

# Quarterly Newsletter

American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery - Winter 2011-2012, Vol. 47 No. 1



## PRESIDENT'S MESSAGE

*David D. Gossage, DO*

Waking up this morning and seeing six inches of fresh snow on the ground makes me realize winter is upon us and the year is coming to a close. With the New Year comes again an uncertainty as to where medicine is heading and how the government will direct the practice of medicine. As physicians, we still have no SGR fix and face almost a 30% fee reduction from Medicare in the year to come. We all became physicians to help and care for our patients. However, these reductions in Medicare may ultimately lead to a decrease in participating Medicare physicians causing a decrease in access to care for millions of our seniors. As you are aware, many private insurers will also follow the path Medicare takes and reduce their reimbursements as well. This domino effect may end the way we practice medicine in the future. I urge everyone to contact your Congressman and Senators and tell them it is time to fix the SGR and to stop the physician fee reduction, which could have an enormous impact on our Medicare patient population. As ophthalmologists and otolaryngologists, we may be a small specialty within the house of medicine, but collectively we can raise our voice and be heard by those who make the decisions in Washington.

On a more positive side, the Board and its committees continue to work hard at establishing strong academic programs, conferences, and member services to further the value of our College to its members. I am looking forward to some great academic conferences this next year. In February, the Fifth Annual Faculty Development Meeting will be held in Orlando. This is a great opportunity for the faculty who donate their time and energy to residency education to meet and discuss various topics in residency education. This program is also well suited for those interested in starting a new residency program in the future. In May, our Annual Clinical Assembly of the AOCOO-HNS meets at the beautiful Hyatt Grand Champion, Indian Wells, California. This is a wonderful time to receive those needed specialty specific 1-A CME credits, while getting to see old friends and meet new ones.

I am truly honored and privileged to serve as your President of the AOCOO-HNS this past year, and I am looking forward to the remaining months I have in the year to come. I would encourage all who have the desire to serve in the College to step forward and let us know. We are always looking for new members to serve on committees and to showcase their talents.

From all of us who serve on the Board of Governors, I wish everyone and your family a safe and happy Holiday Season and a wonderful New Year.

Sincerely, David Gossage, DO, FAOCO

## Mark Your Calendar for Our 2012 Meetings

**5th Annual Faculty Development Seminar** The AOCOO-HNS is pleased to offer a two-day seminar in Orlando, FL this **February 11th-12th** to all those interested in furthering their educational skills. We invite all those involved in the training/teaching of osteopathic medical students, interns, and ophthalmology and otolaryngology residents to attend. Program and registration information is available at [www.aocoohns.org](http://www.aocoohns.org)—click on Meetings.

**96th Annual Clinical Assembly** The AOCOO-HNS Foundation is holding the 2012 ACA at the Hyatt Grand Champions Resort in Indian Wells (Palm Springs, CA) on **May 9th-13th**. Hyatt reservation information has been e-mailed to all members. In order to reserve a room at the Hyatt, we recommend that you make your reservations well in advance. The ACA registration brochure is available at [www.aocoohns.org](http://www.aocoohns.org)—click on Meetings.

## Residency Alumni Events During May 2011 ACA

**ATTENTION ALUMNI EVENT ORGANIZERS** Most residency alumni events are held on Friday evening, **May 11th**, during the Annual Clinical Assembly. If you would like to publish a residency alumni event notice in the Spring Quarterly Newsletter, please email your articles to [info@aocoohns.org](mailto:info@aocoohns.org).

**11th Mid-Year Seminar** The AOCOO-HNS Foundation is holding the 2011 Mid-Year Seminar at the Detroit Westin Metropolitan Airport Hotel, **August 27th-28th**. The Council of Regional Representatives and the Council of Residents and Fellows will be holding their mid-year council meetings on Saturday, **September 8th** during the Lunch Hour. The Resident Forum will be held Saturday evening, **September 8th** from 5:30-8:00pm.

