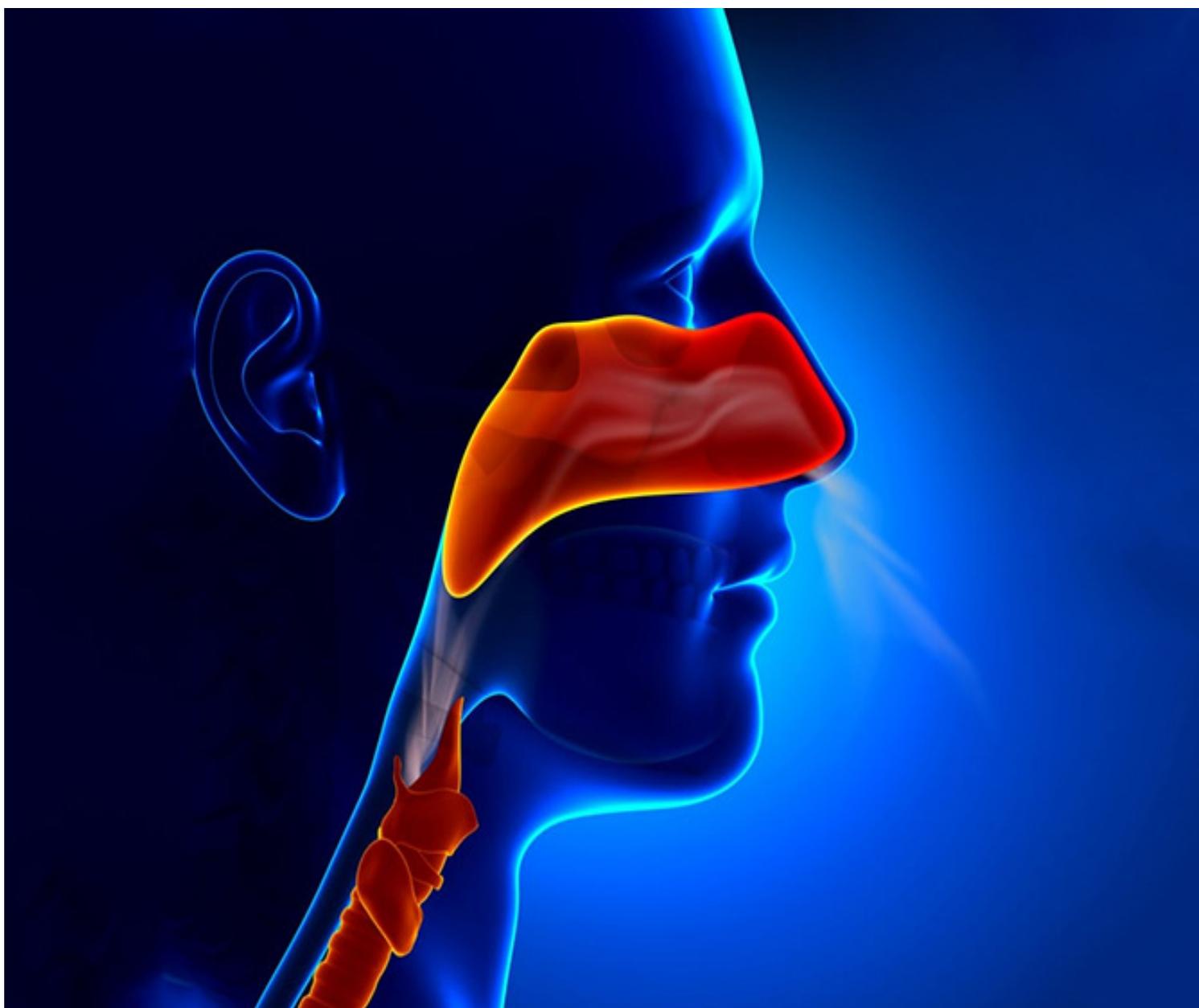




A Biannual Publication of the Medical College of Georgia Department of Otolaryngology-Head and Neck Surgery

