

Quarterly Newsletter

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery - Fall 2011, Vol. 46 No. 4



PRESIDENT'S MESSAGE

David D. Gossage, DO

It's hard to believe summer has come to an end and fall is upon us. I hope everyone is doing well and had a wonderful summer. In July, I had the opportunity to attend this year's American Osteopathic Association House of Delegates Meeting in Chicago. Dr. Alvin Dubin and Dr. Carlo DiMarco were also in attendance. This year we welcomed in the new AOA president Dr. Martin Levine who is one of 20 osteopathic physicians in his family. As President of the AOA, he follows in the footsteps of his father, Howard M. Levine, DO, who served as president of the AOA from 1997 to 1998.

The Executive and Finance Committee along with the Board of Governors met this August prior to the Mid-Year meeting in Detroit. Committee reports were made along with other College business was taken care of. Our College is strong and financially sound at present.

What a wonderful mid-year meeting we had in Detroit this year. Dr. James Silone and Dr. Brian Mitchell did an outstanding job in arranging excellent speakers and lecture topics for this year's meeting. What a great opportunity members of the AOCCO-HNS are offered by having an enjoyable, highly informational, and educational meeting along with an opportunity for friends to reunite and catch up on old times. We also had a great turnout from residents and students at this year's meeting. The Council of Residents and Fellows was a huge success and I would like to thank Dr. Matthew Lowrance and Dr. Ryan Palmer for their hard work they have been doing for their fellow residents and students who are interested in ophthalmology and otolaryngology.

As a member and President of the AOCCO-HNS, I would encourage you to become involved in the College at any level. The rewards and opportunities are endless for those who would like to give back to the College. If interested in participating in a committee, just contact your regional representative, the College Office, or myself at eyegoose@yahoo.com.

I am looking forward for all members to attend future mid-year meetings, as well as our Annual Clinical Assembly this spring at the Hyatt Grand Champions, Indian Wells, Palm Desert, California. For those program directors and faculty, don't forget about the Annual Faculty Development Seminar in Orlando, Florida being held on Saturday-Sunday, February 11-12, 2012.

Best Wishes,

David D. Gossage, DO, FAOCO

517-439-2020

Make plans to attend the 96th Annual Clinical Assembly

Being held at the Hyatt Grand Champions Resort in Indian Wells (Palm Springs), California from Wednesday, May 9th through Sunday, May 13th, 2012.

Registration information will be available soon, and will be emailed to the membership, as well as posted on the College website.

Quarterly Newsletter

Fall, 2011 — Vol. 46, No. 4

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Views and opinions expressed in the *AOCOO-HNS Quarterly Report* are not necessarily endorsed by the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery.

Quarterly Report Schedule

SUMMER: copy deadline May 15th
mailing June 15th
FALL: copy deadline August 15th
mailing September 15th
WINTER: copy deadline November 15th
mailing December 15th
SPRING: copy deadline February 15th
mailing March 15th



Alvin D. Dubin, DO, Director of Educational Affairs & EVP Emeritus

The year 2011 is rapidly coming to a close, the days and weeks come cascading to a new year and bring a feeling of “not enough time left to do all that we had planned to do”. And yet, the year was fruitful, and the

chores were many.

Our Colleges were given multiple tasks by the AOA, AAO, AAO-HNS, the US Governmental Agencies, our members, committees, and Board of Governors. By-laws were updated, Basic Documents revised and improved in order to ensure resident training is keeping pace with all current requirements.

Our input on reimbursement issues, practice management style, practice guidelines, CME offerings, and quality training for both the ophthalmology and otolaryngology specialties was appreciated by many of the members who contacted us by way of letters and surveys. Program Directors attended our workshops, and the Council of Regional Representatives and Council of Residents and Fellows were supported by our leaders to continue in their efforts to reach out to our membership in order to encourage greater participation by all and to better serve you.

I would like to share with you some of the meetings that we attended during this past year so that we will be able to develop a true sense of both the needs of various organizations as well as those of our own Colleges.

In February, we went to Orlando, Florida to present the mid-winter meeting of the Colleges, Foundation, and the AOBOO as well.

In mid-February, the AOA Board of Trustees mid-year meeting afforded the opportunity to better understand the AOA point of view in representing its members with regards to political agenda, reimbursement details, developing greater contact with Congressional members, and exploring our point of view in national health care.

We also attended the Bureau of Specialty Societies meeting in February and discussed various areas of concern of the Specialty Colleges. Suggestions were forwarded to the AOA so that these concerns may be reviewed by appropriate committees.

April in Chicago demanded our attendance at the COPT (Committee of Postdoctoral Training), where policy items of the Specialty Colleges were reviewed, as well as the status of our training programs.

In May, we held the Annual Clinical Assembly of the Colleges in Tucson, Arizona, and the surveys taken at that time indicated approval for most of the events, CME courses, and location of the meeting.

July in Chicago took us to the annual Board of Trustees of the AOA and House of Delegates meetings. Over 400 resolutions were reviewed, discussed, and voted upon. The results are published on the AOA website for review.

In August, we held the mid-year meeting of the Colleges in Detroit, and this was the most successful and well-attended mid-year meeting to date. We certainly appreciate the support of the Michigan contingent, as well as others, in such a grand style.

The AAO/HNS meeting was next on the “agenda,” and, for the ENT group, it was a most enlightening meeting for the courses attended, the medical devices demonstrated, and the various seminars given.

The number of required meetings has increased during the past few

years. This is no surprise to you since, I am sure, you have found that the commitments to your own offices and institutions have increased, as well.

It is hoped that this brief review of the year will give you a better awareness of our activities during these past many months. This increased activity necessitates that we all stay informed of current issues and be ready to engage in meaningful discussions when we meet together at various functions during the coming year.