# Quarterly Newsletter

Winter, 2011-2012 — Vol. 47, No. 1

## 2011-2012 Officers and Members of the AOCOO-HNS Board of Governors

President: David D. Gossage, DO  
President-Elect: Paul E. Burk, DO  
Vice President: Robert J. Franchi, DO  
Secretary/Treasurer: Michael S. Hauptert, DO  
Immediate Past President: Kirk W. Steehler, DO  
Mahmoud M. Ghaderi, DO  
Paul M. Imber, DO  
Kristin E. Reidy, DO  
Edward E. Scheiner, DO  
Sirtaz S. Sibia, DO  
Brian E. Wind, DO

## Council of Resident and Fellow Representatives:

Matthew D. Lowrance, DO, Ophthalmology  
Ryan C. Palmer, DO, Otolaryngology

## American Osteopathic College of Ophthalmology

President: David D. Gossage, DO  
Vice President: Robert J. Franchi, DO  
Members-at-Large: Kristin E. Reidy, DO,  
Sirtaz S. Sibia, DO, Brian E. Wind, DO

## American Osteopathic College of Otolaryngology-Head and Neck Surgery

President: Paul E. Burk, DO  
Vice President: Michael S. Hauptert, DO  
Members-at-Large: Mahmoud M. Ghaderi, Paul M. Imber, DO, Edward E. Scheiner, DO

## Executive Vice President/CEO:

Carlo J. DiMarco, DO

## Director of Educational Affairs & EVP Emeritus:

Alvin D. Dubin, DO

## Administrative Staff:

Debra Bailey, Administrative Director  
Dustin Anderson, Test Bank Associate  
Cynthia Carleton-Simon, GME Coordinator  
Jennifer Hoskins, Administrative Assistant  
Diane Turner, Certification Manager

The *AOCOO-HNS Quarterly Newsletter* is published quarterly by the American Osteopathic Colleges of Ophthalmology and Otolaryngology-Head and Neck Surgery, 4764 Fishburg Road, Suite F, Huber Heights, OH 45424, (937) 233-5653 or (800) 455-9404, FAX (937) 233-5673. Send email correspondence to: [info@aocoohns.org](mailto:info@aocoohns.org). The AOCOO-HNS website is located at: [www.aocoohns.org](http://www.aocoohns.org).

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



## EVP Emeritus Report

Alvin D. Dubin, DO

**Leadership** as a topic, seems to be a “big” one today—to many groups, and, certainly to our Colleges. What is expected of our Boards? To guide, conduct, persuade, and direct is good for a beginning. And what is expected of our Members? But, to understand the implication in our Colleges perhaps it would be of help to understand our social and moral fabric today.

We, as a society, seem to be functioning with a rather informal and less demanding attitude. As a result, or more accurately, an observation—there appears to be a lessened social and moral implication as well. Some think that one begets the other, but, one thing may well be observed, and that is, a resurgence of the attitude “what can you do for me” rather than “what may I do for you”. This certainly has an effect on an individual, relating to a society, or other organization, that may require effort and support, and other special responsibilities.

Certainly this issue is more complex, and has multiple causes, but one cannot walk away from the need for involvement, to attain these goals.

Now back to Leadership, and its inherent responsibilities. Leaders themselves, must by definition be involved, persuasive, guiding, and setting an example for the others. And the other group (Members) must also be involved, giving, supportive, and dedicated to the principle and fact that in order to receive one must be able first to contribute and give.

There are no free rides, and no room for apathy. The future demands commitment from those that wish to succeed and flourish. Both entities—Leaders and Members must realize your place in our future, and accept and support your position, first for yourselves, and next, for your profession.

Leaders set the example, by setting high goals in time, effort, financial support and standards, and Members follow and reach also for greater involvement, support and knowledge in your Colleges’ activities, and in your future.



## AOA Award

By Carlo J. DiMarco, DO

Quite often in our Quarterly Newsletter, we will publish an important accomplishment relating to one of our members. But on this occasion, we want to shine the spotlight on an College member because we can’t keep the news of this accomplishment to ourselves. That is the case with Dr. Alvin D. Dubin.

