

Stil Kountakis, MD, PhD

Edward S. Porubsky, MD Distinguished
Chair in Otolaryngology;
Professor and Chair, Department
of Otolaryngology-Head and
Neck Surgery



From the Chair

Dear Friends and Colleagues,

As fall settles in and the academic year picks up pace, I've been reflecting on the strength, flexibility, and determination that truly define our specialty. Across the country, otolaryngologists are navigating an increasingly complex healthcare environment, balancing rising clinical demands, shifting reimbursements, mounting paperwork, and the ongoing challenge of protecting time for teaching, research, and mentorship. It's a lot. But so is our resilience, and that continues to impress me.

I also want to take a moment to celebrate some well-earned recognition this season. Dr. Sallie Long was named an MCG Woman Who Inspires, a title she absolutely lives up to. Dr. Drew Prosser wrapped up a strong term as president of GSO-HNS, and I was honored to receive both the Lester Brown Award from the Georgia Society of Otolaryngology-Head and Neck Surgery, and a Presidential Citation at this year's AAO-HNSF meeting. These acknowledgments mean a great deal, not just personally but as a reflection of the incredible work happening in our department.

And there's more to celebrate. Dr. Troy Woodard, one of our rhinology-advanced sinus and skull base surgery alumni and now a professor at the Cleveland Clinic, recently completed his term as AAO-HNSF president. His leadership on the national stage is a testament to the strength of our training and the impact our graduates are having on the world.

Despite all the challenges, I see real progress too. From new biologic therapies and surgical innovations to how we're integrating digital health into patient care is happening fast. At the same time, national conversations around physician wellness, and how we shape future training pathways are growing louder. These are conversations we need to stay involved in.

Here at the Medical College of Georgia, we continue to grow. We've welcomed new faculty, audiologists, and administrative team members, all bringing new energy and fresh ideas. It's exciting to see how this growth fuels our mission across clinical care, research, and education.

Mark your calendars for our 24th Annual Porubsky Symposium and Alumni Event, happening June 12–13, 2026. It's always a meaningful time to reconnect, exchange ideas, and celebrate our trainees' achievements. I really hope to see many of you at this free CME event.

And finally, to all of you doing the work, whether you're in academic centers, private practices, or community hospitals, thank you. Your dedication keeps the field moving forward. Let's keep lifting each other up and pushing for a future that supports not just our specialty, but also our personal well-being.

Wishing you a joyful fall season.

Happy Thanksgiving,

Stil Kountakis



FROM THE EDITOR

Daniel Sharbel, MD

A SEASON OF THANKSGIVING

TO MY COLLEAGUES, ALUMNI, AND FRIENDS OF THE DEPARTMENT,

As we move into this season of thanksgiving, I've found myself reflecting on the many people and moments that continue to shape our department in meaningful ways. This year's Porubsky Research Symposium & Alumni Event brought together an impressive gathering of faculty, trainees, and graduates, and it was inspiring to see the level of scholarship, curiosity, and mentorship on display. The dedication of the James T. Lowe, Jr. Temporal Bone Laboratory was another highlight — a powerful reminder of the legacies that continue to guide our work and the generosity that sustains our mission.

Across our clinical, educational, and research efforts, this has been a period marked by steady academic activity and high-quality patient care. I am grateful for the faculty, residents, and fellows whose commitment drives that momentum, and for the administrative and clinical staff whose longstanding service makes so much of this possible — including those recognized this year by Augusta University for their years of dedication.

As always, I'm thankful for the opportunity to work alongside such a talented and supportive community. I hope you enjoy this issue and the stories it captures from across our department.

Warm regards,

Daniel Sharbel, MD

ACCOMPLISHMENTS

FACULTY



Dr. Stil Kountakis was awarded the 2025 Lester Brown Award of the Georgia Society of Otolaryngology/Head & Neck Surgery, for lifetime achievement as well as the Presidential Citation AAO-HNSF 2025 Annual Meeting & OTO EXPO

entnet.org/about-us/awards-lectures/presidential-citations/



Gregory Postma, MD

gave 5 presentations at the 15th Congress of the European Laryngological Society, Warsaw, Poland and one talk at the ABEA meeting during COSM, New Orleans, LA, in May.



