

# The Georgia ENTertainer

Fall 2016 Issue

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## President's Message

by: Adam Klein, MD

Assistant Professor, Otolaryngology - Head & Neck Surgery

Assistant Director, Emory Voice Center

Director, Laryngology Fellowship, Emory Voice Center

Dear Friends and Colleagues,

Welcome back to the ENTertainer, and for those whom have recently joined our community, welcome to the Georgia Society of Otolaryngology-Head and Neck Surgery. In addition to some new faces, this election year has once again seen the subject of healthcare at heart of national debate and discussion. We find ourselves facing the uncertainty of the future of the recently enacted Affordable Care Act, and continue to chase the moving metrics that increasingly determine physician reimbursement. Navigating the ever-changing landscape and being challenged with these issues only reinforces the importance of our involvement in the GSO-HNS. I would encourage you to stay involved, stay informed and reach out to local and regional colleagues to inspire them to join their local, regional and national societies.



Since the last edition of the ENTertainer, we have had another successful summer meeting at the Ritz on Amelia Island. Our immediate past-president, Dr. Jimmy Brown, organized a dynamic meeting with a diverse group of invited guests. Dr. Robert Ferris, from the University of Pittsburgh Cancer Institute, covered several novel topics in the management of head & neck cancer, while Dr. Lisa Ishii, Associate Professor at Johns Hopkins Medical Center, animated the

discussion with her take on facial reanimation and the Academy's guidelines on rhinoplasty. We were also joined by Dr. Stephen Park from the University of Virginia Health System who provided more updates in facial plastics and reconstructive surgery, as well as Dr. Harold Pillsbury, Chair of Otolaryngology from the University of North Carolina, who dove into the future of cochlear implants and our field as a whole.

Looking forward, we are excited for our next Fall Meeting at the ever-popular and family-friendly Ritz Carlton Reynolds at Lake Oconee, December 3-4, 2016. Our board is working with Dr. Cameron Hewitt, president of MAES, to organize another informative and collegial meeting. Our keynote speaker, Dr. Scott Schoem, Chief of the Division of Pediatric Otolaryngology from the University of Connecticut, will be addressing topics such as the management of pediatric neck masses and nasal pathology in the newborn population. It's sure to be an educational and enjoyable weekend....and there's even ice skating and s'mores! I strongly encourage everyone to join us for what is one of the most relaxed and memorable meetings out there. The 2017 Summer Meeting will return to the incredible Ponte Vedra Inn & Club in Ponte Vedra, Florida, from July 27 - Sunday, July 30.

Lastly, we would like to take a moment to thank Tara Morrison and her entire team for their tireless efforts and professionalism. They are responsible for making membership an easy process, keeping our society financially sound and for ensuring the success of our meetings. I look forward to working with you this year. It is a privilege to serve as the President of the GSO-HNS. Please share the benefits of our society with those whom are not yet members - our meetings and our strength as a voice for otolaryngology improve with greater numbers. I look forward to seeing you the first weekend of December at our Fall Meeting.

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## Editorial

by: Michael Koriwchak, MD  
ENT of Georgia

### *EpiPen and Regulation Effects on Available Generics*

Like most specialties, Otolaryngologists are routinely frustrated by the high cost and limited access to many of the medicines we need to treat our patients. One such drug of particular importance to us, the EpiPen, recently made the news when its manufacturer's CEO was hauled before the U.S. House Oversight and Government Reform Committee to explain



the exorbitant price tag for the EpiPen, about \$600. Led by Rep. Elijah Cummings (D-MD), Congressmen took turns grandstanding before the media, making long-winded speeches accusing EpiPen's manufacturer Mylan of getting "filthy rich" off patients. While such accusations may indeed have some merit, Congress would have much better success finding the cause of high drug prices by looking in the mirror.

This is not the only recent example of drug price-gouging. Last year the price of the anti-Toxoplasma drug Daraprim was raised from \$13.50 per pill to \$750 per pill, a greater the 55-fold increase in price. Turing Pharmaceuticals CEO Martin Shkreli was rightfully vilified for this deed and was eventually indicted on unrelated charges earlier this year. Couldn't happen to a nicer guy.

