It is with great pride that I note the Department’s #35th ranking in the most recent US News & World Report review of all ENT facilities across the country. To put this into perspective, more than 4,800 hospitals were evaluated and only 174 ranked. Our Department was one of the top ENT groups in the Southeast, ranking higher than any facility in South Carolina, North Carolina, or Virginia.

Last year we had more than 35,000 patient visits with a patient satisfaction score of 93%. Our state of the art technologies and robust research, including many clinical trials, are part of the reason for this national recognition. Inside you will read about the clinical trials in which we are currently engaged.

As I have discussed in previous editions of this Newsletter, our fellowship trained faculty limit their practice to a specific area of ENT. This focus allows them to become highly skilled clinicians and surgeons, offering unparalleled care, from simple problems to the most complex affecting both children and adults.

Our physicians see patients at four offices: Rutledge Tower (at MUSC), Hollings Cancer Center (at MUSC), East Cooper Medical Arts Building (on the campus of East Cooper Hospital in Mount Pleasant), and MUSC Specialty North (in North Charleston adjacent to Charleston Southern University).

We look forward to serving you, and as our Mission Statement affirms, we will do so with compassion, efficiency, and excellence.

Paul R. Lambert, M.D.
Professor and Chair
Department of Otolaryngology – Head & Neck Surgery
Although most changes in voice quality occur because of poor vocal habits or simple throat infections, occasionally hoarseness may be the first sign of a more serious problem. Often irritation of the vocal cords can result in non-cancerous lesions such as nodules, dilated vessels, polyps or scarring as pictured below. These lesions interfere with the normal vibration of the vocal cords and make the voice rough, squeaky or uncomfortable to use. Many times treatment of irritants such as reflux, allergies and infections in addition to voice therapy will cure the problem. Many lesions that do not respond to medicines and voice therapy can be treated with the Pulse Dye Laser in the office. This laser has the unique ability to change the structure of collagen and scar tissue without cutting. The laser energy is applied through a tiny fiber that is passed down a flexible scope that is positioned over the vocal cords. The lesions then resolve over 4 to 6 weeks.

It is important to remember that treatment of the underlying cause of the lesion is extremely important. Abusive vocal behaviors – chronic throat clearing, yelling or loud talking with tight neck muscles, poor singing technique, smoking, reflux and allergies – must be treated with medicines and, more importantly, with retraining of the voice with voice therapy. Without these, the lesions will come back.

If a more serious problem is suspected, in-office cultures and biopsies can be performed in the same minimally invasive manner to get a diagnosis without going to the operating room.

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Hearing Loss: The Most Common U.S. Health Problem

Hearing loss affects at least 50 million Americans, and the number of Americans with hearing loss will increase dramatically as the population ages. Patients have one of two types of hearing loss; conductive or sensorineural. In rare instances, a patient can have both types of hearing loss.

Conductive hearing loss occurs when sound is not properly transmitted into the inner ear. Examples of disease processes that cause conductive hearing loss are impacted cerumen (earwax), a tympanic membrane perforation (hole in the eardrum), otosclerosis (spongy bone growth in the inner ear), serous otitis media (fluid in the middle ear), and cholesteatoma (growth of skin cells behind the eardrum). In addition, numerous developmental disorders have conductive hearing loss as a component. Non-surgical treatments for conductive hearing loss include observation, cerumen removal, antibiotics, and hearing aids. Surgical treatments for conductive hearing loss include placement of pressure equalization tubes, tympanoplasty (repair of perforated eardrum), stapedectomy (replacement of the stapes bone for otosclerosis), reconstruction of the ear and ear canal for patients with an absent ear canal, and placement of a BAHA (bone-anchored hearing aid).

Sensorineural hearing loss occurs when the inner ear does not function properly. Various disorders cause or are related to sensorineural hearing loss. Examples include Meniere’s disease, noise exposure, aging, acoustic neuromas (tumor), and ototoxic medications. In addition, more than 1 in 1,000 children are born with significant sensorineural hearing loss. Many genes that are related to hearing loss have been discovered. Non-surgical treatments for sensorineural hearing loss include observation, steroids, and hearing aids. Surgical treatments for sensorineural hearing loss include placement of a BAHA (bone-anchored hearing aid) for patients who are deaf in one ear, cochlear implantation for patients with little residual hearing, and removing a tumor if it is the cause of hearing loss. Other surgeries are also available depending on the cause of the hearing loss.

Many patients with hearing loss also have tinnitus (ringing in the ears). Tinnitus can be high- or low-pitched, loud or soft, intermittent or continuous. It can be noisy, pulsatile, and affect one ear or both. Some patients find tinnitus bothersome, keeping them awake at night or disrupting their daily activity. Treatment options for tinnitus include hearing aids, noise maskers, medications, dietary changes, and biofeedback.