Dr. Sallie Long was named an MCG Woman Who Inspires for Women in Medicine Month!



Dr. Daniel Sharbel successfully passed the ABOHNS/ABS certifying exam in Adult Complex Thyroid/Parathyroid Surgery.



Dr. Drew Prosser completed successfully his term as president of the GSO-HNS, and is now Past President and the chair of the nominating committee and was inducted into the Triological Society at the 2025 Spring combined sections meeting.



Jason May, MD

was inducted into the Triological Society at the 2025 Spring combined sections meeting.

HAIL *Welcome!*

NEW FACULTY



Dr. Diana Bigler, assistant professor, is an Otolaryngologist who completed an additional one-year Rhinology and Skull Base fellowship at the Medical College of Georgia. She was born in Oklahoma City, OK and was raised in Bowling Green, KY. She completed her undergraduate Bachelor in Science in Chemistry at Rhodes College in

Memphis, TN. She attended medical school at the University of Kentucky in Lexington, KY. She completed her 5-year residency training in otolaryngology at the Medical College of Georgia. She specializes in taking care of patients with various inflammatory nasal diseases, skull base masses, and sinus tumors. She has presented her research at numerous local, regional, and national meetings across the country and looks forward to being involved in continuing this in the future.

NEW RESIDENCY PROGRAM COORDINATOR

Rachel Smith

started October 2025



NEW BUSINESS MANAGER

Kayla Vaughner

started October 2025



NEW AUDIOLOGIST

Audie C. Gilchrist, AuD, CCC-A

started July 2025



HONORING OUR ADMINISTRATIVE & CLINICAL STAFF: GRATITUDE FOR DECADES OF SERVICE

As we reflect on this season of Thanksgiving, our department is especially thankful for the dedicated administrative and clinical staff who form the backbone of our patients' care. Their commitment, compassion, and quiet leadership ensure that our clinics run smoothly, our patients feel cared for, and our educational and research missions continue to thrive.

These individuals' loyalty, expertise, and steadfast presence have shaped generations of residents, supported countless patients, and strengthened the culture of teamwork that defines MCG Otolaryngology.

We extend heartfelt thanks to them — and to every single member of our administrative and clinical teams — for the invaluable work they do each day. Their dedication is a gift to our department and the communities we serve.



Sandra Oglesby



Nan Hansen



Chris Little

This year, we were proud to recognize several remarkable team members for their extraordinary service:

- Sandra Oglesby — recognized for an impressive 40 years of service as our Otolaryngology Clinic Nurse Manager
- Nan Hansen — honored for an exceptional 35 years of commitment within Otolaryngology
- Chris Little — celebrating 10 years of devoted service to Augusta University

PRESENTATIONS & PUBLICATIONS

American Rhinologic Society COSM meeting New Orleans, Louisiana, May 1-2, 2025

■ Bigler D....Kountakis SE.

Medication Adherence in the Allergic Fungal Sinusitis Population: An Institutional Review and Demographic and Comorbidity Associations with Disease Severity and Bony Dehiscence in Allergic Fungal Rhinosinusitis.

71st annual meeting, American Rhinologic Society Indianapolis, Indiana, October 10-11, 2025

■ Bigler D....Kountakis SE. *Medication Adherence and Post-Operative Outcomes in CRSwNP: and Social Determinants of Health in Allergic Fungal Sinusitis*

■ Bigler D....Kountakis SE. *Comparative Outcomes in eCRSwNP: Biologics vs. Topical Therapy – Clinical Effectiveness and Predictors of Symptom Response*

■ Sharbel D, Atekha O, Rahimi S, Byrd JK. *Carcinoma Ex-Pleomorphic Adenoma of the Lacrimal Gland with Intracranial Extension. J Neurol Surg Rep. 2025 Jun 23;86(2):e133-e135. PMID: 40552095*

