

# The Georgia ENTertainer

Fall 2017 Issue

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## President's Message

by: Malaika Witter Hewitt, MD  
Partner - ENT of Atlanta / ENT of Georgia

Dear Friends and Colleagues,

On behalf of the Board of Directors, I would like to welcome you back to the ENTertainer, the newsletter for the Georgia Society of Otolaryngology / Head & Neck Surgery. In this forum, we have the opportunity to exchange ideas, share our experiences, and keep our members abreast of the latest developments in the AAO/HNS as well as legislative changes happening in the U.S. Congress.



The summer 2017 GSO/HNS meeting was a huge success, and we are grateful to our immediate past president, Dr. Adam Klein. He formulated a truly excellent academic program with keynote speakers Dr. Boyd Gillespie, Dr. Robert Labadie, and Dr. Spencer Payne. We had very strong attendance and a delightful venue at the Ponte Vedra Inn & Club.

I was extremely honored to accept the Model Society Award on behalf of the GSO/HNS at the Board of Governors General Assembly on 9/11/17 during the annual AAO-HNS meeting in Chicago. As many of you already know, the model society award recognizes outstanding local/state/regional societies that exhibit effective leadership, institute Academy and Foundation programs, and further Academy goals through active participation in the BOG. Our society has consistently met these criteria for many years, and it is no surprise that this is not the first time the BOG has awarded it to the GSO/HNS. Congratulations!

Even with all of the great accomplishments of our society, we still have many challenges to face in the ever-changing climate of healthcare in America. As physicians and surgeons, we are

under immense pressure to deliver outcomes that meet quality measures according to the MIPS and MACRA stipulations. The fate of the Affordable Care Act continues to hang in the balance, although it appears to be headed for its demise in a piecemeal fashion. There is pressure from the healthcare industry to undervalue the doctor-patient relationship and the importance of thorough clinical evaluations, with a focus narrowly on the lucrative business of over-the-counter hearing aids, telemedicine products, and the unending denials from insurance companies. Finally, we must continue the fight against opioid addiction, and the Prescription Drug Monitoring Program (PDMP) is a first step. All of these looming issues require us as individuals and as a state society to be informed, and to find a way to maintain the physician's voice in the conversation. We must not step aside and allow legislators, administrators and entrepreneurs to steer our future in whichever direction they choose.

A few days ago, we welcomed Dr. David Tunkel, the director of pediatric otolaryngology at The Johns Hopkins Hospital and professor of Otolaryngology/Head & Neck Surgery at Johns Hopkins University School of Medicine. He gave an excellent treatise on post-tonsillectomy pain management in the post-opioid era, clinical practice guidelines, and a wonderful panel from both The Medical College of Georgia and Emory University School of Medicine joined him in deliberating over the management of complicated otitis media. Thank you Drs. Todd, Prosser, Dedhia and Borders!

Next summer's meeting will be held on July 19-22, 2018 at the Loews Royal Pacific Hotel in Orlando, FL. This meeting is also shaping up to be full of outstanding talks, with honored guests such as immediate past president of the AAO/HNS, Dr. Greg Randolph from Harvard Medical School discussing thyroid and parathyroid disease, and Dr. Roy Casiano from The University of Miami School of Medicine covering sinonasal polyps, approaches to endoscopic frontal sinus surgery and much more. Please mark your calendars early and plan to join us for another weekend of brilliant talks and fun for the whole family.

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## HAPPY HOLIDAYS

from your GSO/HNS Board of Directors & friends!





## Legislative Report

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



Several House and Senate Bills received final "yea" votes in the Georgia State House and Senate chambers during this past forty-day legislative season. While several resolutions pertaining to healthcare delivery stand to impact medicine in general, few will have direct and immediate influence on our field of Otolaryngology, Head & Neck Surgery. However, one legislative resolution promises to change our approach to pain management in the delivery of Otolaryngology care, in the State of Georgia.