Hearing aids play an important role in improving the lives of patients with hearing loss. For patients with conductive hearing loss, simple amplification substantially improves hearing. This is comparable to wearing glasses if one is nearsighted. For the vast majority of patients with sensorineural hearing loss, hearing aids also provide significant benefit. This situation is a little more complicated, however, and when the hearing loss progresses to the point where the patient no longer receives substantial benefit from a hearing aid, the patient might be considered for a cochlear implant.

Approximately half of the clinicians in our department treat patients with hearing loss. Two of our physicians, Drs. Paul Lambert and Ted Meyer are fellowship-trained in Otology and focus their practice on the treatment of ear and balance disorders. Visit our website, www.muscENT.org to learn more about hearing and balance disorders, our doctors and the services we provide.
A clinical trial (also clinical research) is a research study in human volunteers to answer specific health questions. Carefully conducted clinical trials are the fastest and safest way to find treatments that work in people and methods to improve health. Interventional trials determine whether experimental treatments or new ways of using known therapies are safe and effective under controlled environments. Observational trials address health issues in large groups of people or populations in natural settings.

**The Benefits of Participating in Clinical Trials**

Clinical trials that are well-designed and well-executed are the best approach for eligible participants to:

- Play an active role in their own health care.
- Gain access to new research treatments before they are widely available.
- Obtain expert medical care at leading health care facilities during the trial.
- Help others by contributing to medical research.

**The Risks in Clinical Trials:**

- There may be unpleasant, serious or even life-threatening side effects to experimental treatment.
- The experimental treatment may not be effective for the participant.
- The protocol may require more of their time and attention than would a non-protocol treatment, including trips to the study site, more treatments, hospital stays or complex dosage requirements.

**How is the safety of the participant protected?**

The ethical and legal codes that govern medical practice also apply to clinical trials. In addition, most clinical research is federally regulated with built in safeguards to protect the participants. The trial follows a carefully controlled protocol, a study plan which details what researchers will do in the study. As a clinical trial progresses, researchers report results of the trial at scientific meetings, to medical journals, and to various government agencies. Individual participants’ names remain confidential and not mentioned in these reports.

In the Department, Shaun A. Nguyen, M.D., M.A., physician clinical investigator and Director of Clinical Research, advances the research of pharmaceutical, biological, and medical device products by developing close collaborations with these entities. Dr. Nguyen works with the department faculty to obtain the latest clinical trials so patients can gain access to new research treatments before they are widely available.

**Reasearch Participants Needed**

The MUSC Department of Otolaryngology and Communicative Sciences is conducting research to study a new behavioral swallowing therapy for patients treated for cancers of the head and neck who have received maximum benefit from traditional behavioral swallowing therapy.

Compensation is available for participation in the study, and you will not be charged for the procedure. This study is sponsored by a grant from the National Institute of Health, National Institute on Deafness and Communication Disorder.

**ENT Highlighted Studies**

We are currently recruiting participants for the following clinical and non-treatment studies. Each study has age and other requirements and certain clinical exclusions. One advantage of participation is that subjects receive treatment that is free of charge and confidential. Some studies even provide payment to participants.

If you are interested in any of these studies, please call (843) 792-1356.

**Otology & Neurotology (Ear disorders): TINNITUS TRIAL**

Paul Lambert, MD /Ted Meyer, MD, PhD - A Randomized, Double-Blind, Placebo-Controlled, Clinical Evaluation of the Efficacy, Safety and Tolerability of Neramexane in Patients with Subjective Tinnitus (sponsor: Merz/ICON ).

Ted Meyer, MD, PhD /Shaun Nguyen, MD - The Effects of Apical Stimulation of the Cochlea Using Fine Structure Processing (sponsor: MED-EL ).


**Rhinology & Sinus Surgery: ALLERGY TRIAL**

Rodney Schlosser, MD /Shaun Nguyen, MD – Assessment of Palatability of Two Sublingual Diluents in Allergic Patients: A Prospective Pilot Study (sponsor: Antigen Laboratories, Inc.).

Rodney Schlosser, MD /Shaun Nguyen, MD – Management of Allergic Rhinitis patients with Nasal Steroids and Low Pressure Nasal Irrigation with Isotonic Saline: A Prospective Pilot Study (sponsor: NeilMed Pharmaceuticals, Inc.).

Rodney Schlosser, MD – Determinants of Surgical/Medical Management Outcomes in Chronic Rhinosinusitis (sponsor: American Rhinologic Society).

**Sleep Disorder Breathing: SNORING TRIAL**

M. Boyd Gillespie, MD – Added Value of Sleep Nasendoscopy (sponsor: Olympus).

**Pediatric Otolaryngology: EAR INFECTION TRIAL**

Christopher Discolo, MD – A Prospective, Multi Center, Non-Randomized Clinical Trial To Evaluate The Ear Effusion Detection and Characterization System (EEDCS) to Detect and Characterize Middle Ear Fluid in Children (sponsor: OtoSonic Medical).