MEMBERSHIP NEWS

Kristin E. Reidy, DO

American Academy of Ophthalmology congressional advocate Kristin Reidy, DO, took advantage of Congress' August recess to continue a conversation with Rep. Martin Heinrich, D-N.M., about key issues facing ophthalmology. Dr. Reidy previously met with Rep. Heinrich in Washington, D.C., during the Academy's Congressional Advocacy Day. Dr. Reidy spoke about the many challenges ophthalmologists encounter, including the need for a permanent Medicare physician-pay fix, and the difficulties of practicing medicine in rural New Mexico.

Kirk W. Steehler, DO

The Millcreek Community Hospital and Dr. Kirk Steehler and family are proud to announce the dedication of the Wallace and Charlotte Steehler Memorial Library in Erie, PA.

ENT NEWS

Reprinted from www.politicsandmedicine.com

Removal of Tonsils, Appendix Linked to Early MI

People who had their tonsils, appendix, or both removed before the age of 20 had a higher risk of acute myocardial infarction before age 40, according to a Swedish population study. When compared with controls and adjusted for parental occupation and parental history of acute myocardial infarction, these patients had a hazard ratio for MI of 1.33 (95% CI 1.05 to 1.70) with appendectomy and 1.44 (95% CI 1.04 to 2.01) with tonsillectomy, Imre Janszky, MD, from the Karolinska Institute in Stockholm, and colleagues found.

Intratympanic Corticosteroid Therapy for Idiopathic Sudden Sensorineural Hearing Loss Proves Non-Inferior to Oral Therapy.

Idiopathic sudden sensorineural hearing loss has been treated with oral corticosteroids for more than 30 years. Recently, many patients' symptoms have been managed with intratympanic steroid therapy. No satisfactory comparative effectiveness study to support this practice exists. The authors sought to compare the effectiveness of oral vs intratympanic steroid to treat sudden sensorineural hearing loss. Prospective, randomized, noninferiority trial involving 250 patients with unilateral sensorineural hearing loss. One hundred twenty-one patients received either 60 mg/d of oral prednisone for 14 days with a 5-day taper and 129 patients received 4 doses over 14 days of 40 mg/mL of methylprednisolone injected into the middle ear. Overall patients with idiopathic sudden sensorineural hearing loss, hearing level 2 months after treatment showed that intratympanic treatment was not inferior to oral prednisone treatment.

Simvastatin and Ginkgo biloba in the treatment of subacute tinnitus

Studies suggest that hypercholesterolemia promotes the development of inner ear disorders such as tinnitus. However, the underlying pathomechanisms are still not clearly defined. A retrospective study was performed to assess whether a reduction of serum cholesterol by 3-hydroxy-3-methylglutaryl coenzyme A reductase inhibitors

may result in a relief of subacute tinnitus. After administration of simvastatin over 4 months, this retrospective study has shown no significant efficacy in treatment of subacute tinnitus. For a more conclusive answer, further prospective, double-blind, and placebo-controlled studies with a larger number of patients are needed.

Obstructive Sleep Apnea Syndrome and Postoperative Complications

This article sought to determine whether high risk scores on preoperative STOP-BANG (Snoring, Tiredness during daytime, Observed apnea, high blood Pressure, Body mass index, Age, Neck circumference, Gender) questionnaires during preoperative evaluation correlated with a higher rate of complications of obstructive sleep apnea syndrome (OSAS). A total of 135 patients were included in the study, of whom 56 (41.5%) had high risk scores for OSAS. The mean (SD) age of patients was 57.9 (14.4) years; 60 (44.4%) were men. Patients at high risk of OSAS had a higher rate of postoperative complications compared with patients at low risk (19.6% vs 1.3%; $P < .001$). Age, American Society of Anesthesiologists class of 3 or higher, and obesity were associated with an increased risk of postoperative complications. On multivariate analysis, high risk of OSAS and American Society of Anesthesiologists class 3 or higher were associated with higher odds of complications.

Sex Practices Driving Surge in HPV-Linked Oral Cancer

Changing sexual practices, including increased oral sex, multiple sex partners, and an early start of sexual activity, are behind an epidemic of oropharyngeal squamous cell carcinoma (OSCC) linked to sexually transmitted human papillomavirus (HPV), according to an article in the November issue of *Emerging Infectious Diseases*.

Propranolol in the therapeutic strategy of infantile laryngotracheal hemangioma

This article conducted a Multicentric, retrospective study of clinical files of 14 children; pre- and post-treatment endoscopies for the preliminary assessment of the efficacy of *propranolol* on subglottic hemangioma in children on a nation-wide scale. The results confirm that *propranolol* has high effectiveness against airways' localization of infantile hemangiomas. *Propranolol* also allows alleviation or cut-off of previous medical treatments. However, recurrences are possible after early treatment interruption.

A case of head and neck cancer metastasizing to the axillary lymph nodes

Introduction Squamous cell carcinoma (SCC) accounts for 95% of all head and neck cancers.¹ Distant metastasis occurs in approximately 8% of these cases.¹ Based on our review of the English-language literature, metastases of head and neck cancers to the axilla are rare, as we found only five such reports involving 10 patients.¹⁻⁵ However, Hoyer et al⁶ reported autopsy evidence of axillary metastasis in 2 to 9% of patients with head and neck cancer, and Kowalski⁷ suggested that this figure may actually be higher because axillary nodes are not routinely dissected at autopsy unless they are clinically palpable. In this article, we describe a new case of head and neck cancer metastatic to the axilla, and we discuss how this case was unique.

Dexamethasone Administration Doesn't Reduce Postoperative Bleeding Risk in Children Undergoing Tonsillectomy

This article assessed whether administration of dexamethasone during tonsillectomy is associated with a dose-dependent increased rate of postoperative tonsillectomy hemorrhage. A retrospective review of 2788 children and adolescents who underwent tonsillectomy with or without adenoidectomy for sleep-disordered breathing or infectious tonsillitis and received perioperative dexamethasone between January 1, 2002, and March 3, 2009. In this observational review of children undergoing tonsillectomy or adenotonsillectomy, perioperative dexamethasone administration is not associated with a dose-dependent elevation of postoperative hemorrhage rates after adjusting for age, sex, primary diagnosis, and surgical technique.

