More than 4,800 hospitals and ENT groups nationwide were evaluated for the 2012 U.S. News & World Report Best Hospital Edition. The ENT Department at MUSC was again ranked the #1 ENT Group in South Carolina and the #2 ENT Academic University Group in the entire Southeastern United States.

Simply put, our group of 16 ENT physicians, most of whom are fellowship trained (1-2 extra years of training beyond basic ENT residency) are exceptional. Because they limit their practices to one of the areas listed below, they have become highly skilled and offer unparalleled experience.

The focus areas (subspecialties) that we offer include:

- Otology – Ear Diseases
- Pediatric ENT
- Rhinology – Sinus Disease
- Cancer of the Head and Neck
- Thyroid and Parathyroid Disorders
- Voice and Swallowing Problems
- Facial Plastic & Reconstructive Surgery
- Sleep Disorders

Our electronic medical record connects us seamlessly to over 700 highly trained physicians representing every conceivable area of medicine. Practicing at MUSC – the #1 rated hospital in South Carolina – assures access to the latest technologies, clinical trials, and multidisciplinary teams of physicians, nurses, and allied health professionals.

Timely Appointments!

For urgent ENT problems, we realize that promptly seeing a specialist is extremely important to you or your family member. If you call our scheduling desk at 843-792-3531 and explain that your problem is urgent, we will see you the same day (or within 24 hours) at one of our four locations: Rutledge Tower, Hollings Cancer Center, MUSC Health East Cooper, and North Charleston Specialty Care.

By providing exceptional and timely care, we are indeed “Changing What’s Possible.”

Paul R. Lambert, M.D.
Professor and Chair
Department of Otolaryngology – Head & Neck Surgery, Medical University of South Carolina
Dizziness is a complex symptom that spans the spectrum from mild imbalance to spinning vertigo with nausea and vomiting. The causes for dizziness are numerous, and include inner ear disorders, heart disease, brain disorders, vision problems, and medication side effects to name just a few. In many instances, dizziness gets mis-labeled as “Ménière’s Disease.” This article describes the specific characteristics of Ménière’s Disease and how it can be treated.

An Inner Ear Disorder

Ménière’s disease is a condition of the inner ear caused by the excess presence of inner ear fluid (endolymph). The classic symptoms are vertigo attacks lasting 20 minutes to hours, hearing loss and ringing (tinnitus) in one ear, and ear fullness or pressure on that side. As this fluid accumulates, the feeling of ear pressure or fullness may increase, often associated with louder ringing and increased loss of hearing. As the pressure continues to build, it can rupture an inner ear membrane, causing a mixing of fluids inside the inner ear that are incompatible with each other. When this occurs, severe vertigo, often with nausea and vomiting, results. Progressive loss of hearing is a common feature. In about 1 in 5 patients, the Ménière’s disease can affect the opposite ear.

Medical Management – Life Style and Oral Medications

Ménière’s disease may respond to medical management. The most effective approach seems to be dietary control of salt intake. The amount of daily sodium intake should be 2000 mg or less (normal daily allowance is 2400 mg per day). It is important to keep a diary and monitor the sodium intake for several weeks. Remember, at least 70% of our salt intake is already in the food. Vestibular sedatives such as Antivert can help the symptoms, but do not get at the root cause of Meniere’s disease.

A diuretic (water pill) will often be prescribed. This medication helps remove sodium and fluid from the body, thus relieving the abnormal build-up of fluid within the inner ear. For persistent episodes of dizziness and/or hearing loss, a short course (10 – 14 days) of a tapering dose of oral steroids such as Prednisone can be given.

Transtympanic Therapies

Steroids such as Decadron can be injected through the ear drum into the middle ear. This is an office procedure and it results in a higher concentration of the steroid medicine in the inner ear than can be achieved by taking the medication by mouth. An injection is usually given weekly for 3 weeks.

If vertigo continues to be a major problem, an injection of Gentamicin through the eardrum can be useful. This injection is performed once per month, for 2 or 3 total injections. Gentamicin is an antibiotic, but it is not treating any infection; rather, its toxicity to the balance nerve is used as a way to diminish the response of that nerve to the inner ear membrane breaks that happen when the fluid over-accumulates. In a sense, it “numbs” the nerve. Usually these injections will provide long-term (years) relief. It should be noted, however, that Gentamicin will not improve the hearing, and, in fact, it has the rare side effect of causing some permanent damage to hearing. It also will usually not improve ringing in the ear (tinnitus).

Surgery

A number of surgeries are also performed for Ménière’s disease. One that we often try initially is an endolymphatic sac decompression. The sac, located in the mastoid bone behind the ear, is responsible for draining the inner ear fluid (endolymph). The surgery is done, therefore, to enhance the drainage and prevent the excess fluid buildup. More aggressive surgeries include a vestibular nerve section and a labyrinthectomy.

Clinical Trials

Last year our Department was the lead institution for a national clinical trial involving a slow-release steroid formulation injected into the middle ear (PR Lambert et al. A Clinical Study of OTO-104 for Patients with Ménière’s Disease. Otology-Neurotology (2012). www.ncbi.nlm.gov/PubMed/22858715. The initial results were very promising. Early in 2013 we will embark on Phase II of this clinical trial. For further information you may contact Shaun Nguyen, MD at 843-792-1356.
Why a Pediatric Hospital?
David R. White, M.D.

