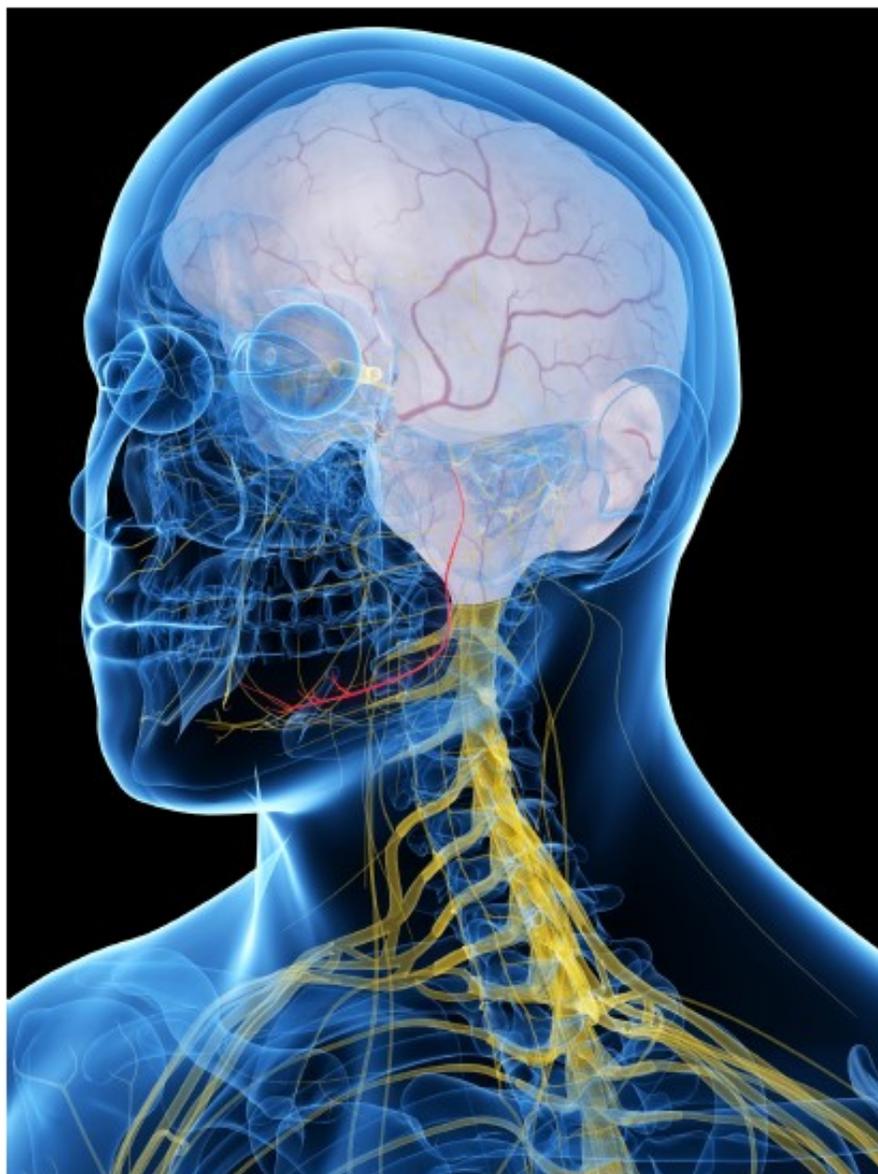




A Biannual Publication of the Medical College of Georgia Department of Otolaryngology-  
Head and Neck Surgery

# The **OTO** **OBSERVER**

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



AUGUSTA UNIVERSITY  
**MEDICAL COLLEGE  
OF GEORGIA**

Department of Otolaryngology

Summer 2020

## DEAR READERS,



I hope everyone is doing well and navigating current troubled waters successfully.

We at the Medical College of Georgia-Augusta University are proud of our tripartite mission of patient care, education and research, but for us this means triple the problems during the COVID-19 era. We feel bad that our patients missed needed care, our research endeavors basically came to a halt and we were unable to recognize our 2020 resident and fellow graduates in our traditional and festive way. But we stood our ground and we are coming out of the pandemic stronger than ever. AU faculty members designed a COVID-19 screening app that now serves as the template for screening for the entire State of Georgia and our Health System labs are working on all cylinders testing our patients and our health care personnel. This allowed our operating rooms to remain functional and this week we are proud to report that we are back to pre-pandemic levels and on the way to breaking performance records, while improving the quality of the care we deliver.