Retropharyngeal and parapharyngeal abscess in children—Epidemiology, clinical features and treatment

This article sought to describe the clinical presentation, diagnosis, management and complications of children with retropharyngeal abscesses (RPAs) and parapharyngeal abscesses (PPAs). It was found that children with RPA most commonly present with restricted neck movements, fever and cervical lymphadenopathy, and rarely with respiratory distress or stridor. Many patients with RPA and PPA can be treated successfully without surgery. CT scans are helpful in diagnosing and assessing the extent of the infection, but they are not always accurate.

Magnetic resonance imaging screening in acoustic neuroma

Magnetic resonance imaging (MRI) is the definitive investigation for detection of an acoustic neuroma. It is however an expensive resource, and pick-up rate of a tumor can be as low as 1% of all patients scanned. This study aims to examine referral patterns for MRI screening for patients presenting with asymmetrical sensorineural hearing loss (ASHL). A second aim was to suggest appropriate screening criteria. Overall two acoustic neuromas were picked up out of 132 scans performed. Of the scans performed for ASHL, a third did not fit with any of the published criteria. Of the 30 positive scans for a tumor, the patients/audiograms revealed that 10% did not fit the published criteria despite the patients having no other audiovestibular symptoms. There appears to be no universally accepted guidelines on screening in ASHL with clinical acumen being used by most ENT consultants in this region. Applying protocols may reduce the amount of scans performed, but up to 10% of tumors may be missed by this approach.

Prevalence and Characteristics of Tinnitus among US Adults

Tinnitus is common; however, few risk factors for tinnitus are known. This article examined cross-sectional relations between several potential risk factors and self-reported tinnitus in 14,178 participants in the 1999-2004 National Health and Nutrition Examination Surveys, a nationally representative database. Approximately 50 million US adults reported having any tinnitus, and 16 million US adults reported having frequent tinnitus in the past year. The prevalence of frequent tinnitus increased with increasing age, peaking at 14.3% between 60 and 69 years of age. Non-Hispanic whites had higher odds of frequent tinnitus compared with other racial/ethnic groups. Hypertension and former smoking were associated with an increase in odds of frequent tinnitus. Loud leisure-time, firearm, and occupational noise exposure also were associated with increased odds of frequent tinnitus. Among participants who had an audiogram, frequent tinnitus was associated with low-mid frequency and high frequency hearing impairment. Among participants who were tested for mental health conditions, frequent tinnitus was associated with generalized anxiety disorder.

Acute otitis media: To follow-up or treat?

Acute otitis media (AOM) is the most common diagnosis for which antibiotics are prescribed in children. However, due to their widespread use, we are witnesses to increased development of bacterial resistance to antibiotics. The purpose of this study was to evaluate the necessity of antibiotic treatment in patients with AOM. After symptomatic therapy, resolution of the disease, without use of any antibiotics, was established in 61% of patients, compared to the overall sample of children with AOM. None of the children developed complications that would require surgical treatment. In the second group of children, receiving antibiotics, almost the same therapeutic effects (80%) were achieved with the use of amoxicillin, amoxicillin-clavulanate and cefixime, while the worst results were obtained after using azithromycin. The wait-and-see approach is recommended in forms of AOM without serious signs and symptoms, because it significantly reduces the use of antibiotics and their potential adverse effects.

Acute dysphonia secondary to vocal fold hemorrhage after vardenafil use

Introduction Phosphodiesterase-5 inhibitors have become an increasingly popular class of medications for the treatment of erectile dysfunction. These medications dilate the penile blood vessels and cause prolonged erections. While these agents are effective in treating impotence, a number of side effects have been reported as a result of their use and misuse. Among these complications are epistaxis, esophageal variceal hemorrhage, intracranial hemorrhage, and hemorrhoidal bleeding.¹⁻⁵ We report a case of a vocal fold hemorrhage associated with the casual use of vardenafil in a 31-year-old man

Use of Botulinum Toxin Type A for Chronic Cough

An article in the Archives of Otolaryngology reviewed the experience and outcomes of a novel use of botulinum toxin type A (BtxA) in the treatment of chronic cough. In the study all patients had significant relief of cough after BtxA injection, with complete resolution after a median of 7 injections (range, 4-16), using a mean dose of 4.0 U (range, 1.0-10.0 U) per treatment session for a mean duration of 25.7 months. According to this article, this is the first reported series in the literature of the use of BtxA in the treatment of chronic cough in adults. Further research and long-term follow-up are warranted, but BtxA is effective in directly decreasing laryngeal hypertonicity and possibly reducing neurogenic inflammation and neuropeptide-mediated cough. Botulinum toxin type A can be considered for the treatment of chronic cough refractory to other medical therapies.

High-resolution ultrasound in the evaluation and prognosis of Bell's palsy

Bell's palsy is a commonly encountered paralysis of the facial nerve occurring worldwide. Prognosis for Bell's palsy is good, but the proportion of patients with poor outcomes may reach 30%. Ultrasound (US) may provide a novel approach for evaluating and prognosticating Bell's palsy, in comparison with known electrophysiological techniques. A study out of the European Journal of Neurology measured the diameter of the distal facial (VII) nerve using US in patients with Bell's palsy treated with prednisolone, in comparison with healthy controls. Overall it was found that the diameter of the distal VII nerve is a good predictor of favorable (positive predictive value: 100%) and bad outcomes (negative predictive value: 77%) in Bell's palsy at 3 months after clinical presentation. US was also found to be superior to VII nerve conduction and blink reflex studies in outcome prediction. For More News Visit our [ENT ARCHIVES](#)

Ophthalmology NEWS

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Age-Related Macular Degeneration and the Risk of Stroke

Age-related macular degeneration (AMD) and stroke are both frequent diseases in the elderly. A link between AMD and stroke has been suggested, because both disorders have many risk factors in common. The aim of this study was to investigate the association between AMD and stroke and the subtypes cerebral infarction and intracerebral hemorrhage in the general elderly population. This study was part of the population-based Rotterdam Study and included 6207 participants aged ≥ 55 years who were stroke-free at baseline (1990 to 1993). During a median follow-up of 13.6 years, 726 participants developed a stroke (397 cerebral infarction, 59 intracerebral hemorrhage, 270 unspecified). Late AMD was associated with an increased risk of any stroke due to a strong association with intracerebral hemorrhage. In contrast, late AMD was not associated with cerebral infarction. Earlier AMD stages were not associated with risk of stroke or any of its subtypes. After data analysis it was found that late AMD is strongly associated with intracerebral hemorrhage, but not with cerebral infarction, in the general elderly population.