Why is healthcare, especially pharmaceuticals, so vulnerable to plunder? This never happens outside of health care. Why can't Samsung charge \$6000 for a flat screen TV? Why can't Ford suddenly raise the price for a new Mustang to \$100,000? We all know the answer - price transparency and competition are commonplace outside of healthcare but they are impossible to find within it. Outside of healthcare consumers pay the entire price of goods and services - or choose not to buy at all. Within health care's third party payor structure pricing for drugs is so complicated that there is often no relationship between the true cost of a drug and the cost to the patient. It is not uncommon for a drug's copay to exceed its cash price.

The third party payor for medications, the pharmacy benefit manager, creates perverse incentives for drug manufacturers. In many cases drug manufacturers must compete for the favor of PBMs for inclusion on a formulary. Such competition not only takes the form of price discounts but also takes the form of rebates from the drug manufacturer to the PBM for every prescription filled. Often competition to provide the PBM with ever increasing rebates actually drives prices upward.

Food and Drug Administration approval processes and regulations are so heavy-handed that many drugs, including the epinephrine autoinjector, have only one supplier that enjoys a monopoly. The FDA has a backlog of about 4000 generic drug applications. At least two other manufacturers, Teva and Sanofi, stand ready to offer competitively priced epinephrine autoinjectors, but the FDA has refused approval for the former, and the latter has at least temporarily been withdrawn from the market. As if that isn't enough, federal regulations require all schools to stock epinephrine autoinjectors, which expire every year. Small wonder that over the past several years Mylar has raised the price of the EpiPen from less than \$100 in 2010 to over \$600 today. Then they claim to "lower" the price with a confusing and ever-changing array of coupons and discounts.

So it's the same song, different verse. Third party payors and government regulations conspire to raise prices, reduce access and adversely affect quality care.

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## Legislative Report

by: Jimmy Brown, DDS, MD  
President, GSO-HNS  
Legislative Representative, GSO-HNS

House Majority Leader Jon Burns struck his gavel to move that the House adjourn, completing the Georgia Assembly's legislative session for 2016. During the 2016 legislative sessions, there were no new bills that specifically pertain to our specialty. One bill (HB 564), promises to be of significant importance as we move forward in the next few years



however. It requires that physicians complete continuing education training on prescribing controlled substances and the risks of development of addiction; its aim is to curtail the purported wanton prescribing of narcotics among physicians at large. This, in the face of intense electronic scrutiny of our narcotic prescribing tendencies, will be the 'noose around our collective necks' for the foreseeable future. Funny how times have changed; for those of us who can remember, we as physicians were criticized for being frugal in prescribing narcotics for our patients' pain states. There was a push then to have physicians prescribe more narcotics for patients' pain states and the establishment of the so called "fifth vital sign," pain, was the result. Mandated CME advocating a more liberal approach to pain management was the climate of the day, and this too was a requirement for licensure. This no doubt, led to a wider narcotic prescribing tendency during the 90's and early 2000, nationwide. The passage of House Bill 564 is the State of Georgia's response to this growing issue.

On the national front, several battle areas still loom, and will require continued special attention at the state and grassroots levels. Three key areas come to mind: 1. Payment Reform as in the SGR Repeal/MACRA implementation; 2. Scope of Practice Issues; 3. Reauthorization of the Early Hearing Detection and Intervention Program/EHDI. After several years of relentless advocacy from our medical community at the grassroots, state and national levels, the flawed Sustainable Growth Rate (SGR) formula, used to calculate payments to physicians under the Medicare program, was resolutely defeated in the form of House Resolution 2. This legislation passed in both House and Senate and contains provisions to address issues with 'Global Payment Codes'; transitioning all global payment codes from the current 10 and 90 days to 0 day codes by 2018. It also sought to consolidate the alphabet soup of performance-based programs (PQRS, VBM, and HER MU) into a single merit-based incentive payment system (MIPS).

With respect to the current landscape in scope of practice, and the battles to ensure patients receive high quality healthcare from the most qualified providers, our very own Academy has partnered with ASHA to forge a replacement bill to the so called "Kitchen Sink Audiology Bill", H.R. 2519. The old Bill (HR 2519), spearheaded by the Academy of Doctors of Audiology, seeks to bestow 'Primary Provider' status unto Audiologists. Through this Bill, Audiologist would have unlimited direct access to Medicare patients without physician involvement or referral. The proposed new Bill, H.R. 1116, will retain referral requirement by physicians and will contain Audiology's attempt at scope of practice expansion by upholding present state laws.

