Inner Ear (12 Mins)	Dr. Rajeev Kapila
	SSNHL - Drugs, Protocols and outcomes (12 Mins)	Dr. Devjani Ghosh Shrestha
	Intractable Vertigo - Indications, protocols and Outcomes (12 Mins)	Dr. Utpal Jana
	Panel Discussion on Intratympanic Drug Delivery for Inner Ear Disease (15 Mins)	
Session IV	INVITED TALKS	CHAIRPERSONS : Dr. Alokendu Bose, Dr. Preeti Bijlani
TIME	TOPICS	SPEAKERS
10:45 - 11:45	Surgery for Vertigo - Past, Present and Future (10 Mins)	Dr. Uma Patnaik
	Hearing solutions in microtia and atresia (10 Mins)	Dr. Kapil Soni
	Translabyrinthine Vestibular Schwannoma Surgery : Tips and Pitfalls (10 Mins)	Dr. N Brian Shunyu
	Decision making in paraganglioma surgery (10 Mins)	Dr. Noor UL Din Malik
	Eustachian Tuboplasty - An overview(10 Mins)	Dr. Shantanu Panja
Session V	INTERACTIVE SYMPOSIUM ON ENDOSCOPIC EAR SURGERY	CHAIRPERSONS : Dr. Ramanauj Sinha, Dr. Pijush Ray MODERATOR : Dr. Amitabha Roychoudhury
TIME	TOPICS	SPEAKERS
11:45 - 12:45	Surgery and Reconstruction in Difficult Cholesteatoma - Endoscopic Two Handed Technique (12 Mins)	Dr. Mubarak Khan
	Endoscopic Stapedotomy (12 Mins)	Dr. Sabyasachi Gon
	Endoscopes in C.I. (12 Mins)	Dr. Arindam Das
	Panel Discussion on Endoscopic Ear Surgery (15 Mins)	
Session VI	INVITED TALKS	CHAIRPERSONS : Dr. Jayanta Saha, Dr. Animesh Ghosh
TIME	TOPICS	SPEAKERS
12:45 - 13:45	Managing failures in stapes surgery (12 Mins)	Dr. Subhamoy Karmakar
	Nuances of Ossicular Reconstruction (12 Mins)	Dr. Kaushik Mondal
	Intratympanic steroids for Sudden SNHL - What is the way? (12 Mins)	Dr. Ranjan Roychowdhury
13:45 - 14:45	WORKING LUNCH	
Session VII	QUIZ CONTEST	QUIZ MASTER : Dr. Ranjan Roychowdhury
15:00 - 16:00		Assisted By : Dr. Baisakhi Bakat, Dr. Ushirin Bose
16:00 - 16:30		VOTE OF THANKS and VALEDICTORY
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NESCON 2025		
DAY 3- 3rd August, 2025		
DR. S D MUKHERJEE MEMORIAL HALL		
Session I	INVITED TALKS	CHAIRPERSONS : Dr. Pushkar Kasat, Dr. Anjali Baruah
TIME	TOPICS	SPEAKERS
08:00 - 09:00	Bridging the Gap : Guiding Hearing Aid Selection Through Audiogram Patterns - A Practical Guide for ENT Specialists (12 Mins)	Dr. S M Tarique Najeed
	Traumatic Vertigo- Diagnosis and Management (12 Mins)	Dr. Vijay P Bania

Session I	INVITED TALKS	CHAIRPERSONS : Dr. Pushkar Kasat, Dr. Anjali Baruah
TIME	TOPICS	SPEAKERS
08:00 – 09:00	Cognitive Behavioural therapy in Persistent Postural – Perceptual Dizziness – Mind –Body connection (12 Mins)	Dr. Archana Jhavar
	Utricular Dysfunction – a window to Vestibular diseases (12 Mins)	Dr. Dushyant Khedikar
Session II	SYMPOSIUM ON ELDERLY EQUILIBRIUM – NAVIGATING DIZZINESS IN THE ELDERLY	CHAIRPERSONS : Dr. Swanand Gholap , Dr. Atul Patil
TIME	TOPICS	SPEAKERS
09:00 – 10:15	Falls, Fear of Falling, and Dizziness: Breaking the Vicious Cycle (12 Mins)	Dr. Pushkar Kasat
	Pharmacological Challenges: Polypharmacy, Vestibulotoxicity, and Dizziness (12 Mins)	Dr. Sonali Pandit
	Neurological Causes of Dizziness in the Elderly: Red Flags and Diagnostic Approach (12 Mins)	Dr. Vijay V Ghuge
	The Geriatric Dizziness Triad: Frailty, Sarcopenia, and Postural Instability (12 Mins)	Dr. Vijayalakshmi Subramaniam
Session III	SYMPOSIUM ON THE MOTION FORUM : INSIGHTS INTO GAIT AND MOVEMENT DISORDERS	CHAIRPERSONS : Dr Pradeep Vundavalli, Dr. Nilotpal Dutta
TIME	TOPICS	SPEAKERS
10:15 – 11:15	Clinical approach in examination of Gait Disorders patient (12 Mins)	Dr. Anjana Sarmah
	Don't miss the treatable: An under-recognised cause of movement disorders (12 Mins)	Dr. Sushma Sharma
	Approach to typical and atypical Parkinsonism (12 Mins)	Dr. Jacky Ganguly
	"Gait in neurodegenerative and Genetic disorders (Ataxia's , hyperkinetic movement disorders) (12 Mins)"	Dr. Vijay V Ghuge
Session IV	INVITED TALKS	CHAIRPERSONS : Dr Avinash Bijlani , Dr. Surajit Barman
TIME	TOPICS	SPEAKERS
11:15 – 12:30	Association of migraine with BPPV (12 Mins)	Dr. Darshan Bhatt
	Debunking Myths in the diagnostics and Therapeutics of Vertigo (12 Mins)	Dr. Anirban Biswas
	Nystagmus in hyperventilation, its significance and clinical correlations (12 Mins)	Dr. Anjan Bhuyan
	Beyond Symptoms: Utilizing VEMP and ECoG for enhanced Ménière's disease diagnosis (12 Mins)	Dr. Hanifa Akhtar
	Vestibular Issues in Liver Dysfunction (12 Mins)	Dr. Shwetha Shenoy
Session V	INVITED TALKS	CHAIRPERSONS : Dr. Anirudha Majumdar, Dr. Anita Bhandari
TIME	TOPICS	SPEAKERS
12:30 – 13:30	CSOM Induced Vertigo (12 Mins)	Dr. Amitava Roy
	Vertigo in Geriatric Population (12 Mins)	Dr. Diptanshu Mukherjee
	Vestibular Migraine: Insights into a Common Yet Underdiagnosed Disorder (12 Mins)	Dr. Namrata Chakraborty
	BPPV – Epley maneuver vs Semonts maneuver –A comparative study (12 Mins)	Dr. Indranil Pal
Session VI	RESIDUAL DIZZINESS IN BPPV : Unmet challenges in management of vertigo (Sponsored By Abbott)	CHAIRPERSONS : Dr. Preeti Bijlani
13:30 – 14:00		SPEAKER : Dr. Aniruddha Majumdar
16:00 – 16:30	VOTE OF THANKS and VALEDICTORY in DR. ABIRLAL MUKHERJEE MEMORIAL HALL	
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NESCON 2025

DAY 3- 3rd August, 2025

DR. TARUN PALIT MEMORIAL HALL

Session I	ASSESSMENT AND MANAGEMENT OF TINNITUS AND RELATED DISORDERS	CHAIRPERSONS : Dr. Asok Kumar Saha, Dr. Sayan Ganguly
		MODERATOR : Dr. Indranil Chatterjee
TIME	TOPICS	SPEAKERS
09:00 - 10:30	Etiology and pathophysiology of Tinnitus, Misophonia,Phonophobia, Hyperacusis and Auditory Halucination (10 Mins)	Dr. Biswarup Mukherjee
	Comprehensive Audiological Evaluation in Tinnitus (10 Mins)	Dr. Chandan Saha
	Pulsatile Tinnitus - Assesment and Management (10 Mins)	Dr. Pawan Singhal
	Tinnometry - Updates (10 Mins)	Mrs. Minakshi Kusari
	Cognitive Behavioural Therapy in Tinnitus (10 Mins)	Dr. Prasanta Kumar Roy
	Sound Therapies - Updates (10 Mins)	Dr. Indranil Chatterjee
	Neuromodulation Approaches to Tinnitus in Indian Scenario (10 Mins)	Ms. Koyel Das
Session II	TEMPORAL BONE RADIOLOGY - INTERACTIVE SESSION	CHAIRPERSONS : Dr. Pradijp Kumar Patra, Dr. Sukalyan Purakayastha
TIME	TOPICS	SPEAKERS
10:30 - 12:30	How to read HRCT and MRI of Temporal bone (25 Mins)	Dr. Hirak Roychoudhury
	Radiology of Lateral Skull Base Pathology (25 Mins)	Dr. Satish Jain
	Radiology of cochlear implantation (25 Mins)	Dr. Satish Jain
	Office Radiology and Cone Beam CT in ENT Practice (25 Mins)	Dr. Amit Goyal
Session III	SYMPOSIUM ON ENSURING BEST OUTCOMES WHEN THINGS DON'T GO RIGHT	CHAIRPERSONS : Dr. Somnath Saha, Dr. Kanchan Pathak
		MODERATOR : Dr. Chandan Saha
TIME	TOPICS	SPEAKERS
12:30 - 13:30	Preoperative conditions (8 Mins)	Ms. Mithila Poonacha
	Challenges in the OR (8 Mins)	Dr. Pawan Singhal
	Post OP (8 Mins)	Ms. Shabnam Fathima
	Autism spectrum disorder (8 Mins)	Ms. Poulami Chakraborty
	Panel Discussion on Ensuring best outcomes when things don't go right (28 Mins)	
Session IV	INVITED TALKS	CHAIRPERSONS : Dr. K P Verma, Dr. Shauvonik Satpathy
TIME	TOPICS	SPEAKERS
13:30 - 14:15	Management of temporal bone carcinoma (12 Mins)	Dr. Rajeev Kumar
	Torp versus porp in austin type A classification (12 Mins)	Dr. Jaskaran Singh
	Cervicogenic vertigo is it always obvious (12 Mins)	Dr. Bhanu Bhardwaj
16:00 - 16:30	VOTE OF THANKS and VALEDICTORY in DR. ABIRLAL MUKHERJEE MEMORIAL HALL	
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Abstracts

Resident Award Paper:

Abstract number #RP1

Title: Sleep Quality Disturbances in Patients with Peripheral Vestibular Disorders: A Questionnaire-Based Study

Author Information : Dr. Namrata Chakraborty, Senior Resident

Institutional Affiliation / Department : Department of Otorhinolaryngology, IPGMER and SSKM Hospital , Kolkata

Objectives: To evaluate sleep quality in patients with peripheral vestibular disorders and examine its relationship with the duration and type of vertigo.