Use of Infliximab in the Treatment of Peripheral Ulcerative Keratitis in Crohn Disease

The authors of this article sought to test the effectiveness of infliximab in the treatment of peripheral ulcerative keratitis (PUK) associated with Crohn disease. In this small Retrospective, interventional case series Infliximab produced a rapid, dramatic, repeatable suppression of corneal inflammation, pain, and keratolysis in PUK associated with Crohn disease. Although the effect of long-term therapy with these agents is unknown, infliximab should be considered in patients with Crohn-associated PUK not amenable to traditional therapy. Larger prospective studies are needed to determine the efficacy of infliximab in this aggressive disease entity.

Nearsightedness linked to Glaucoma

People who are nearsighted may be nearly twice as likely to also develop glaucoma, a leading cause of blindness, according to a new study that summarizes earlier research. More than two million Americans over 40 have been diagnosed with the eye disease, which is becoming increasingly expensive to treat. According to one expert, the findings mean nearsighted people -- a third of all Americans -- may want to undergo regular eye screening. "A conclusion might be that persons with high myopia should have regular ophthalmic examinations," Dr. Barbara Klein of the University of Wisconsin-Madison, who worked on one of the studies included in the new review, told Reuters Health.

AMD Drug Study Sparks Concerns

The study that put bevacizumab (Avastin) and ranibizumab (Lucentis) into a dead heat for treating "wet" age-related macular degeneration (AMD) did not assure that the pricier drug would be out of contention or that the lower-cost one is a winner. In fact, the American Academy of Ophthalmology (AAO) reacted cautiously to the study, which was released Thursday. Although the yearlong, head-to-head trial found that the two drugs were essentially equal in their effects on visual acuity, ranibizumab showed an advantage for one surrogate efficacy

endpoint and in the rate of serious systemic adverse effects. But because bevacizumab's price tag is about 40 times lower than that of ranibizumab for intravitreal dosing, many ophthalmologists have already been recommending the less expensive drug.

Retinal Venular Diameter as an Early Indicator of Progression to Proliferative Diabetic Retinopathy

This article sought to examine the relationship between retinal arteriolar and venular diameter and the 6-year progression of diabetic retinopathy (DR) in African Americans with type 1 insulin-dependent diabetes mellitus. Overall it was found that larger retinal venular diameter is an independent and early indicator of progression to either PDR or PDR with high-risk characteristics in African Americans with type 1 diabetes mellitus.

Natural History of Visual Outcome in Central Retinal Vein Occlusion

This article investigated systematically the natural history of visual outcome in central retinal vein occlusion (CRVO). Of the eyes first seen within 3 months, visual acuity was 20/100 or better in 78% with nonischemic CRVO and in only 1% with ischemic CRVO ($P<0.0001$), and visual field defects were minimal or mild in 91% and 8%, respectively ($P<0.0001$). Final visual acuity, on resolution of macular edema, was 20/100 or better in 83% with nonischemic CRVO and in only 12% with ischemic CRVO ($P<0.0001$), and visual field defects were minimal or mild in 95% and 18%, respectively ($P<0.0001$). This article shows a clear differentiation of CRVO into nonischemic and ischemic types, based primarily on functional criteria, is crucial and fundamental in determining visual outcome. Visual outcome is good in nonischemic CRVO and poor in ischemic CRVO.

Party 'Popper' Drugs Damage Eyes

Experimenting with "poppers" -- inhaled alkyl nitrates used as recreational drugs -- can cause lasting retinal damage, ophthalmologists warned. Four cases over a three-month period in France were reported in a letter to the editors appearing in the Oct. 14 issue of the *New England Journal of Medicine*. The prolonged visual loss likely resulted from damage to foveal photoreceptors by the acute, massive release of nitric oxide from the drugs, Michel Paques, MD, PhD, of the Quinze-Vingts Hospital in Paris, and colleagues wrote.

Orbital steroid injection is as effective as oral steroid therapy in management of thyroid-related ophthalmopathy

The aim of this study was to evaluate the efficacy, safety and complications of orbital steroid injection *versus* oral steroid therapy in the management of thyroid-related ophthalmopathy. This study showed that orbital steroid injection for thyroid-related ophthalmopathy is effective and safe. It eliminates the adverse reactions associated with oral corticosteroid use.

Hypothyroidism and the Risk of Developing Open-Angle Glaucoma

This article investigated the risk of open-angle glaucoma (OAG) after a diagnosis of hypothyroidism through a retrospective, population-based follow-up study. It was found that open-angle glaucoma developed in 7.4% of patients with hypothyroidism and 3.8% of patients in the comparison cohort during the follow-up period. Hypothyroid patients had a significantly lower 5-year OAG-free survival rate than patients in the comparison cohort. This association remained significant in untreated hypothyroidism patients and became statistically nonsignificant in patients treated with levothyroxine.