Our residents, fellows and faculty members continue to work on database related research projects and we have increased our manuscript submission rate. Unfortunately, our 2020 Porubsky Symposium and Alumni event was cancelled, but we were able to have a recognition of our graduates using a virtual communications platform. We were able to keep our distance and cover our faces as ordered, but at least we did not let a little backstabbing RNA in a can with a crown on its head steal the moment from our graduates.

Thank God golf courses stayed open in the Augusta area, hopefully in all of Georgia.

Have a great summer and stay healthy.

A handwritten signature in black ink that reads "Stil Kountakis". The signature is written in a cursive, slightly slanted style.

**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](mailto:skountakis@augusta.edu)**

**Department of Otolaryngology -  
Head and Neck Surgery  
Medical College of Georgia  
Augusta University  
1120 15th St BP-4109  
Augusta, GA 30912  
Academic Ofc: 706-721-6100  
Appointments: 706-721-4400  
Fax: 706-721-0112  
[augustahealth.org/ent](http://augustahealth.org/ent)  
[augusta.edu/mcg/otolaryngology](http://augusta.edu/mcg/otolaryngology)**

## FACULTY HONORS



**Dr. William Greer Albergotti, III** received the MCG-AU Exemplary Teaching Award for Undergraduate Medical Education.



**Dr. Michael Groves** was named the Associate Dean of Graduate Medical Education for the Medical College of Georgia and Associate Designated Institutional Official in the Office of Academic Affairs.



**Dr. Mingsi Li** received the MCG-AU Exemplary Teaching Award for Graduate Medical Education.



**Dr. Gregory Postma** was selected as one of Americas Top Doctors for 2020 for the 18<sup>th</sup> consecutive year. He was also featured in the Jagwire Article "Difficulty Swallowing is a symptom, MCG/AU Health team can help find the cause"

<https://jagwire.augusta.edu/6-19-ready-hh-rr-difficulty-swallowing-is-a-symptom-mcg-au-health-team-can-help-find-the-cause/>



**Dr. Camilo Reyes** was featured in Your Health Today AU Spring 2020 magazine. The article discusses the link between allergic rhinitis and sinusitis and how surgery can help prevent rhinitis from progressing to sinusitis.

<https://yourhealth.augustahealth.org/2020/03/26/breathe-a-sigh-of-relief/>



**Dr. David Terris** was selected as one of America's Top Doctors for 2020.

## SELECT PUBLICATIONS

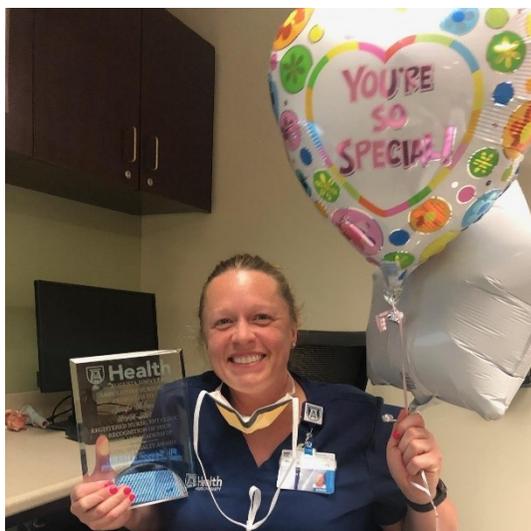
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Carroll DJ, Leto CJ, Yang ZM, Fritz MA, Ho B, **Byrd JK**, **Groves MW**, Dellsperger KC, **Kountakis SE**, **Postma GN**. Implementation of an Interdisciplinary Tracheostomy Care Protocol to Decrease Rates of Tracheostomy-related Pressure Ulcers and Injuries. *Am J Otolaryngol*. Online ahead of print; Apr 2020.

## STAFF AWARDS



Otolaryngology clinic nurse, Jennifer Bellamy, RN, received the Ambulatory Nursing Specialty of the Year Award. While Jennifer has only been in the department a short time, she has been at Augusta University since 2017 and has been a Registered Nurse for nearly 18 years. Jenn continues to show her commitment to the team through her hard work and her passion and joy for patient care is always apparent. We are so proud of Jenn and consider the department lucky to have such a caring clinic nurse serving our patients.