The OTO OBSERVER

The Newsletter of the Department of Otolaryngology-Head and Neck Surgery



AUGUSTA UNIVERSITY
MEDICAL COLLEGE
OF GEORGIA

Department of Otolaryngology-Head and Neck Surgery

Summer 2018

CHAIRMAN'S NOTE

DEAR READERS,



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 Medical College of Georgia
 Department of Otolaryngology —
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I hope you are doing well and are enjoying the summer. With the rains we had late last spring I thought summer would never come, but in academic medicine, we have the graduating activities and end of the year symposia to remind us. After five years of intensive training our residents (and fellows) are ready to move on, with many of them becoming the next generation of leaders in otolaryngology. It is a bitter-sweet moment for us, as after all these years, it feels like we are sending our children away. The road is long with many sacrifices, rules are enforced and bars are reset, but at the end we hope that the best possible otolaryngologists leave us to take care of their own patients. We expect they will be better than us otherwise we will be devolving and not evolving. We also expect they will be better than us as they will take care of us before long.

Enjoy your summer because it will be over soon enough.

A handwritten signature in black ink that reads "Stil Kountakis". The signature is fluid and cursive.

Stil Kountakis, MD, PhD
Professor and Chairman, Department of
Otolaryngology-Head and Neck Surgery
Edward S. Porubsky, MD Distinguished
Chair in Otolaryngology
skountakis@augusta.edu



IN THIS ISSUE

SUMMER 2018

The Oto Observer is produced biannually by the Medical College of Georgia Department of Otolaryngology-Head and Neck Surgery. Please direct comments or questions to otolaryngology@augusta.edu.

FACULTY HIGHLIGHTS _____	4
Faculty Honors	
Selected Publications	
Visiting Professor Series	
FACULTY HIGHLIGHTS _____	5
Welcome New Faculty	
CLINICAL SPOTLIGHT _____	6
Case Report	
CLINICAL HIGHLIGHTS _____	8
World Voice Day	
Head and Neck Cancer Screening	
OTOLARYNGOLOGY-HEAD AND NECK _____	9
SURGERY TEAM	
ACADEMIC HIGHLIGHTS _____	10
2018 Porubsky Symposium	
RESIDENT & ALUMNI NEWS _____	11
Hail & Farewell	
Consultant of the Year	

FACULTY HONORS



Dr. Stil Kountakis was an examiner for the American Board of Otolaryngology and an invited speaker at the UVA Fitz-Hugh Symposium in Charlottesville, VA.



Dr. J. Drew Prosser was an invited speaker at the Georgia Society of Otolaryngology Fall Meeting and received AU-MCG Exemplary Teaching Awards for undergraduate and graduate medical education.

SELECTED PUBLICATIONS

Johnson CM, Pate MB, **Postma GN**. Effect of chromoendoscopy filters on visualization of KTP laser-associated tissue changes: A cadaveric animal model. *Otolaryngol Head Neck Surg* 158(4):637-640, 2018.

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Fritz MA, **Postma GN**. Where am I? Transnasal esophagoscopy outside the normal esophagus. *Ear Nose Throat J* 96(12):E44, 2017.

Fuller CW, **Prosser JD**. Epistaxis in children: Evaluation and management. *Curr Treat Options Peds* 4:1-8, 2018.

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Kay S, Godsell J, Edelmayer L, **Terris DJ**. Microinvasive parathyroidectomy: Incremental improvement in minimally invasive parathyroid surgery. *Laryngoscope* Dec 14, 2017 (Epub ahead of print).

Book Chapter

Dell JH, Duke WS, **Terris DJ**. Thyroidectomy: Robotic Facelift Approach. In: Fong Y, Woo Y, Hyung WJ, Lau, C, Strong V, Eds. *The SAGES Atlas of Robotic Surgery*, Springer 2018.

2018 Visiting Professor Series

September 4, 2018

Carsten Schroeder, MD, PhD

Associate Professor of Surgery
Director, GA Cancer Center Thoracic
Oncology Surgery Service, Department of
Surgery, Augusta University, Augusta, GA

October 2, 2018

L. Renee Hilton, MD

Assistant Professor of Surgery
Director, Center of Obesity and Metabolism
Augusta University, Augusta, GA

November 6, 2018

Milan R. Amin, MD

Associate Professor
Director, NYU Voice Center
Department of Otolaryngology
NYU Langone Medical Center
New York, NY

December 4, 2018

Justin L. Antisdel, MD

Chairman and Associate Professor
Director, Rhinology and Sinus Surgery
Department of Otolaryngology
St. Louis University School of Medicine
St. Louis, MO