Methodology: A cross-sectional, questionnaire-based study was conducted in the ENT outpatient department of a tertiary care hospital. Sixty patients diagnosed with peripheral vestibular disorders—benign paroxysmal positional vertigo (BPPV), Meniere's disease, vestibular migraine, and vestibular neuritis—were enrolled. Patients with central causes of vertigo, psychiatric illness, or known sleep disorders were excluded. Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI), and vertigo characteristics were recorded based on duration and frequency. Statistical analysis was performed to compare PSQI scores among different vestibular conditions and to explore associations between vertigo parameters and sleep quality.

Results : Patients with recurrent vertigo episodes and prolonged symptoms reported significantly higher PSQI scores ($p < 0.05$).

Conclusion : Sleep disturbances are common in patients with peripheral vestibular disorders, particularly in those with frequent or prolonged vertigo episodes. Greater attention to sleep quality in vertigo patients may enhance overall management and quality of life. Screening for sleep disturbances should be integrated into the routine evaluation of vertigo patients to ensure comprehensive care. Further research should investigate the interaction of vestibular disorders, sleep, and their potential mechanisms.

Keywords : Vertigo, Sleep quality, PSQI, Vestibular disorders, Vestibular migraine, Meniere's disease, BPPV

Abstract number #RP2

Title: Subtotal Petrosectomy With Cochlear Implantation: Perils Till Pearls

Author Information : Dr Anncy V. Abraham, Junior Resident, Department of ENT & HNS, Command Hospital (Eastern Command)

Institutional Affiliation / Department : Department of ENT & HNS, Command Hospital (Eastern Command)

Objectives: To analyse surgical outcomes in a series of patients who required Subtotal petrosectomy (STP) with cochlear implantation (CI).

Material and Methods : It is an ambispective interventional study that included all cases of COM who underwent STP with CI at a tertiary care centre over a period of three years. Pitfalls were noted from retrospective five cases and technical modifications were applied to prospective two cases.

Results : A total of 8 STP with CI in seven patients were done. In two patient the blind sac dehiscence occurred due to deficient cartilage for reinforcement of blind sac closure. In previous mastoid cavities with deficient subperiosteal layer, L shape incision led to implant exposure. Surgical site infection (SSI) was observed in one patient where fat for mastoid obliteration was utilized. Technical modifications were utilized in prospective two cases. There was no complications in these.

Conclusion : STP with CI is an effective surgery for carefully selected patients with minimal complications in experienced hands.

Keywords : Cochlear implantation, Subtotal petrosectomy

Abstract number #RP3

Title : Comparison of speech outcome in Rubella positive versus Rubella negative cochlear implant candidates using specific speech outcome scores.

Presenting Author : Dr Sabrina Farheen

Institutional Affiliation / Department : IPGMER, SSKMH, ENT

Objectives: Check the prevalence of TORCH infections among CI candidates Compare the speech outcome in Rubella-positive versus Rubella-negative CI candidates

Material and Methods : Prospective cohort study. .100 children underwent cochlear implant, keeping in mind the inclusion and exclusion criteria. Speech is evaluated at the end of the 3rd month and 6th month using CAP scores. Speech of Rubella-positive children was compared with that of TORCH-negative children.

Results : Prospective cohort study. .100 children underwent cochlear implant, keeping in mind the inclusion and exclusion criteria. Speech is evaluated at the end of the 3rd month and 6th month using CAP scores. Speech of Rubella-positive children was compared with that of TORCH-negative children.

Conclusion : Cochlear implantation can be encouraged among congenitally deaf children who are TORCH positive, as no differences in speech outcome are observed.

Keywords : TORCH, cochlear implant, speech outcome

Abstract number #RP4

Title : Chronic Vertigo: Efficacy of Videonystagmography and Vestibular Rehabilitation

Author Information : Dr. Nidhi Singh, Junior Resident

Institutional Affiliation / Department : Department of ENT & HNS, Command Hospital (Eastern Command), Kolkata

Objectives: Evaluate the role of vestibulonystagmography (VNG) in distinguishing peripheral from central causes of chronic vertigo. Assess the effectiveness of vestibular rehabilitation therapy (VRT) in reducing symptoms and improving balance. Highlight the benefits of combining VNG-guided diagnosis with individualized VRT for comprehensive vertigo management.

Material and Methods : A prospective observational study included 41 patients (18–75 years) with chronic vertigo persisting over three months. Comprehensive clinical and vestibular evaluations included VNG with oculomotor, positional, and caloric testing. Individualized VRT programs incorporated gaze stabilization, habituation, balance, and gait exercises with weekly sessions and periodic reassessments.

Results : Among 41 patients (mean age 50.8 years, 58.5% male), BPPV was predominant (63.4%, n=26), with sitting-up vertigo most common (31.7%). All BPPV cases were successfully treated with specific canalolith repositioning maneuvers (Epley, Barbecue roll, Gufoni, Yacovino), achieving 90% symptom resolution. Peripheral vestibular lesions (17.1%, n=7) treated with Virtual Reality-based rehabilitation showed 85% functional improvement. Complex cases (19.5%, n=8) required combined interventions.

Conclusion : This study establishes a differential treatment approach for chronic vertigo with superior outcomes: canalolith repositioning maneuvers for BPPV (90% success) and Virtual Reality based rehabilitation for peripheral vestibular lesions (85% improvement). VNG enabled precise diagnostic localization, facilitating individualized protocols that significantly improved symptoms, balance, and quality of life. This integrated approach combining traditional mechanical techniques with innovative VR technology demonstrates enhanced compliance and satisfaction, establishing a new evidence-based standard for multidisciplinary vertigo management.

Keywords : Chronic Vertigo, BPPV, Canalith Repositioning Maneuver, Virtual Reality based rehabilitation, Peripheral vestibular lesions, VNG, Positional Test

Abstract number #RP5

Title : Effects of Bilateral Hearing Aid Use on Computerized Dynamic Posturography (CDP) in Hearing impaired adults: A Prospective interventional study

Author Information : Dr Prasanth L

Institutional Affiliation / Department : Department of ENT & HNS, Command Hospital (Eastern Command)

Objectives: The purpose of this study was to determine whether bilateral hearing aid use improves postural stability in older adults with sensorineural hearing loss and dizziness (DHI $\geq$ mild handicap) after 06 weeks of consistent use via Computerized Posturography.

Material and Methods : Design: Prospective interventional pilot study

Participants :

Inclusion : Age $\geq$ 50 years. | Bilateral sensorineural hearing loss (age related) with self- reported imbalance | Dizziness (DHI score $\geq$ 16).

Exclusion : Acute & chronic vestibular disorders | Neurological/musculoskeletal conditions affecting balance.

Intervention : Hearing aids: Bilateral digital behind the ear (BTE) devices | Duration: 6 weeks days of consistent use ($\geq$ 8 hours/day).

Assessments:

1.Pre-intervention: Audiometry (air/bone conduction) |DHI questionnaire | Computerized Dynamic Posturography (CDP): Sensory Organization Test (SOT) under 6 conditions, Motor Control Test (MCT).

2. Post-intervention (post 06 weeks): Repeat CDP and DHI.

10 adults fulfilling the inclusion criteria were recruited for the study. We recorded the Sensory organization test (SOT) using CDP of patients prior to prescribing hearing aids. The patients were reviewed again utilizing CDP after religious use of hearing aid of 06 weeks with consistent use of hearing aids for 08 hours per day. Similarly, DHI scores were also noted pre & post hearing aid use

Results : A statistically significant improvement in participants' balance was observed in DHI and CDP, alongside a significant correlation between these two measures.

Conclusion : Use of B/L Hearing aid in age related hearing loss improves both subjective & objective balance function

Key words : Hearing aids, Balance, Computerized Dynamic Posturography, Dizziness Handicap Index, Postural stability

Abstract number #RP6

Title : Endoscopic and microscopic facial nerve decompression after traumatic facial nerve palsy- a comparative study

Author Information : Dr. Akash Mandal

Institutional Affiliation / Department : IORL-HNS, SSKM Hospital

Objectives: To review our institutional experience with endoscopic approach and microscopic approach to facial nerve decompression post traumatic facial nerve palsy

Material and Methods : Post traumatic patients with facial nerve palsy were followed up from their presentation at our level I trauma care centre. Topodiagnostic tests, hearing and electrophysiological tests were documented. Clinical House-Brackmann grade 5/6 of facial nerve palsy and temporal bone CT showing fracture line involving the facial nerve course were taken up for surgical decompression, either endoscopically or microscopically. Patients were followed up upto 1 year post surgery.

Results : Patients undergoing endoscopic facial nerve decompression showed less postoperative morbidity and faster resolution of facial nerve palsy than those operated by microscopic approach.

Conclusion : Endoscopic facial nerve decompression is a viable alternative approach, albeit in trained hands.