■ Chauhan S, Gelernter M, Huynh V, Weir F, Long S, Groves M, Byrd JK, Sharbel D. *Clinicopathologic Factors and Outcomes of Neuroendocrine Carcinoma in the Oropharynx: An Analysis of the National Cancer Database (NCDB). Head Neck. 2025 Nov;47(11):2956-2964.*

TEXTBOOK

■ Kountakis SE. Onerci M, Eds *Rhinologic and sleep apnea surgical techniques 2nd Edition*, Springer Verlag, Berlin, Heidelberg, New York, 2025

CONSUMER BOOKS

■ Kountakis SE. *The Sinus & Allergy Survival Guide: Sinus and Allergy Answers for Everyone*. Kindle & Paperback editions. Seattle: Amazon Digital Services, 2025

POSTER

■ Gelernter MC, Sharbel D, Byrd JK. *Granular Cell Tumor of the Pharynx: Management Using a Transoral Robotic Approach*. 2025 American Academy of Otolaryngology Head and Neck Surgery Foundation Annual Meeting. Indianapolis, IN. 11-14 October 2025.

QUALITY IMPROVEMENT

■ Huynh V, Nash S, Tapasak B, Beisel B, Elvis R, Stockton S, Davies G, Perez ER, Weir F, Byrd K, Groves M, Long S. *Let's Get It Started: Improving Head and Neck Free Flap Case Efficiency*. Poster presentation at: Wellstar Quality Improvement Symposium; October 2025; Atlanta, GA.

Sarah Hodge, MD, Assistant Professor of Otolaryngology

Division Chief of Neurotology/Otology, Lateral Skull Base Surgery, Associate Residency Program Director

Medical Director of Audiology & Medical Director of the Temporal Bone Lab

Middle ear masses are abnormal growths or lesions located within the middle ear (ME) cavity that can extend out into the ear canal and down into the mastoid. The differential diagnosis can include infectious, inflammatory, neoplastic, or congenital causes. Patients oftentimes present with ear fullness, pressure, pain, otorrhea, hearing loss, tinnitus (can be pulsatile in vascular lesions), and/ or imbalance.

Common middle ear masses include acquired or congenital cholesteatoma, glomus tympanicums (paraganglioma), ME adenomas, carcinoid tumors, cholesterol granulomas and other granulomatous lesions arising from tuberculosis or sarcoidosis. Workup should include a thorough history and physical exam including binocular microscopy, imaging such as a CT temporal bone and MRI, and a comprehensive audiogram.

Given the wide breadth of potential lesions in the middle ear, we present two interesting cases of large ME masses, their presentation, workup and management.

CASE #1

A 48yo F presented to clinic with intermittent bleeding from her left ear, hearing loss, and pulsatile tinnitus. Exam showed a massive, pulsating, red mass in the ear canal (Figure 1A) without the ability to see the tympanic membrane or ossicles. Audiogram revealed an approximately 40-45dB conductive hearing loss (CHL) in the affected ear and imaging was consistent with a vascularized lesion (Figure 1B-D). Given workup, diagnosis was most consistent with a large glomus tympanicum. She was taken to the OR for a transmastoid approach with extended facial recess for resection and a tympanoplasty was performed for reconstruction of her ear drum. Final pathology was consistent with paraganglioma.