Dr. Dubin has served as the American Osteopathic College of Ophthalmology and Otolaryngology-Head and Neck Surgery's Executive Vice President/CEO and now is Director of Educational Affairs and EVP Emeritus. At the annual meeting of the American Osteopathic Association in Orlando, Florida, he received the AOA's highest award - the Presidential Citation in recognition of his contributions to Graduate Medical Education in the medical profession since 1960. Presenting this award was John Crosby, JD, AOA Executive Director (left above), and Martin Levine, DO, AOA President (right).

In his educational role, Dr. Dubin has sage advice for those in the medical profession. "Keep the basic tenets of medicine in focus. That is to be aware of the patient's vulnerability and fear when they come to you for help. Try your best to give them the comfort and help they need in addition to your expert medical advice. A good doctor is one who empathizes with their patient. Medicine is still an art, not a science, even today."

It only takes a few minutes in Dr. Dubin’s presence to know that he understands the importance of getting to know the patient as an individual. We tip our cap to Dr. Dubin, for all he’s done so far and all he is still to accomplish in his future educational endeavors on behalf of the AOCOO-HNS.

## Member News

### Richard A. “Rick” Mickle, DO

Dr. Rick Mickle died Friday, December 2, 2011, following a tragic motor vehicle accident. Dr. Mickle was the second of four children born to William A. and Mary Alice Mickle, of Shenandoah, Iowa. Following high school he attended the University of Arizona in Tucson and Nebraska Wesleyan University in Lincoln, Nebraska, where he received his B.S. in Economics in 1977. He then attended Creighton University in Omaha, Nebraska where he graduated Magna Cum Laude with a B.S. in Pharmacy in 1982. He then attended Kirksville College of Osteopathic Medicine in Missouri, and received his D.O. in 1986. Following his internship at the Oklahoma Osteopathic Hospital and residency at the Osteopathic Medical Center of Philadelphia, Dr. Mickle settled in Phoenix and opened Adobe E.N.T. and Allergy offices in Mesa and Casa Grande. He served as an adjunct clinical professor at the Midwestern College of Osteopathic Medicine and Kirksville College of Osteopathic Medicine, and was on the Board of Directors of the Mesa General Hospital. He also served on the Credentials Committee of Health Choice of Arizona and as Chair of the Pharmacy and Therapeutics Committee at Arizona Regional Hospital. Condolences may be offered at [www.whitneymurphyfuneralhome.com](http://www.whitneymurphyfuneralhome.com). In lieu of flowers, memorial donations may be made to Catholic Education of Arizona, 2025 North 3rd Street, Suite 165, Phoenix, AZ 85004; Arizona Humane Society, 1521 West Dobbins Road, Phoenix, AZ 85041; or Creighton University College of Pharmacy Scholarship Fund, 2500 California Plaza, Omaha, NE.

## AOA Regulatory Issues

The AOA works to provide the osteopathic community with up-to-date information and educational materials on the multitude of regulations physicians must comply with on a daily basis.

Our goal is to help alleviate the regulatory demands that physicians face. The AOA continually monitors the actions of federal agencies, as well as urging them to reduce regulatory burdens on physicians.

### Health Care Quality

In recent years, the issue of health care quality has emerged as a major issue in the health care policy arena. **The AOA is a member of the National Quality Forum (NQF)**, an organization founded to develop and implement a national plan for health care quality measurement and reporting. The AOA works with NQF and other groups such the Agency for Healthcare Research and Quality (AHRQ), and the Institute of Medicine (IOM) on quality issues. We attend briefings, hearings, and meetings and provide written comment as needed.

### Education Issues

The AOA continues to monitor education issues of interest to the profession. These include:

**Graduate Medical Education** – The Centers for Medicare and Medicaid Services (CMS) release the proposed rule each year on the Hospital Inpatient Prospective Payment Systems that lists the rates for Medicare hospital inpatient services, including those for graduate medical education. The rule often has an impact on training programs. Physicians are encouraged to provide CMS with comments on how proposed changes may affect their programs.