## STAFF ANNOUNCEMENTS

We are very happy and proud to announce that our Otolaryngology Clinic Nurse Manager, Sandra Oglesby, RN received her Master's Degree in Nursing with a concentration in Leadership and Management. Sandra excelled in the program, which she finished in just 8 and ½ months! During her studies, she received four Excellence Awards for exemplary work!

Sandra has been with AUMC for 35 years in various positions and currently serves as Nurse in Charge of the Surgical Subspecialty sites including Surgery, Urology Plastics and Otolaryngology. Sandra is nationally board certified as a Nurse Executive, a member of Sigma Theta Tau International Honor Society of Nursing for excellence and exceptional achievements in nursing, and a member of the American Nurses Association. In addition, Sandra is a certified CPR instructor for 25 years and currently holds monthly classes for AUMC Ambulatory Services. More importantly, Sandra has done an amazing job with our clinic and has assembled a great team of nurses and clinical staff helping all providers and our patients.



## CONSULTANT OF THE YEAR



We are delighted to announce that Scott Rahimi, M.D. was the unanimous selection for the Department of Otolaryngology Consultant of the Year for 2020. Dr. Rahimi is an Associate Professor in the Department of Neurosurgery as well as the Director of Endovascular Services and Co-Director of Cerebrovascular Services at Augusta University. He received his medical degree from Georgia Health Sciences University in Augusta Georgia. He completed his residency in Neurosurgery at Georgia Health Sciences University followed by a Neurovascular Surgery Fellowship at Emory University, in Atlanta, Georgia. Dr. Rahimi joined the faculty at MCG and has been a tremendous asset to our Division of Head and Neck Surgery. We are immensely grateful for the care that Dr. Rahimi provides our patients.

## PORUBSKY SYMPOSIUM 2021 KEY NOTE SPEAKER



We are delighted to announce that Randal Otto has been selected as the 2021 Porubsky Symposium key note speaker. Dr. Randal Otto is the chair of the Department of Otolaryngology at the University of Texas San Antonio. His clinical and research interests are in head and neck oncology, diseases of the thyroid and parathyroid, reconstructive head and neck surgery, paranasal sinus disease, and cancers of the tongue, throat, tonsil, larynx, pharynx, neck, skin, paranasal sinuses and ear. We know that Dr. Otto will bring a unique perspective gained from a very fruitful career and we look forward to the message he will share to all those in attendance at the 2021 Porubsky Symposium.

### SAVE THE DATE

**April 22-24, 2021**

**Southern States Rhinology Symposium**

Kiawah Island, South Carolina

[www.southernstatesrhinology.org](http://www.southernstatesrhinology.org)

**June 11-12, 2021**

**Annual Porubsky Symposium and Alumni Event**

Augusta, Georgia

Distinguished Guest Speaker: *Randal Otto, MD*

Fellow Alumni Speaker: *Lana L. Jackson, MD, PharmD*

Resident Alumni Speaker: *Jason Champagne, MD*

[www.aofedtn.org/Porubsky](http://www.aofedtn.org/Porubsky)