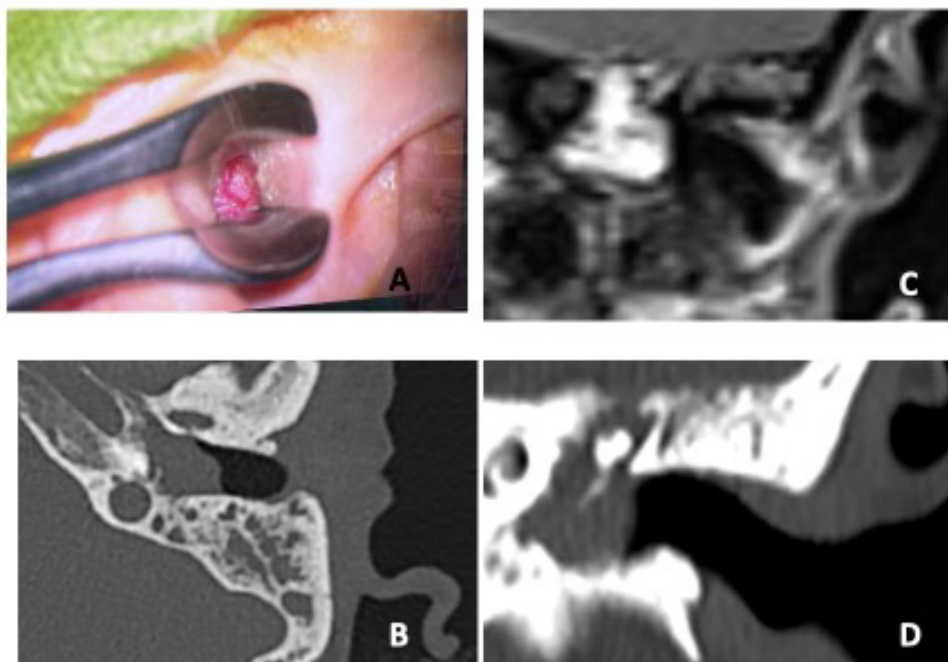


Figure 1

A. Otoscopic view of a large, red, pulsating mass emanating from the patient's left ear canal.

B. CT Temporal Bone, axial image depicting a large middle ear (ME) mass extending into the EAC with a distinct bony border separating it from the jugular bulb/vein.

C. MRI Brain, T1 post-contrast coronal image illustrating a large, contrast enhancing mass in the ME space without intracranial extension.

D. CT Temporal Bone, coronal image again depicting a large ME mass surrounding, but not invading, the malleus, with possible tegmen tympani dehiscence.

A glomus tympanicum is the most common ME neoplasm. It is a benign, highly vascular paraganglioma arising from paraganglionic cells along the Jacobson's nerve (tympanic branch of CN IX) and Arnold's nerve (auricular branch of CN X). The blood supply is typically from the inferior tympanic branch of the ascending pharyngeal artery. Clinical presentation includes pulsatile tinnitus, aural pressure and fullness, and a conductive hearing loss depending on the size of the tumor. On otoscopy, a reddish or bluish pulsatile mass may be visible behind an intact tympanic membrane, and it may blanch with pneumatic

otoscopy (Brown's sign). Workup includes a CT temporal bone to verify separation between the tumor and the jugular bulb, thus defining the mass as a tympanicum. On contrasted MRI, a vividly enhancing "salt-and-pepper" lesion (flow voids) is pathognomonic. If considering preoperative embolization, an MRA can be performed as well to better identify vascular supply and embo targets. Glomus tympanicums have a very low likelihood of catecholamine secretion so testing is only done if the patient is symptomatic. Surgical excision is the treatment of choice in most cases.

CASE #2

54yo F presented with a large left ME mass with extension into the ear canal to the level of the meatus (Figure 2A). She complained of fullness, pressure, severe otalgia, and hearing loss but no bleeding, otorrhea, or pulsatile tinnitus. She did report previous ear surgery over 20 years prior, but unsure of the reason why or what had been done. Audiogram also showed a 30-45dB CHL and imaging was consistent with a cholesterol granuloma as the lesion was found to be hyperintense on both T1- and T2- weighted MRI images (Figure 2 D, E). She was taken to the OR for resection and full removal of the cystic capsule. Final pathology demonstrated inflamed soft tissue with hemosiderin laden macrophages and cholesterol granuloma.

