

# Otolaryngology

at Weill Cornell Medical College

Head & Neck Surgery  
Otology/Neurotology  
Plastic and Reconstructive Surgery  
Hearing and Speech  
*and related disciplines*

THIRD EDITION

## With the Child in Mind

**Department debuts new facility  
dedicated to children and families**

– see page 10

**NewYork-Presbyterian**

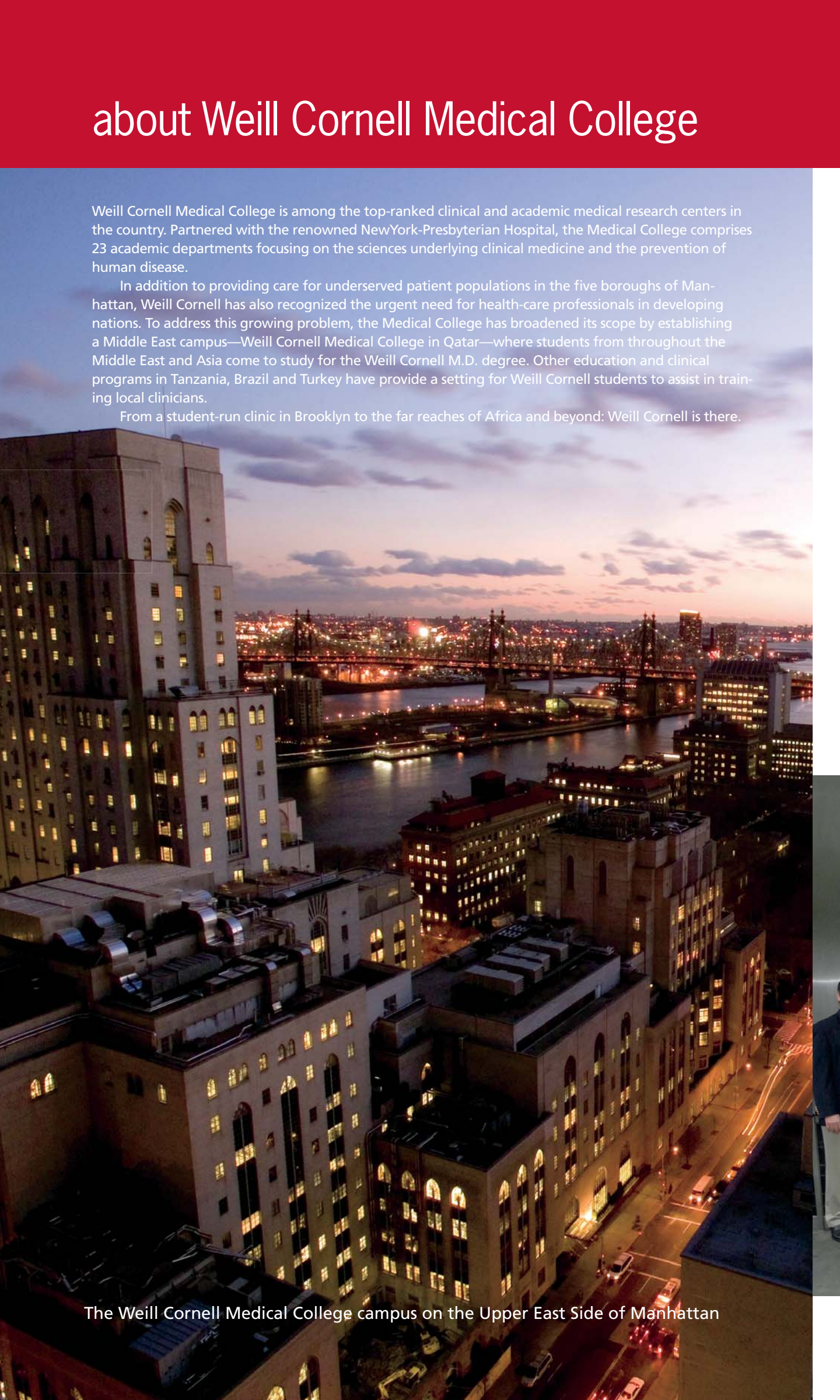
The University Hospital of Columbia and Cornell

# about Weill Cornell Medical College

Weill Cornell Medical College is among the top-ranked clinical and academic medical research centers in the country. Partnered with the renowned NewYork-Presbyterian Hospital, the Medical College comprises 23 academic departments focusing on the sciences underlying clinical medicine and the prevention of human disease.