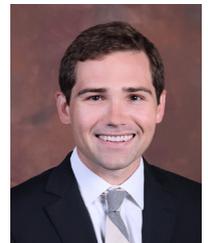
THE DEPARTMENT WELCOMES FOUR NEW FACULTY MEMBERS

We are excited to welcome to the department four new faculty members. William W. Carroll, MD joined the department as Assistant Professor of Pediatric Otolaryngology on July 1, 2018. W. Greer Albergotti, III, MD joined us as Assistant Professor of Head and Neck Surgery on August 1, 2018. Dr. Albergotti will also serve as Chief of Otolaryngology at the Charlie Norwood VAMC. Mingsi Li, MD joined us as Assistant Professor of Otolaryngology on August 20, 2018 and Camilo A. Reyes, MD will join us as Assistant Professor of Otolaryngology on September 1, 2018.



Dr. Carroll earned his undergraduate degree at Davidson College in Davidson, North Carolina. He earned his medical degree and completed his residency in Otolaryngology-Head and Neck Surgery at the Medical University of South Carolina. He completed a one-year fellowship in Pediatric Otolaryngology and Facial Plastic Surgery at Children's Hospital and Clinics of Minnesota in Minneapolis. Dr. Carroll is trained in all aspects of Pediatric Otolaryngology and specializes in craniofacial and cleft lip/cleft palate surgery. His research interests are pediatric head and neck tumors, and craniofacial reconstruction.

Dr. Albergotti earned his undergraduate degree at Washington and Lee University in Lexington, Virginia, and his medical degree at the Medical University of South Carolina in Charleston. He completed his residency in Otolaryngology-Head and Neck Surgery at the University of Pittsburgh, and a one-year fellowship in Head and Neck and Reconstructive Surgery at the Medical University of South Carolina. Dr. Albergotti is trained in all aspects of Otolaryngology and specializes in head and neck ablative surgery and microvascular reconstructive surgery. His research interests are quality of life in head and neck cancer patients, transoral robotic surgery, and HPV+ oropharyngeal squamous cell carcinoma.



Dr. Li earned his undergraduate degree at the University of Pennsylvania and his medical degree at Case Western Reserve University. He completed his residency in Otolaryngology-Head and Neck Surgery at the Cleveland Clinic, and a one-year fellowship in Rhinology and Sinus-Skull Base Surgery at the Medical College of Georgia at Augusta University. Dr. Li is trained in all aspects of Otolaryngology and specializes in rhinology-sinus and skullbase surgery, general otolaryngology, facial trauma, facial plastic and reconstructive surgery, and sleep apnea disorders. His research interests include improving treatment outcomes in patients with inflammatory sinus diseases, and benign and malignant skull base tumors.

Dr. Reyes earned his medical degree at the Universidad Del Bosque in Bogota, Colombia. He completed his residency in Otolaryngology-Head and Neck Surgery at the Universidad Nuestra Señora del Rosario in Bogota, Colombia. He then completed three fellowships at the Medical College of Georgia at Augusta University in Rhinology and Sinus-Skull Base Surgery, Head and Neck and Microvascular Surgery, and Facial Plastic and Reconstructive Surgery. Dr. Reyes is trained in all aspects of Otolaryngology and specializes in facial plastic and reconstructive surgery, rhinology-sinus and skull base surgery, general otolaryngology, and sleep apnea disorders. His research interests include rhinology, inflammatory disease of the sinuses, nasal cavity tumors-cancer, skull base pathology, sinus and skull base anatomical studies, and head and neck cancer.



These new providers may be reached at 706-721-6100. If you would like to schedule an appointment, please call 706-721-4400 for adults and 706-721-5500 for pediatrics.

GLOMUS VAGALE: CASE REPORT

- CAMILO REYES, MD, J. KENNETH BYRD, MD AND GREGORY POSTMA, MD

Case Presentation

A 55-year-old Caucasian female complained of a six-month history of a progressively enlarging painless left neck mass. She denied dysphagia, dysphonia or any other associated symptoms. Past medical history was not significant for tobacco or alcohol use. She was treated with Doxycycline without improvement. She was then referred to a local otolaryngologist. Cervical exam revealed a large pulsatile mass that extended deep to the mandibular angle without lymphadenopathy. The remainder of the head and neck examination was normal. Neurologic examination, including shoulder movement, palate elevation, and tongue movement, were normal. On laryngoscopy, there was fullness of the left pharyngeal wall and full mobility of the vocal folds.