# RECURRENT CRANIOPHARYNGIOMA IN A PEDIATRIC PATIENT

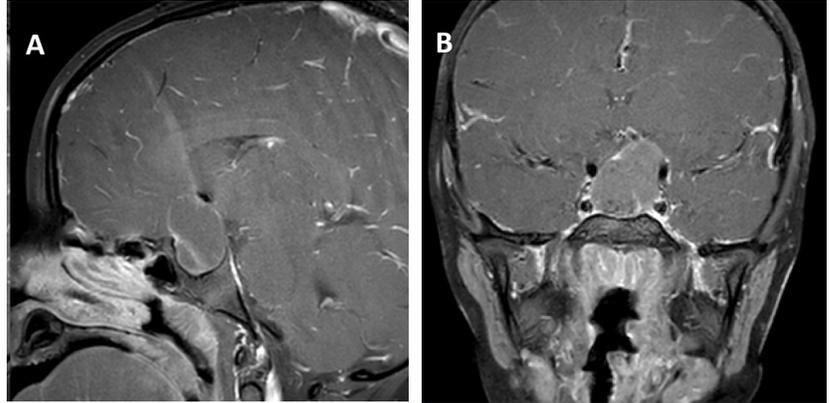
J. KENNETH BYRD, MD, FACS AND MARTIN RUTKOWSKI, MD

Summer 2020

OTO OBSERVER

## Case Presentation

A 4-year-old female with a history of adamantinomatous craniopharyngioma resection via pterional craniotomy at age 3 by an outside neurosurgeon presented with increasing daily headaches and worsening vision loss. She had done well since her surgery, having partial hypopituitarism managed with desmopressin, levothyroxine, and prednisone. Early post-resection MRIs demonstrated some residual enhancement favored to represent surgical changes and frontal encephalomalacia resulting from brain retraction and a small postoperative stroke. Imaging at one year, however, demonstrated 1.5 x 2.3 x 1.7 cm cystic sellar and suprasellar recurrence with mild compression of the optic chiasm (Figure 1A, B).



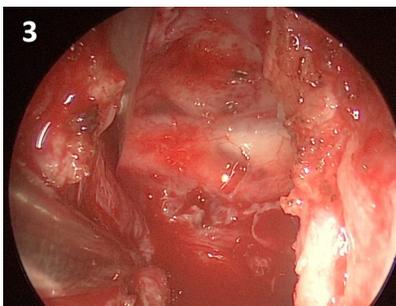
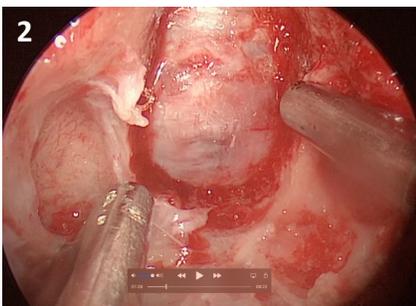
**Figure 1:** Contrast-enhanced T1 Sagittal (A) and Coronal (B) MRI demonstrating sellar and suprasellar cystic lesion consistent with recurrent craniopharyngioma

On exam, the patient was developmentally normal for her age and talkative, with her ophthalmologic exam demonstrating visual field defects, but was otherwise neurologically intact. Due to tumor growth, worsening headaches, and progressive visual loss, surgical resection of the recurrent tumor was planned as a joint case with otolaryngology and neurosurgery via endoscopic endonasal approach.

## Surgical Technique

After induction of general anesthesia, the nasal cavity was decongested with topical epinephrine. Stereotactic intraoperative navigation CT and MRI were registered to the patient. A 0-degree Hopkins rod was used for visualization. A left-sided nasoseptal flap was raised. Wide bilateral sphenoidotomies and posterior septectomy were performed to allow visualization of the sella, cavernous internal carotid arteries, and optic protuberances. A right posterior ethmoidectomy was necessary to create working space for 3-handed technique due to confined pediatric anatomy.

At this point, 2-surgeon dissection commenced, removing mucosa and using powered instrumentation to remove the intersinus septum posteriorly to the sella. The bone of the sella, tuberculum, and planum was thinned with a drill, then removed carefully to expose dura (Figure 2). The doppler was used to confirm the location of the internal carotid arteries and superior intercavernous sinus, and the dura was opened sharply in the midline. After the craniopharyngioma wall was identified, the dural incision was continued rostrally into the planum dura, exposing the suprasellar portion of the tumor. Tumor capsule was carefully dissected from each medial



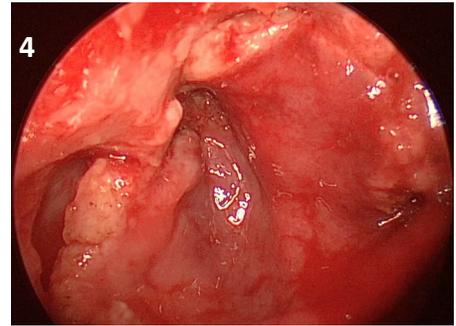
**Figure 2:** Sellar and suprasellar dura has been exposed.