In addition to providing care for underserved patient populations in the five boroughs of Manhattan, Weill Cornell has also recognized the urgent need for health-care professionals in developing nations. To address this growing problem, the Medical College has broadened its scope by establishing a Middle East campus—Weill Cornell Medical College in Qatar—where students from throughout the Middle East and Asia come to study for the Weill Cornell M.D. degree. Other education and clinical programs in Tanzania, Brazil and Turkey have provide a setting for Weill Cornell students to assist in training local clinicians.

From a student-run clinic in Brooklyn to the far reaches of Africa and beyond: Weill Cornell is there.



The Weill Cornell Medical College campus on the Upper East Side of Manhattan

## Dr. Selesnick named president of ANS

In October of 2009, Samuel H. Selesnick, MD, presided over the Fall Scientific Meeting of the American Neurotology Society held in San Diego, California.

The conference, which was held in conjunction with the annual meeting of the American Academy of Otolaryngology–Head and Neck Surgery, featured guest lecturers, panel discussion and the participation of more than 250 neurotologists.

The first panel discussion was titled “Office-Based Procedures in Otology and Neurotology.”

Dr. Lawrence Lustig led the second panel, titled “Frequently Encountered But Vexing Cases of Sensorineural Hearing Loss.”

The Franklin M. Rizer lecture, titled “The State of Bilateral Cochlear Implantation: 2009,” was presented by Dr. Gerard O’Donoghue.

Dr. Philip Gutin delivered the William E. Hitselberger lecture, titled “Difficult Meningiomas: A Neurosurgical Perspective.”

The conference spanned the breadth of neurotology, from routine procedures, to the complicated skull-based surgery required for posterior and middle fossa skull base meningiomas.

In May 2010, the ANS will convene again in Las Vegas for the 45th annual spring meeting. This two-day conference will feature additional distinguished guest speakers and panelists. □



Participants at the 2009 Resident Research Day held at the Weill Greenberg Center. Guests included the 2009 James Moore visiting professor Dr. David Nielsen, CEO of the American Academy of Otolaryngology- Head and Neck Surgery; visiting judges Dr. Soly Baredes, UMDNJ-Newark, and Dr. Allan Abramson, Northshore-LIJ Medical Center; along with faculty and residents from the Columbia-Weill Cornell residency program.



# from the vice chairman

As Professor and Vice Chairman of Otorhinolaryngology, I am pleased to announce that our Chairman, Dr. Michael Stewart, has been appointed the new Senior Associate Dean for Clinical Affairs at the Medical College, effective January 1, 2010. Dr. Stewart will fulfill this role while retaining his titles as Professor and Chairman of the Department of Otorhinolaryngology at Weill Cornell Medical College and Otorhinolaryngologist-in-Chief at NewYork-Presbyterian Hospital/Weill Cornell Medical Center.

“Since joining our faculty in 2005, Dr. Stewart has worked tirelessly to establish Weill Cornell’s Department of Otorhinolaryngology as one of the premier ENT departments in the country,” said Dr. Antonio M. Gotto Jr.,

Dean of the Medical College. “I am confident that Dr. Stewart will bring that same dedication and vision to his new post as Senior Associate Dean for Clinical Affairs at the Medical College.”

In addition to his duties as Chairman of the Otorhinolaryngology Department, Dr. Stewart will oversee all matters relating to clinical organization and patient care, serving as chief liaison among the clinical faculty, Physician Organization, and the Dean’s Office. Dr. Stewart will also work to maintain and foster joint programming and service planning with the Medical College’s chief clinical partner, NewYork-Presbyterian Hospital, as well as the Hospital for Special Surgery, Memorial Sloan-Kettering Cancer Center, Rockefeller University and Methodist Hospital in Houston. In addition, he will collaborate with the Research Dean and Chief Operating Officer as the Medical College moves forward with its strategic planning process. Dr. Stewart will also collaborate with the other Associate Deans to promote and advance clinical research and clinical excellence.

Please join me in congratulating Dr. Stewart on his new post here at Weill Cornell Medical College.



Samuel H. Selesnick, MD  
Professor and Vice Chairman



Dr. Samuel Selesnick and Dr. Michael Stewart

# from the chairman

Thanks for your interest in our Department. Our outstanding faculty provide the full spectrum of modern Otolaryngologic care. In addition, we are proud of the academic and educational accomplishments of our faculty, who regularly participate in national and international meetings and programs. We are also fortunate to practice in one of the top-rated academic hospitals in the USA, and the top-rated hospital in New York City: NewYork-Presbyterian Hospital.