**Higher Education Act Reauthorization** - The Higher Education Act authorizes the government’s student financial aid programs, which include the major postsecondary grant and loan programs. The AOA provided comments on this issue and will continue to monitor it.

### Food and Drug Administration

The Food and Drug Administration (FDA) is responsible for ensuring that drugs, biological products, and medical devices are safe and effective. Throughout the year, the FDA releases proposed rules and requests comments on these issue areas. We encourage physicians to respond to proposed rules that may impact their practice of medicine.

We encourage individuals who wish to be considered for future opportunities to submit their CVs to be added to the DO database. Send to: Susan M. Friedman, Deputy Director, AOA Department of Government Relations, 1090 Vermont Avenue, NW, Suite 510, Washington, DC 20005—Phone: 202-414-0140, Fax: 202-544-3525, Email: [sfriedman@osteopathic.org](mailto:sfriedman@osteopathic.org).

## Ophthalmology Update

Reprinted with permission from [www.politicsandmedicine.com](http://www.politicsandmedicine.com)

### Myopia as a Risk Factor for Open-Angle Glaucoma

This article sought to determine the association between myopia and open-angle glaucoma through a systematic review and meta-analysis of observational studies of thirteen studies involving 48,161 individuals. Data from 11 population-based cross-sectional studies were included in the main analyses. The pooled OR of the association between myopia and glaucoma based on 11 risk estimates was 1.92. On the basis of 7 risk estimates, the pooled ORs of the associations between low myopia (myopia up to -3 D) and glaucoma and between high myopia ( $\leq -3$  D myopic) and glaucoma were 1.65 (1.26–2.17) and 2.46 (1.93–3.15), respectively. Overall it can be concluded that individuals with myopia have an increased risk of developing open-angle glaucoma.

## **A Randomized Comparison of Pupil-Centered Versus Vertex-Centered Ablation in LASIK Correction of Hyperopia**

This article compared visual and optical outcomes of pupil-centered vs. vertex-centered ablation in patients undergoing laser-assisted in situ keratomileusis (LASIK) for hyperopia. Overall, LASIK is an effective procedure for treatment of hyperopia. Pupil-centered and vertex-centered treatments provide similar visual and optical outcomes. However, in eyes showing large temporal pupil decentration, pupil-centered ablation seemed to produce a lower amount of coma and, as a consequence, a reduced loss of BCVA compared with vertex-centered patients.

## **Pulse-Dosed Difluprednate 0.05% Versus Prednisolone Acetate 1% in Cataract Surgery**

This article compared the effects of 2 corticosteroids on corneal thickness and visual acuity after cataract surgery. In this high-dose pulsed-therapy regimen, difluprednate reduced inflammation more effectively than prednisolone acetate, resulting in more rapid return of vision. Difluprednate was superior at protecting the cornea and reducing macular thickening after cataract surgery.

## **Blockade of Prolymphangiogenic Vascular Endothelial Growth Factor C in Dry Eye Disease**

The authors of this article sought to determine whether blocking prolymphangiogenic factors such as vascular endothelial growth factor C (VEGF-C) would suppress alloimmunity in dry eye disease using a murine model. The effects of intraperitoneal injections of 400 µg of anti-VEGF-C antibody (treated group) and intraperitoneal normal saline (untreated group) were studied in murine dry eyes induced by exposing mice to high-flow desiccated air in a controlled-environment chamber. Overall, it was found that treatment with anti-VEGF-C led to significant improvement in dry eye disease, reflected by a decrease in inflammation at the clinical, molecular, and cellular levels.

## **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 6,207 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. However, due to bevacizumab's price tag being 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, which 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 1,239 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 Diamicron 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 protein levels in aqueous of POAG patients as a result of glaucoma damage and not a cause. EPO and sCD44 concentrations in aqueous are 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.

## **Factors Associated With Mortality in 2-Year Survivors of Head and Neck Cancer**

This authors of this article sought to determine the conditional survival rates of 2-year survivors of head and neck cancer and to identify risk factors of increased mortality through a prospective, observational study. The authors found that in addition to older age and advanced stage, pain, poor overall quality of life, and tobacco use 2 years after diagnosis characterize patients who might need longer and more intense follow-up care to improve their observed and disease-specific survival. This information is useful in developing management plans for patients transitioning from a focus on cancer surveillance into survivorship.