**Figure 3:** Tumor (left) is dissected from the optic chiasm

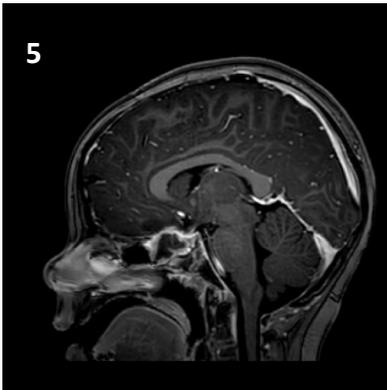
cavernous sinus wall, and then superiorly off the undersurface of the optic chiasm and bilateral optic nerves (Figure 3). The pituitary stalk was divided sharply, and the craniopharyngioma removed in its entirety. Inspection of the defect with an angled scope revealed a low flow CSF leak and no residual tumor.

Reconstruction commenced with a 3-layer closure comprised of subdural collagen, a button graft of dual layer bovine pericardium, and the vascularized nasoseptal flap (Figure 4). This was secured into place with surgical and tissue glue, followed by a merocel sponge.

Postoperatively, the patient recovered well without neurologic deficits or CSF rhinorrhea with subjective improvement in vision. Her expected postoperative panhypopituitarism was managed medically. Her packing was removed in the operating room on postoperative day 5, and she was discharged home on postoperative day 7. She underwent debridement in



**Figure 4:** Vascularized nasoseptal flap overlying collagen and bovine pericardium layered reconstruction



**Figure 5:** Sagittal contrasted T1 MRI demonstrating decompressed optic chiasm with resolving sellar granulation tissue and packing material, without evidence of recurrence

the operating room two weeks later, which demonstrated a healing surgical site without CSF leak. Ophthalmologic evaluation revealed recovery of optic nerve function with normal visual fields and acuity. MRI performed 4 months postoperatively confirmed gross total resection without evidence of recurrence (Figure 5).

### Background

Craniopharyngiomas are benign tumors arising from remnants of Rathke's pouch along the craniopharyngeal duct. The pituitary gland forms during the fourth week of gestation as a fusion of oral ectoderm and neuroectoderm. Rathke's pouch represents a diverticulum that migrates upward from the developing oral cavity and eventually forms the anterior gland or adenohypophysis, while the posterior gland or neurohypophysis arises from neural tissue. Incomplete involution of Rathke's cleft can lead to craniopharyngioma of the sella, sella/suprasellar cistern, or more rostrally along the infundibulum toward the third ventricle.

They present with a bimodal distribution, including children aged 5-14 and adults over 50. Presentation includes headaches, visual loss, and hypopituitarism. More specifically, pediatric patients can suffer from delayed growth and puberty and obesity secondary to hypothalamic involvement, while adults often suffer memory loss and cognitive deficits. Diabetes insipidus can also be seen in a minority of patients with tumors involving the infundibulum.

Histopathology falls into two categories<sup>1</sup>. Children more often develop the adamantinomatous variant, which is characterized by dense calcification, stratified squamous or adamantanoid epithelium, wet keratin nodules, and cystic changes. The papillary variant is seen more often in adults and involves squamous epithelium with pseudopapillae and mucinous goblet cells. They frequently lack the calcifications and cystic change seen in adamantinomatous tumors. Papillary variants can possess the BRAF V600e mutation, a potential target of the biologic agent vemurafenib.

Treatment is primarily surgical<sup>2</sup>, with endonasal endoscopic approaches now increasingly favored over open craniotomy approaches. Tumor size, involvement of the optic apparatus, suprasellar extension, vascular relationships, endocrinopathy, and previous treatment are all factors to consider in approach selection. Attempts at stalk preservation invariably result in hypopituitarism in a majority of patients<sup>3</sup>, making gross total resection an important goal in particular in pediatric patients in whom postoperative radiotherapy can hold high endocrine and visual morbidity. Radiosurgery or fractionated radiotherapy are reserved for residual tumors, with excellent published rates of tumor control.

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## RESIDENCY PROGRAM TRANSITION



**Michael Groves, MD, FACS**  
Associate Professor  
Associate Dean of Graduate  
Medical Education Assistant

When I was named Program Director of the Otolaryngology – Head and Neck Surgery Residency at the Medical College of Georgia in 2014, I had one mission in mind – to continuously improve the program and make MCG the best place possible for our trainees to learn their craft. I cannot believe how quickly the subsequent six years flew by.