Key words : Endoscopy, Facial Nerve Palsy, Trauma, Decompression

Abstract number #RP7

Title : Assessment of Changes in Serum Prestin levels as an inner ear biomarker in patients with severe to profound hearing loss undergoing cochlear implant surgery

Author Information : Dr Anup Das, Junior Resident, AIIMS Jodhpur, Dept of Otorhinolaryngology

Institutional Affiliation / Department : Dept of Otorhinolaryngology, AIIMS Jodhpur

Objectives: Prestin is the fifth member of an eleven-member transporter superfamily that is exclusively produced in the OHCs of inner ear. In this study, comparison of serum Prestin in pre operative and immediate post operative period has been attempted in patients with severe to profound hearing loss undergoing cochlear implant surgery to look whether serum Prestin can be used as an inner ear biomarker. A comparison with a control group has also been done.

Material and Methods : A prospective observational study done in AIIMS Jodhpur after Institute Ethics Committee approval. Sample size was 30 case and 20 control. Samples were stored in – 80 degree Celsius. SLC26A5 ELISA kit was used.

Results : median pre operative serum Prestin levels in cases was found to be 1.03 ng/ml and median post operative serum Prestin value of the cases was 1.05 ng/ml. median serum Prestin value in the control group that came to be 0.537 ng/ml. The difference in the pre operative and post operative serum Prestin levels were no significant whereas comparison of the median Serum Prestin in case to the control was significant, the values were higher in the cases. (p value < 0.001)

Conclusion : The difference in serum Prestin levels in the cases (both pre operative and post operative) were significant as compared to the controls. The values were significantly higher in the cases (both pre operative and post operative). Serum Prestin may be used as a biomarker of inner ear malfunction for early diagnosis of congenital SNHL. This may play a significant role in early diagnosis of the condition and hence early intervention, a condition where time is a very crucial factor. It has a potential to be used as a part of early routine neonatal hearing screening for as a biochemical test for early diagnosis of congenital SNHL. The change in pre operative and immediate post operative values of serum Prestin in the cases were not significant.

Key words : Cochlear implant; severe to Profound Hearing loss

Abstract number #RP8

Title : Functional Head Impulse Test in Patients Undergoing Vestibular Neurotomy

Author Information : Dr.Karthik Pervela, Dr. Pradeep Vundavalli

Institutional Affiliation / Department : Asian superspecialty ENT hospital, visakhapatnam

Objectives: To study the changes in angular vestibulo ocular reflex in patients undergoing vestibular neurotomy using Functional Head Impulse test

Material and Methods : Patients with intractable Meniere's disease, not responding to medication were selected. The present study is of 2 patients who underwent vestibular nerve section through retrosigmoid approach (performed by the second author). Functional head impulse test was performed before the surgery. FHIT was repeated immediately after and 3 months later.

Results : While central compensation was observed. Fhit scores did not completely recover.

Conclusion : Fhit scores post surgery provide a paradigm shift in our understanding of vestibular rehabilitation and functional recovery after vestibular nerve section

Key words : FHIT, vestibular neurotomy

Abstract number #RP9

Title : Objective evaluation of Vestibular Rehabilitation using Dynamic Posturography in Paediatric Cerebral Palsy- A Randomised Control Trial between Conventional versus Conventional with Virtual-reality based vestibular rehabilitation

Author Information : Dr. Arundhati Mukherjee

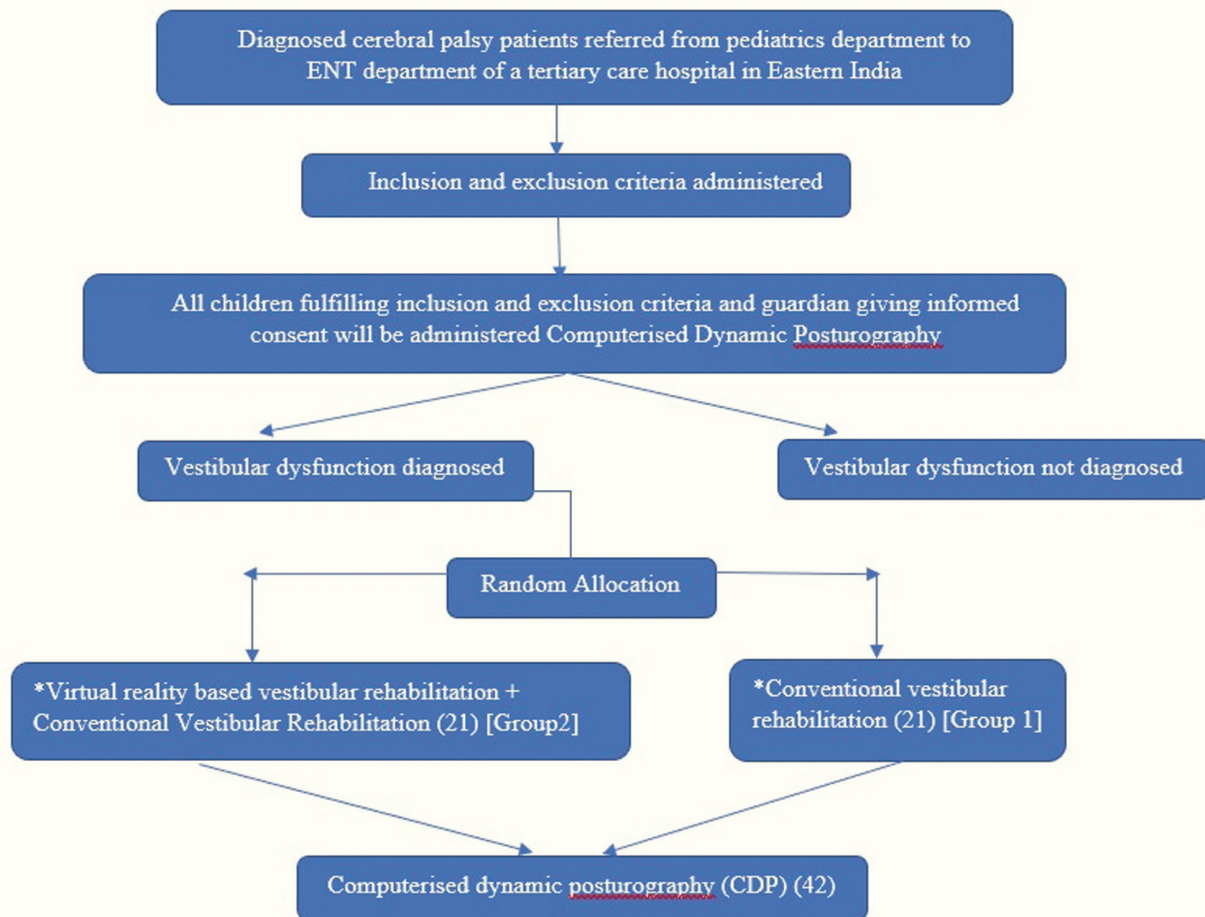
Institutional Affiliation / Department : AIIMS Kalyani / Department of ORL-HNS

Objectives:

1. To compare the outcome of conventional vestibular rehabilitation versus conventional vestibular rehabilitation in paediatric cerebral palsy patients with vestibular dysfunction.
2. To perform objective assessment of vestibular dysfunction using computerised dynamic posturography

Material and Methods :

The methodology to be used in the study is described below in the flow chart :



There will be 3 sessions/week for 2 weeks for vestibular rehabilitation. Following which CDP shall be done on the participant to assess the outcome of vestibular rehabilitation.

Results: Both groups improved significantly on SOT-5, SOT-6, and VEST ($p < .001$). The virtual-reality (VR) group showed higher mean improvements and a trend toward superior gain on SOT-5 ($p = .067$). There were no significant between-group differences for SOT-6 and VEST. Older children (≥ 10 years) in the VR arm showed medium effect sizes. Engagement remained high.

Conclusion: Both conventional and VR-based vestibular rehabilitation effectively enhance balance and vestibular function in children with CP, with no significant difference between the two interventions. VR offers added motivation and multisensory challenges, potentially amplifying gains, especially in older children. Future larger, longer-term studies should evaluate sustained benefits and refine protocols. VR emerges as a promising adjunct to standard therapy.

Key Words: Vestibular rehabilitation, Virtual reality, Cerebral palsy, Computerised dynamic posturography, Sensory Organisation Test, Paediatric balance

Abstract number #RP10

Title: Comparison of cochlear implant electrode placement between Round window vs cochleostomy approach

Presenter : Comparison of cochlear implant electrode placement between Round window vs cochleostomy approach

Institutional Affiliation / Department : Dept of ENT, AIIMS Jodhpur

Objectives: To measure and compare the position of cochlear implant electrode arrays on radiology in cochleostomy vs round window insertion technique.

Material and Methods : HRCT temporal bone scans of patients that underwent cochlear implantation in Dept of ENT was collected to look for electrode position. Surgical approach was identified by operative notes. The difference in electrode position between round window approach and cochleostomy was compared.

Results : Post op radiological scans of 43 cochlear implantation was done. Out of which 7 were done via cochleostomy. Rest was done via Round window approach. Between both the surgical approaches the electrode-modiolar distance via round window approach was lesser.

Conclusion : This study highlights that via round window approach the electrode arrays are more likely to be placed closer to the modiolus.

Keywords : Round window approach, cochlear implant, cochleostomy, electromodiolar distance.

Abstract number #RP11

Title : Comparison of cochlear implant electrode placement between Round window vs cochleostomy approach

Presenter : Dr. Rinchen Angmo

Institutional Affiliation / Department : Dept of ENT, AIIMS Jodhpur

Objectives: To measure and compare the position of cochlear implant electrode arrays on radiology in cochleostomy vs round window insertion technique

Material and Methods : HRCT temporal bone scans of patients that underwent cochlear implantation in Dept of ENT was collected to look for electrode position. Surgical approach was identified by operative notes. The difference in electrode position between round window approach and cochleostomy was compared.