Contrasted computerized tomography was performed, demonstrating an avidly enhancing mass of the left carotid space from the level of the base of the styloid process to the level of the carotid bifurcation. Magnetic Resonance Arteriography revealed a 4.9 x 4.5 x 6.7 cm enhancing soft tissue mass at the bifurcation of the left common carotid artery with medial splaying of the left internal and external carotid arteries and multiple flow voids (Figure 1A-C).

After presentation at the MCG-AU Multidisciplinary Head and Neck Tumor Board, she was diagnosed with a paraganglioma, most consistent with glomus vagale. Preoperative angiography and coil embolization of the occipital artery was performed the night prior to surgery (Figure 1D).

A transcervical approach was used and exposure of the carotid sheath was performed, followed by identification

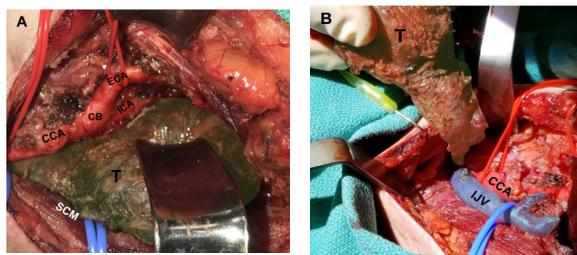


Figure 2. Intraoperative images A and B: T: Tumor, IJV: Internal Jugular Vein, CCA: Common carotid artery, CB: Carotid bulb, ECA: External Carotid Artery, ICA: Internal Carotid Artery. SCM: Sternocleidomastoid muscle. The tumor was sitting between the CCA and IJV which was displaced laterally with flow limitation. The Internal and External Carotid Arteries were displaced medially.

of the internal jugular vein, common carotid artery, and vagus nerve below the mass. Vessel loops were used to control and retract the vessels. Superiorly, the hypoglossal nerve was noted to be stretched over the mass; it was meticulously freed from the mass and was reflected superiorly. This allowed identification of the external carotid artery branches and partial distal control. Dissection of the tumor off the common and external carotid arteries with bipolar cautery and scissors was then performed to expose the carotid bulb. The mass was then freed off the internal carotid artery and was pedicled on the vagus nerve, which was sacrificed (Figure 2). Fat injection medialization laryngoplasty was performed after layered wound closure, anticipating true vocal fold paralysis.

Speech therapy was consulted on postoperative day one, and she was started on thickened liquids with head turn and discharged with an oral diet. She recovered uneventfully with speech therapy and advanced to normal diet. The pathology report confirmed paraganglioma as the diagnosis (Figure 3).

Discussion

Glomus vagale tumors are rare, slow-growing, hypervascular neoplasms that develop along the path of the vagus nerve. They are part of the group of tumors referred to as paragangliomas, which occur on sympathetic nerves in the head, neck, thorax and abdomen. Approximately 90% occur in the adrenal paraganglia (pheochromocytomas),

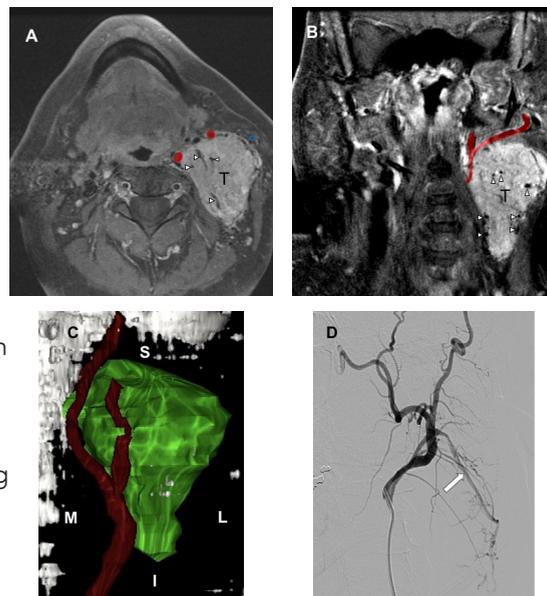


Figure 1. A. Axial T1 MRA with contrast. Both internal and external carotid arteries are highlighted in red, the internal jugular vein is highlighted in blue. T: Tumor. Notice multiple flow voids (arrow heads) in relation to the hypervascular nature of the tumor. B. Coronal contrast T1 MRA. The common carotid artery is highlighted in red. C. 3D reconstruction of the tumor (green) with relation to the common, internal and external carotid arteries. L: Lateral, M: Medial, S: Superior and I: Inferior. D. Cervicovertebral arteriogram depicting the occipital artery as the primary feeding vessel (white arrow).

and 3% occur in the neck¹. Paragangliomas of the head and neck include carotid body tumors (CBT), glomus jugulare, glomus tympanicum, and glomus vagale tumors. CBT are the most common in the head and neck, followed by jugular foramen, and vagal tumors (around 5% of all head and neck paragangliomas).