We moved into beautiful new space in the Weill Greenberg Center in 2007, and although it was more than double the size of our previous space, we have already outgrown it. So we are excited about having moved our growing and dynamic Pediatric Otolaryngology section into newly renovated space in the Oxford Building in September 2009. We will also have our second Pediatric Otolaryngology Fellow beginning in 2010.

Under the leadership of Dr. Joseph Montano, our Hearing and Speech program is growing beyond expectations, including our cochlear implant program. Our Department is the administrative home for the Center for the Performing Artist at NewYork-Presbyterian/Weill Cornell Medical Center, which is now a resource for the

large community of performing artists in New York City.

Together with Columbia University College of Physicians and Surgeons and NewYork-Presbyterian Hospital, we sponsor an outstanding residency training program in Otolaryngology-Head and Neck Surgery. With rotations at Columbia, Weill Cornell, Memorial Sloan-Kettering Cancer Center, and St. Luke's-Roosevelt Medical Center, our residents receive comprehensive training and exposure to an enormous variety of patients and faculty.

We hope you enjoy this latest edition of our brochure.

Sincerely,



Michael G. Stewart, MD, MPH  
Professor and Chairman



The Weill Cornell Medical College campus at 1300 York Avenue in Manhattan

# slow release science

Last year, Dr. William Reisacher, Assistant Professor of Otorhinolaryngology, began studying how allergens are released from biodegradable microspheres.

Dr. Reisacher, a General Otolaryngologist and Otolaryngic Allergist, was interested in how long it took for the allergens to be released from the spheres. He figured that if he could inject a patient with a number of allergen protein-loaded microspheres, the spheres would release their payload little by little, allowing the body to develop tolerance to that allergen.

If the strategy is successful, allergy patients would be spared the regular injections they take in hopes of defeating a particular allergen. A week's or month's worth of injections could theoretically be reduced to one shot full of microspheres that would slowly dissolve and release their allergens over an extended period.

This method, Dr. Reisacher suspects, will not only reduce the number of injections a patient will receive, but will also reduce the risk of a dangerous allergic reaction since the injections will deliver a more consistent dose of the allergen than current immunotherapy methods require.



Dr. William Reisacher

Dr. Reisacher has now received his initial funding from the American Academy of Otolaryngic Allergy Foundation and will soon begin testing the microspheres and the rate of allergen release in mice.

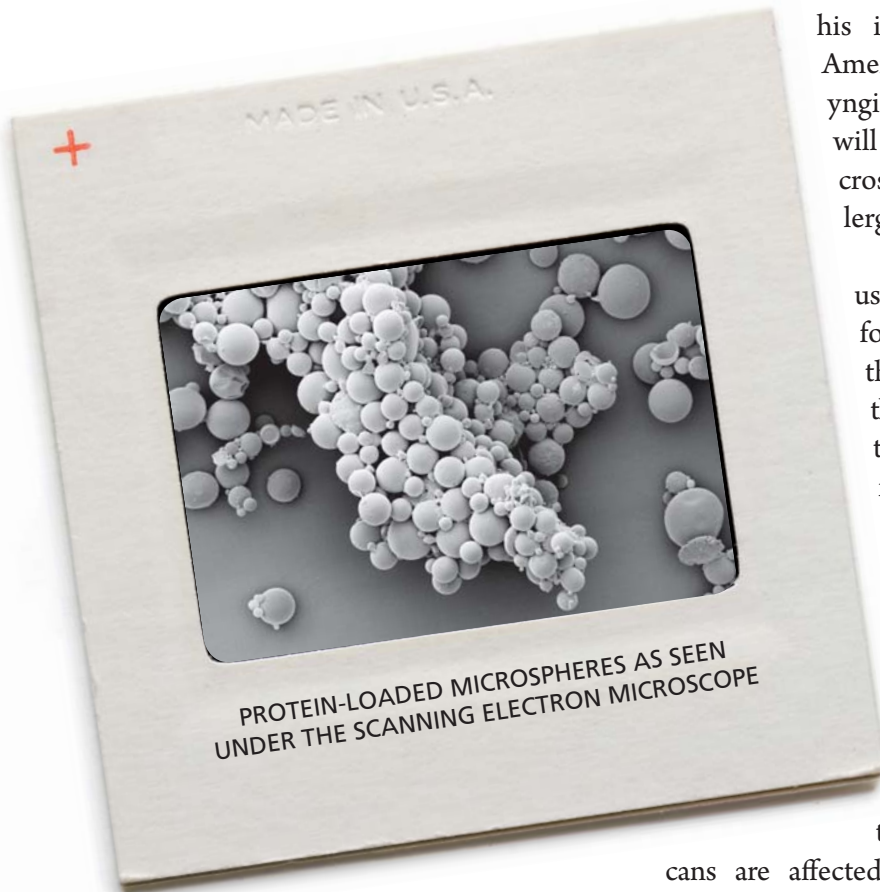
Dr. Reisacher will be using ovalbumin, a protein found in egg white. Once the mice are sensitized to the allergen, he will inject the mice with microspheres filled with either a low dose of allergen, a high dose, or no allergen at all to observe how the mice react.