House Bill 249 (HB249) and its sister Senate Bill (SB241), purport to reduce duplicative prescribing practices as well as wanton overprescribing of controlled substances in the state of Georgia. These resolutions mandate the creation of a prescription monitoring data base, managed by the Georgia Department of Public Health (DPH) and dubbed, The Georgia Prescription Drug Monitoring Program (PDMP). Through the PDMP mandate, each dispenser of narcotics drugs must report filled narcotic prescriptions data to this repository, at least every twenty-four hours, (i.e. patient's information). All duly licensed Georgia State prescribers must register to obtain access to this data base. Prescribers (us) and Dispensers (retail pharmacies, etc.) will, on specified schedules, query this database to avoid duplicative and or overprescribing of narcotic drugs. Effective January 1, 2018, each Georgia prescriber with a DEA shall register to use this data base. Also, new registrants for DEA will be mandated to register with PDMP within thirty days of obtaining a DEA permit. Of key importance is the fact that the integrity of this protected health information data base is guaranteed by both state and federal statutes and, prescribers and dispensers alike will be held civilly and criminally responsible for its misuse. Effective July 1, 2018, any provider initially prescribing a schedule II Opioid or any Benzodiazepine is required to query a patient's PDMP data before a prescription can be provided to that patient. Subsequently, the patient's data should be queried at least once every ninety days thereafter unless treatment is for no more than three days or less than twenty-six pills are prescribed. Other exceptions include: inpatient status; hospice; long-term care facility; outpatient surgery with no more than a maximum of ten days supply or no more than forty tablets; terminal illness and ongoing cancer treatment. Providers who violate the requirements to query a patient's PDMP data will be held administratively liable to the Georgia State Licensing Board. Let's all try to stay abreast of this new and daunting administrative demand.

On the national scene our academy (AAO-HNS) continues to be our leading advocate, helping to guide pertinent legislative policies on Capitol Hill. Of note, House Resolution (HR 1652/S.670), the Over-The Counter Hearing Aid Act of 2017 was passed as a broader bill, (HR

2430) by both the House and Senate this year. Prior to the passage of this bill, the AAO-HNS successfully negotiated amendments to strengthen the bill's packaging and labeling requirements. Our academy also instructed the Department of Health and Human Services to initiate a program of monitoring adverse events associated with the practice of 'Over-The-Counter Hearing Aid' dispensing. As recent as November 28, 2017 the AAO-HNS met with the FDA with the purpose of guiding forthcoming regulations related to establishment of a new category of 'Over-The-Counter Hearing Aids.'

Of course, there are several other healthcare legislative frontiers requiring strong advocacy work, and we could not have proffered all in this short discussion. However, knowing this our academy has established the so called 'Project 535' wherein each federally elected official is targeted for influence by an army of recruits nationwide. These volunteers are tasked with contacting each lawmaker on matters of import to our specialty. This year, 'Project 535' has helped to score several legislative victories on Capitol Hill.

Clearly, garnering favorable legislative outcomes for our specialty requires strong advocacy at all levels. We can ill-afford to rest on our present successes though, and must continue to work hard at both the grassroot and national fronts.

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## Medical Association of GA Update

by: Arthur Torsiglieri, MD, FACS  
Representative, MAG Legislative Council  
Assistant Professor, General Otolaryngology  
Department of Otolaryngology-Head and Neck Surgery  
Augusta University



The Medical Association of Georgia is the leading advocate for physicians in the state with almost eight thousand members. They recently held a successful meeting of their House of Delegates in Savannah on October 20-22, 2017. Many key legislative priorities were discussed including healthcare consolidation and accessibility, scope of practice issues, opioid abuse, and the legalization of medical marijuana- just to mention a few. In the wake of this ever-changing healthcare landscape, it has become apparent that strong and proactive oversight is imperative to ensure that physicians have significant input in this process within our state. With this in mind, your Georgia Society of Otolaryngology- Head and Neck Surgery Board of Directors recently voted to join along with other specialty medical societies in the state and support GAMPAC- the Georgia Medical Political Action Committee. Our small specialty has never had its own state lobbyist, so our reliance on MAG and GAMPAC is critical, particularly on impending issues that may impact us specifically. These probably will include scope of practice issues with audiologists, vestibular testing and therapy, and OTC hearing aids and dispensing.

Upcoming important dates include Physicians Day at the Capitol ("white coat day")- on January 31, 2018 and Legislative Education Seminar at Young Harris Brasstown Valley Resort June 1-3, 2018.

To learn more about joining MAG or contributing to GAMPAC visit [www.mag.org](http://www.mag.org).