Alcohol consumption shows association with decreased visual acuity in diabetics

This article investigated the association between alcohol consumption and diabetic retinopathy and deterioration of visual acuity in individuals with Type 2 diabetes. A cohort analysis of 1239 participants with Type 2 diabetes aged 55–81 years enrolled in the AdRem study, a sub-study of the Action in Diabetes and Vascular Disease: Preterax and Diamicon MR Controlled Evaluation (ADVANCE) trial. Current and past consumption of wine, spirits and beer was measured by self-report. Moderate and heavy alcohol consumption was defined as 1–14 and > 14 drinks/week, respectively. Diabetic retinopathy, measured by mydriatic stereoscopic seven-field retinal photography, was defined by a 2-step progression in the Early Treatment of Diabetic Retinopathy Study (ETDRS) score or the presence of any retinal vascular lesions. Deterioration of visual acuity was defined by a decrease of two lines in best vision in either eye, measured corrected, or through a pinhole using a Snellen chart. This article showed that current moderate consumption of alcohol, compared with no current consumption, was not associated with presence or progression of

diabetic retinopathy; however, it was associated with higher risk of deterioration of visual acuity.

Erythropoietin and soluble CD44 levels in patients with primary open-angle glaucoma

This article sought to investigate the levels of erythropoietin (EPO) and soluble CD44 (sCD44) in the aqueous and plasma of human eyes with primary open-angle glaucoma (POAG), and to correlate their concentration with severity of glaucoma. It found that increased levels of aqueous EPO and sCD44 may be associated with POAG. In addition, EPO and sCD44 may be useful proteins levels in aqueous of POAG patients as a result of glaucoma damage and not a cause. EPO and sCD44 concentrations in aqueous are a possible biomarkers for visual field loss in patients with POAG.

Levodopa-carbidopa May Improve Vision loss in Indirect Traumatic Optic Neuropathy

To compare the effect of levodopa-carbidopa on the visual outcome of patients with indirect traumatic optic neuropathy (ITON), this randomized, double-blind, placebo-controlled study was conducted on 32 patients with ITON within 6 days after trauma. In the levodopa group the visual acuity improved significantly after treatment, but not in the placebo group. In those who had visual acuity \leq figure count, significant improvement in the visual acuity was observed in the levodopa group but not in the placebo group. However, the final visual acuity in these patients was comparable after treatment ($p=0.21$). Nine patients (56.2 %) in the levodopa group and 1 (10%) in the placebo group experienced improvement in visual acuity ($p=0.02$). The frequency of unrecordable PVEPs were comparable in both groups ($p=0.09$). Patients treated with levodopa within 6 days of onset of ITON were more likely to experience improvement in visual acuity than those in the placebo group.

Local Intra-arterial Fibrinolysis in Central Retinal Artery Occlusion versus Conservative Treatment Doesn't Show Benefit

The reported outcomes of central retinal artery occlusion (CRAO) with or without treatment vary considerably. Although local intra-arterial fibrinolysis (LIF) using recombinant tissue plasminogen activator (rtPA) is a promising treatment, outcomes have not been compared in randomized trials. This Prospective randomized multicenter clinical trial (the European Assessment Group for Lysis in the Eye Study) to compare treatment outcome after conservative standard treatment (CST) and LIF for acute nonarteritic CRAO. In light of these 2 therapies' similar outcomes and the higher rate of adverse reactions associated with LIF, we cannot recommend LIF for the management of acute CRAO.

Comparison of Natamycin and Voriconazole for the Treatment of Fungal Keratitis

An article out of the Archives of Ophthalmology conducted a therapeutic exploratory clinical trial comparing clinical outcomes of treatment with topical natamycin vs topical voriconazole for fungal keratitis. There were no significant differences in visual acuity, scar size, and perforations between voriconazole- and natamycin-treated patients with a trend toward scraping being associated with worse outcomes.

The Correlation Between Visual Acuity and Color Vision as an Indicator of the Cause of Visual Loss

This article explored the correlation between visual acuity (VA) and color vision and to establish a guide for the diagnosis of the cause of visual loss based on this correlation. total of 259 patients with visual impairment caused by 1 of 4 possible disease categories were included. Patients were divided into 4 groups according to the etiology of visual loss: 1) optic neuropathies, 2) macular diseases, 3) media opacities, and 4) amblyopia. This study found that diseases of the optic nerve affect color vision earlier and more profoundly than other diseases. When the cause of visual loss is uncertain, the correlation between the severity of color vision and VA loss can imply the possible etiology of the visual loss.

Ranibizumab for Macular Edema following Central Retinal Vein Occlusion

An article in this month's Journal of Ophthalmology assessed the efficacy and safety of intraocular injections of 0.3 mg or 0.5 mg ranibizumab in patients with macular edema after central retinal vein occlusion (CRVO). This prospective, randomized, sham injection-controlled, double-masked, multicenter clinical trial included a total of 392 patients with macular edema after CRVO. The primary efficacy outcome measure was mean change from baseline best-corrected visual acuity (BCVA) letter score at month 6. Secondary outcomes included other parameters of visual function and central foveal thickness (CFT). Mean change from baseline BCVA letter score at month 6, was

better in the ranibizumab groups than in the sham group. The percentage of patients who gained ≥ 15 letters in BCVA at month 6 was 46.2% (0.3 mg) and 47.7% (0.5 mg) in the ranibizumab groups and 16.9% in the sham group ($P < 0.0001$ for each ranibizumab group vs. sham). At month 6, significantly more ranibizumab-treated patients (0.3 mg = 43.9%; 0.5 mg = 46.9%) had BCVA of $\geq 20/40$ compared with sham patients (20.8%; $P < 0.0001$ for each ranibizumab group vs. sham). The median percent reduction in excess foveal thickness at month 6 was 94.0% and 97.3% in the 0.3 mg and 0.5 mg groups, respectively, and 23.9% in the sham group. Intraocular injections of 0.3 mg or 0.5 mg ranibizumab provided rapid improvement in 6-month visual acuity and macular edema following CRVO, with low rates of ocular and nonocular safety events.