The American Academy of Allergy, Asthma and Immunology estimates that more than 50 million Americans

are affected by allergies, and that

more than one half of all U.S. citizens test positive for one or

more allergens, such as pollen, dust, mold and animal dander. Regular injections over a long period of time can reduce and even eliminate a person's reaction to specific allergens, but the prospect of three to five years worth of regular injections can be a significant obstacle to compliance. □



# welcoming our new residents

We are very pleased to welcome four outstanding new residents into the NewYork-Presbyterian Hospital/Weill Cornell and Columbia residency program. Each has had distinguished medical school careers, and we look forward to working with them over the next five years.



Micah Berman, MD  
University of Pennsylvania  
School of Medicine



Justin Cohen, MD  
Eastern Virginia  
Medical School



Nicole Hsu, MD  
Armed Forces University  
School of Medicine



Jiovani Visaya, MD  
Johns Hopkins University  
School of Medicine

We are also proud of our recent graduating chief residents. We are sad to see them leave, but look forward to all their future success: **Scott Rickert, MD** and **Tali Lando, MD**, are both doing Pediatric Otolaryngology fellowships at Children's Hospital of Philadelphia; **Anna Stern, MD**, is in private practice on Long Island; and **Caroline Yoon, MD**, is in private practice in Houston.

## the Schley Resident Teaching Award

In an effort to give proper recognition to the critical role Weill Cornell Otorhinolaryngology residents play in education and instruction, the Department last year established the W. Shain Schley Resident Teaching Award.

Named in honor of Dr. Schley, former chairman of the Department, and made possible by the generous donation of a grateful patient, the award is given to the resident who best exemplifies the teaching aspect of the residency experience.

Dr. Caroline Yoon, who is now in private practice in Houston, served as chief resident for the Department in 2008–09. Her fellow residents selected her for the award.

“The Otolaryngology Department at Weill Cornell has been paramount in resident education,” Dr. Yoon said. “In particular, both Drs. Stewart and Schley have exemplified commitment to the residents and to the art of instruction. I cannot stress enough the importance of teaching in hospitals and residency programs. Teaching starts from the top with our attendings but ultimately ends with superior management and treatment of patients.”

“The clinical teaching of the residents is so important,” Dr. Schley said. “Not only do they teach the medical students and each other, but they also help educate us. They see so much and interact with so many different groups, that they can't help but incorporate what they learn in their dealings with the attendings.” □



# new otology/neurotology faculty

**T**his year, the Otolaryngology Department at Weill Cornell Medical College expanded its faculty with the addition of Kevin Brown, MD, PhD, a fellowship-trained neurotologist and basic science researcher.

Dr. Brown performed his residency training at the University of Iowa under the direction of Dr. Bruce Gantz. While there, Dr. Brown worked extensively in otologic surgery and cochlear implantation. Following his residency, Dr. Brown completed his fellowship under Dr. Thomas Balkany at the University of Miami, the largest cochlear implant center in the Southeast.

"I know I speak for the entire Otolaryngology faculty when I enthusiastically welcome Dr. Brown to Weill Cornell," said Dr. Samuel Selesnick, Professor and Vice Chairman of Otorhinolaryngology. "Dr. Brown brings both specific clinical expertise and research interests that meaningfully augment our department."

Dr. Brown has now established a cochlear implant program here at NewYork-Presbyterian/Weill Cornell Medical Center and is actively recruiting both pediatric and adult candidates for implantation. He is also combining his interest in improving the lives of patients with hearing disorders with a research program designed to identify the mechanisms of hearing loss. Specifically, he is looking at how accumulated oxidative injury to spiral ganglia neurons can contribute to hearing loss by inducing neural degeneration. This project is in cooperation with Dr. Samie Jaffrey in the Department of Pharmacology.

"This research may provide an explanation for how antioxidants are protective against noise-induced hearing loss, and may ultimately provide a fundamental understanding of how hearing loss occurs with aging," Dr. Brown said. □



Dr. Kevin Brown



The lobby of the Weill Greenberg Center, featuring a hanging sculpture

# the Salzburg experience

Every year, a few faculty members from our Department participate in an educational seminar held in Salzburg, Austria. These weeklong seminars are designed to bring the latest in American and European medicine to specialists working in the former Eastern Bloc countries, and to encourage further academic and educational exchanges.