Glomus vagale tumors originate from one of the three ganglia of the vagus nerve, most frequently involving the nodose ganglion, and usually start within 2 cm of the vagal nerve's extracranial course. The most frequent presentation is a neck mass with hoarseness. The female:male ratio is approximately 2:1, with a mean age of diagnosis around 40 years². They tend to displace the carotid anteromedially, as seen in this case. CBT and glomus vagale tumors can be difficult to differentiate on physical exam due to their location, however, imaging can help to differentiate based on the pattern of splay of the carotid arteries³.

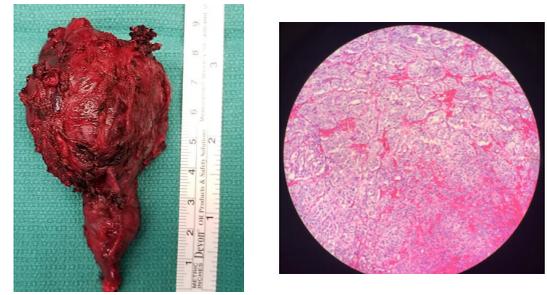


Figure 3. A. Left neck paraganglioma that measured 7.5 x 4.2 x 3.9 cm. B. Pathology revealed a trabecular pattern of cells within a prominent vascular network.

Paragangliomas of the head and neck may be treated with surgical resection or radiation, depending on the morbidity of resection, size, and patient comorbidities. Complete resection of vagal paragangliomas usually requires removal of the associated vagus nerve, thus creating a unilateral vocal fold paralysis and pharyngeal plexus deficit, along with pharyngeal hypesthesia and velopharyngeal insufficiency. Even when the vagus nerve is not transected, the nerve still fails to function postoperatively in most cases. A local control of 93.3% was observed after surgical resection at an 86.7-month follow-up in a meta-analysis⁴. In a series of 10 patients, a 100% local control was achieved at 156 months' follow-up without severe complications or cranial nerve deficit⁵. Because glomus vagale tumors have the greatest propensity for malignant behavior (19%)⁶, radiation therapy is considered for residual disease. Embolization of large paragangliomas decreases vascularity and blood loss in large tumors, at the expense of a brisk inflammatory reaction that makes dissection more difficult and carries a small stroke risk. If embolization is considered, it should be done between 24-48 hours to minimize scar formation around the tumor and to prevent recruitment of other blood vessels⁷. Although the incidence of catecholamine secretion is low in head and neck paragangliomas, screening of urine or plasma catecholamines should be considered preoperatively, especially in patients with suggestive symptoms.

Radiation therapy has an excellent local control rate (>95%), however, it requires a 5-week treatment and the radiation dose is higher (45Gy)⁸. Stereotactic radiation therapy is suitable for paragangliomas of less than 3 cm with a dose between 12.5-15Gy. In a cohort of 43 patients with 47 tumors observed for 5 years⁹, the mean growth rate was of 2mm per year. Overall, 42% remained stable, 38% grew, and 20% regressed.

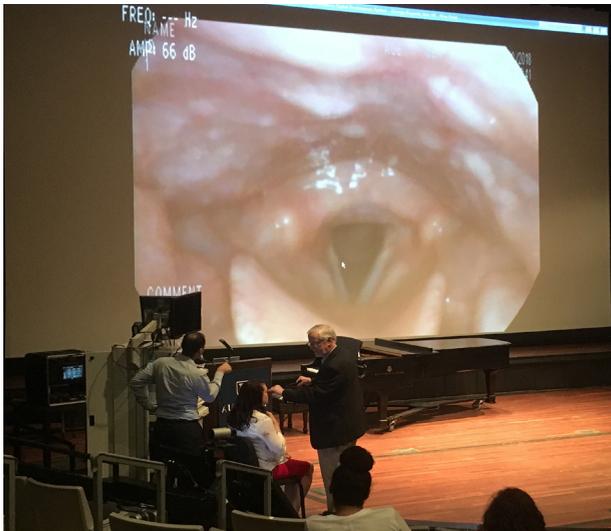
In summary, glomus vagale tumors are paragangliomas treated similarly to carotid body tumors. Control of vasculature intraoperatively is important for safe surgery, and embolization may be considered for large tumors. Recognizing the vagal origin of the tumor is important for patient counseling due to the high likelihood of nerve sacrifice and postoperative vocal fold paralysis.