### **AAO-HNS and FDA Discuss OTC Hearing Aid Regulations**

On November 28, the AAO-HNS met with officials from the Food and Drug Administration to discuss forthcoming regulations to establish a new category of over-the-counter hearing aids for adults with mild-to-moderate hearing loss. Discussion topics included: timeline for the regulations, labeling requirements, manufacturing standards, and the importance of patient/consumer education. The Academy was represented by AAO-HNS EVP/CEO James C. Denny III, MD, and staff from the Advocacy Business Unit.

### **AAO-HNS Examining Impact of Federal Tax Reform Effort**

The U.S. Senate is expected to vote this evening on comprehensive tax reform legislation, which will likely include a provision to repeal the ACA individual mandate. Notwithstanding the proposal's effect on individual tax rates and itemized deductions, the legislation may modify tax rules relating to small business income (particularly pass-through entities), as well as the deductibility of student loan interest. The U.S. House of Representatives passed (227-205) its version of the legislation on November 16. The AAO-HNS, along with others in the physician community, are communicating with key leaders in the U.S. Congress to ensure lawmakers are aware of our concerns.

### **Senate Committees Begin Confirmation Process for Secretary of HHS**

On November 29, the U.S. Senate Committee on Health, Education, Labor and Pensions (HELP) held a hearing to consider the nomination of Alex Azar to serve as Secretary of the Department of Health and Human Services (HHS). Prior to his nomination, Azar led the U.S. Pharmaceutical Division for Eli Lilly and served as a Deputy Secretary at HHS during the George W. Bush Administration. The Senate Finance Committee is expected to soon announce the date of Azar's final confirmation hearing.

### **House Committee Examines Alternative Payment Models Under MACRA**

The Health Subcommittee of the U.S. House Energy and Commerce Committee convened a hearing on November 8, titled "MACRA and Alternative Payment Models: Developing Options for Value-based Care." The Subcommittee examined Medicare payment reforms and heard testimony from the Physician Technical Advisory Committee, as well as from several physician groups, including the American College of Surgeons, American College of Physicians, and the American College of Rheumatology. The Subcommittee plans to hold a follow up hearing examining MIPS.

### **Bipartisan Agreement Reached on Medicare Extenders**

On November 15, the U.S. House Committee on Ways and Means announced a bipartisan agreement to repeal Medicare Therapy Caps. The AAO-HNS is concerned that the agreement will include offsets to extend the redistribution of misvalued billing codes, which would allow Medicare to shift resources from specialties toward primary care services. The agreement also implements an across-the-board cut if certain spending targets are not met.

### **Years of Academy Advocacy Lead to Anthem's Coverage of BSOD**

After years of collaborative advocacy efforts, Anthem will cover Balloon Sinus Ostial Dilation (BSOD) for treatment of chronic rhinosinusitis and recurrent acute rhinosinusitis. This is a significant change that will positively impact many members and their patients. The 3P Workgroup, Rhinology and Paranasal Sinus Committee, and others were instrumental in this effort.

### **Registration and Housing Now Open For #BOGMTG18**

It is time to make your plans to attend the AAO-HNS/F 2018 Leadership Forum & BOG Spring Meeting, March 9-12, in Alexandria, VA. Join your colleagues for leadership development and mentoring opportunities, networking events with Academy leaders, BOG committee meetings, state society engagement discussions and tips, and much more. Registration is

complimentary to AAO-HNS members who are otolaryngology practitioners. However, you must register to attend!

## Membership Information

**PAY YOUR  
2018 GSO/HNS  
DUES**

Its time to pay your 2018 dues.

[CLICK HERE TO PAY NOW!](#)

**Not A Member?  
JOIN TODAY!**

Become a GSO/HNS Member today!

[CLICK HERE TO ENROLL](#)

## Thank You to all those who attended the 2017 GSO/HNS Annual Fall Meeting

Make sure to complete your evaluations, obtain your CME certificate, and access speaker handouts from conference web app at

[app.resultsathand.com/gsohns](http://app.resultsathand.com/gsohns)

Login with your email you used to register for the meeting. The app will be open for 2 more weeks.