This year marks the 25th anniversary of the opening of MUSC Children’s Hospital. During that time, the Children’s Hospital has become nationally recognized for clinical and academic excellence, consistently rated as one of the best Children’s Hospitals in the Southeast. The Children’s Hospital provides outstanding inpatient and outpatient care for children in Charleston area on a daily basis, including access to more subspecialists than any other hospital system in the state. The Department of Otolaryngology (ENT) is proud to partner with the Children’s Hospital to achieve the highest standard of care for children with ear, nose and throat problems. This partnership has contributed to MUSC’s ENT department being recognized by US News and World Report as one of the country’s best sites for ENT care.

So what does a Children’s Hospital provide to your child’s ENT care? Many services used to diagnose and treat ENT problems in children are not available at other facilities in the Charleston area. MUSC Children’s Hospital is home to specialized equipment for hearing tests, sleep disorders, and swallowing problems as well as clinicians with years of additional training directed at the care of children. Common pediatric problems such as ear infections and tonsil problems often lead to recommendations for surgery. While the procedures performed (i.e. ear tubes or tonsillectomy) may be routine, there is no such thing as a “minor” anesthetic or sedation procedure in infants and children. The Children’s Hospital offers pediatric anesthesiologists and pediatric nurses with specialized training who work only with children. Pediatric anesthesiologists spend an additional year of training concentrated entirely on the care of children so that they may provide the safest possible care before, during, and after your child’s trip to the operating room.

MUSC’s pediatric ENT program receives referrals from all over the state for the additional experience and expertise they provide. MUSC’s ENT department is home to widely recognized programs in pediatric hearing problems, pediatric airway/breathing problems, and pediatric speech problems, to name a few. Additionally, MUSC’s ENT doctors participate extensively in pediatric ENT research, with the department publishing studies monthly in the medical literature. The combination of all of these factors allows us to deliver compassionate, cutting edge care to children in the safest possible setting.

David R. White, M.D.
Director, Pediatric ENT
Director, Airway & Aspiration Center for Children

The best Pediatric ENT Care . . . with a gentle touch

Our uniquely-trained Pediatric Ear, Nose and Throat specialists offer comprehensive care for:

- Airway disorders
- Chronic ear infections
- Cleft lip and palate
- Hearing problems
- Hoarseness and vocal disorders
- Masses of the neck and face
- Sinus and nasal disorders
- Sleep apnea and sleep disordered breathing
- Speech disorders
- Swallowing disorders
- Tonsil and adenoid evaluation

Multidisciplinary Pediatric ENT Clinics
- Craniofacial Clinic
- Down Syndrome Clinic
- Evelyn Trammell Institute for Voice and Swallowing
- MUSC Airway and Aspiration Center for Children
- Velopharyngeal Insufficiency Clinic

Multidisciplinary Pediatric Support
- Anesthesiology
- Audiology
- Cardiothoracic surgery
- Gastroenterology
- Pulmonology
- Speech/language pathology

Charleston’s only complete Pediatric ENT care  www.muscENT.org
Multidisciplinary, family-centered care in conjunction with MUSC Children’s Hospital  •  Call 792-3531
Botox is a product commonly used in facial plastic surgery clinics to help people achieve a more youthful and refreshed look by diminishing wrinkles. Below are some of the more frequent questions I am asked when discussing the treatment of wrinkles. Additionally, today there are many types of products available which can make it confusing for the consumer.

What is Botox?
Botox is a brand name for botulinum toxin A. Today there are other competing brands such as Dysport, which is also botulinum toxin A that is made by a different company. Botox has been in existence the longest, which is why we most commonly refer to botulinum toxin A as Botox. Because the measurements that we use for Botox are different than Dysport, it is difficult for the consumer to compare costs. In general the costs are relatively similar.

How does Botulinum toxin work?
Botulinum toxin is purified from a bacteria (similar to antibiotics, which are also purified from a bacteria or fungus). Botulinum is injected into the muscles of the face and specifically binds to the nerve endings of the muscle. Once bound, the botulinum blocks the impulses to the muscle that make the muscle move. As a result the muscle is relaxed or paralyzed temporarily for an average period of 3-4 months.

What is the procedure like and how long does it last?
This procedure can be easily performed in the office. Depending on the areas of the face that are being treated, the number of injections can range from 5 to 20. Each injection lasts for less than a second and feels like a small pin prick. The results are not immediate and usually will slowly start to take effect in 48-72 hrs. The maximal effect of muscle relaxation is usually noted at 14 days. The wrinkles will then stay relaxed for approximately 3-4 months and then gradually return to function.

What is the difference between Botox and fillers?
Botox relaxes muscles and does not allow the muscle to move. Fillers, such as Restylane, Perlane, Juvederm, and Radiesse do not act on the muscles. These products simply are designed to be injected within wrinkles or creases at varying depths in the skin and subcutaneous tissues. The filler then plumps up the wrinkle to lessen deep creases.