In addition to our faculty, physicians from universities in Salzburg and Vienna also participate. Similar seminars in other specialties are held throughout the year. Most courses are led by Weill Cornell faculty, while other participating institutions include Children's Hospital of Philadelphia, Memorial Sloan-Kettering Cancer Center, and Hospital for Special Surgery.

The Salzburg Medical Seminars program is funded by the Open Medical Institute and the American Austrian Foundation; the Medical Director for the seminar program is Dr. Wolfgang Aulitzky, Adjunct Professor of Urology and the Gerhard Andlinger Professor of International Medicine and Distance Learning at Weill Cornell.

The first seminars were held in 1994, and in total more than 1,000 faculty and 10,500 fellows from more than 100 countries have participated. To date, there have been 13 otolaryngology seminars, which have trained more than 350 fellows.

Dr. W. Shain Schley initiated the otolaryngology seminars and served as Course Director for many years until Dr. Stewart became Course Director.

Other Weill Cornell faculty who have participated in recent Salzburg seminars include Drs. Selesnick, Ward, Kacker, Voigt, Reisacher, Kutler, Sulica and Montano. Several fellows from the seminar have traveled for additional observerships in New York and Vienna, and have consulted and collaborated with Weill Cornell and Austrian faculty on research as well as challenging cases.

The seminars are held in the beautiful Schloss Arenberg facility — a 14th-century-era palace situated across the Salzach River from historic Old Town Salzburg. Though the historic details have been largely preserved, the facility has been updated to include wireless internet and telemedicine. □





**P**ediatric otorhinolaryngology patients are special at Weill Cornell Medical College. Youngsters presenting with even straightforward ear, nose and throat issues still require specialized care. But when those issues are compounded with additional, more complex medical concerns, the need for focused care in a setting designed specifically for these patients becomes even more crucial.

To fill that special need, Weill Cornell Medical College's Department of Otolaryngology has opened a new office in the Oxford Building at 428 East 72nd Street that will address the complete medical needs of pediatric otolaryngology patients while also providing a child-friendly space full of toys and games to ease the anxiety of both patient and parent.

"The idea is to have a pediatric-friendly office," said Dr. Max M. April, Professor of Clinical Otorhinolaryngology. "We now have the ability to really direct patient care in a better way for children. All the equipment is state-of-the-art, but more than that, the space has been designed with kids in mind. It's a fun, child-friendly office that will help ease any fears and make the experience as fun and gentle as possible."

In the United States, there are fewer than 500 practicing otolaryngologists with specialty training in pediatric otolaryngology. By opening an entire office dedicated to the care and treatment of children, Weill Cornell's Department of Otolaryngology has further enhanced its reputation as one of the finest departments in the country.

"This office will allow for the child to be happier, which makes the parent happier, which makes the entire evaluation a better experience," Dr. April said.

The staff of the new office will be supplemented by the addition of the Department's second fellow. The Department's current fellow, Dr. Annette Ang, will leave soon for her native Singapore, a country that has fewer than a handful of pediatric otolaryngologists.

There are no more than two dozen pediatric otolaryngology fellowships in the US. Many medical schools lack the faculty needed to support a fellowship program.

Weill Cornell is fortunate to have Dr. April, along with Dr. Robert F. Ward, Professor of Otorhinolaryngology, and Dr. Vikash K. Modi, Assistant Professor of Otorhinolaryngology, ensuring that the Department's commitment to education and professional development is as strong as its commitment





The new pediatric reception area in the Oxford Building

to patient treatment and research.

“We like the idea of being able to share some of this knowledge and experience with the international community,” Dr. Ward says. “This kind of opportunity to learn and work with patients with rare conditions is something we want to share with the rest of the world.”

From a clinical standpoint, the new pediatric office will house the first aerodigestive team in New York City, a multidisciplinary group of physicians who treat pediatric patients with symptoms that overlap the gastrointestinal, pulmonary and ENT regions.

Dr. Modi will lead the ENT part of the team.

“Take, for example, a child who aspirates,” said Dr. Modi. “There are several potential causes of chronic cough. We will be able to evaluate the patient simultaneously—the ENT team looking at the airway, the pulmonary team looking at the lungs and the GI team looking at the intestinal tract—and come up with a diagnosis and treatment plan as a team.”

This in-house collective will keep parents from scheduling several appointments with physicians scattered all over the city. The doctors themselves benefit from improved communication amongst each other and a more complete picture of a patient with overlapping symptoms.