## **Using 5-Aminolevulinic Acid and Pulsed Dye Laser for Photodynamic Treatment of Oral Leukoplakia**

The authors of this article sought to determine the safety and efficacy of photodynamic therapy in the treatment of oral leukoplakia with 5-aminolevulinic acid and pulsed dye laser. The application of 5-aminolevulinic acid was applied to lesions followed by activation with high-power 585-nm pulsed dye laser in a nonrandomized, single-arm, single-site phase 1/2 pilot study. Overall, it was found that photodynamic therapy with 5-aminolevulinic acid and pulsed dye laser could be used to achieve regression of oral leukoplakia. The treatment is safe and well tolerated. An application time of 1.5 hours and laser radiant exposure of 8 J/cm<sup>2</sup> with 1.5-ms pulse time were found to be the optimal settings in this study. The high-power laser used in this study allows completion of laser therapy within 1 to 3 minutes. Further studies are necessary to determine the optimal laser radiant exposure and drug application to maximize the response rate.

## **The Effect of Histamine on Ciliary Beat Frequency in the Acute Phase of Allergic Rhinitis**

There have been few studies about the effect of histamine on ciliary beat frequency (CBF) in the acute phase of allergic rhinitis. The present study was designed to investigate CBF in the acute phase of allergic rhinitis and the effect of histamine on CBF. It found that ciliary beat frequency increased in the acute phase of a mouse model of allergic rhinitis. Physiologic concentrations of histamine had no effect on CBF, and thus, it appears that other mechanisms control CBF in the acute phase of allergic rhinitis.

## **The Relationship Between Repeat Tympanostomy Tube Insertion and Adenoidectomy**

The purpose of this article was to examine the relationship between adenoidectomy and repeat tympanostomy tube placement in the treatment of otitis media, and the relationship between potential risk factors for otitis media and repeat tympanostomy tube placement. This was a retrospective, cross-sectional analysis of consecutive patients undergoing tympanostomy tube placement at an academic/teaching hospital with 400+ beds. 904 children were included in the study. Of the 780 children who initially underwent tympanostomy tube placement alone, 178 required additional tube placement; a repeat rate of 20%. Of the 90 children who initially underwent tympanostomy tube placement with adenoidectomy, only 6 required repeat tube placement, a statistically significant decrease in the incidence of repeat tympanostomy tube placement concluding that adenoidectomy performed at the first tympanostomy tube for the treatment of otitis media may decrease the risk of repeat tube placement, especially for children >4–10 years of age.

## **Single-Shot, Low-Dose Intratympanic Gentamicin in Ménière Disease: Role of Vestibular-Evoked Myogenic Potentials and Caloric Test in the Prediction of Outcome**

This is a prospective cohort study with the aim to assess the efficacy and safety of single and low-dose intratympanic gentamicin therapy in patients with Ménière disease and who were monitored both with caloric tests and vestibular-evoked myogenic potentials (VEMPs) to see if VEMPs have an additional role in predicting the efficacy of the drug. Twenty-five intractable Ménière disease patients were included as the study group where low-dose (16 mg/mL), single-shot intratympanic gentamicin was applied. VEMP and caloric test were applied 2 weeks after the application. This study showed that low-dose, single-shot intratympanic gentamicin treatment proved to be effective and safe among intractable Ménière patients. VEMPs obtained at posttreatment second week were significant predictors of patients posttreatment sixth-month dizziness status and vertigo control.

## **Prevalence of Epstein–Barr Virus in Tonsils and Adenoids of United Arab Emirates Nationals**

Given that Epstein–Barr virus (EBV) often inhabits human tonsils and adenoids, it remains to be distinctively determined its prevalence and in which cell and microenvironment the virus is present. The authors wanted to determine the prevalence of EBV in the tonsils and adenoids of the United Arab Emirates (UAE) nationals and to provide a basis for understanding the origin and biology of EBV-infected cells. EBV was found in 43% of tonsillectomy specimens and 15% of adenoidectomy specimens. All EBV-infected cells were found to be B lymphocytes. About 90% of the infected B cells are found in the interfollicular regions of tonsils and adenoids and the remaining 10% are found within the follicles. There is no significant association between EBV infection, age and gender.