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WORLD VOICE DAY 2018

– GREGORY N. POSTMA, MD



World Voice Day began in 2002 in Brazil as a way of calling attention to hoarseness as an early symptom of laryngeal cancer. Since that humble beginning it has spread and is now celebrated in more than 120 different countries. On April 14th at the Maxwell Theater, Augusta University celebrated this year's World Voice Day. This year's event was coordinated by Ms. Tonya Currier, Director of the Augusta University Opera Program. There were a number of short singing performances and lectures given. Lauren Enloe, the Senior Voice/Speech-Language Pathologist at the Medical College of Georgia gave a talk on "The Who, What, When, and Why" of speech therapy and voice teaching. In addition, there was a fascinating talk on nutrition-fuel for the athletic voice by Pam Brisky. Dr. Postma then gave the keynote lecture on "The Professional Voice". The finale was a live laryngoscopy of Ms. Jovania Colman performing *Alone and Yet Alive* from *THE MIKADO* written by Gilbert and Sullivan.

Overall this was a wonderful time together highlighting the importance of the voice in both our social and professional lives and helping our voice students and lay people to understand various voice related symptoms and the various problems that can cause them. We look forward to seeing some of you there next year!

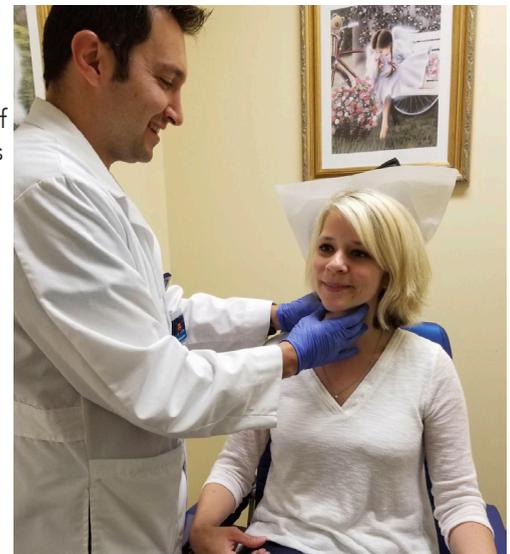
HEAD AND NECK CANCER SCREENING 2018

– J. KENNETH BYRD, MD

April is Oral, Head and Neck Cancer Awareness Month, and in efforts to provide education and raise awareness in the community, the Head and Neck Surgery team at Augusta University hosted their second annual free Head and Neck Cancer Screening on April 27, 2018. Under the leadership of Heather Bentley, Head and Neck Nurse Practitioner, the screening event was coordinated with the Division of Communications and Marketing at Augusta University to launch educational pieces and advertisements utilizing a social media platform and printed materials.

Seventy-five participants were examined and educated on the risks of developing head and neck cancers. Of the seventy-five participants, sixteen were recommended to follow up for further evaluation. Engaging with people face to face and educating them on risk factors, concerning symptoms, and when to seek help offers us hope that cancer patients would benefit from an increased community awareness and seek early detection and treatment.

Together, the Head and Neck Surgery team, Otolaryngology residents, and Otolaryngology clinical staff made this event successful, and we look forward to continuing this event in the future.



Otolaryngology - Head and Neck Surgery Team

SPECIALTIES INCLUDE:

- Head and neck cancer
- Thyroid and parathyroid surgery
- Facial plastic surgery
- Otology/Neurotology
- Rhinology (Nose and Sinuses)
- Laryngology (Voice, airway and swallowing disorders)
- Sleep apnea
- Pediatric otolaryngology (ENT)
- Skull base disorders

The Augusta University Otolaryngology-Head and Neck Surgery Department offers treatment of conditions affecting the ears, nose, throat, and head and neck including diagnostic procedures, minor surgical procedures, speech and language evaluation and treatment, and full audiology services including hearing aids and cochlear implants.