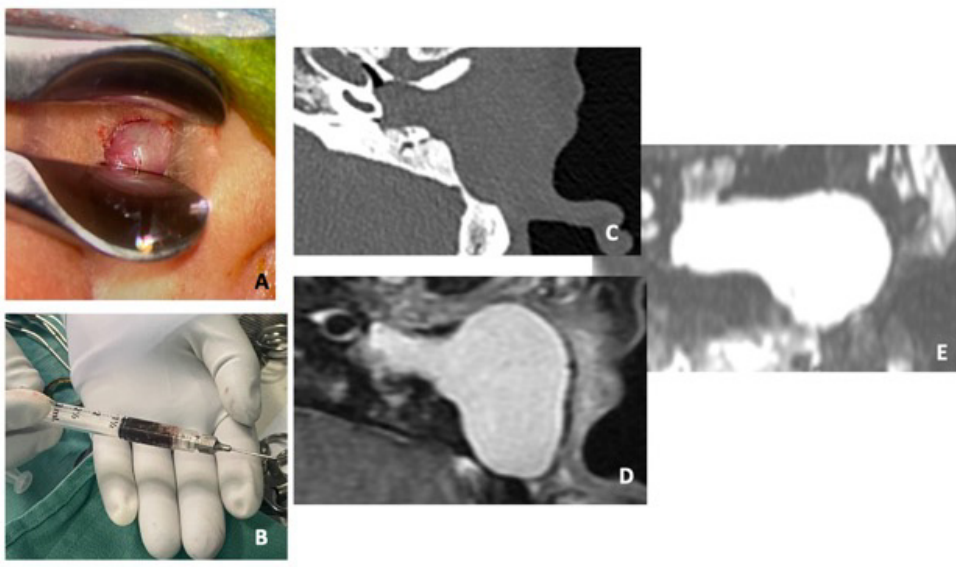


Figure 2

A. Otoscopic view of a large, fleshy, fluid-filled mass emanating for the patient's left ear canal.
B. Thin, brown fluid aspirated from the ME mass at the time of surgery and sent for cytology.
C. CT Temporal Bone, axial image depicting a large, expansile lesion extending from a canal wall down mastoid cavity into the ear canal. No discernable ossicles.
D. MRI Brain, T1 post-contrast axial image illustrating a large, expansile fluid-filled hyperintense mass filling the mastoid cavity and ME space.
E. MRI Brain, T2-weighted imaging reveals the expansile lesion is similarly hyperintense in these sequences.

A cholesterol granuloma is a benign, cystic lesion that develops from a foreign-body giant cell reaction to cholesterol crystals, usually secondary to poor ventilation or obstruction of the middle ear or mastoid air cells. This obstruction leads to hemorrhage and breakdown of blood products in a poorly aerated space. The accumulation of cholesterol and inflammatory debris induces granulomatous inflammation, which can then form a cystic mass. Clinical presentation can include conductive hearing loss, aural

fullness/pressure, otalgia, tinnitus and/or otorrhea. Workup encompasses a thorough history and physical exam, audiometry, and imaging such as CT temporal bone and MRI in which the lesion will be hyperintense on both T1 and T2 sequences. Management includes surgical drainage and re-establishment of ventilation pathways which can vary depending on the size of the mass. Various methods can comprise myringotomy with ventilation tube insertion or mastoidectomy with removal of the cystic capsule.

These two cases represent rather extreme examples of middle ear lesions that can present in an Otolaryngology clinic. A thorough history and physical exam along with imaging and audiometry, will help differentiate the wide differential and aid in patient counseling and treatment planning.

Bibliography:

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23rd ANNUAL PORUBSKY SYMPOSIUM AND ALUMNI EVENT

The 23rd Annual Porubsky Research Symposium & Alumni Event in June was a meaningful reminder of all we have to be grateful for within our Otolaryngology community. This year's gathering brought together alumni, trainees, faculty, and long-time friends of the department for two days of scholarly exchange, mentorship, and celebration.