Results : Post op radiological scans of 43 cochlear implantation was done. Out of which 7 were done via cochleostomy. Rest was done via Round window approach. Between both the surgical approaches the electrode-modiolar distance via round window approach was lesser.

Conclusion : This study highlights that via round window approach the electrode arrays are more likely to be placed closer to the modiolus.

Keywords : Round window approach, cochlear implant, cochleostomy, electromodiolar distance

Abstract number #RP12

Title : Correlation between Dispersion Product Otoacoustic Emissions in Patients with Unexplained Tinnitus.

Presenter : Dr. Rachit Pahwa

Designation: PG-2, Department of ENT & HNS

Institutional Affiliation / Department : Govt. Medical College, Jammu

Objectives: This study aims to evaluate distortion product otoacoustic emissions (DPOAEs) in patients complaining of tinnitus with normal hearing and compare them with normal hearing controls and to look over any potential correlation between them.

Material and Methods : The current study included 102 patients with 28 controls of adults with normal hearing with no complaints of tinnitus and 74 normal hearing adults complaining of tinnitus as cases. All subjects were evaluated with a detailed audiological history, otoscopic examination, audiological test (PTA) and DPOAEs

Results : Audiological tests and examination were within normal limits for all the subjects with cases showing higher threshold at all frequencies. The Tinnitus Handicap Inventory Questionnaire revealed a mean score of 32.2 ± 14.6 in the study group. The DP-gram demonstrated higher amplitudes in the control group compared to the tinnitus patients. The DPOAE input-output functions at 1, 2, 4, and 6 kHz showed consistently higher amplitudes across all frequencies and input levels in the control group.

Conclusion : There might be underlying neural dysfunction in Patients with Tinnitus with normal hearing as indicated by reduced DPOAE levels. .

Keywords : Tinnitus, DPOAE

Consultant Award Paper:

Abstract number #C1

Title: A narrative review of 68 cases from our clinic: exploring posturography-assisted rehabilitation as a novel adjunctive therapy for Vestibular Neuritis.

Author Information : Dr. Vaishali Sangole

Institutional Affiliation / Department : Private Practice.

Objectives: Vertigo, defined as the false sensation of self-motion or environmental spinning, is a frequent complaint in both otolaryngology and neurology practices. Peripheral vestibular disorder affecting approximately 6.5% of the general population over a lifetime, among this, vestibular neuritis ranks as the second most prevalent peripheral cause of vertigo after BPPV, accounting for approximately 13% of cases in Indian clinical settings. Its clinical presentation often overlaps with other vestibular conditions; the latter being underdiagnosed despite contributing to up to 30% of dizziness cases in specialized vertigo clinics. The findings seek to highlight the role of VNG in enhancing diagnostic accuracy and guiding the effective management of peripheral vestibular disorders.

Methodology: A retrospective observational study was conducted from January 2022 to January 2024, involving 67 patients with giddiness who underwent videonystagmography (VNG). Each patient received a detailed clinical evaluation and underwent neurological and otological tests and VNG test. Results were documented in an Excel sheet plotted into graph with distribution of symptoms and duration, VNG findings and treatment provided including posturography and outcome.

Results : Our findings highlight the diagnostic complexity of vestibular neuritis and underscore the value of VNG—particularly high-frequency head shake and positional tests—in improving diagnostic accuracy. The persistence of symptoms and associated comorbidities emphasize the need for individualized, rehabilitation-based management to optimize patient outcomes.

Conclusion : Our findings support posturography as a promising adjunct to conventional vestibular rehabilitation, particularly in identifying non-compensated patients and guiding targeted interventions. Future research should explore long-term outcomes and cost-effectiveness of routine posturography use in vestibular care.

Keywords : Vestibular Neuritis, Videonystagmography, Posturography, Stabliometry assisted Rehabilitation.

Abstract number #C2

Title: Falls and its prevention in elderly

Author Information : Dr. Anjali Baruah

Aim : To Prevent Fall of the most vulnerable age group in the society 65 years and above who become the victims off fall and to rescue them from common health conditions associated with ageing.

Methodology: To Prevent Fall of the most vulnerable age group in the society 65 years and above who become the victims off fall and to rescue them from common health conditions associated with ageing.

Results : Our findings highlight the diagnostic complexity of vestibular neuritis and underscore the value of VNG—particularly high-frequency head shake and positional tests—in improving diagnostic accuracy. The persistence of symptoms and associated comorbidities emphasize the need for individualized, rehabilitation-based management to optimize patient outcomes.

Conclusion : Adequate Rehabilitation done physically, socially and psychologically of the elderly patient.

Keywords : Falls, Assessment, Rehabilitation.

Abstract number #C3

Title: Does muscle relaxant play role in management of Benign Paroxysmal Positional Vertigo?

Author Information : Dr Richa Agrawal, MS DNB ENT

Institution : Consultant ENT, Choithram Hospital and Research Centre, Indore

Objectives : To study incidence of neck pain in BPPV patients. To evaluate the role of muscle relaxant as an adjuvant to particle repositioning manoeuvre (PRM) in managing BPPV patients

Methodology: All vertigo patients were evaluated. Diagnosis of BPPV was confirmed with positional testing. History of associated neck pain was enquired in patients with BPPV. Patients with neck pain were further divided in two groups. In Group A, only Particle Repositioning Manoeuvre was performed. In Group B, muscle relaxant was given along with PRM. Patients were followed up and were assessed for improvement in vertigo, reduction of associated neck pain and requirement of repeat repositioning manoeuvre on 3rd day and 7th day of follow up. Dizziness Handicap Inventory (DHI) score and visual analogue scale (VAS) score was documented pre and post treatment. Data analysis was done.

Results : Amongst 200 BPPV patients, 53% had neck pain | Change in DHI and VAS score was significant in group B | Need of repeat manoeuvre was significantly greater in group A

Conclusion : BPPV has strong correlation with neck pain. Muscle relaxant has a promising role as an adjuvant to PRM in management of BPPV patients. Muscle relaxant decreases pain and improves cervical range of motion as suggested by significant change in DHI and VAS score in our study. Improved cervical range of motion leads to correct and proper execution of particle repositioning manoeuvre thereby reducing the need of repeated repositioning manoeuvre.

Keywords : BPPV, neck pain, muscle relaxant

Abstract number #C4

Title : Objective screening of noise induced hearing loss in armed forces personnel: can otoacoustic emissions replace the standard audiometry?

Presenter : Maj (Dr) Divya Sethi, MS (ENT), DNB (ENT), MNAMS.

Institutional Affiliation / Department : Department of ENT, 158 Base Hospital, Bengdubi Military Station, West Bengal.

Background: Noise Induced Hearing Loss (NIHL) is one of the most common preventable occupational disorders, especially in Armed forces, consequent to the nature of their occupation.

Objectives: (a) To ascertain the efficacy of a relatively newer modality – Transient Evoked Otoacoustic Emissions (TEOAE) to screen NIHL and compare it with the current gold standard Pure Tone Audiometry (PTA). (b) To demonstrate the effectivity of dual Hearing Protective Devices (HPD) in the prevention of NIHL.

Material and Methods : This study was carried out in a Military Station with 1000 participants. All were screened using PTA prior to firing and only those with normal hearing were included. They were re-assessed with both PTA and TEOAE at 48 hours and 30 days after noise exposure. The duration of each test and sound generated during firing was measured. Also, all personnel wore dual HPD in the form of insert foam ear plugs and circumoral ear muffs during firing.

Results : After 48 hours of exposure, early changes of NIHL were observed in 7.80% (78) individuals on PTA while OAE detected early NIHL in 9.20% (92) individuals. After one month, NIHL was detected in only 0.90% (09) by PTA and 1.20% (12) by OAE. Comparative difference for both were not statistically significant ($p = 0.510$). The sensitivity and specificity of TEOAE was 100% and 98.45% respectively at 48 hours and 100% and 99.69% respectively at 30 days post exposure. There was significant difference in testing time for PTA (14 ± 4 min) and testing time for TEOAE (3.5 ± 1 min) with $p < 0.001$. Average sound exposure during rifle firing was 151.6 dB.

Results : After 48 hours of exposure, early changes of NIHL were observed in 7.80% (78) individuals on PTA while OAE detected early NIHL in 9.20% (92) individuals. After one month, NIHL was detected in only 0.90% (09) by PTA and 1.20% (12) by OAE. Comparative difference for both were not statistically significant ($p = 0.510$). The sensitivity and specificity of TEOAE was 100% and 98.45% respectively at 48 hours and 100% and 99.69% respectively at 30 days post exposure. There was significant difference in testing time for PTA (14 ± 4 min) and testing time for TEOAE (3.5 ± 1 min) with $p < 0.001$. Average sound exposure during rifle firing was 151.6 dB.

Conclusion : OAE is an automated and objective test with high sensitivity and specificity, takes less time, requires minimal training, has comparable equipment cost and is a portable device, hence, we recommend PTA be replaced by OAE as the screening gold standard for early detection of NIHL. Also, dual HPDs are recommended to be the minimum standard protection for all personnel exposed to high-intensity sounds.

Keywords : NIHL, TEOAE, PTA, HPD

Abstract number #C5

Title : Post traumatic vertigo – is it all BPPV? – a case report

Presenter : Dr. Sugirtha Anand Kumar – Consultant ENT Surgeon & Neurotologist | Srilakshmi Surgical Clinic, Karaikudi, Tamilnadu.

Introduction : Post traumatic vertigo is one of the major complaints following Head injury. These cases are not uncommon in our community. Its pathogenesis remains controversial. It may be due to organic damage or non-organic mechanisms. Accurate diagnosis and management are challenging in these cases. The most frequent peripheral form of vertigo after head trauma is BPPV, it's often multi canal and sometimes bilateral. Fractures and fistulas can be easily identified from radiological investigations.