MEET THE TEAM



Stil Kountakis, MD, PhD, FACS
Professor and Chairman
Rhinology and Sinus Surgery



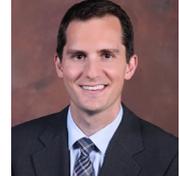
Gregory N. Postma, MD
Professor and Vice
Chairman
Chief, Laryngology



W. Greer Albergotti, III, MD
Assistant Professor
Head and Neck Surgery



J. Kenneth Byrd, MD
Assistant Professor
Chief, Head and Neck
Surgery



William W. Carroll, MD
Assistant Professor
Pediatric Otolaryngology



Michael W. Groves, MD, FACS
Assistant Professor,
General Otolaryngology
Residency Program Director



Mingsi Li, MD
Assistant Professor
Sleep Disorders,
Rhinology – Sinus/Skull
Base Surgery



J. Drew Prosser, MD
Assistant Professor
Chief, Pediatric
Otolaryngology



Camilo A. Reyes, MD
Assistant Professor
Facial Plastic and
Reconstructive Surgery,
Skull Base Surgery



Mohammad Seyyedi, MD
Assistant Professor
Otology/Neurotology



David J. Terris, MD, FACS,
FACE
Regents' Professor
Thyroid and Parathyroid
Surgery



Sungmee Kim, PA-C
Physician Assistant II
Thyroid and Parathyroid
Surgery



Marc LeDuc, PA-C
Physician Assistant II
Otology/Neurotology



Heather C. Bentley, FNP-C
Nurse Practitioner
Head and Neck Surgery



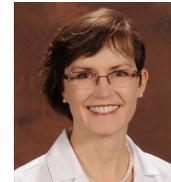
Krystal Oestreich, DNP,
CPNP-PC
Nurse Practitioner
Pediatric Otolaryngology



Brian B. Shirley, PNP-BC
Nurse Practitioner
Pediatric Otolaryngology



Sarah C. King, AuD, CCC-A
Director of Audiology



Laura E. Barber, AuD,
CCC-A
Audiologist



Sarah S. Storey, AuD,
CCC-A
Audiologist

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Pediatric	706-721-5500
Adult Head & Neck Cancer	706-721-6744

Department of Otolaryngology-Head and Neck Surgery

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2018 PORUBSKY SYMPOSIUM AND RESIDENT GRADUATION



Howard Francis, MD



Tammara Watts, MD



Troy Woodard, MD

By all accounts the 16th Annual Porubsky Symposium and Alumni Event was a rousing success. The weekend started off with a highly informative educational conference with wide-ranging lectures from faculty, residents and honored guest speakers. We were very lucky to be joined by Dr. Howard Francis, Chief of the Division of Head and Neck Surgery and Communication Sciences at Duke University, as our keynote speaker. His first lecture included an overview of otolaryngology's position in the world of population health, specifically addressing the challenges (and potential upside) of increased government and payor focus on quality as well as imparting important strategies for the recognition and avoidance of burnout. The following day, Dr. Francis described some elegant work he had performed to improve surgical skills education and assessment. Both lectures were very well received and generated important discussion among attendees.



Residents pose with Residency Program Director, Dr. Michael Groves.

We were also excited to introduce a new element to our yearly symposium by introducing our inaugural Resident and Fellow Alumni speakers. Representing our fantastic cohort of Resident Alumni was Dr. Tammara Watts, Associate Professor of Otolaryngology at University of Texas Medical Branch in Galveston, TX. She gave an enlightening lecture on the role of stromal cells in the tumor microenvironment, bringing the excitement of discovery through basic science to life for all in attendance. Our Fellowship Alumni were represented by Dr. Troy Woodard, Assistant Professor and Co-Director of the Advanced Rhinology and Endoscopic Skull Base Surgery Center at the Cleveland Clinic Foundation in Cleveland, OH. Dr. Woodard provided a review of his thoughtful, step-wise approach to reconstructing defects of the skull base. The combination of lectures from our three excellent guest speakers including global health economics, medical education, basic science and clinical medicine made for quite a well-rounded educational experience!