Health professionals in the hearing field understand that, at the first signs of hearing loss, it is imperative that children receive early intervention medical services and family support. This early intervention enhances language, communication, cognitive and social skills development. Law makers, with the encouragement of healthcare advocacy groups on all fronts, appreciate these facts and, as early as 2000 passed 'The Child Health Act'. This Act, establishes the Early Hearing Detection & Intervention Program. As it stands, this vitally important program needs reauthorization. The U.S. House of Representatives passed resolution (H.R. 1344), as well as a companion legislature, (S. 2424) reauthorizing 'Early Hearing Detection & Intervention but its progress has slowed in The U.S. Senate. Our tireless Advocacy teams have continued to lobby lawmakers in the Senate to expediently pass these resolutions. We the rank and file members of each state society have a responsibility to lobby our individual representatives to ensure timely passage of these vital resolutions. Yes! Advocacy is indeed the way to go.

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## Medical Association of GA Update

by: Arthur Torsiglieri, MD, FACS  
Representative, MAG Legislative Council



The Medical Association of Georgia (MAG) House of Delegates will be held in Savannah on October 15-16, 2016. Topics of discussion are slated to include the following:

**1. Wellpoint/Anthem/Cigna Mergers**

Wellpoint/Anthem operates Blue Cross/Blue Shield in Georgia. The Department of Justice filed a lawsuit to block the health insurance mergers and Sam Olens, the Attorney General in Georgia, joined in the suit. Subpoenas have been issued to MAG related to activities with these mergers. The American Medical Association (AMA) is working closely with MAG to respond.

**2. Out- Of- Network Billing**

MAG is building a coalition of specialty societies to work on a solution for fair out-of-network payments to physicians to address insurer's allegations of "surprise billing".

**3. Prescription Drug Monitoring Program**

MAG is working toward making exchange of patient information between physicians and pharmacists more "user friendly".

**4. Medicaid and the Uninsured**

MAG is focused on ensuring that physicians, particularly in primary care, receive payments toward the goal of parity with Medicare. MAG also hopes to support solutions that address the uninsured in the state in a financially sustainable manner.

Other issues may come up at the MAG House of Delegates- I will try to keep our specialty society informed.

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## AAO-HNS BOG Report

by: Peter J Abramson, MD  
Director-at-Large, Private Practice, AAO-HNS

*Goodbye SGR and Hello MACRA, MIPS and APMs. Making sense of the Alphabet Soup.*

We were all excited about the permanent fix to the sustained Growth Rate(SGR) formula. However, as some have said," it is sometimes better to deal with the devil you know rather than the devil you don't know." The SGR was replaced with MACRA(Medicare Access & CHIP Reauthorization Act). This payment reform bundles all the previous quality reporting programs into one bundle. The new system of physician reimbursement in the future will be closely linked to quality of care. MIPS (Merit-Based Incentive Programs) and APMs(Alternative Payment Models) were put into effect when MACRA replaced the SGR. MIPS will utilize a scoring method for physicians that employ four performance categories which include quality measures, resource use measures, clinical practice improvement activities and meaningful use of certified EHRs. APMs include such examples as Medicare Accountable Care



Organizations(ACOs) and innovative payment models such as bundling among others.

However, there are also Qualified APMs, as defined by the Center for Medicare Services(CMS), that are eligible for bonuses.

The Academy is taking the bull by the horns with the newly created data registry named RegENT. We are going to define what quality is on our terms. Also, the Academy is continuing to work to get CMS to interpret MACRA less narrowly to allow small subspecialties such as ours to comply.

This new bowl of alphabet soup continues to modify the playing field. The Board of Governors needs our society members to be aware of the ever changing landscape. A couple of great ways to stay abreast of the fast moving changes in healthcare as it relates to ENT is to receive the ENTAdvocate an email update from the BOG Legislative Affairs Committee and Legislative Affairs unit of the Academy. This eblast boils down the current activity affecting your practice of medicine. On a state level there is the State Legislative Tracking program. This is a daily email that pushes a summary of the bills that are on the daily calendar from the Georgia Legislature that directly affect our physicians. The link to the ENTAdvocate is <http://www.entnet.org/?q=content/ent-advocacy-network> or you can go to [entnet.org](http://www.entnet.org) and go to the advocacy section. If you would like to be included in the state tracking program please contact the Government Affairs team at [govtaffairs@entnet.org](mailto:govtaffairs@entnet.org).