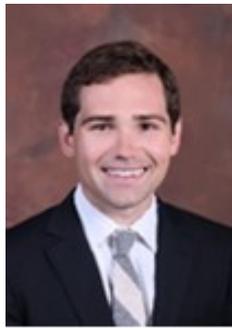
I am proud of many of the things our program has achieved since that time. With the strong support of our Chair, Dr. Kountakis, and the esteemed otolaryngology faculty, we have expanded the resident complement from 10 to 13 (the first permanent increase since 1985) and maintained ACGME-accreditation without citations for 5 years straight. Additionally, we secured new training sites at the Dwight D. Eisenhower Army Medical Center and

the Southern Otology Clinic at University Hospital; expanded resident experiences in areas such as audiology, allergy, speech pathology and neuroradiology; opened a new, state-of-the-art temporal bone lab; and helped lead the way for the hospital in resident involvement in quality improvement.

Nevertheless, I am undoubtedly most proud of the many fantastic residents who have completed their training here and moved on to successful careers in both academia and private practice and of recruiting many more outstanding people into the program. As I relinquish my role as Program Director in order to transition into my new position as Associate Dean for Graduate Medical Education and Assistant Designated Institutional Official for MCG, I feel a touch of sadness that I



**J. Drew Prosser, MD**  
Associate Professor  
Chief, Pediatric Otolaryngology  
Residency Program Director



**W. Greer Albergotti, III, MD**  
Assistant Professor  
Head and Neck Surgery  
Associate Residency Program  
Director

will no longer be at the residency helm when these fine individuals graduate.

Fortunately, I am able to leave them, and the program, in more than capable hands. I am happy to announce that Dr. J. Drew Prosser, Associate Professor and Chief of the Division of Pediatric Otolaryngology will be our new Program Director. He will be ably assisted by our new Associate Program Director, Dr. W. Greer Albergotti, III, Assistant Professor and member of our world-class head and neck surgery team. I am confident that with their strong leadership and unwavering dedication to our trainees, the MCG



**Dr. Stil Kountakis (right)** Chairman and Professor presents **Dr. Michael Groves (left)** with an award commemorating his exceptional years of service as Residency Program Director.

## HAIL AND FAREWELL

### Welcome New Residents and Fellows

We are pleased to announce the results of this year’s very successful residency match. George Davies joins us from the University of Tennessee, Nicholas Drury from Mercer University in Macon Georgia, and Savannah Stockton from the University of Mississippi. All three of these individuals are excellent additions to our residency program and we are excited to begin working with them.

In addition to new residents, we have three individuals that began their fellowships with us in July. Simon Holoubek from Des Moines University will be the 13<sup>th</sup> Endocrine/Head & Neck Surgery fellow, Stephen

					
PGY-1 Resident <b>George Davies</b> University of Tennessee	PGY-1 Resident <b>Nicholas Drury</b> Mercer University	PGY-1 Resident <b>Savannah Stockton</b> University of Mississippi	Laryngology Fellow <b>Stephen Larson</b>	Endocrine Surgery Fellow <b>Simon Holoubek</b>	Rhinology Fellow <b>Lindsey Ryan</b>

### Farewell Graduating Residents and Fellows

Congratulations to our graduating Residents and Fellows. Although we were unable to celebrate in typical fashion, the department hosted a very small ceremony following all applicable COVID-19 guidelines, which was broadcasted via an online platform for family and friends to participate. Our graduating Residents and Fellows will surely go on to have fruitful Otolaryngology careers taking with them the knowledge and experi-

					
Chief Resident <b>Calvin Myint</b> Joined Ear Nose and Throat Specialists in Conyers, GA as a General Otolaryngologist .	Chief Resident <b>Zachary Zimmerman</b> Is pursuing fellowship in Facial Plastics & Reconstructive Surgery at Northwestern University in Chicago,	H&NS Fellow <b>Ahmad M. Elteley</b> joined the faculty as Assistant Lecturer of Otolaryngology at Cairo University in Cairo, Egypt.	Endocrine Surgery Fellow <b>David Temmermand</b> joined Advanced ENT in Voorhees, NJ.	Rhinology-Skull Base Fellow <b>Chadi Makary</b> rejoined the faculty as Associate Professor at West Virginia University in Morgantown, WV.	Laryngology Fellow <b>Zao Mike Yang</b> joined the faculty as Assistant Professor at UT Voice Center in San Antonio, TX.