Cost Benefit of Treating Ocular Hypertension Questioned

Treating people who are at low risk for glaucoma for ocular hypertension is not cost-effective unless they have a life expectancy of at least 18 additional years, according to research published in the May issue of the *Archives of Ophthalmology*. Steven M. Kymes, Ph.D., of Washington University in St. Louis, and colleagues used a Markov simulation model to estimate both costs and benefits of treating a patient with ocular hypertension over his remaining lifespan. The influence of age at the initiation of treatment, as well as the influence of predicted remaining lifespan were evaluated.

Twelve-Month, Randomized, Controlled Trial of Bimatoprost 0.01%, 0.0125%, and 0.03% in Patients with Glaucoma or Ocular Hypertension

An article in this month's *American Journal of Ophthalmology* evaluated the intraocular pressure (IOP)-lowering efficacy and safety of ophthalmic formulations of bimatoprost 0.01% and 0.0125% compared with bimatoprost 0.03%. Overall it showed that Bimatoprost 0.01% was equivalent to bimatoprost 0.03% in lowering IOP throughout 12 months of treatment and demonstrated improved tolerability, including less frequent and severe conjunctival hyperemia. Bimatoprost 0.01% demonstrated a better benefit-to-risk ratio than bimatoprost 0.0125%.

Myopic Eyes Less Likely to Have Diabetic Retinopathy

Eyes with myopia may be less likely to develop diabetic retinopathy (DR). The relationship between refractive error, ocular biometry, and DR therefore was investigated in the *Journal of Ophthalmology* that showed Myopic refraction and longer Axial Length are associated with a lower risk of DR, particularly vision-threatening retinopathy, without any evidence of a threshold.

Eye test that spots Alzheimer's 20 years before symptoms

It exploits the fact that the light-sensitive cells in the retina at the back of the eye are a direct extension of the brain. Using eye drops which highlight diseased cells, the UCL researchers showed for the first time in a living eye that the amount of damage to cells in the retina directly corresponds with brain cell death. They have also pinpointed the pattern of retinal cell death characteristic of Alzheimer's. So far their diagnosis has been right every time.

Idiopathic Intracranial Hypertension Is Associated with Lower Body Adiposity

The disease commonly occurs in women who are overweight. The role of obesity in this disorder is unclear. In some instances, obesity and idiopathic intracranial hypertension may be familial. To characterize the obesity phenotype(s) in 44 patients with idiopathic intracranial hypertension (IIH). This study showed that In IIH, fat tends to preferentially accumulate in the lower body relative to other obese women of the same range. Whereas most complications of obesity, such as hypertension, diabetes, dyslipidemia, and the metabolic syndrome, are linked to upper body adiposity, IIH may represent a unique condition potentially induced by nonvisceral fat-related mechanisms.

The Association of Smoking and Alcohol Use With Age-related Macular Degeneration in the Oldest Old

A study to estimate the incidence of age-related macular degeneration (AMD) and the association of smoking and alcohol in a population of older women was conducted. After confounder adjustment, alcohol consumption was significantly associated with an elevated risk of incident early AMD (odds ratio [OR], 1.57; 95% CI, 1.18 to 2.11). There was an increased risk of early AMD among subjects aged 80 years or older who were smoking compared to those younger than 80 years who were not smoking (OR, 5.49; 95% CI, 1.57 to 19.20; P for interaction = .026).

Ophthalmology Opportunities

COLORADO

- Established Ridgway, CO integrative medical clinic seeks doctors/practitioners to compliment our coalition of independent professionals offering comprehensive, personalized, holistic healthcare. Stellar reputation, spectacular setting, superb quality of life—973-626-9877.

KENTUCKY

- Excellent opportunity to join a solo ophthalmologist desiring to slow down. Opportunity for partnership after one year. Competitive salary and benefit package. Brand new office equipment. New office building. Associate with optometrist. New hospital with state-of-the-art outpatient surgery. Call Dr. Kay Hazelett 606-424-8721.

FLORIDA

- Multi-specialty practice in South Florida looking for a full-time cornea/general surgeon. Well-established practice with multiple locations in Dade and Broward Counties with top-notch equipment and staff. Competitive 401K plan with employer match and healthcare benefits. South Florida offers a high quality of living with ample recreational activities and great weather. Interested individuals should fax a CV and cover letter to 305-442-1498 or email to eyeseedoc@gmail.com.

NEVADA

- Established otolaryngology/ophthalmology practice seeking BC/BE ophthalmologist to compliment group. The practice has three state-of-the-art offices in Henderson and Southwest Las Vegas Valley. All offices are located in community-oriented, high profile areas with one of the offices adjacent to the Seven Hills Surgery Center, and the new Southwest office located next to the new Southern Hills Hospital. Practice partnership and ASC opportunities available. Contact Judy Duncan at jduncan@nveyepa.com or 702-492-6928.

OHIO

- Excellent anterior segment/glaucoma surgeon needed for group practice in Maumee, OH. Practice in a new state-of-the-art facility and ambulatory surgery center with all amenities. Salary plus incentive with buy-in after two years. Send CV to Ronald M. Kendrick, DO, 3509 Briarfield Blvd., Maumee, OH 43537. Phone 1-800-782-9214, FAX 419-865-3451.

PENNSYLVANIA

- Excellent anterior segment/glaucoma surgeon needed for group practice in Maumee, OH. Practice in a new state-of-the-art facility and ambulatory surgery center with all amenities. Salary plus incentive with buy-in after two years. Send CV to Ronald M. Kendrick, DO, 3509 Briarfield Blvd., Maumee, OH 43537. Phone 1-800-782-9214, FAX 419-865-3451.