Objectives: Acute vestibular deficit like presentations can rarely occur after labyrinthine concussion injuries mainly due to semicircular canal hypofunction and vestibular dysfunction. We must examine vestibular system completely to identify these rarer presentations, or else it will be missed easily.

Material and Methods : 26-year male presented with acute severe vertigo, nausea and vomiting following RTA 4 days back. He complained of hard of hearing and right ear tinnitus. Audiometry revealed Mixed hearing loss right side and in the VNG, Positional tests were negative for BPPV and on further testing revealed Right vestibulopathy probably Traumatic.

Results : The patient had significant improvement following targeted canal specific rehabilitation exercises with the help of FHIT and other medical management.

Conclusion: We need to have high index of suspicion in every case of post traumatic vertigo to identify these rarer presentations. We must examine every part of vestibular system in systematic manner to pinpoint the diagnosis and to tailor made treatment options to improve their quality of life.

Keywords: VNG, FHIT, Vestibulopathy

Abstract number #C6

Title : Understanding the cortical activity involvement in bppv :a single pulse transcranial magnetic stimulation perspective

Presenter : Koyel Das¹, Henry Benson Nongrum¹, Ruchira Mukherjee², Dinesh Bhatia³

Background : BPPV is usually considered as a peripheral vestibular disorder due to displaced otoconia. These otoconial debris in the semicircular canals can alter the tonic discharge, causing a central adaptation to rebalance vestibular nucleus activity and lessen peripheral asymmetry and vertigo symptoms (Faralli et. al, 2016). s-TMS is a non-invasive procedure which accesses the cortical excitability using various parameters like Motor Evoked potential (MEP), Intracortical Facilitation (ICF), Silent Period (SP).

Aim: The study aims to investigate and compare the changes in cortical activities caused in individuals diagnosed with BPPV and healthy controls using s-TMS with a special focus on the actions of neurotransmitters involved in BPPV.

Material and Methods : Research Design: Exploratory Research Design. The study consisted of Group A comprising of 15 diagnosed BPPV patients and Group B consisted of 10 healthy controls. Single pulse TMS was applied in the DLPFC area (hotspot) using a figure 8 coil. Resting Motor thresholds (RMT), Maximum Stimulation Output Percentage (MSO % at 140) denoting Presentation Level (PL) of the stimulus, Motor Evoked Potential (MEP) amplitude and latency, Intracortical Facilitation (ICF) amplitude and latency and Cortical Silent Period were the parameters obtained from both the groups and analysed statistically.

Results : The study compared cortical excitability parameters between BPPV (n=15) and healthy controls (n=10). When independent t-test was applied to find the significant difference between BPPV and normal and among all the parameters ICF latency showed significant difference (t-score=2.699, p=0.013, p<0.05). Spearman correlation analysis showed strong positive correlation between RMT and PL (p=0.970, p<0.001). In other words, when cortical excitability is lower (higher RMT) both conduction time (PL) and facilitation (ICF latency) tend to be longer.

Discussion & Conclusion: The significant reduction in ICF latency observed in the BPPV group may indicate impaired GABAergic inhibitory modulation within the intracortical circuits. Also, positive correlation between RMT and PL indicates reduced cortical excitability. During the episodes of BPPV, due to the dislodge of otoconia, abnormal positional stimulation and altered tonicity can cause excessive excitatory input to the brain. The brain sensing this hyperactivity, tries to regulate it by activating the inhibitory state using GABA and thus may reflect the cortical inhibition. Thus, it can be concluded that in BPPV, the brain increases its inhibitory control to balance the excessive vestibular inputs from the inner ear.

Abstract number #C7

Title : Barriers to effective management of bppv- an insight into the clinician's perspective; a prospective observational study.

Presenter : Dr Saikat Samaddar | Assistant professor, Institute of Otolaryngology and Head Neck Surgery, IPGME&R, SSKMH.

Objective: The prospective observational study has been conducted with the primary objective to identify the challenges faced by the clinicians in diagnosis and management of various forms of BPPV. The secondary objective is to quantify the varied presentation of a known disease, identify the skill gaps and suggest modifications in the management algorithm.

Material and Methods : A prospective observational study was conducted on 108 diagnosed cases of BPPV in a Dizziness, Imbalance and Fall Prevention Clinic of a Tertiary care centre of Eastern India, between August 2024 to May 2025. All the patients went through the institutional algorithm for management of a Dizzy/ Vertiginous patient. Variables were recorded which includes the demographic profile of the patients, typical and atypical presentations, common and uncommon triggers, relevant neurotology examination findings, diagnosis, management manoeuvres and follow up.

Results : Standard statistical software was used to record the descriptive data with respect to the variables discussed. Analysis was done between the varied presentation of typical and atypical BPPV variants. Analysis of the subgroups of each of the canal involved was done. Classification of barriers to management was done based on Variability in Clinical Presentation, Skill Gaps, Equipment limitations, Follow up protocol.

Conclusion : Challenges to BPPV management in the hands of the clinician was sub grouped into missed diagnosis, misinterpretation, incorrect manoeuvres, poor follow up protocol and instrumental limitation.

Key Words : BPPV, Vertigo, Dizziness, Barrier

Abstract number #C8

Title: Sitting up Vertigo – a perplexity in certainty

Presenter : Maj (Dr) P Praveen Kumar, Asst Prof

Institutional Affiliation / Department : Department of ENT-HNS, Command Hospital (Eastern Command), Kolkata

Objectives:

1. To study the characteristics in history & Videonystagmography(VNG) findings in cases of sitting up vertigo
2. Effectiveness of multiple situps in symptom alleviation in cases of subjective sitting-up vertigo

Material and Methods : Patients with symptoms of episodic positional vertigo occurring on sitting up from lying position were included. History was taken followed by ENT examination, neuro-otological examination, positional tests using VNG were done & findings noted. Patients diagnosed as BPPV was managed with repositioning manoeuvre, central causes were managed as per diagnoses and those with subjective vertigo were told multiple situps for a week. All cases were followed after 1 week and VNG findings noticed for progress.

Results : Out of total 23 patients, 13 were males & 10 females. Age ranged from 17 to 84. 2 patients had a previous h/o BPPV in past 3 months, 02 had previous vestibular neuritis and 01 had history of migraine. VNG detected positional nystagmus in 04 patients. 02 patients were diagnosed with peripheral vestibular dysfunction, 01 had findings suggestive of Vestibular Migraine and 15 patients had few seconds of vertical nystagmus on lying to sitting up position. Diagnosed BPPV patients were given respective repositioning manoeuvres whereas patients with vestibular hypofunction were given vestibular rehabilitation therapy. Patients with subjective sitting-up vertigo were told to perform multiple situps(30/day). All patients were followed up after 1 week & VNG findings noticed. Of the 15 subjective sitting-up vertigo patients, 12 reported resolved symptoms whereas in 01 patient VNG showed Posterior canal BPPV. Out of the BPPV cases diagnosed, 02 had residual symptoms & few seconds of vertical nystagmus on positional tests in VNG while getting up.

Conclusion : The findings highlight a common presentation of sitting-up vertigo with short-duration nystagmus and suggest a need for tailored diagnostic protocols, especially in cases with subtle and fleeting vestibular signs.

Keywords : sitting-up, vertigo, canalolith, BPPV

Abstract number #C9

Title: Beyond Hearing - Insights into Vestibular Schwannoma - Unmasking Atypical Symptomatology Of Vestibular Schwannoma–A Rare Case Report

Presenter : Dr Shenny Bhatia | Deptt of ENT | MMMC & Hospital Solan

Abstract: Vestibular schwannoma is a clinically benign tumour originating from the vestibulocochlear nerve, typically presents with vestibulocochlear symptoms. It this 32 year old male constitutes nearly 80% of tumours in the cerebellopontine angle[1,2] . The estimated annual incidence of VS is around 20 new cases per million individuals, with a lifetime prevalence of approximately one case in 500 people[3] . It can have various manifestations where the clinical presentation does not always correlate directly with the tumour size. Usually, the symptoms include dizziness resulting from its impact on the vestibular nerve and sensorineural hearing loss due to damage to the cochlear nerve. But here we report an atypical case where 32 year old male patient presented with headache in ENT OPD . Evaluating headache as a standalone symptom is challenging because it can stem from various causes. On evaluation of this case all the investigations were normal except for Auditory brainstem response [ABR] despite having normal hearing thresholds which led to gold standard investigation of MRI .

Keywords : Vestibular schwannoma Auditory brainstem response Headache

Abstract number #C10

Title: Beyond Hearing - Prenatal hearing screening by fetal vibroacoustic stimulation: interim results of a prospective cohort study

Presenter : Dr Prem Sagar

Purpose: Universal neonatal hearing screening is very crucial for early detection and timely intervention of congenital hearing loss. However, due to lack of infra-structure this has been adopted only in secondary and tertiary care hospitals. Vibroacoustic stimulation of the fetus after 28 weeks of gestation has provided fetal cardiac as well as movement responses. This study aims at assessing the feasibility and reliability of Fetal Vibro Acoustic Stimulation (VAS) as a prenatal hearing screening tool as compared to Neonatal hearing screening tools.

Methods: In this prospective cohort study, pregnant women with singleton pregnancy 28 weeks or more who are under antenatal care and are scheduled for delivery in this hospital are recruited after informed written consent. Comparisons are made before and after administration of VAS with a commercially available fetal acoustic stimulation device (90dB, 2000Hz frequency) in terms of fetal heart rate variance and fetal gross body movements. Post delivery screening for hearing using the recommended Oto Acoustic Emission +/- Automated Auditory Brainstem Response.