We are thankful for the outstanding research presentations delivered by our residents and fellows, whose curiosity and commitment continue to elevate the academic mission of MCG. Equally inspiring was the strong turnout of alumni who returned to share their expertise, reconnect with colleagues, and support the next generation of otolaryngologists.

Moments like these underscore the strength of our department's legacy — built on decades of collaboration, mentorship, and shared purpose. As we reflect on this year's event, we extend sincere appreciation to everyone who traveled, presented, and contributed to another successful and enriching Porubsky Symposium.



Congratulations
to our graduating residents.

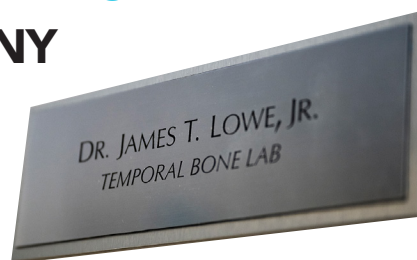
DR. JAMES T. LOWE, JR. TEMPORAL BONE LAB DEDICATION CEREMONY

The department was deeply honored to celebrate the dedication of the James T. Lowe, Jr. Temporal Bone Laboratory on October 2nd — a moving event that paid tribute to a life, legacy, and friendship.

Dr. James T. Lowe, Jr. was an otolaryngologist and Medical College of Georgia alum of the class of 1969 who tragically passed away in a plane accident in 1983, shortly after beginning his own practice in Macon, GA. In a remarkable act of friendship and generosity, his fellow classmate and friend Dr. James E Bush gifted \$250,000 to support ongoing resident training and research in the Department of Otolaryngology-Head and Neck Surgery's temporal bone lab, ensuring that Dr. Lowe's passion for the field lives on through future generations.

The ceremony brought together many members of Dr. Lowe's family, creating an emotional moment of remembrance, gratitude, and shared purpose. Their presence underscored the lasting impact Dr. Lowe had on those who knew him — and the enduring power of mentorship, friendship, and legacy within our community.

We are profoundly grateful for Dr. Bush's extraordinary gift and for the opportunity to honor Dr. Lowe's memory in a way that will meaningfully shape the education of our trainees for decades to come.



Dr. Kountakis and Dr. James Bush

SOCIAL MEDIA

is a great opportunity to keep alumni, referring physicians and friends, updated on some of the developments in our department. Over time we will be adding patient education posts as well. We would love to hear from alumni. If you have interesting pictures or stories, please send them to Rachel Elvis at relvis@augusta.edu.

@mcgotolaryngology



JOB OPENINGS

To apply and receive additional information, please send a curriculum vitae to Dr. Stil Kountakis at skountakis@augusta.edu.

FACULTY, FULL-TIME POSITIONS, RANK COMMENSURATE WITH EXPERIENCE

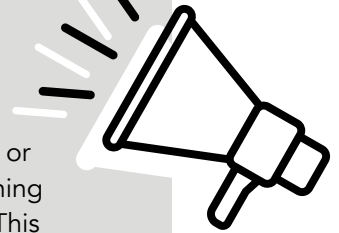
Otologist/Neurotologist

We are seeking an individual at the Assistant or Associate Professor level with fellowship training in Otolaryngology/Neurotology. This is a full-time position at the Medical College of Georgia at Augusta University and Wellstar MCG Health. Excellent resources are available and rank is commensurate with experience.

Facial Plastic Surgeon

We are seeking an individual at the Assistant or Associate Professor level with fellowship training in Facial Plastic and Reconstructive Surgery. This is a full-time position at the Medical College of Georgia at Augusta University and Wellstar MCG Health. Excellent resources are available and rank is commensurate with experience.

website: <https://www.augusta.edu/hr/jobs/#job-portals>



24th ANNUAL PORUBSKY SYMPOSIUM AND ALUMNI EVENT

June 12-13, 2026

AOEF - Porubsky Symposium (aoefdn.org)



AUGUSTA UNIVERSITY
**MEDICAL COLLEGE
OF GEORGIA**

Otolaryngology – Head and Neck Surgery

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