Because the mouth is important for expression, speaking and eating, we try not to paralyze muscles around the mouth with the use of botulinum toxin. Instead we use fillers to blunt deep nasal folds and creases around the mouth.

Please visit our website for more information about Drs. Patel and Skoner: www.musc.ENT.org
Chronic sinusitis: When is Surgery Indicated?

Rodney J. Schlosser, M.D.

Evaluation and treatment:
Patients with sinus symptoms, such as nasal congestion, post nasal drip or headache, should be evaluated by an ENT doctor to determine if their symptoms are actually coming from sinusitis or another similar condition, such as allergies, migraine headaches or acid reflux. The evaluation and treatment of sinus patients usually involves nasal endoscopy, examining the inside of the nasal passages with a small telescope and treatment with medications for a minimum of 4 weeks. At the end of that timeframe, if symptoms persist, a CT scan may be obtained. This will give the doctor an idea of the sinus anatomy that may be contributing to the problem and also permits evaluation of areas of the sinuses that are not visible using the endoscope. The diagnosis of chronic sinusitis must be based upon an assessment by your doctor, as other problems can cause symptoms similar to those found with sinus disease. The majority of patients with sinusitis respond the medications and DO NOT require surgery. The MUSC Sinus Center is actively involved in several clinical trials investigating medical treatment of patients with chronic sinusitis.

When is sinus surgery indicated?
Surgery is generally needed for the minority of people with chronic sinus problems who do not respond to medical therapy. When medications fail to work and persistent disease is seen on the CT, surgery is an option. Surgery may be needed if an infected or inflamed area does not clear with medications, the symptoms return when medications such as antibiotics or oral steroids are stopped, or for other reasons. You should discuss your CT and the need for sinus surgery with your doctor.

What is Functional Endoscopic Sinus Surgery (FESS)?
The goal of FESS is to open the sinuses more widely. Normally the openings to the sinuses are long narrow bony channels covered with mucosa or the lining of the sinuses. If this lining swells from inflammation, the sinuses can become blocked, polyps can form and infection and inflammation can develop. FESS removes some of these thin bony partitions and any polyps that are present and creates larger openings into the sinuses.

When is balloon sinuplasty used?
Balloon sinuplasty is a newer technology which uses balloons to stretch and dilate the openings to some of the sinuses, rather than removing tissue. This may be appropriate for some patients with limited inflammation, but is probably not indicated for patients with polyps or scar tissue that must actually be removed.

What can patients expect after FESS?
Most patients do not experience significant pain and are able to return to work in a few days. The MUSC Sinus Center is conducting research using novel intraoperative treatments and dissolvable materials to improve symptoms and outcomes after FESS. After FESS, patients can still develop inflammation from allergies or viruses, but when the sinus lining swells, the sinus should still remain open. This will permit easier treatment of subsequent exacerbations with more rapid resolution and less severe infections. Oftentimes, physicians are able to treat such flare ups with topical medications in sinus irrigations. These medications can now reach the sinuses that were previously blocked by polyps or scar.
What is Snoring?

M. Boyd Gillespie, M.D., M.Sc.

The MUSC Snoring Clinic is a comprehensive, multi-disciplinary clinic designed to serve patients with snoring and sleep apnea. Snoring is the result of turbulent airflow through a partially collapsed airway during sleep. Snoring not only disrupts the sleep of bed partners, it may cause the snorer to have poor sleep, daytime sleepiness, and fatigue. Snoring may also be a sign of a more significant medical disorder such as sleep apnea or cardiovascular disease.

Possible treatments for snoring include behavior modification, medical therapy, and minimally-invasive procedures. Patients are encouraged to exercise and control their weight, stop smoking, and reduce exposure to alcohol and/or other sedatives prior to bed. Medical therapy includes treatments for nasal allergy and acid reflux if present.

Snoring may involve many sites in the airway including the nose, uvula and palate, and tongue. Therefore, patients with snoring require an examination by an experienced doctor in order to determine the likely site of the disruptive sound. Minimally-invasive treatments can reduce snoring by 50% in up to 90% of patients, and completely eliminate snoring in up to 60% of patients. Dr. M. Boyd Gillespie, Director of the MUSC Snoring Clinic, offers several procedures that can be performed under local anesthesia in the office to reduce snoring. Patients with more complex snoring may be fitted with a special oral bite guard fabricated by Dr. Betsy Davis, Director of Maxillofacial Prosthodontics.

Although insurance does not cover snoring therapy, the procedures offered at the MUSC Snoring Clinic are relatively affordable compared to the co-pays for many medical tests and procedures. Many of the treatments cost under $1,000 and can be paid for with funds from pre-tax health spending accounts.

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To make an appointment with the MUSC Snoring Clinic:
Call 843-792-3531  www.muscENT.org
Downtown | Mt. Pleasant | North Charleston

Whether your health needs are routine or complex, you can be assured of receiving exceptional, timely care in one of our four offices, Rutledge Tower, Hollings Cancer Center, MUSC Health East Cooper, and North Charleston Specialty Care. We look forward to serving you with compassion, efficiency and excellence.