## SAVE THE DATE!

**2018 GSO/HNS ANNUAL SUMMER MEETING  
THURSDAY, JULY 19 - SUNDAY, JULY 22, 2018  
LOEWS ROYAL PACIFIC | ORLANDO, FL**

Meeting information & Registration coming soon! check [www.gsohns.org](http://www.gsohns.org) in the new year for updated information



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



Stil Kountakis, MD

Dear Fellow Otolaryngologists,

I hope you are all doing well and are getting ready for the holidays. I hope you will have time to reflect and be thankful for all the good things in our lives and for the position of privilege we are in, to be able to take care of patients and improve their quality of lives. This past Saturday was Veteran's Day and we had time to celebrate and be thankful for the all brave men and women who have sacrificed to ensure our freedom and our way of life. In our department, we honor and thank Dr. Ed Porubsky who served in the US Army, Dr. Greg Postma who served in the US Navy and Dr. Jimmy Brown who served in the US Army. We express our gratitude to all veterans who have served and continue to serve our nation.

Happy Holidays,

Stil Kountakis

## Faculty Honors and Awards

Dr. David Terris was an invited speaker at the AACE 26th Annual Scientific and Clinical Congress, the Robert Sofferman, MD Memorial Advanced Thyroid Ultrasound Course, the 87th American Thyroid Association Annual Meeting and was a keynote lecturer for the Peruvian Society of Head and Neck Surgery Annual Meeting and the 2nd Congress of the Asia-Pacific Society of Thyroid Surgery.



David Terris, MD



Stil Kountakis, MD

Dr. Stil Kountakis was Visiting Professor at Chania General Hospital in Crete, Greece and an invited speaker at the Southeastern Allergy, Asthma and Immunology Society Annual Meeting. Dr. Kountakis also co-authored the textbook "ENT Core Knowledge", Springer Verlag International Publishing, 2017.

Dr. Gregory Postma was an invited speaker at the Kentucky Society of Otolaryngology Annual Meeting, the 4th Macedonian Otolaryngology Congress and the Georgia Society of Otolaryngology-Head and Neck Surgery Annual Meeting. He also received a \$3500 patient enrollment grant from the Patient-Centered Outcomes Research Institute (PCORI) in collaboration with Vanderbilt University.



Gregory Postma, MD

## Faculty Awarded Presidential Citations

Two members of the Department received presidential citations during this year's Annual

Meetings:

Dr. Stil Kountakis received a Presidential Citation from the American Rhinologic Society during its 63rd Annual Meeting. Dr. Kountakis was recognized for his longtime service to the society and for his work in starting the ARS Journal, International Forum of Allergy & Rhinology, while he was president of the ARS in 2009-2010.

Dr. David Terris received a Presidential Citation from the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) during its 2017 Annual Meeting. Dr. Terris was recognized for his lifetime work of selfless leadership within the endocrine surgery community.

### **Departmental Presence at National Meetings - Greg Postma**

We were excited to be able to participate in multiple national meetings, including the 2017 Triological Society Combined Sections Meeting where 3 faculty and 2 fellows provided 2 panel discussions and 1 poster presentation.

We had a presence at the North American Skull Base Society Annual Meeting where 2 faculty and 1 fellow provided 1 oral presentation and 1 poster presentation. We also participated in the Combined Otolaryngology Spring Meetings where 1 faculty, 1 fellow and 2 residents provided 3 posters and 1 panel discussion, and at the AAO-HNS Annual Meeting where 3 faculty, 2 fellows and 3 residents provided 2 instruction courses, 3 oral presentations and 1 panel discussion.

The American Academy of Otolaryngology annual meeting is far more than academic presentations, awards, and committee meetings. It is also a time to meet old friends as well as individuals you may have worked with or trained in the past. Everywhere one went in the Windy City you saw red. On Michigan Avenue, in restaurants, hotels, and in the meeting itself to cheer on the Dawgs Saturday and the Falcons Sunday. There were several "extra-academy" activities this year in Chicago.

Saturday, Art and Jan Torsiglieri and Greg and Kim Postma along with Dr. T's daughter and son-in-law spent the day at South Bend, Indiana. Together with several thousand other Georgia fans including Dr. Charles Mixson ('06 alumnus) we toured the lovely Notre Dame campus for several sunny hours. That evening with tens of thousands of red clad fans in attendance negating the home field advantage, the University of Georgia Bulldogs defeated the Fighting Irish in their home stadium 20-19. Here is a picture of "Touchdown Jesus". This is actually a mosaic mural entitled the Word of Life by Millard Sheets and is part of the Hesburgh library which looms over the stadium.