## **Propranolol Versus Corticosteroids for Infantile Hemangiomas**

The authors of this article sought to determine whether propranolol therapy is safe and effective and superior to oral corticosteroids for treating infantile hemangiomas (IHs). They found that propranolol therapy was more clinically effective and more cost-effective than oral corticosteroids in treating IHs. It also resulted in fewer surgical interventions and demonstrated better tolerance, with minimal adverse effects, compared with oral corticosteroids. Therefore, propranolol should be considered a first-line agent given its safety and efficacy in the treatment of IHs.

## **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 steroids to treat sudden sensorineural hearing loss. The study design was a 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**

Squamous cell carcinoma (SCC) accounts for 95% of all head and neck cancers. Distant metastasis occurs in approximately 8% of these cases. Based on the authors' review of the English-language literature, metastases of head and neck cancers to the axilla are rare, as the authors found only five such reports involving 10 patients. However, Hoye et al. reported autopsy evidence of axillary metastasis in 2 to 9% of patients with head and neck cancer, and Kowalski 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, the authors describe a new case of head and neck cancer metastatic to the axilla, and they 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. The study was a retrospective review of 2,788 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 was 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 aimed 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**

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. 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.

# *2012-2013 BOARD NOMINEES*

## AOCOO-HNS Nominees for Board of Governor Secretary/Treasurer

### ***Sirtaz S. Sibia, DO***



I am honored to be nominated for the position of Secretary/Treasurer of our College. I have had the honor of being member at large for the past four years. I have learned much about our college over the past four years and am ready and willing to take our college to new heights. For those of you who do not know me, I would like to give you some background. I graduated from the Detroit Osteopathic Ophthalmology Consortium in 1999. I then completed an Ophthalmic and Facial Plastic Surgery Fellowship at the Beraja Medical Institute in Miami. I am currently in private practice in Boynton Beach and Lake Worth, Florida.

I have been actively involved in our College since I graduated from residency. I have been a speaker at the Mid-Year meeting twice and have run a workshop at our Annual Clinical Assembly on many different occasions. I have been a member of the Communications committee and Educational Needs Review Committee for our College for the past several years. I also was chairperson for the 2006 Mid-Year seminar in Philadelphia and the 2008 and 2009 ACA meetings in Scottsdale, Arizona and Austin, Texas. I have served as chairperson for the Educational Needs Review Committee, and currently I am the Professional Programs Division chair and Education Committee chair, and I wish to continue improving our CME programs.

I hope you, the membership, will continue to give me the opportunity to serve our college as the Secretary/Treasurer. Thank you for your support.

### ***Brian E. Wind, DO***



It has been my privilege to serve on the AOCO Board for the past five years and I am honored to be nominated for the Secretary/Treasurer position on the Board of Governors. As a Board member of this organization and chairman of the Practice Committee, I feel it is my responsibility to promote, support and advance the AOCO. The Practice Committee has been instrumental in developing programs offered at the Annual Clinical Assembly to assist residents and new practicing ophthalmologists transition into private practice. Additionally, the committee disseminates pertinent practice information to College members.

Many improvements have occurred in the AOCO over the past few years including the promotion of better communication between the membership and Board of Governors with the initiation of the Council of Regional Representatives. The Regional Representatives continue to encourage all members to voice their concerns. If you haven't met your Regional Representative I strongly encourage you to do so. As medicine continues to become fragmented by external forces, it is important that our organization maintain effective communication between AOCO physicians and utilize the untapped resources and talents of our membership.

Having recently completed my fifth year on the Board, I have gained much insight to our College and to the challenges that our organization faces in the future. I enthusiastically look forward to continue to serve as the Secretary/Treasurer and promote the high standards of the AOCOO-HNS. Thank you for your support and confidence in considering me for this position.