- A unique opportunity to join a group of established ophthalmologists in a practice with multiple locations in eastern Pennsylvania. Affiliate yourself with one of the largest practices in eastern PA with a solo practice ideal. Join a multi-specialty practice w/ retina, glaucoma, refractive, and neuro-ophthalmology members. This is a partnership track position with a competitive salary guarantee and unsurpassed benefit package. State of the art equipment is available including OCT, HRT, digital FA, VF, and full EMR. Two major hospital systems with level one trauma and/or involvement in the largest ASU east of the Mississippi. The practice is supported by an incredible staff, many of whom have been there ten to twenty years or more. The area boasts a warm, family style atmosphere where patient care is the priority. Located within 60-90 minutes of both Philadelphia and New York, the area offers a great, safe place to raise a family and to enjoy just about any activity that a small, medium, and large city have to offer. The ability to settle in a town of 5,000 with access to the city life of millions; or, put down roots in the heart of a larger growing area that has just added a successful Triple A baseball team. The perfect candidate is a general ophthalmologist with a passion to become part of a great team! Please call Rosanne @ 610-437-4988 for more information, or email CV to eyedoc@center4sight.com

WEST VIRGINIA

- Glaucoma specialist wanted. Join a team of two ophthalmologists and one optometrist bringing high quality care to southern West Virginia. Best equipment available. Starting salary up to

\$250,000.00. Shape your own practice, but surgical opportunities are limited only by your skills. Contact mkrasnow@marshall.edu or call Bettie Chapman at 304-697-0393.

WASHINGTON

- OPH wanted in beautiful Washington state. Opportunity for someone interested in aggressively expanding a practice, or someone interested in working full-time and sharing the practice. A new DO medical school is being built in Yakima. There is opportunity for any level of participation. Hospital-owned ASC with all new equipment. Call Dr. Leo Figgs at 509-952-8545.

Ophthalmology Fellowship MARYLAND

- NRI fellowship program at the National Retina Institute offering hands-on opportunities to hone diagnostic and surgical skills as a vitreoretinal specialist with a large patient base in the Baltimore-Washington-Virginia area. Contact Ruth Zeller via rzeller@bmgri.com or call 443-921-4154.

OHIO

- Refractive fellowship position available, LASIK Plus, Cincinnati, OH. Contact Vincent Marino, DO at 513-652-9585 or email marino@fuse.net.

NEW LOCATION

- University Eye Surgeons has moved: 5187 US Rt. 60, Suite 6, Huntington, WV 25705—304-691-8800. Have 10,000 sq. ft. including two surgery suites, 11 exam lanes and the most up-to-date technology. The staff includes three ophthalmologists and one optometrist. Dr. Parveen Nagra is subspecialty trained in cornea, and Dr. Krasnow is fellowship trained in glaucoma. University Eye Surgeons is a division of Marshall University School of Medicine. Students are welcome to rotate in this facility.

Otolaryngology Opportunities

ALASKA

- ENT wanted. Kenai Peninsula, SW of Anchorage. Excellent salary and benefits. Call or email: James Zirul, DO, 220 Spur View Drive, Kenai, AK 99611 at 907-283-5400 or email jzirul@acsalaska.net.

ARIZONA

- 320 days of sunshine per year! Become part of a busy, expanding otolaryngology/head and neck/facial plastic surgery practice with full audiology services in the metropolitan Phoenix area. Seeking a BC/BE associate with early partnership opportunity to join our successful team. Competitive salary and benefits. Attractive lifestyle. Please contact Dr. David Mendelson at 480-894-5550 or fax CV to 480-894-9469 or send email to info@entsoa.com.

CALIFORNIA

- Santa Barbara, CA—Unique opportunity in private practice for well-trained BE/BC physician in general otolaryngology or subspecialty in this premier coastal community, north of Los Angeles. Office is fully equipped. Includes audiology, sounds booths and HAD department. Adjacent to Outpatient Surgi-Center and area's major hospital. For more information contact: Joseph Di Bartolomeo, MD, 2420 Castillo Street, Santa Barbara, CA, (805) 563-1111, fax (805) 563-2277, email: earfdn@aol.com.

COLORADO

- Established Ridgway, CO integrative medical clinic seeks doctors/practitioners to compliment our coalition of independent professionals offering comprehensive, personalized, holistic healthcare. Stellar reputation, spectacular setting, superb quality of life—973-626-9877.

FLORIDA

- Central Florida otolaryngology group is recruiting BC/BE otolaryngologist to join rapidly expanding practice. Two clinic sites, Leesburg and The Villages, and our main OR site has accreditation from AAAASF. We have four BC ENT physicians, one of which is BC in facial plastic & reconstructive surgery. We have an allergy department, complete audiology services with two doctors of audiology and a BC hearing aid specialist on staff, plus electronic medical records. We offer good schools with a suburban lifestyle in beautiful Lake County. Excellent salary with partnership anticipated. Contact info: michelle.lakeent@earthlink.net or call 352-728-2404.
- ENT job opportunity located in Ocala, FL, one hour north of Orlando. Practice is looking for BC/BE general ENT/facial plastic surgeon to join

group of three general ENTs. Contact Dr. Scott Nadenik at cellular 352-274-1570.

- Sunshine, beaches, boating, and a GREAT opportunity. Busy solo ENT looking for a BC/BE ENT to join state-of-the-art practice. EMR, CT scanner, audiology/sound booths and fully-equipped Med-Spa already established. Fast track partnership available. Competitive salary + bonuses + benefits package. New graduates welcomed. Please send CV to toddparnes@gmail.com.

GEORGIA

- General ENT needed in Atlanta. Immediate opening or 2010 position. Private practice in two-person group. Full benefit package. ER call 1:5 weeks. Fax resume to Hailey McIntyre at 678-838-7454.
- Solo practitioner seeking associate for busy practice. Practice has 2 AUDs, 2 aestheticians and an accredited surgical center in house. Also have in house CAT scan and ultrasound etc. Please contact A. Daniel Toland, DO, at 478-808-6971 or dantoland@cox.net.

MASSACHUSETTS

- Work in the heart of beautiful New England. Extremely busy practice in north central Massachusetts seeking associate. Currently one physician doing all aspects of general ENT. Shared call with three others. Community hospitals. This is an excellent opportunity in proximity to mountains, beaches, and Boston. Contact Dr. Daniel Ervin at (978) 874-7368.