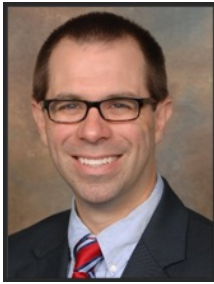
On Sunday, 19 members, family and friends of the department went to iconic Wrigley Field to take in an afternoon baseball game between the Chicago Cubs and the Milwaukee Brewers. The weather was perfect and we all enjoyed brats and beer in the left field stands called the "bleachers". The atmosphere was fantastic and was highlighted by Kim Postma's one-handed grab of a ball thrown into the stands by the Cubs left fielder following the 5th inning. A few hours later we all enjoyed a fantastic steak dinner at famous Harry Caray's steak house.

Overall it was a fantastic meeting academically and full of fun for all in attendance.





### Airway Center Milestone - Prosser



J. Drew Prosser, MD

The Pediatric Airway Center at AU Children's Hospital of Georgia reached a new milestone. Working with pediatric pulmonology and respiratory therapy in a multidisciplinary fashion the center performed over 400 endoscopic and open airway procedures last year, the highest number of cases ever performed at the facility. This collaboration with other services, has led to a monthly "one-stop shop" clinic for children who are tracheotomy and ventilator dependent. They see all providers in one visit and this has allowed for a seamless transition from the vent weaning process to the decannulation process. The improved collaboration has also resulted in better management decisions and

improved patient satisfaction.

To make an appointment with Dr. Borders or Dr. Prosser, please call 706-721-5500, fax 706-721-0112 or visit [auhealth.org/referral](http://auhealth.org/referral).

### Otology Clinical Milestone: Simultaneous Bilateral Cochlear Implantation in a Child - Seyyedi

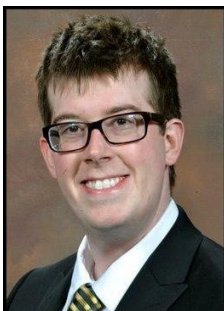


Mohammad Seyyedi, MD

Dr. Mohammad Seyyedi performed the first simultaneous bilateral cochlear implantation at AU Children's Hospital of Georgia. The patient is a 2 year and 10 months old male with severe hearing loss who had not benefited from the use of hearing aids in terms of hearing and language development. The procedure was successful and the next step is training and speech therapy with the goal of maximizing function and use of the implants. Congratulations Dr. Seyyedi!

To make an appointment for your patient at the AU Hearing and Balance Center, please call 706-721-4400, fax 706-721-9052 or visit [auhealth.org/referral](http://auhealth.org/referral).

### Resident Quality Project - Dan Carroll and Chris Leto



Dan Carroll, MD

Dan Carroll (PGY4) and Christopher Leto (PGY4) recently completed a quality project on preventing tracheostomy pressure ulcers. They reviewed one year's worth of data and discovered that 79% of injuries were a result of the hard plastic lip of the tracheotomy tube pressing against the patient's neck. The remaining 21% of injuries came from the tie used to secure the tube to the neck. The two physicians proposed using a softer tie and slightly loosening the extremely tight fit around the



Christopher Leto, MD

neck. These two changes, along with working closely with nursing and respiratory therapy staff to manage the patient's airway, made a tremendous difference.

Using their protocol and intervention there were zero pressure injury cases during the last 180 tracheostomies performed at AU Medical Center compared to a prior rate of 8%.

### **Available Faculty Positions**

Three positions are available at the Assistant or Associate Professor level in the Department of Otolaryngology. We are recruiting for one full-time fellowship-trained Otolaryngologist-Neurotologist, one fellowship-trained Head and Neck Surgeon who would serve as the VA Otolaryngology Division Chief with a part-time appointment at AU, and one full-time fellowship-trained pediatric otolaryngologist. Interested individuals are asked to send a cover letter and curriculum vitae to Dr. Stil Kountakis at [skountakis@augusta.edu](mailto:skountakis@augusta.edu).