## *AOCO Board Member Nominees*

### **Members-at-Large to be Elected:**

**Judy L. Davis, DO**

**Sunita Yedavally, DO**

**The Board has asked that each nominee submit a statement outlining his/her service to the College and/or desire to serve on the Board and reasons why he/she should be elected.**

### ***Judy L. Davis, DO***



I am honored to be considered a candidate for Member-at-Large for the Board of Governors of the AOCOO-HNS. I shall enlighten you with my past achievements and involvement with the College.

I graduated from Midwestern University, formerly Chicago College of Osteopathic Medical Center, in 1990. My internship and Ophthalmology residency was completed at Chicago Osteopathic Hospital and at Olympia Fields Osteopathic Medical Center, a Level 1 Trauma Center. As Clinical Assistant Professor, I staffed the clinics in Chicago and Downers Grove until the patient volume dwindled eliminating my position. During this time I also established my private practice in Valparaiso, Indiana while maintaining my clinical professor association with Midwestern University, and allowing medical students, interns and residents opportunity to experience ophthalmology practice in a private clinical

setting.

My appointments during medical school included Class Liaison as a third and fourth year student. As Chief Resident, I established a lecture series with slides and computerized testing to evaluate the students, interns and residents. This new method of didactic education provided updated information and fair evaluation of all who chose to rotate through ophthalmology.

In 2006, Dr. Steven Sherman asked me to become involved in the Council of Regional Representatives (CRR). I graciously accepted the Chair position requested by Dr. Sidney Simonian in 2009. Since then I have participated as a guest, for the past few years to enlighten the Board of Governors of activities regarding the CRR. My participation with the local Indiana Osteopathic Association includes the Continuing Medical Education Committee since 2000.

I am excited to be considered as a Member-at-Large for the College Board and would be willing to accept more responsibility.

### ***Sunita Yedavally, DO***



I am interested in the position of Member-at-Large for the following reasons:

- To be involved in the education and training protocols of osteopathic ophthalmology residents.
- To promote osteopathic ophthalmology and gain recognition with allopaths and the general public.
- To find ways of distinguishing ourselves from OD's (confusion for the lay public between OD/DO).

I have been an associate clinical professor at MSU-COM in the Department of Neurology and Ophthalmology and have ophthalmology residents from various programs rotate with us from California, Nevada, Pennsylvania, Ohio and Michigan. In addition we have osteopathic medical students, neurology and family practice residents and optometric students from Ferris State rotate with us as well. This gives me some insight into the type of training that is being received as they progress

through the various stages of training.

I would like the opportunity to serve as a Member-at-Large for the Board. With my experience in both an academic and private setting, interaction with ophthalmology residents, as well as interaction with other osteopathic trainers, I believe I will be an asset to the Board in making suggestions regarding osteopathic education.

## *AOCO-HNS Board Member Nominees*

### **Members-at-Large to be Elected:**

**Dennis J. Kitsko, DO**

**B. Mark Welch, DO**

**The Board has asked that each nominee submit a statement outlining his service to the College and/or desire to serve on the Board and reasons why he should be elected.**

### ***Dennis J. Kitsko, DO***



It is truly a privilege and honor to be nominated as a member-at-large for our College. I completed my residency in Otolaryngology/Facial Plastic Surgery from Union Hospital in 2006. I subsequently completed a 2 year combined research and clinical fellowship in Pediatric Otolaryngology at the Children's Hospital of Pittsburgh in 2008. Upon completion, I stayed on as Assistant Professor of Otolaryngology at the Children's Hospital of Pittsburgh and the University of Pittsburgh School of Medicine. I have been involved in lecturing at the Midyear and ACA conferences since 2008, and this led to joining the Educational Needs Review Committee in 2010. I chaired the Otolaryngology section of the Midyear meeting in 2010, and will be chairing the ACA conference in 2013.