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## Membership Information

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**REGISTER NOW**

**2016 GSO/HNS Annual Fall Meeting**



**Saturday, December 3 - Sunday, December 4, 2016  
The Ritz Carlton Reynolds | Lake Oconee | Greensboro, GA**

Click below on the following links for meeting information:

[REGISTER NOW](#)

[HOTEL RESERVATIONS](#)

[AGENDA](#)

## Augusta University Update

by: Stil Kountakis, MD, PhD

Edward S. Porubsky, MD Distinguished Chair in Otolaryngology  
Professor and Chairman  
Department of Otolaryngology-Head & Neck Surgery  
Augusta University



Greetings fellow Georgia otolaryngologists,

I hope you had a great summer and are getting ready for the holidays as it seems they arrive earlier every year.

We began this academic year with a strategic planning retreat in order to reaffirm our goals and focus our energy in needed areas and improve the quality of great care we already provide to our patients. Strategic planning retreats are re-energizing as they create excitement to already established routines and bring out new goals and objectives. But nothing was more exciting than having our residency program complement expand by one resident every other year. In addition, we received full accreditation without any citations. I would like to thank all our faculty members, residents/fellows and staff, since all contributed to accomplish this, especially our Program Director Michael Groves and our Program Coordinator Mandy Jones. To top that off, we had three new residents start this summer, all matched in the top eight spots of our rank list. This reaffirms the magnitude of the quality of resident education we offer. I hope all our alumni will be proud of this as much as we are and feel confident of the quality of residency training they received at the Medical College of Georgia - Augusta University.

We are in the process of making changes to our end of the year Porubsky symposium and graduation event to allow focus on our alumni, get them involved and honor their accomplishments. For that we are changing our event's name to "Porubsky Symposium and Alumni Event". More to come in the near future. I hope our alumni will be excited about their Alma Mater and return to see the new department of otolaryngology-head and neck surgery.

I wish everyone Happy Halloween, Happy Thanksgiving and a Merry Holiday Season!  
Go out there and absorb as much daylight as you can before the winter time change on Sunday November 6!

### **Academic**

Everyone in the department was busy with academic projects and manuscript preparations. We participated in the North American Skull

Base Society Annual Meeting where 2 faculty, 1 fellow and 1 resident provided 3 oral presentations and 2 lectures. And, we had a presence at the 2016 Combined Otolaryngology Spring Meetings where 4 faculty and 2 residents provided 7 posters and 4 oral presentations.



J. Drew Prosser, MD

We continue to perform high caliber research and we are proud of Dr. Prosser who was awarded a CORE grant from the American Society of Pediatric Otolaryngology for his research on "Characterizing xenograft models of recurrent respiratory papillomatosis".

We continue to lead in mentoring medical student research. We have hosted Dean's Summer Medical Student Research Fellows for 10 years now and this summer we mentored 3 additional students. All abstracts will be submitted to national scientific meetings and congresses.

## Renovations

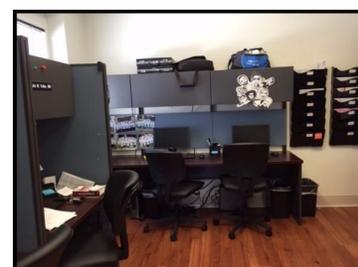
Our clinic's Nurses Station renovations were completed and the much hated carpet was replaced with clean laminate. The functional area of the front desk was revamped to allow more work room and flow and better esthetics.



We also remodeled and upgraded the resident room for better function, increasing the number of workstations from six to ten.



And, finally, in the academic office, we replaced the carpet with clean laminate and painted the walls for a fresh new look and a more comfortable working environment.



## Recruitment

### *Faculty*

We successfully recruited Dr. Mohammad Seyyedi, who completed a fellowship in otology at the Paparella Ear, Head and Neck Institute of the University of Minnesota, followed by a second otology fellowship at the Christiana Care Health System in Wilmington, DC under the direction of Mike Texido. Dr. Seyeddi provides comprehensive otology-neurotology care including the management of hearing loss/deafness, vestibular and balance disorders, vestibular migraine, BAHA implants and Cochlear implants.