With the experience of Dr. Ward, Dr. Modi will also help lead the office’s Voice and VPI Center, designed to evaluate and treat pediatric patients with voice problems, including velopharyngeal insufficiency. Like the aerodigestive team, it is the first of its kind in New York City. Using distal chip technology and stroboscopic techniques, physicians will be able to get a superior image of the velopharynx and larynx, leading to better diagnoses and treatment options.

Perhaps the most important opinion of the new pediatric ENT space came recently from a child upon entering the space.

“Wow, this place is cool!” □



A colorful pediatric exam room



# hitting a nerve

**D**r. Lucian Sulica, Associate Professor of Otorhinolaryngology and Director of Laryngology, is collaborating with Dr. Bridget Carey, Assistant Professor of Neurology and Neuroscience, on a newly NIH-funded project, to combine existing diagnostic technology in their respective fields with hopes of creating a new tool for better assessing nerve damage in the larynx.

Currently, nerve problems in the larynx are usually diagnosed by observation of an immobile vocal fold using endoscopy. A neurogenic cause is assumed. Even when using electromyography, which has a long history of use in vocal fold paralysis, diagnosis and assessment is limited to motor nerve disorders. The nerves to the larynx are mixed — that is, they contain motor, sensory and autonomic fibers. Both endoscopy and electromyography are blind to sensory and autonomic problems, and neither offers much information about prognosis, a key clinical concern.

Drs. Sulica and Carey plan to stimulate the mucosa of the larynx, and then measure the resultant contraction in the muscle with electromyography. The combined stimulation and precise measurement aspects of the procedure should yield meaningful additional information about the nature and degree of the dysfunction.

“The stimulation helps us assess the sensory side and the response tells us about conduction times in the nerves and the overall integrity of the connection to the central nervous system,” says Dr. Sulica. “To be able to test sensation as well as motor function in a quantifiable way is something we’ve never been able to do before.”

Nerve damage in the larynx can range from partial dysfunction to total paralysis. However, physicians often have no way of assessing how severe the damage is, whether it is a sensory or motor issue, or how long recovery will take if indeed there will be any recovery at all.

“With partial dysfunction, we don’t always know the extent of the neurological component,” Dr. Carey says. “Unfortunately right now there is a lot of wait and see. Perhaps the nerve will repair itself and laryngeal function will improve on its own, or perhaps the nerve has been too severely damaged to repair, and surgical intervention will be required to restore function.”

Generally, nerves are given 6 to 12 months to recover before moving to surgery, because it can take that long for them to heal. The information obtained from Dr. Sulica and Dr. Carey’s research could eliminate this waiting period by allowing a much more accurate assessment of nerve damage in the early weeks after nerve injury. □



# Weill Cornell goes global

## understanding the patient experience via Denmark

**T**his past September, Dr. Joseph J. Montano, Chief of Hearing and Speech and an Associate Professor of Audiology in Clinical Otorhinolaryngology, was invited to Denmark to participate in a series of seminars at the Ida Institute, an independent educational facility designed to provide a greater understanding of the complex journey of patients with hearing loss.

“It’s a truly international experience,” said Dr. Montano, who will serve as faculty for this year’s seminars, which will focus on communication partnerships. “Audiologists and other professionals from all over the world come together to discuss and investigate the patient experience to better understand the human dynamics associated with hearing loss and its impact on our treatment strategies.”

Instead of listening to lectures and presentations on the latest technological advances, the Ida Institute seminars are group-based, interactive gatherings where leaders, scholars, practitioners and educators collaborate to create treatment and patient interaction models that can be used in the clinical setting.

Last year’s educational series began with defining hearing and hearing loss. The second set of seminars focused on motivational engagement for patients, which included techniques for empowering individuals with hearing loss and helping them cope with their loss rather than withdraw from their lives.

Role-playing, ethnographic techniques — where professionals watch their colleagues interact with patients — and workshops bring established education concepts to the surface of the patient-practitioner and patient-partner relationship.