Results : Under this on-going study, 193 mothers have been recruited till now with the mean age of 29 years. The mean period of gestation was 35 weeks. The percentage of foetuses who could be successfully screened by VAS is 95% (n=183/193). In 136 recruited mothers/ babies, whose prenatal and post-natal hearing screening has been completed, the sensitivity of Positive fetal heart rate variance to detect fetal hearing loss is 90.3% whereas the sensitivity of Fetal gross body movement is 88.4%. Combining positive heart rate variance as well as body movement following VAS as a screening tool for fetal hearing loss is 89.9% with a positive predictive value of 96%.

Conclusion : Ante-natal hearing screening by Vibro-acoustic Stimulation is a simple yet potential hearing screening test with the advantages of avoidance additional visit and personnel.

Abstract number #C11

Title: The Invisible Instability: Assessment of Postural balance and Vestibular function in Chronic Otitis Media using Dynamic Posturography and Rotary Chair Tests

Presenter : Dr Sharmistha Chakravarty

Institutional Affiliation / Department : Associate Professor, Department of ENT, AIIMS Raipur

Objectives : Assessment of Postural Balance and Vestibular function in adults with Chronic Otitis Media using Dynamic Posturography and Rotary Chair Tests as diagnostic tools. To determine the relationship of postural instability with -

- (i) Laterality (Unilateral COM vs Bilateral COM),
- (ii) Type and degree of hearing loss and
- (iii) Type of COM (Mucosal vs Squamous).

Methods : It was a cross sectional observational study done on patients with diagnosed unilateral or bilateral COM of age group 18-65 years who could stand independently in an upright position. The study duration was eighteen months. The tests used were Computerised Dynamic Posturography (CDP) and Rotary Chair Test (RCT)

Results : The study included 150 participants aged between 18 and 65 years. The mean age of participants was 31.5 ± 13.4 years and female-to-male ratio of 1.6:1. A total of 23 out of 150 chronic otitis media (COM) patients (15.3%) demonstrated vestibular abnormalities on computerized dynamic posturography (CDP), as evidenced by deviations across one or more test conditions. Eyes Closed Sway Referenced (Condition 5) showed abnormal sways in 8 out of 150 patients (5.3%). The highest rate of sway (13%) was observed in bilateral COM squamous patients. Unilateral COM patients consistently showed better performance on both CDP and vHIT. Motor Control Test abnormalities trended higher in bilateral COM (11.1-13.0%; $p = 0.059$), implying impaired reactive balance. Rotary Chair abnormalities were infrequent (4.3-8.8%) and non-significant ($p = 0.800$).

Conclusion : The presence of vestibular abnormalities on both CDP and RCT in COM population highlights a critical gap in routine assessment protocols. While traditional management of COM focuses on auditory outcomes, these findings suggest that vestibular screening may uncover hidden functional impairments that impact quality of life, fall risk, and surgical prognosis. Need for risk stratified vestibular screening and Customized VOR and balance adaptation exercises.

Key words : Dynamic Posturography, Rotary Chair Test, Chronic Otitis Media, Vestibulopathy.

E Poster Award Paper:

Abstract number #EP1

Title: Clinical Evaluation of early initiation of Cocktail Regimen in the Management of Sudden Sensorineural Hearing Loss: A 6-Month Institutional Study

Presenter : Dr Mangalik Mukherjee, Post graduate Trainee

Institutional Affiliation / Department : Department of Otorhinolaryngology and Head and Neck Surgery, Tezpur Medical College and Hospital.

Objectives :

1. To evaluate the clinical effectiveness of a cocktail regimen in SSNHL
2. To compare early vs. late treatment outcomes.

Methods : Study Type: Prospective observational study | Duration: 6 months (Jan–June 2025) | Sample Size: 26 patients

Inclusion criteria:

- Patients aged 18–65 years
- Sudden onset of sensorineural hearing loss (≥ 30 dB loss in ≥ 3 contiguous frequencies within 72 hour)
- Presentation within 14 days of symptom onset
- Consent to participate and follow-up

Exclusion criteria:

- Conductive or mixed hearing loss
- History of chronic ear disease or ototoxic drug exposure
- Previous ear surgery
- Uncontrolled systemic illness
- Pregnancy or lactation

Cocktail Components: Corticosteroids, antivirals, vasodilators, anti-oxidants.

Assessments: PTA at baseline and 1 month

Result : 67% of patients who received therapy within 72 hours showed significant improvement (>30 dB gain). In contrast, only 37.5% of patients who began treatment after 72 hours improved.

Conclusion : Combination therapy improves hearing outcomes and may benefit select patients, particularly when initiated early.

Keywords : SSNHL, Cocktail Regimen, Corticosteroids, Audiometry, Early Intervention.

Abstract number #EP2

Title: Not Just Another Dizzy Patient: An Atypical Labyrinth of Brain-Stem Tuberculoma with a Neuro-Otologic Twist

Presenter : Dr Namrata Chakraborty

Institutional Affiliation / Department : Department of Otorhinolaryngology, IPGMER and SSKM Hospital, Kolkata

Objectives :

1. To present a rare case of brainstem tuberculoma manifesting with vertigo, diplopia, facial numbness and hearing loss.
2. To highlight the diagnostic challenges in distinguishing central vertigo from peripheral causes in neuro-otologic presentations.
3. To discuss the importance of neuroimaging and cranial nerve evaluation in patients with atypical dizziness.
4. To emphasize early identification and anti-tubercular management in intracranial tuberculomas with multi-cranial nerve involvement.

Methods : A 24 year old female came to the ENT OPD with complaints of dizziness, diplopia, right facial numbness and decreased hearing in the right ear for last 4 months. A detailed history taking, followed by neurological, otological and vestibular clinical examination was conducted. An MRI Brain and PTA were carried out.

Results : Examination revealed Cranial nerve V, VI, VIII and XI palsies on right side. Audiometry confirmed unilateral sensorineural hearing loss. MRI of brain showed multiple ring-enhancing lesion in the brainstem suggestive of tuberculoma. The patient was managed with anti-tubercular therapy (ATT) along with symptomatic treatment for vestibular symptoms.

Conclusion : Brainstem tuberculoma is a rare but important differential diagnosis in patients presenting with atypical neuro-otologic symptoms in TB endemic regions. Early recognition of central signs, prompt neuroimaging, and high clinical suspicion are critical for diagnosis. Timely initiation of anti-tubercular therapy can lead to favorable outcomes.

Key words : Tuberculoma, diplopia, dizziness, hearing loss

Abstract number #EP3

Title: Beyond Ménière's: Spectrum of Associated Vestibular Disorders- A Cohort Study.

Presenter : Dr Saikat Samaddar | Assistant Professor, Institute of Otolaryngology and Head Neck Surgery, IPGME&R, SSKMH.

Objectives : The prospective observational cohort study has been conducted with the primary objective to identify the incidence of various vestibular disorders present in a cohort of Meniere's disease patients. The secondary objective was to quantify the varied presentations, neurotology examination findings and additional diagnosis of other vestibular disorders.

Methods : A cohort of 75 patients suffering from Ménière's disease attending a Dizziness Imbalance and Fall Prevention Clinic of a tertiary care hospital of Eastern India was recruited between July 2024 to Dec 2024 and followed up over a period of 6 months. Variables recorded include- Demographic profile, duration of the disease, other vestibular diseases associated or developed during the follow up period, clinical presentation, neurotology examination findings.

Results : Standard statistical software was used to record the descriptive data with respect to the variables discussed. Analysis was done to record the incidence of the spectrum of vestibular disorders associated with Meniere's disease. Sub groups were matched with the considered variables.

Conclusion : Initial management and follow up of a person diagnosed with Meniere's disease is modified by the spectrum of associated vestibular disorders in these patients. Often other vestibular diseases are missed due to the bias of the treating clinician. Understanding of the same with a statistical information regarding the incidence is of paramount importance for the Neurotologists.

Key words : Meniere's Disease, Vestibule, Vertigo, Dizziness

Abstract number #EP4

Title: Subtotal Petrosectomy With Cochlear Implantation: Perils Till Pearls

Presenter : Dr Anncy V. Abraham, Junior Resident, Department of ENT & HNS, Command Hospital (Eastern Command)

Institutional Affiliation / Department : Department of ENT & HNS, Command Hospital (Eastern Command)

Objectives : To analyse surgical outcomes in a series of patients who required Subtotal petrosectomy (STP) with cochlear implantation (CI).

Methods : It is an ambispective interventional study that included all cases of COM who underwent STP with CI at a tertiary care centre over a period of three years. Pitfalls were noted from retrospective five cases and technical modifications were applied to prospective two cases.

Results : A total of 8 STP with CI in seven patients were done. In two patients the blind sac dehiscence occurred due to deficient cartilage for reinforcement of blind sac closure. In previous mastoid cavities with deficient subperiosteal layer, L shape incision led to implant exposure. Surgical site infection (SSI) was observed in one patient where fat for mastoid obliteration was utilized. Technical modifications were utilized in prospective two cases. There were no complications in these.

Conclusion : STP with CI is an effective surgery for carefully selected patients with minimal complications in experienced hands.

Key words : Cochlear implantation, Subtotal petrosectomy

Abstract number #EP5

Title: Treating Posterior Canal BPPV: Epley's manoeuvre versus Semont's manoeuvre: A 6-Month Institutional Study

Presenter : Dr Karishma Ali, Post graduate Trainee

Institutional Affiliation / Department : Department of Otorhinolaryngology and Head and Neck Surgery, Tezpur Medical College and Hospital.

Objectives:

1. To evaluate the clinical effectiveness of Epley's manoeuvre and Semont's manoeuvre in patients with BPPV.
2. To compare between the effectiveness of the two manoeuvres.

Methodology : Study Type: Prospective observational study | Duration: 6 months (Jan–June 2025) | Sample Size: 36 patients divided into two groups, each of 18.

Inclusion criteria:

- Patients aged 20 –65 years
- Positive Dix-Hallpike test,
- No prior BPPV treatment
- Consent to participate and follow-up

Exclusion criteria:

- Patients with previous or current diagnoses of labyrinthine diseases
- Pregnancy or lactation.
- Systemic diseases.