Mohammad Seyyedi, MD

We are also recruiting for a second otologist and are working on a head and neck recruitment plan.

### *Fellows*

We welcome our new fellows who started July 1st. The 9th laryngology fellow is Mark Fritz from New York University. The 14th rhinology fellow is Christopher Ito from South Florida and the 10th endocrine fellow is Seth Kay from Loyola University in Chicago. Our fellows are

appointed as junior faculty members with full hospital privileges and cover full faculty call. They play a very important role in the education of our residents by providing an additional source of clinical and surgical education, consult coverage and comradery because of age proximity.

### *Residents*

A major change occurred in our residency program as we received approval from the otolaryngology residency review committee to increase the size of our program from 2 residents per year to alternating 3 residents in one year followed by 2 in the next, then 3 and so on.

We did extremely well in this year's match as we matched in the top 8 of our list. We welcome our first year residents, Luke Edelmayer from VCU, our own Chris Johnson from MCG and Daniel Sharbel from the University of Tennessee.

### *Audiology*

There have been several changes in our Audiology division. Sarah King was promoted to Director of Audiology, and we recruited Laura Barber as our third audiologist. Laura comes from Aiken, SC and brings great experience with her.



Sarah King, AuD

We are increasing our audiology volumes by offering hearing screening to all patients we see in our clinic. Hearing screening is also performed at the Cancer Center and West Wheeler Clinic. This initiative has proved successful not only from the patient volume aspect, but because it basically is a great service for all patients. We also plan to start hearing screening in the internal medicine and family practice clinics.



Laura Barber, AuD

We installed a third audio booth to accommodate our increasing patient load, and are currently recruiting for a fourth audiologist.

### *Leadership Appointments*

Our faculty excel in leadership roles. This year Dr. David Terris was selected as Vice Chairman of the ACGME Otolaryngology Residency Review Committee. This is the important committee that ensures high standards in resident education and confirms Dr. Terris' abilities and national recognition and also, our interest as a department in maximizing the experience of resident training.



David Terris, MD



Michael Groves, MD

Locally, Dr. Michael Groves was elected to serve on the Curriculum Oversight Committee of the Medical College of Georgia Faculty Senate at Augusta University.

Dr. Kountakis continues to chair the AU Medical Associates RVU based compensation plan that was just implemented effective July 2016. The plan aligns funding with effort allocation, aligns compensation with productivity, incentivizes and rewards clinical productivity, maintains teaching and research commitment, allows for a transparent process, is administratively efficient and creates a cultural change.

We also had new internal appointments: Dr. Ken Byrd is now the new clinic medical director, Drs. Borders and Prosser are co-directors of medical student education and Dr. Prosser is also

our associate residency program director.



J. Ken Byrd, MD



Jack Borders, MD



J. Drew Prosser, MD

### **Graduation**

And lastly, our Porubsky graduation symposium was extremely successful. Our



Ted Teknos, MD

guest of honor was Dr. Ted Teknos, Professor and Chairman of Otolaryngology at Ohio State University. He is known worldwide in the circle of head and neck surgery. All lectures were immensely interesting and the research presented was outstanding.

Our graduation reception and dinner was hosted at West Lake Country Club for the first time and everyone was extremely pleased. Not only was the food excellent, but we also spent precious time with the families of graduating residents. There were fun outdoor activities such as corn hole and a putting contest on the practice green. Talking about golf, the Postma clan won the annual Porubsky golf event. Congratulations to everyone!



Porubsky golf even



2016 Resident Graduates: Jamie Segel, MD;  
Lauren White, MD; Mickey Fisher, MD

Thank you,

Stil Kountakis, MD, PhD

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## Emory University Update

by: Douglas E. Mattox, MD  
Professor and William Chester Warren Jr., M.D. Chair  
Department of Otolaryngology - Head & Neck Surgery

All of us in the Department of Otolaryngology - Head and Neck Surgery at Emory University hope you are having a prosperous and healthy 2016. Our department continues to grow in size of faculty and scope of services offered. Here are a few highlights:



### **Clinical Services:**

Faculty members continue to deliver care at superior facilities throughout the Atlanta area. Emory University Hospital Midtown Campus continues to serve as our academic and clinical centerpiece with easy access from I-75/85 as well as I-20. Faculty also practice at Emory Main Campus, Children's Healthcare of Atlanta's Egleston Hospital, Grady Memorial Hospital, the Atlanta VA Medical Center, the Emory Sleep Center, and the Emory Aesthetic Center.