### **Sixteenth Annual Porubsky Symposium and Alumni Event - Save the date: June 8-9, 2018**

We are currently developing our 2018 Porubsky Symposium and Alumni Event program that we take place June 8-9, 2018. We are excited to introduce more alumni participation and have invited a fellow and a resident alumnus to participate in this year's event. Our inaugural Fellowship Alumni Speaker will be Troy D. Woodard, MD (Rhinology-Sinus and Skull Base Surgery, '09) from the Cleveland Clinic and our inaugural Residency Alumni Speaker will be Tammara L. Watts, MD, PhD (Otolaryngology-HNS Resident, '09) from UTMB.

Our distinguished guest speaker will be Howard Francis, MD, MBA, FACS, Professor and Chief of the Division of Head and Neck Surgery and Communication Sciences at Duke University Medical Center.

MCG Otolaryngology alumni are invited to participate in this course and in the social activities planned for the weekend. These include golf on Saturday afternoon at the River Golf Club in North Augusta, and graduation activities at West Lake Country Club on Saturday evening, which will include a reception from 6:00 to 8:00 pm (with fun activities planned such as corn hole and a putting contest) with dinner and presentations following. Registration for the Porubsky Symposium and Alumni Event is FREE of charge.

We hope you will save the date on your calendar and plan to attend this impressive educational event.

### **2018 Visiting Professor Series**

Otolaryngologists in the Georgia area are invited to attend our monthly visiting professor series. Our currently scheduled speakers are:

February 6, 2018

#### **Steffen Meiler, MD**

Professor and Chairman, Department of Anesthesiology and Perioperative Medicine, Medical College of Georgia at Augusta University, Augusta, GA  
"TBA"

March 6, 2018

#### **Dr. T. Metin Önerci**

Professor of Otorhinolaryngology & Head and Neck Surgery, Director of Sleep Disorders Center at Hacettepe University, Faculty of Medicine, Ankara, Turkey  
"Snoring and Apnea"

April 10, 2018

#### **Donald T. Donovan, MD, FACS**

Olga Keith Wiess Professor and Chairman, Bobby R. Alford Department of Otolaryngology-

May 1, 2018

**Thomas L. Carroll, MD**

Assistant Professor, Department of Otolaryngology, Harvard Medical School, Director, Brigham and Women's Voice Program, Brigham and Women's Hospital, Boston, MA  
"TBA"

## Emory University Update

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



### Emory University Update

All of us in the Department of Otolaryngology - Head and Neck Surgery at Emory University hope you are having a wonderful holiday season as the calendar year comes to an end for 2017.

Faculty members deliver cutting-edge care at seven facilities throughout the Atlanta area. Emory University Hospital Midtown Campus continues to serve as our academic and clinical centerpiece. Faculty also practice at Emory University Hospital, 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. Here are a few highlights since our last update:

#### Residency and Fellowship Training:

With a full complement of 20 resident trainees, our residency program continues to thrive under the guidance of Residency Director Sarah Wise. We continue to match highly competitive applicants and recently completed our interviews for the residency class of 2023. Match day falls on Friday March 18, 2018 and we again expect to match excellent candidates.

We also continue to offer fellowship training in Head & Neck Oncologic Surgery, Laryngology, Rhinology, Pediatrics Otolaryngology, and Sleep Medicine. We will expand our Rhinology fellowship training to two fellows with our next applicant cycle. We continue to place trainees into top fellowship programs, academic departments and private practices throughout the country.

#### AAO-HNSF Annual Meeting

Emory had another strong showing at the recent Academy meeting in Chicago. Attending physicians, fellows, residents, and medical students were involved as moderators, instructors, podium presenters, and poster presenters. One particularly well-received presentation was from Dr. Kara Prickett (Pediatric Otolaryngology) and Dr. Anita Deshpande (PGY-3). They presented a new simulator designed at Emory to help caregivers and medical professionals become more proficient and comfortable with taking care of pediatric patients with tracheotomy tubes.

#### Minimally-Invasive Salivary Gland Treatments

We now have several practitioners offering sialendoscopy to our patients. With the use of semi-rigid endoscopes, these providers are able to treat many major salivary gland obstructions from stenosis and sialoliths without open surgery.