Assessments: Follow up visits at the end of 1 week, 4 weeks and 3 months after Epley's or Semont's manoeuvre. Effectiveness of Epley's and Semont's manoeuvres was evaluated on the basis of presence or improvement in the symptoms and Dix Hallpike test negativity. Three categories are used to classify subjective response to treatment:

- Complete resolution
- Improvement
- No improvement

Results : Of the 18 cases managed by Epley's manoeuvre 16 cases showed complete relief of symptoms after 3 months. Out of 18 cases managed by Semont's maneuver, 14 cases showed complete recovery after 3 months. The results of both the groups were compared at the end of 1st week, 4 weeks and 3rd month, which revealed that both the Semont's and Epley's maneuver are equally effective in the treatment of posterior canal BPPV.

Key words : BPPV, Semont's manoeuvre, Epley's manoeuvre

Abstract number #EP6

Title: Atypical Horizontal Canal BPPV: Use of Videonystagmography in diagnosis and efficient Canalolith repositioning

Presenter : Dr Nidhi Singh

Institutional Affiliation / Department : Department of ENT & HNS, Command Hospital (Eastern Command), Kolkata

Objectives: Case report of Atypical Horizontal canal BPPV diagnosed as Apogeotropic with Videonystagmography and managed by transforming into geotropic before performing the respective canalolith repositioning manoeuvre for rehabilitation.

Description : Patient with complaint of positional vertigo lasting less than 1 minute underwent clinico-audiological examination followed by positional tests with Videonystagmography (Dix-Hallpike Test, Supine Roll, Deep - Head Hanging) done at the time of initial presentation for identifying the type of nystagmus revealing characteristic apogeotropic nature which was transformed to geotropic using mastoid vibrator to localize it to specific canal followed by performing the respective canalolith repositioning maneuver for rehabilitation.

Assessments: Patient with complaint of positional vertigo lasting less than 1 minute underwent clinico-audiological examination followed by positional tests with Videonystagmography (Dix-Hallpike Test, Supine Roll, Deep - Head Hanging) done at the time of initial presentation for identifying the type of nystagmus revealing characteristic apogeotropic nature which was transformed to geotropic using mastoid vibrator to localize it to specific canal followed by performing the respective canalolith repositioning maneuver for rehabilitation.

Key words : BPPV, Canalolith Repositioning Manoeuvre, Apogeotropic, Geotropic, Videonystagmography, Positional Tests, Vestibular rehabilitation

Abstract number #EP7

Title: Spinning Truths: "Clinical profile & outcomes of BPPV through the VNG Lens"

Presenter : Dr Prasanth L

Institutional Affiliation / Department : Department of ENT & HNS , Command Hospital (Eastern Command)

Objectives: To profile the demographic and clinical characteristics of Benign Paroxysmal Positional Vertigo (BPPV) patients and assess the outcomes of Canalith repositioning manoeuvres (CRM), using Video-Nystagmography.

Methodology : Design: Prospective observational study 35 patients with vertigo were assessed at our tertiary center using detailed clinical history and VNG-based positional testing.

Management :

- Canal-specific Canalith Repositioning Manoeuvres were performed.
- Patients were followed up at 1 week, 1 month, and 3 months post-manoeuve for assessment of symptom resolution, recurrence, and residual dizziness.

Results: Demographics

- Sample Size: 35 patients
- Mean Age: 46.7 years (range: 17-80)
- Gender: 19 females (54%), 16 males (46%)
- Occupation: Housewife (37%), Soldier (23%), Farmer (20%), Others (20%)

Results: Demographics

- Sample Size: 35 patients
- Mean Age: 46.7 years (range: 17-80)
- Gender: 19 females (54%), 16 males (46%)
- Occupation: Housewife (37%), Soldier (23%), Farmer (20%), Others (20%)

Assessments: Clinical Characteristics

- Triggering Factor: Head movement or position change (100%)
- Duration of Vertigo: Seconds to minutes (83%)
- Frequency: Only on trigger (60%), Daily (26%), Once (14%)
- Associated Symptoms: Imbalance (40%), Falls/Near-falls (14%), Nausea/Vomiting (31%)
- Comorbidities: Hypertension (14%), Diabetes (9%), Dyslipidemia (6%)
- Canal Involvement (VNG-confirmed): Posterior canal: 57%, Horizontal canal: 29%, Anterior canal: 14%, Multiple canal involvement: 2 cases (5.7%)
- Sitting Up Vertigo: 12 out of 35 patients (34.3%) exhibited vertigo and/or nystagmus specifically on sitting up from the supine position.
- Nystagmus (VNG findings): All patients had nystagmus documented by VNG during at least one positional test (supine, gaze-evoked, or spontaneous).
- Residual Dizziness (at 1 week): 9%
- Recurrence (at 3 months): 11%

Conclusion : VNG is key tool for confirming nystagmus and diagnosing BPPV. Early VNG-based diagnosis and targeted Canalith repositioning manoeuvre offer rapid, sustained relief, with low recurrence and minimal residual dizziness.

Keywords : Benign Paroxysmal Positional Vertigo, Video Nystagmography, Canalith Repositioning Manoeuvre, Multiple Canal BPPV, Sitting up Vertigo, Demographics, Clinical Characteristics, Nystagmus

Abstract number #EP8

Title: Bifid Facial Nerve: A report of two clinical cases and its implications

Presenter : Dr Rinchen Angmo

Institutional Affiliation / Department : Dept of ENT, AIIMS Jodhpur

Objectives: To describe two cases of bifid facial nerve encountered intraoperatively and to emphasise on the importance of pre-operative imaging in patients undergoing otological surgery.

Methodology : Case 1 – An 18 year old boy with right sided conductive hearing loss was planned for exploratory tympanotomy. Intraoperatively stapes was found absent and bifurcation of the tympanic segment of the facial nerve was identified.

Case 2 – A 3 year old girl with congenital bilateral hearing loss undergoing right cochlear implantation was found to have a bifid facial nerve covering the round window niche. In both cases confirmation of facial nerve was made via intra-operative nerve monitoring.

Results : Bifid facial nerve, though rare presents a high risk of iatrogenic injury in case of failure of identification intra-operatively. These cases highlight the importance of preoperative imaging and high index for suspicion even in the absence of radiologic evidence.

Conclusion: Bifid facial nerve is a rare but clinically important anatomical variant characterized by duplication of facial nerve within the temporal bone. Pre-operative imaging and careful surgical dissection are key to avoiding surgical complications.

Keywords: bifid facial nerve.

Abstract number #EP9

Title: Comprehensive Management of profound SNHL with Incomplete Partition type II with cochlear aplasia: Our Clinical Experience

Presenter : Comprehensive Management of profound SNHL with Incomplete Partition type II with cochlear aplasia: Our Clinical Experience

Institutional Affiliation / Department : AIIMS Jodhpur, Department of ENT

Background : Inner ear anomalies, particularly those involving the cochlea and vestibular system, significantly impact auditory and vestibular function. Mondini dysplasia, characterized by incomplete partitioning of the cochlea, presents with cystic dilatation and dysplastic semicircular canals.

Objectives: To evaluate patient with Incomplete Partition type II with cochlear aplasia who underwent cochlear implantation one year ago.

Methodology : Presenting a case of 3-year-old boy presented with the complaints of inability to respond to loud sounds since birth, first noticed at age of 1 year. Child had profound Sensorineural hearing loss on ABR. Imaging revealed bilateral incomplete partition type II with absent cochlear nerves. Bilaterally with dilated right vestibular aqueduct. Bilateral cystic dilatation of vestibule with dysplastic semicircular canals (Mondini dysplasia of bilateral cochlea). The child had partial improvement in aided audiogram with hearing aid use. Surgical management included Cochlear implantation – Right (via Cochleostomy) Modified Endaural approach. In past 10 years, 250 Cochlear implantation cases have been operated and managed at our institute.

Results : The child was followed up for the past year. At present, the child has developed auditory awareness. CAP scores have improved from the immediate postoperative period to 1 year post-implantation.

Conclusion : Cochlear implantation in a malformed inner ear with cochlear nerve hypoplasia can deliver good outcome but requires dedicated postoperative audio-verbal therapy. Also diligent preoperative workup and analysis of aided audiogram showing improvement in hearing, despite radiology showing nerve hypoplasia/ narrow IAC, were critical for optimising patient outcomes.

Key words : Cochlear implantation, veria technique, CAP score

Video Award Paper:

Abstract number #V2

Title: Subtotal petrosectomy with cochlear implantation: perils till pearls

Presenter : Dr Anncy V. Abraham, Junior Resident, Department of ENT & HNS, Command Hospital (Eastern Command)

Institutional Affiliation / Department : Department of ENT & HNS, Command Hospital (Eastern Command)

Description : This video presentation defines an ambispective interventional study that included all cases of Chronic otitis media (COM) who underwent Subtotal petrosectomy (STP) with cochlear implantation (CI) at a tertiary care centre over a period of three years. A total of 8 STP with CI in seven patients were done. In two patient the blind sac dehiscence occurred due to deficient cartilage for reinforcement of blind sac closure. In previous mastoid cavities with deficient subperiosteal layer, L shape incision led to implant exposure. Surgical site infection (SSI) was observed in one patient where fat for mastoid obliteration was utilized. Technical modifications were utilized in prospective two cases. There were no complications in these. Pitfalls were noted from retrospective five cases and technical modifications were applied to prospective two cases. Hence concluding that STP with CI is an effective surgery for carefully selected patients with minimal complications in experienced hands.