“Audiologists often get bogged down with technical devices,” Dr. Montano said. “Hearing tests and hearing aids are of course integral to what we do, but addressing the actual physical loss of hearing is only part of our treatment goal. We must also concern ourselves with the human condition, the social and psychological aspects for not only the

patient, but for everyone who interacts with that patient.” This concept is the basis for a

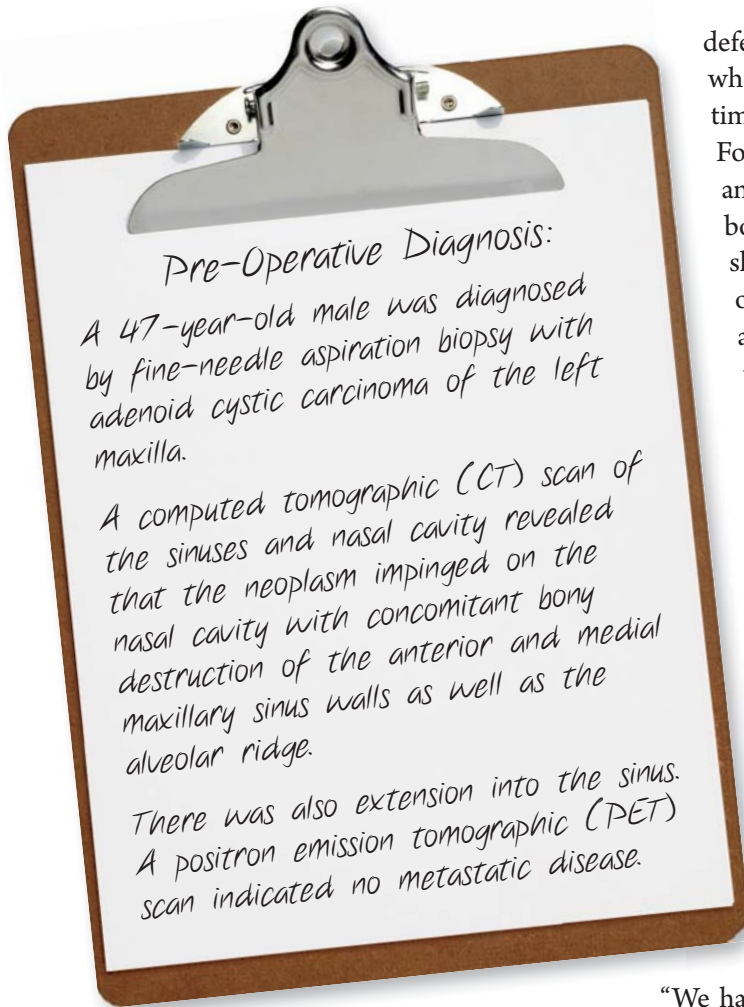
series of seminars on communication partnerships that will be held for three different groups in November 2009, January, and March 2010.

“Hearing loss affects people in a variety of ways,” Dr. Montano says. “The journey not only impacts the individual with hearing loss but many others in their communication environments. When this year’s seminars are complete, we will have created a new set of tools to help guide the clinician, patient and partners through the process of improved communication; certainly a journey one does not want to take alone.” □



Dr. Joseph Montano

# real time, with real results



## **DAY OF SURGERY (7:31 AM)**

In an all-day surgery led by Dr. David Kutler, The Anne Belcher, MD, Assistant Professor of Otorhinolaryngology, the patient was scheduled to receive a partial maxillectomy and palatotomy via a lateral rhinotomy incision that included (1) an inferior and medial maxillectomy and (2) resection of the piriform aperture. As further explained by Dr. Kutler, “This patient’s tumor presents several challenges that benefit from the rare real-time, multi-disciplinary team approach we routinely practice here at the NewYork-Presbyterian Hospital/Weill Cornell Medical Center. First, the tumor is highly invasive, requiring a radical resection in order to achieve a therapeutically acceptable result. Second, the difficult anatomical placement of the tumor presents major challenges to obtain acceptable post-operative facial function together with complete excision of the tumor. In many hospital settings around the country, achieving a full excision is often prioritized at the expense of post-operative facial function, or the restoration of facial function is

deferred to a second surgery at a later time when significant scarring comprises an optimal reconstructive and functional result. Fortunately, we have a fully comprehensive and integrated surgical team that spans both surgical oncology and reconstructive skills so that this patient will receive the optimum treatment for efficacy, function and aesthetics in a single surgery. Dr. Anthony LaBruna, Director of Facial Plastic and Reconstructive Surgery, is a leader in plastic reconstructive and cosmetic surgery, and is board-certified in both Otolaryngology and Plastic Surgery. He arrived prior to the first markings to assist in tumor planning and extirpation to permit the optimum access for free margins and also planning for reconstruction.”

## **DAY OF SURGERY (11:15 AM)**

By approximately mid-day, Dr. Kutler had completed the first phase of surgical treatment, consisting of dissection of the infraorbital region and exposure of the tumor mass.