### **Strengthening Research Efforts**

Under leadership from senior and junior faculty from several divisions, the Emory Research Group in Otolaryngology (ERGO) has been established to transform and formalize research efforts within our department. The mission of ERGO is two-fold: (1) to promote innovative, practice-changing research in the field of otolaryngology by faculty, residents and medical students at Emory University and (2) to establish the Department of Otolaryngology-Head and Neck Surgery as a nationally recognized thought leader in clinical research. Our research efforts already total over \$3 million in grants for principal investigators and \$8 million including co-investigators so we're excited to see how ERGO pushes these efforts into the future.

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

- 1) Laryngeal Videostroboscopy and FEES Workshop - February 2-3, 2018
- 2) Emory Temporal Bone Surgical Dissection Course - March 26-30, 2018

Best wishes to all and please feel free to reach out if we can be of any assistance.

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

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## Case Report

# The Second Case of Bilateral First Branchial Cleft Anomalies

by: Luke Edelmayer MD1, Lauren White MD2, Drew Prosser MD1

1. Department of Otolaryngology - Head and Neck Surgery. Augusta University, Augusta, GA.
2. Augusta Ear Nose Throat and Allergy, Augusta GA.

### **INTRODUCTION:**

Branchial cleft anomalies are a relatively rare entity, but are commonly seen in the practice of Otolaryngology. The most common branchial cleft anomaly presenting for treatment is of the 2nd Branchial cleft (1), whereas the rarest type of branchial cleft anomalies are 1st branchial cleft anomalies (1%). First branchial cleft anomalies, historically have been subtyped into Type 1 and Type 2 anomalies based on clinical and pathologic features. Type 1 anomalies are essentially a duplication of the EAC, with an extension into the EAC; Type 2 anomalies are often found contained in the parotid gland and usually deep to the facial nerve (2). First branchial cleft anomalies develop due to incomplete fusion of the first and second branchial arches or from incomplete division of the EAC created by them (3). Here we present the second recorded true case of a child with bilateral Type 1, first branchial cleft cysts.

### **CASE:**

A 13-year-old male presented with a history of bilateral post auricular swelling and drainage that had occurred for one month prior to presentation. He had been treated with multiple antibiotics but the mass continued to intermittently swell and drain. The swelling was tender, but he denied fever or concurrent upper respiratory illness.

On examination there were bilateral, 1.5 cm erythematous masses at the inferior aspect of the



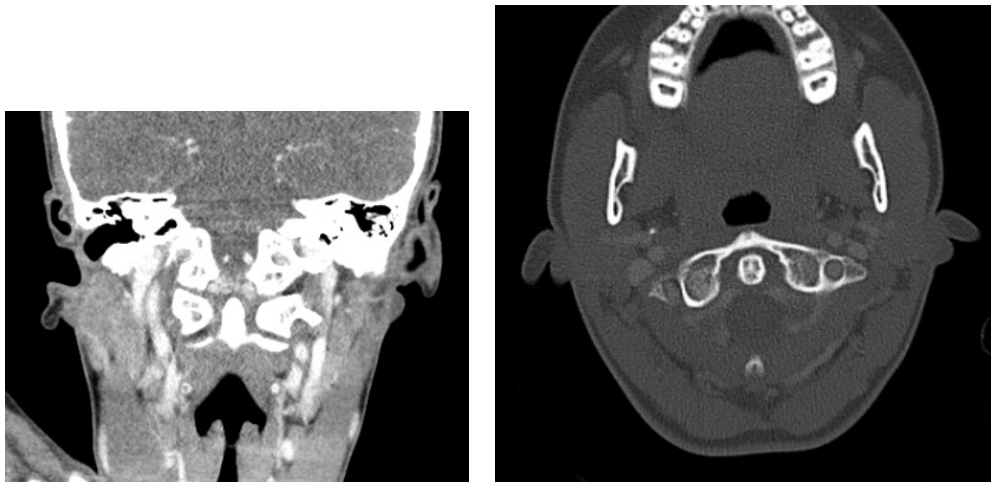
post auricular fold at the mastoid tip bilaterally (Figure 1). No other masses were palpated and the tympanic membranes were normal bilaterally.