I have a keen interest in education and clinical research. In addition to mentoring residents and fellows on a daily basis, I also give monthly lectures to medical students at the University of Pittsburgh School of Medicine and have had undergraduate students with an interest in Osteopathic Medicine rotate through several times a year. I feel that it is critical to push the next generation of osteopathic specialists both clinically and academically. Keeping our members aware of ever-present advances at the conference level is certainly one part, but increasing the practice opportunities within the subspecialties is also necessary for the continued advancement of our College. Opening doors to subspecialty fellowships and bringing these clinicians back to train our residents is a fundamental way that we can both grow our national presence and ensure that we are producing a superb product.

I think that it is important to not only maintain the current excellence of the AOCOO-HNS, but to always be pushing forward to improve ourselves. Maintenance of the status quo can never be acceptable. I have been dedicated to and involved in this continued improvement and will remain so in any capacity that I am able. I thank you for considering me for member-at-large in our College.

### ***B. Mark Welch, DO***



Thank you for considering me for the nomination to serve the American Osteopathic Colleges of Ophthalmology and Otolaryngology (AOCOO) in the capacity of Member-at-Large. If elected, I would bring certain strengths and abilities that I feel would set me apart from other qualified and deserving candidates.

During the past several years, I have taken on the task of starting an Otolaryngic Allergy residency (fellowship) with three approved positions through Oklahoma State University. Upon graduation, a Certificate of Added Qualifications (CAQ) in Otolaryngic Allergy may be granted following completion of the board certification examinations. Thus, it makes the program extremely unique and beneficial to the members who choose to take advantage of it. For the members who choose not to go through the program, there are benefits available to them as well. Specifically, a bi-monthly journal club in allergy is available through a free conference call. During the call, current and past allergy fellows discuss and debate treatment strategies based upon the most up to date and relevant studies. Additionally, according to the program requirements, the current allergy fellows are to lecture at the Mid-Year and Annual meetings if needed. This allows our members to have allergy lectures from fellowship trained osteopathic physicians.

I have also served the AOCOO in the past as a member of the Educational Needs Review Committee (ENRC). During that time, I was the program chair for both the Mid-Year and Annual CME courses. I feel this experience has given me insight into the value of working as a team to accomplish a common goal. In addition, I gained an understanding into the tremendous effort that is put forth by so many people to allow our College to remain outstanding.

In closing, I am honored to be considered, and if elected I will strive to live up to the excellence that has been preserved and maintained by those who are currently serving, and those who have served in the past.

## 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.

### CONNECTICUT

- Excellent opportunity available for Spring/Summer 2011 for the BC/BE fellowship trained glaucoma specialist with leadership qualities. Well established, successful ophthalmology practice with multiple offices and optical departments. Retiring partner in seven-person group with very active surgical and medical practice with a large proportion of glaucoma patients. Partnership track with excellent income potential. New state-of-the-art facilities and equipment. Associated with ASC and Hospital. The best that New England has to offer for lifestyle PLUS less than 2 hours from NYC or Boston. Please email CV to dls2003stephens@yahoo.com.

### FLORIDA

- 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@nvayepa.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.

### 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 half-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@bmgmri.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

- Dr. Patrick Henderson is looking for an otolaryngologist to join established practice in beautiful Montrose, CO. Small and growing community at the base of San Juan Mountain Range. Within one hour drive of Telluride Ski Resort, hiking, trophy fishing, mountain biking, and camping facilities. Town of Montrose is in the top ten growing communities in the nation with abundant sunshine for the outdoor enthusiast. Call office at 970-249-6968 or email coentpc@frontier.net.

- 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.

### 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.

### 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 drgwv@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 audiologic 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@ym.com.

### 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.

### 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 Donald M. Rothen, 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. Rothen at 248-541-0100 or email rothenph@hotmail.com.
- Pediatric otolaryngology fellowship available July 2008 at Children's Hospital of Michigan in Detroit, MI. Please contact Dr. Michael Hauptert or Dr. David Madgy at 313-745-5402.

### FOR SALE

- Two offices full of otolaryngology equipment for sale. MAKE OFFER. Contact Richard Lieberman, DO at 404-434-4557.