Alumni reminisce with Dr. Porubsky during the graduation festivities. (left to right) David McKee ('82), Bill Roberts ('83), Tom Crews ('86), Edward Porubsky (Professor Emeritus), Dan Toland ('85)

Following the educational conference, we had a fun and highly competitive Porubsky Golf Tournament. This was won by Drs. Keith Holmes, Thomas Holmes, Michael Groves and Howard Francis, marking the first time a guest speaker has ever been a part of the winning team! The weekend was capped off with a wonderful recognition dinner for our graduating chiefs and fellows. Overall, the weekend was a fantastic success, and we look forward to the 17th Annual Porubsky Symposium and Alumni Event June 14-15, 2019!



Chief Residents Dan Gerry and Dan Carroll

HAIL



PGY-1 Resident
Jeffrey Falco
from Texas A&M
Health Science
Center



PGY-1 Resident
Trevor Getz
from the
University of
Central Florida



PGY-1 Resident
Lindsey Megow
from AU Medical
College of
Georgia



Endocrine
Surgery Fellow
**Ahmad M.
Elteley**
from Cairo
University



Laryngology
Fellow
**Stephanie E.
Teng**
from New York
University



Rhinology-Skull
Base Fellow
Aykut A. Unsal
from Rowan
University

FAREWELL



Chief Resident
Daniel Gerry
will complete
a Facial Plastic
Surgery fellowship
at The Georgia
Center in Augusta



Chief Resident
Daniel Carroll
will join a private
practice in St.
Paul, MN



Facial Plastic
Surgery Fellow
Camilo Reyes
will join the faculty
at MCG-AU



Endocrine Surgery
Fellow
Nathaniel Walsh
will join a private
practice in
Orlando, FL



Laryngology
Fellow
**Abdumalik
Alsaied**
will join the faculty
at the University of
Dammam



Rhinology-Skull
Base Fellow
Mingsi Li
will join the faculty
at MCG-AU

2018 CONSULT OF THE YEAR



We are delighted to announce that Ramon E. Figueroa, MD was the unanimous selection for the Department of Otolaryngology Consultant of the Year for 2018. Dr. Figueroa is Professor and Chief of Neuroradiology in the Department of Radiology and Imaging at Augusta University. He received his medical degree and completed his residency training in diagnostic radiology from the University of Puerto Rico, and completed a fellowship in neuroradiology at the Medical College of Georgia. After fellowship he joined the faculty at MCG and has become an authority in his field. He is an excellent neuroradiologist, one of the best in the country, and everyone in our department has benefitted from his service. We are immensely grateful for the care that Dr. Figueroa provides our patients.



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 Department of Otolaryngology-Head and Neck Surgery
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PROFESSIONAL OPPORTUNITIES

Otologist/Neurotologist: We are seeking an Assistant or Associate Professor who wishes to join a thriving academic Otolaryngology/Neurotology practice. Fellowship/Postdoctoral training required.

Pediatric Otolaryngologist: We are seeking an Assistant or Associate Professor to join a thriving academic practice of two pediatric otolaryngologists.

To apply and receive additional information about the support associated with these opportunities, please send a curriculum vitae to Dr. Stil Kountakis, skountakis@augusta.edu.

Fellowships:

Endocrine/Head and Neck Surgery

Contact Dr. David Terris, dterris@augusta.edu

Rhinology and Sinus/Skull Base Surgery

Contact Dr. Stil Kountakis, skountakis@augusta.edu

Laryngology

Contact Dr. Gregory Postma, gpostma@augusta.edu

EDUCATIONAL EVENTS

April 11-13, 2019:

Southern States Rhinology Symposium
 Kiawah Island, South Carolina
 southernstatesrhinology.org

June 14-15, 2019:

Seventeenth Annual Porubsky Symposium
 and Alumni Event
 Augusta, Georgia
 aoefdn.org/porubsky

Giving Opportunities

Designate Your Gift to AU Otolaryngology-HNS

- Otolaryngology-HNS Fund \$ _____
- Porubsky Resident Education Fund \$ _____
- Otolaryngology Fund \$ _____
- Laryngology Fund \$ _____
- Skull Base Academic Fund \$ _____

TOTAL \$ _____

- Check enclosed to GHS Foundation
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Gifts are tax-deductible to the extent provided by law.
 For more information, call 706-721-2515
 or visit augusta.edu/igive.
 Mail to: Eileen Brandon, Office of Advancement,
 1120 15th St. FI-1031, Augusta, GA 30912.