Key words : Cochlear implantation, Subtotal petrosectomy

Abstract number #V3

Title: Canal Switch from Posterior to Anterior semicircular canal following repositioning manoeuvre – A Case Report

Presenter : Dr Nidhi Singh, Junior Resident, Department of ENT & HNS, Command Hospital (Eastern Command), Kolkata

Institutional Affiliation / Department : Department of ENT & HNS, Command Hospital (Eastern Command), Kolkata

Description : A patient with complaints of positional vertigo lasting less than 1 minute underwent clinico-audiological examination followed by positional tests using Videonystagmography (Dix-Hallpike Test, Supine Head Roll Test and Deep - Head Hanging Test) at the time of initial presentation revealing upbeatting ipsitorstional nystagmus indicating (R) Posterior semicircular canal benign paroxysmal positional vertigo (BPPV) for which Epley's manoeuvre was performed. After 24 hours repeat Videonystagmography (VNG) was performed suggesting of fresh finding of upbeatting nystagmus in Deep head hanging test indicating involvement of anterior canal with no positive findings for posterior canal involvement. He was further rehabilitated using the canalolith repositioning manoeuvre for Anterior canal – Yacavino's maneuver.

Conclusion : There is high likelihood of BPPV repositioning maneuvers showing switching of canal in follow-up sessions or repeated testing due to proximity of canal openings. So repeat testing of each semicircular canal is mandatory to exclude a canal switch, and if present eventually treating the secondarily affected canal.

Key words : BPPV, Canalith Repositioning Maneuver, Canal Switch, Anterior Semicircular Canal, Videonystagmography, Positional Test, Dix-Hallpike Test, Supine Head Roll Test, Deep - Head Hanging Test, Yacavino's maneuver.

Abstract number #V4

Title: A Case of Squamous Cell Carcinoma Temporal Bone: Therapeutic Strategy & Follow Up

Presenter : Dr Prasanth L, Junior Resident (ENT & HNS)

Institutional Affiliation / Department : Department of ENT & HNS, Command Hospital (Eastern Command)

Description : This video presentation details a case of squamous cell carcinoma of the temporal bone involving the external auditory canal, emphasizing the importance of early biopsy for accurate diagnosis and the combined role of high-resolution computed tomography (HRCT) and contrast-enhanced magnetic resonance imaging (CEMRI) in staging and surgical planning. The patient underwent modified lateral temporal bone resection, with a focus on achieving clear margins and minimizing complications. Rigorous early postoperative follow-up, including repeat imaging as needed, is highlighted as a key strategy for detecting complications and residual disease promptly, thereby improving patient outcomes and reducing morbidity. This case underscores the value of a multidisciplinary approach and vigilant surveillance in the management of this challenging malignancy.

Key words : Squamous cell carcinoma, Temporal bone

Abstract number #V5

Title: Bilateral Benign Paroxysmal Positional Vertigo – Myth or Reality: A case report

Presenter : Maj (Dr) P Praveen Kumar

Institutional Affiliation / Department : Department of ENT-HNS, Command Hospital (Eastern Command), Kolkata

Description : 81 years male, retired soldier with complaints of acute onset vertigo for 05 days. Patient experienced several episodes with each episode lasting 10 to 15 seconds & resolving, triggered by change in head posture while lying down & changing head posture – turning to either sides. The ENT examination revealed bilateral normal external ears & external auditory canals & bilateral intact tympanic membranes. Pure tone audiometry was normal. Videonystagmography findings indicated upbeating Right torsional nystagmus in (R) Dix-Hallpike test & a geotropic (L) torsional nystagmus with greater intensity in (L) Supine rollover test indicating coexisting (R) posterior Semicircular canal & (L) lateral semicircular canal BPPV. Rest of positional examinations were normal. There was no nystagmus– spontaneous/gaze evoked & no signs suggestive of central vertigo. Patient was given Epleys manoeuvre for (R) Posterior SCC BPPV at the time of diagnosis & Barbeque roll manoeuvre for (L) Lateral SCC BPPV 1 hour later as canalolith repositioning manoeuvres. Patient's symptoms resolved. On follow-up after 72 hours, patient had no nystagmus in the diagnostic positional tests & patient was symptom free.

Conclusion : Bilateral BPPV is a rare phenomenon. VNG is significant in eliciting involvement of multiple canals of both sides which is missed during bedside evaluation.

Key words : Bilateral, positional, vertigo, canalolith

Abstract number #V6

Title: Decoding Posterior Canal, Clinical Conundrum in BPPV Management- An Observational Study

Presenter : Dr Saikat Samaddar | Assistant Professor, Institute of Otolaryngology and Head Neck Surgery, IPGME&R, SSKMH.

Objective : The prospective observational cohort study has been conducted with the primary objective to identify the incidence of various types of clinical presentation of already known Post Semicircular Canal BPPV. The secondary objective includes identification of atypical presentations, clinical findings in follow up of such cases.

Methodology : A total of 48 cases of Post Canal BPPV managed at the Dizziness Imbalance and Fall Prevention Clinic of a tertiary care hospital of Eastern India was recruited between September 2024 to April 2025 and followed up over a period of at least 1 month are considered as the study population. Variables recorded include- Demographic profile, duration diagnosed with the disease, clinical presentation, diagnostic manoeuvres, repositioning manoeuvres, challenges faced and follow up findings.

Results : Standard statistical software was used to record the descriptive data with respect to the variables discussed. Analysis was done to record the incidence of various presentation of the post canal BPPV with respect to the position of the canal occupied by the otoconia. Variability of the clinical findings and challenges in repositioning was compared.

Conclusion : Post canal BPPV though a very common clinical diagnosis, variability of presentation is a challenge for the clinicians. The repositioning manoeuvres in such cases has to be tailored based on the positional occupancy of the otoconia in the posterior canal. Improper repositioning of the typical variant can also be a challenge during further attempt at the manoeuvre.

Key Words : Posterior Semicircular Canal, BPPV, Vertigo, Dizziness

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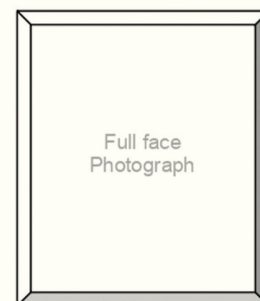
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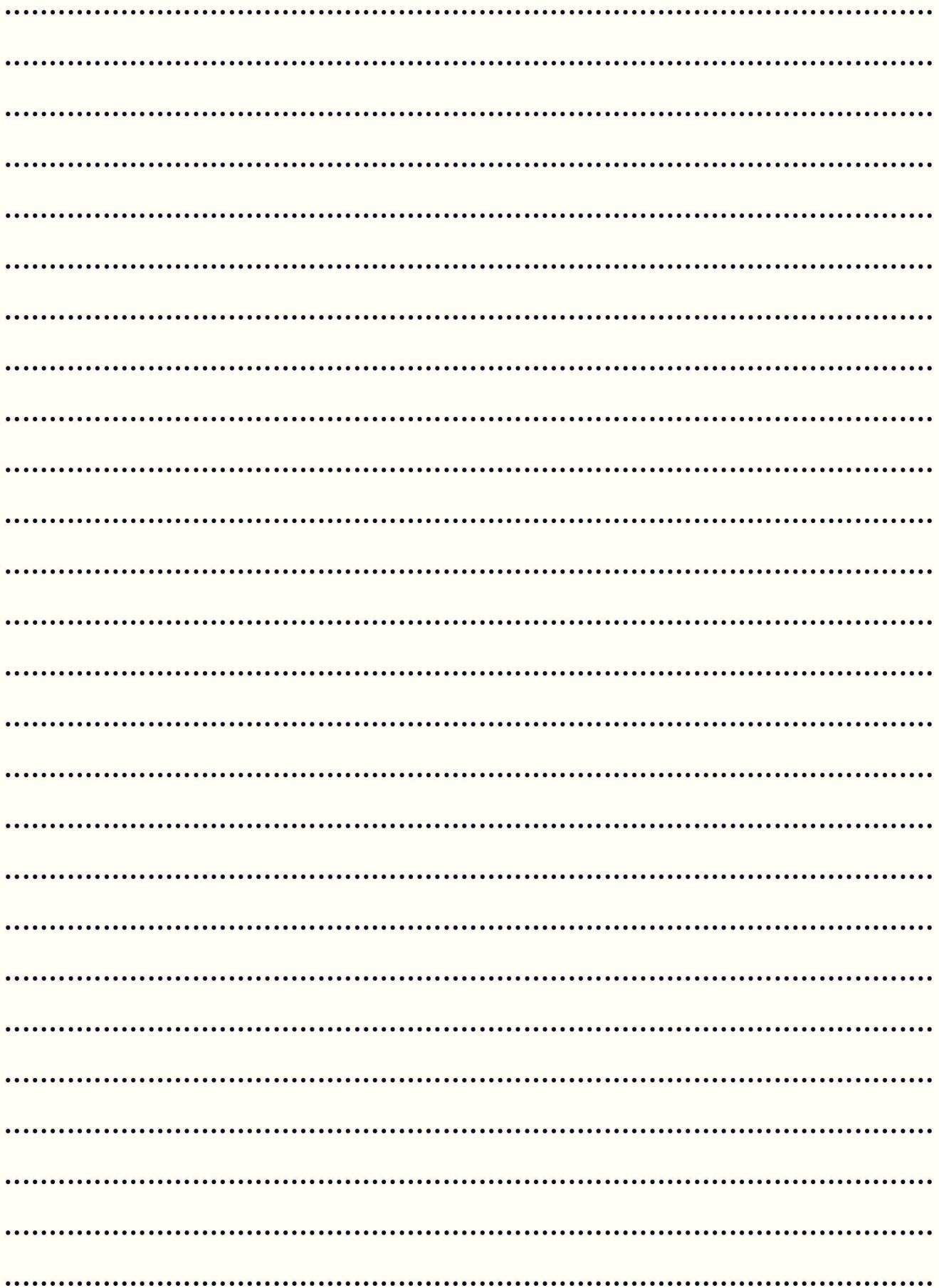
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