### **Residency and Fellowship Training:**

Under the guidance of current Residency Director Sarah Wise and former Residency Director John DelGaudio, we have increased our residency complement to match four residents per year. This year we welcome the following interns:



**Patrick Davis, MD** comes to us from the Indiana University School of Medicine.



**Thomas Edwards, MD** completed medical school at the Tulane University School of Medicine.



**Mai Nguyen, MD** spent a month with us as a rotating student from the Baylor College of Medicine.



**Danielle Scarola, MD** graduated from the Emory University School of Medicine.

The department also offers fellowship training in Head & Neck Oncologic Surgery, Laryngology, Rhinology, and we recently started a Pediatrics fellowship as well.

### **Pediatrics Highlight:**

Emory pediatric ENT has experienced growth and development of new services. The current pediatric faculty include Wendell Todd, Roy Rajan, Kara Prickett, April Landry, Kavita Dedhia and Steven Goudy. Our faculty participate in several multidisciplinary clinics including aerodigestive, tracheostomy-ventilator, vascular anomalies, and hearing loss. In the past year our group has focused on outreach, including telemedicine and quality initiatives to ensure improved access of Georgia residents to tertiary services and outcomes. Initiatives are under way to improve the loss to follow up of failed newborn hearing screening (Todd, Dedhia) and reduce morbidity and mortality of tracheostomy patients (Prickett, Goudy, Landry). Current research initiatives include developing in vitro respiratory culture assays for drug development in cystic fibrosis patients (Rajan, Goudy) and regenerative approaches to pediatric facial bone loss (Goudy).

Our division is excited to welcome our newest faculty member, Nikhila Raol, who completed her residency at the Baylor College of Medicine and fellowship at the Massachusetts Eye and Ear Infirmary. During her time at Mass Eye and Ear, she obtained a MPH and her research will focus on outcomes in pediatric otolaryngology. Her practice will involve all aspects of pediatric otolaryngology with a focus on pediatric voice and sleep. Dr. Raol will be part of a multi institutional study using the Inspire hypoglossal nerve stimulator in patients with Down syndrome who have refractory sleep apnea.

### **New Faculty:**

We continued to expand our faculty with the addition of four faculty members for the 2015-16 academic year:



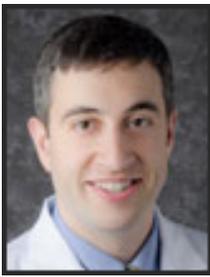
**Kavita Dedhia, MD** completed residency training at the University of Pittsburgh and then completed two fellowships - her first at the University of Pittsburgh for pediatric otolaryngology and her second at the University of Washington in otology. She joins our growing pediatric practice with a special interest in pediatric otology.



**Raj Dedhia, MS, MD** also completed his residency at the University of Pittsburgh and then spent a year at the University of Washington completing a fellowship in sleep medicine and surgery. Dr. Dedhia has joint appointments at the Emory Sleep Center and within our department and is already building a robust sleep surgery program.



**April Landry, MD** completed her residency training at the Mayo Clinic - Arizona and then spent two years in fellowship training in pediatric otolaryngology at the Cincinnati Children's Hospital. She has a special interest in pediatric airway reconstruction.



**Craig Villari, MD** graduated from our program and then completed a fellowship in laryngology at the University of San Francisco before returning to us in 2015. His clinical and research interests involve surgical treatment of early laryngeal cancers and laryngotracheal stenosis.

We will also grow our faculty with six new faculty members for the 2016-17 academic year:



**H. Michael Baddour, MD** is an Emory product through and through, completing both residency and fellowship training here. He will remain on faculty as in the division of Head & Neck Surgery after taking a few well-deserved weeks off after completing over 100 microvascular flaps during fellowship.



**Danielle Gainor, MD** will join us after completing a Head & Neck/Microvascular Surgery fellowship at the University of Michigan. She completed residency training at the Cleveland Clinic where she received the Excellence in Teaching award while serving as Chief Resident.