MICHIGAN

- Northwest Michigan practice opportunity. A busy two-physician practice seeking BC/BE ENT to join practice affiliated with two community-based hospitals. For further information, contact Andrew Mendians, DO at 231-843-6557 or mendians@voyager.net.

- Wanted: ENT associate to join busy two-office practice with 1:6 call. Unique opportunity for new graduate to work into a busy practice with fast track to partnership. In mid-Michigan with easy access to northern Michigan outdoor activities. Contact R. Borenitsch, DO at rborenitsch@hotmail.com.

- Detroit Medical Center is looking for a general otolaryngologist. Large referral base, major urban academic medical center, new residency program for support. If interested, please contact Dr. David N. Madgy at 313-745-5402.

- Wanted ENT associate to join busy 2 man practice in the Warren and Mount Clemens area. Residency program for support. If interested, please contact Dr. Michael Sherbin or secretary Angie at 856-463-5831.

OHIO

- Seeking an otolaryngologist for position/ownership in an established practice located in Troy, OH. The practice has a well-established facial plastics base. The practice has been in this location 20+ years. If interested, please contact Deborah or Georgia at 937-335-7278 or fax to 937-335-1783.

- ENT BC/BE needed in Newark, OH thirty minutes east of Columbus. Need an additional solo practice physician, 167 hospital undergoing continual upgrading. Additional information can be obtained by calling Michael Ehler at 740-788-6010.

- Fabulous opportunity. 36-year-old otolaryngology practice in Stark County, OH offering excellent salary benefit. Office fully equipped for allergy and audiology. If interested, please contact Dr. George Vogelgesang at 330-837-3559 or email drqvw@hotmail.com.

- Excellent opportunity to become part of a thriving ENT practice in Cincinnati. Seeking BC/BE associate to join busy practice. Exceptional earning potential and early partnership opportunity. Large referral base. Two base offices with two satellites. Office fully equipped and two full-time audiologists on staff. Contact Beth Sears at 513-891-8700 or email bsears@montgomeryent.com.

- Excellent opportunity in the friendly Midwest for a BC/BE otolaryngologist. Immediate opportunity for a well-established, thriving two-physician MD/DO practice. Full scope of general ENT and hearing aid dispensing. Extraordinary benefits package, highly competitive salary, early partnership opportunity, ASC ownership available, income is unlimited. Email CV to Karen Brown at karen.brown@khnetwork.org or call 800-891-0102. Or contact Gordon Katz, DO at 937-416-1806.

OKLAHOMA

- ENT attending physicians needed. Sign on bonus, salary income guarantee, one hospital coverage, working with Oklahoma State University Medical Center residents. Please call for details: Dr. Sammy Worrall at 918-527-4673; Dr. Mindi Bull at 918-361-4877; Dr. Richard Huffaker at 918-408-5194.

PENNSYLVANIA

- Suburban Philadelphia. Four-physician otolaryngology practice looking for highly motivated ENT. Practice includes all phases of otolaryngology, head and neck surgery, otology and allergy. Competitive salary, bonus and benefits, partnership track. Contact Benjamin Chack, DO at 215-280-6993.

- Premier Southeastern PA private practice of 4 physicians and 2 PAs seeking BC/BE otolaryngologist starting in 2010. Attractive salary and benefits package, early partnership opportunity and generous loan repayment offered. Comprehensive range of ENT-head and neck surgical services, separate allergy suite, 4 office locations, speech therapy, specialty audiology testing and hearing aid dispensing distinguish our practice in the community. Please direct your letter of interest and CV to: practice_mgr@earthlink.net.

WASHINGTON

- Practice opportunity in the beautiful Northwest. Seeking associate in general ENT and proficiency/interest in FPS, otology and allergy desirable. New osteopathic medical school opened in fall 2008 with op. for ENT academic position in addition to private practice. Merged two separate ENT groups in 2008 to form a single group in that serves 300K regional patient draw with a current ENT manpower shortage. Strong and respected DO community, two hospitals and two ASCs. Contact: Palmer Wright, DO, 3999 Englewood Ave. #201, Yakima, WA 98902 at 509-453-5300 or email palmer@yvnm.com.

Otolaryngology Fellowships FLORIDA

- One-year clinical fellowship in otology-neuro-otology starting July 1, 2011 at the Ear Research Foundation/Silverstein Institute, Sarasota, FL. Hands-on surgery, research and patient care including chronic ear cases and surgeries, otosclerosis surgery, Meniere's disease, minimally invasive surgery, cochlear implants, implantable hearing devices, and acoustic tumors. Large temporal bone lab and medical library. Contact Herbert Silverstein, MD at jmoss@earsinus.com.

MICHIGAN

- Training program in otolaryngic allergy as a one-year continuous, or two-to-three-year interrupted, program at St. John Oakland Hospital in Madison Heights, MI under the direction of Ted Schwartzfeld, DO. This program became effective July 1, 2001 and is approved by the AOA for three positions. To be eligible, the candidate must be certified in otolaryngology. For further information, please contact Dr. Schwartzfeld at 248-541-0100 or email entrock@aol.com.

- Pediatric otolaryngology fellowship available July 2008 at Children's Hospital of Michigan in Detroit, MI. Please contact Dr. Michael Haupert or Dr. David Madgy at 313-745-5402.

NEED MEDICAL DIRECTOR

- Specialty medical clinic in Southlake (Trophy Club), TX is seeking a compassionate board certified otolaryngologist to serve as the clinic's medical director. This is an excellent opportunity to practice and represent an innovative vision of patient advocacy in one of Texas' premier communities. The position offers competitive salary plus performance incentive, \$300,000+ annual income potential, no call, no weekends, full benefits package, excellent hours to ensure quality of life for you and your family, specialty care practice, focus on patient care, state-of-the-art equipment and facility, verifiable need. Interested candidates should call Steve Orlando at 512-351-4747 or send your CV via fax to 512-338-0083 or via email to steve@neurosensorycenters.com.