David White, MD - PREDICT a multi-institutional study that will explore the impact of ear disease on the quality of life in children ages 6 to 24 months and their families (sponsor: American Academy of Otolaryngology – Head & Neck Surgery Foundation).

**Head & Neck Oncology: CANCER TRIAL**

Terry Day, MD – Targeting Rapamycin, an mTOR Inhibitor, as a Novel Mechanism-based Therapy for Head and Neck Cancer (sponsor: NIH/ National Institute of Dental and Craniofacial Research).

Bonnie Martin-Harris, Ph.D. – A prospective non-randomized clinical trial to evaluate the impact of a novel therapy to effect respiratory-swallow phase patterns and improve swallowing in chronically dysphagic head and neck cancer patients (sponsor: NIH/NIDCD)

Bonnie Martin-Harris, Ph.D. – National Database for the Modified Barium Swallowing Impairment Profile (MBSimP) (sponsor: Bracco Diagnostics, Inc.)

**For more information, please call Anita Cheslek at (843) 792-7162.**
What is a Pediatric Otolaryngologist?

If your child needs surgical or complex medical treatment for illnesses or problems affecting the ear, nose, or throat, a Pediatric Otolaryngologist has the experience and qualifications to treat your child. Many general otolaryngologists provide surgical care for children. However, in many areas of the country, more specialized otolaryngology care is available for children.

What kind of training do pediatric otolaryngologists have?

Pediatric otolaryngologists are medical doctors who have had:
- At least 4 years of medical school
- One year of surgical internship
- Often 1 additional year of residency training in general surgery
- At least 3 to 4 additional years of residency training in otolaryngology and head and neck surgery
- Pediatric otolaryngologists often complete additional training in fellowship programs at a large children's medical center

Pediatric otolaryngologists treat children from the newborn period through the teenage years. They choose to make pediatric care the core of their medical practice, and the unique nature of medical and surgical care of children is learned from advanced training and experience in practice.

What types of treatments do pediatric otolaryngologists provide?

Pediatric otolaryngologists are primarily concerned with medical and surgical treatment of ear, nose, and throat diseases in children. Pediatric otolaryngologists generally provide the following services:
- Diagnosis and treatment of ear, nose, and throat disorders, and head and neck diseases
- Surgery of the head and neck, including before and after-surgery care
- Consultation with other doctors when ear, nose, or throat diseases are detected
- Assistance in the identification of communication disorders in children

Where can I find a pediatric otolaryngologist?

Pediatric otolaryngologists practice in a variety of medical institutions including children's hospitals, university medical centers, and large community hospitals.

Pediatric otolaryngologists — the best care for children

Children are not just small adults. They cannot always say what is bothering them. They cannot always answer medical questions, and are not always able to be patient and cooperative during a medical examination. Pediatric otolaryngologists know how to examine and treat children in a way that makes them relaxed and cooperative. In addition, pediatric otolaryngologists use equipment specially designed for children. Most pediatric otolaryngologists’ offices are arranged and decorated with children in mind. This includes the examination rooms and waiting rooms, which may have toys, videos, and reading materials for children. This helps create a comfortable and nonthreatening environment for your child.

If your pediatrician suggests that your child see a specialist for a problem with his ears, nose, or throat, a pediatric otolaryngologist has the widest range of treatment options, the most extensive and comprehensive training, and the greatest expertise in dealing with children and in treating children's ear, nose, and throat disorders.

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Thyroid Nodules

It is estimated that 4-8% of adult women have thyroid nodules that can be felt on physical examination, but closer to 30% of women have nodules detectable by ultrasound. In fact, the diagnosis of a thyroid nodule is the most common endocrine problem in the United States. Although the majority of thyroid nodules are benign (not cancerous), the American Thyroid Association estimates that about one in 10 thyroid nodules are cancerous and about one percent of all cancers diagnosed in the United States each year are thyroid cancers.

The usual treatment for malignant nodules is surgical removal, usually a partial or total thyroidectomy. Occasionally, a nodule that’s clearly benign may require surgery, especially if it’s so large that it makes it hard to breathe or swallow. Surgery is also considered the best option for people with large multinodular goiters, particularly when the goiters constrict airways, the esophagus or blood vessels. Nodules diagnosed as indeterminate or suspicious by FNA biopsy also must be surgically removed so that they can be examined more thoroughly for signs of cancer. The Department of Otolaryngology at the Medical University of South Carolina has two surgeons, Joshua D. Hornig, MD, FRCS(C) and Eric J. Lentsch, MD experienced in endoscopic or minimally invasive surgical methods for treating thyroid disease.

To learn more about thyroid nodules, Drs. Hornig and Lentsch, and the clinical services they offer please visit our website www.muscENT.org.