**Joshua Levy, MD** performed his residency training at Tulane and then completed a rhinology fellowship at Oregon Health & Sciences University. He has significant basic science experience and looks to build upon this during his academic career



**Nikhila Raol, MPH, MD** will be joining our pediatric group after completing her pediatric otolaryngology fellowship at the Massachusetts Eye and Ear Infirmary. She has been involved in several national committees during training and will be pursuing outcomes research when she arrives.



**Merry Sebelik, MD** will be joining our faculty from the University of Tennessee Health Science Center. She is a leader in utilizing ultrasound imaging for translational research and will be bringing her head and neck expertise to the Atlanta VA Medical Center as well as our Midtown location.



**Arturo Solares, MD** will be joining our head and neck faculty with a focus on treating benign and malignant skull base tumors. His previous academic appointment was at Augusta University.



**Jorge Gonzalez, PhD** joins the Department as Chief of Audiology Services at Emory Midtown. Dr. Gonzalez received his Ph.D. from the University of Virginia where his Dissertation Chair was Roger Ruth, Ph.D. He comes to us from Bloomsburg University of Pennsylvania. He has a special clinical and research interest in the vestibular system.

**Mark your calendars for the upcoming education opportunities:**

- 1) Temporal Bone Surgical Dissection Course - November 14-18, 2016
- 2) Laryngeal Videostroboscopy and FEES Workshop - February 2017

Best wishes to all for a great remainder of the summer and fall. Please feel free to reach out if we can be of any assistance.

Douglas E. Mattox, MD

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## Case Report

### Airway Management in Thyroid Mega-Goiter

Seth Kay, MD and Dave Terris, MD - Augusta University

A 52 year old male presented with massive substernal goiter causing compressive symptoms (Figure 1).



Figure 1. Axial CT with contrast.

Surgery was attempted at an outside hospital but aborted secondary to inability to intubate. Flexible nasopharyngoscopy revealed posterior pharyngeal wall fullness and redundant supraglottic tissue obscuring the glottis (Figure 2).

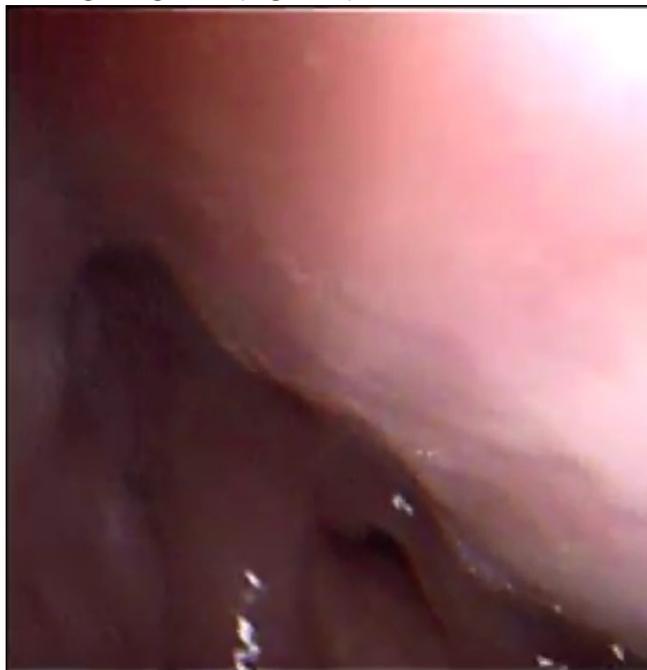


Figure 2. Preoperative flexible endoscopic view of the larynx.

In the operating room an artificial airway was only able to be achieved using simultaneous Glidescope exposure and then flexible fiberoptic laryngoscopy combined with the Seldinger technique (Figure 3).



Figure 3. Intraoperative Glidescope view of the larynx with Seldinger technique using flexible fiberoptic laryngoscope.

Total substernal thyroidectomy was performed (Figure 4) and the patient was extubated in the OR.



Figure 4. Substernal total thyroidectomy specimen

After an overnight stay, repeat flexible nasopharyngoscopy the next morning revealed a markedly improved airway (Figure 5), and the patient was therefore discharged home.



Figure 5. Postoperative flexible pharyngoscopic view of the larynx.