Figure 1 A & B



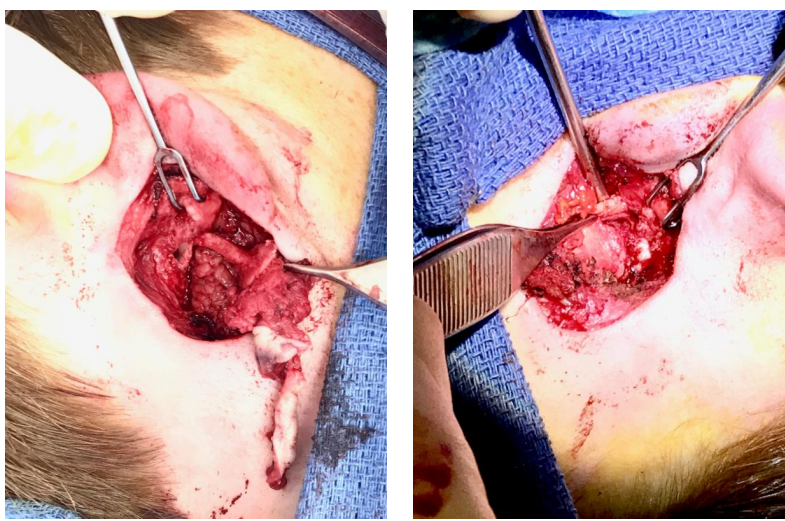
A CT scan of was obtained which suggested bilateral first branchial cleft cysts.

Figure 2, A & B.



He went to the operating room for bilateral excision of the branchial cleft anomalies. A cartilaginous sinus tract was found bilaterally which extended to the posterior aspect of the bony external acoustic meatus, parallel to the cartilaginous external auditory canal. This was followed into the bony acoustic meatus and excised at its base, with no apparent opening into the external auditory canal (Figure 3). The specimens were sent to pathology, which confirmed bilateral Type 1 First Branchial Cleft Cysts. He has done well on follow up at 6 months without signs of recurrence (Figure 4).

Figure 3 A & B



## DISCUSSION:

First Branchial cleft anomalies are rare and historically can be classified as either Work Type 1 or Type 2. This designation was first described by WP Work in the Laryngoscope in 1972, and defines each type based on its embryological origin. A Work Type 1 consists of a duplication of the membranous EAC. It commonly courses medial to the concha in the postauricular crease and extends in a blind pouch at the osseous-cartilaginous junction of the EAC, staying superficial to the facial nerve. A Work Type 2 consists of a duplication of both the membranous and the cartilaginous EAC, and is both ectodermal and mesodermal in origin. The tract often opens in the parotid area of the neck below the angle of the mandible with the other end extending into the inferior aspect of the EAC, and with a variable relationship to the facial nerve (4).

There have been multiple case reports of bilateral first branchial cleft anomalies published between International Otolaryngologists, Plastic Surgeons, and Oral Maxillofacial Surgeons. These cases were published as bilateral 2nd, 3rd, and 4th branchial cleft anomalies in conjunction with bilateral "first branchial cleft anomalies." After review of the articles it was observed that the reported bilateral "first branchial cleft anomalies" were in fact bilateral preauricular pits and not true first branchial cleft cysts. This would leave us to believe, based on our extensive literature search, that our patient is the second published case with true bilateral Type 1 First Branchial cleft anomalies.

The distinction between preauricular pits and first branchial cleft anomalies are easily discerned by most Otolaryngologists, but often lie undistinguished in the eyes of those physicians not trained to recognize them, and thus can be misdiagnosed, mistaking one for the other. While preauricular pits technically are anomalies of first arch derivatives (Hillocks of his), the distinction between a preauricular pit and a first branchial cleft anomaly is important to make given their divergent presenting clinical and treatment pathways.

The importance of this distinction revolves around their relationship to the facial nerve, and its proximity with first branchial cleft fistulas. If one takes the opposite position and assumes that a first branchial cleft fistula is a preauricular pit, and dissects the tract without a knowledge of the location of the facial nerve; there is a high risk of facial nerve injury. The proper surgical treatment for first branchial cleft anomalies requires excision the entire tract, be it cyst, sinus, or fistula. For many, this requires a superficial parotidectomy and meticulous dissection of the facial nerve and its branches. Often times when the tract opens into the EAC, the skin of the EAC will need to be resected with the tract.

#### References:

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