“We had all hoped that the bone invasion suggested by the CT scans was wrong in order to avoid a radical surgery,” Dr. Kutler said. “However, in the surgical field it was obvious to all of us that the tumor was indeed not confined to the soft tissues and had spread into the maxillary bone as well the nasal bone and septum. We had no choice but to proceed to a complete radical excision including a partial rhinectomy, and isolated the facial and trigeminal nerves to get fully around the tumor.”

## **DAY OF SURGERY (3:37 PM)**

The second phase of the surgical treatment was led by Dr. LaBruna, Associate Professor of Clinical Otorhinolaryngology and Associate Professor of Clinical Surgery at Weill Cornell Medical College. As highlighted by Dr. Kutler, “The double boarding Dr. LaBruna has is highly unique. Only a handful of surgeons have such training and experience working on the face and nose with in-depth knowledge of function as well as aesthetics. In my experience, Dr. LaBruna makes challenging procedures look effortless. In many clinical settings, this tumor would have been re-

garded as inoperable without severe functional and aesthetic losses. We and the patient are highly fortunate to have Dr. LaBruna here today as part of our team.” By late-afternoon, Dr. Ashutosh Kacker, Associate Professor of Otorhinolaryngology, had joined Drs. Kutler and LaBruna, and the group had successfully completed a partial maxillectomy, palatectomy and resection of the nasal bones and cartilage. Dr. Labruna was able to use autogenous ear and rib cartilage for total nasal reconstruction. A palate prosthesis was inserted and plastic closure of the facial flaps was completed. Intra-operative histopathological evaluation of the resected tumor and nerve margins by frozen section was negative, which was confirmed on permanent section histopathology. “We couldn’t have been more pleased with the result,” said Dr. LaBruna. “It’s these cases that make years of training worth it.”



### POST-OPERATIVE DAY 9

“My physical examination of the patient only 9 days after his surgery was truly remarkable from an aesthetic and functional standpoint,” stated Dr. Kutler. “Walking on the street, you would never know this patient had received facial surgery, much less a partial maxillectomy, partial rhinectomy and palatectomy. The neurological evaluation was completely intact, and the treatment and aesthetic outcomes for this patient were truly spectacular. This teamwork is part of our culture at NewYork-Presbyterian Hospital/Weill Cornell Medical Center. Of course we will have to follow the patient closely for oncologic outcome, but we are very pleased with the reconstruction and functional results.” □

## minimally invasive, maximum results

Minimally invasive surgical techniques have given physicians in almost every medical specialty greatly improved treatment options.

In otorhinolaryngology, one of the most recent advances in minimally invasive surgery is salivary endoscopy.

Using endoscopic techniques to remove stones that cause recurring infections in the salivary and parotid ducts allows surgeons to avoid making external incisions or removing the entire gland.

“Now that we don’t have to remove the salivary gland altogether, we can dilate the duct and extract the stone,” said Dr. Ashutosh Kacker, Associate Professor of Otorhinolaryngology. “We have been very pleased with the early results. There were still some technical issues with respect to the size of the stone which can be removed, but those have been mostly solved with equipment modifications.”

While the patient is under anesthesia, a small scope is inserted into the duct of the submandibular or parotid gland. Once the stone has been located, a tiny basket is introduced into the duct and the stone is removed.

“We’ve always had the ability to dilate ducts,” said Dr. David Kutler, The Anne Belcher, MD, Assistant Professor of Otorhinolaryngology. “But now we have additional ports for the camera and the device to remove the stone. It’s an amazing technological advancement.”

While this new technique is not necessarily simpler for the physician, it does mean a quicker and easier recovery for the patient.

“Before, you were looking at missing a week or two of work and having significant facial swelling,” Dr. Kacker said. “Now, if everything goes right, we can have you back to work the next day. It’s become an outpatient procedure.”

Drs. Kacker and Kutler have been using this procedure for a year or so. NewYork-Presbyterian Hospital/Weill Cornell Medical Center is one of a just a handful of facilities with the technology and personnel required for salivary endoscopy. □

# selected faculty publications

## TEXTBOOKS

**Branski RC, Sulica L.** Classics in voice and laryngology. San Diego, CA: Plural, 2009.

**Montano J,** Spitzer J. Adult Audiologic Rehabilitation. San Diego, CA: Plural, 2009.

Benninger MS, **Murry T.** The singer's voice. San Diego: Plural Publishing, Inc., 2008.

**Edelstein DR, Kraus DH, Pastorek NJ, Selesnick SH, Ward RF.** Revision surgery in otolaryngology. New York: Thieme, 2008.

## SELECTED PEER-REVIEWED ARTICLES

Blitzer A, Crumley RL, **Sulica L,** Dailey SH, et al. Recommendations of the Neurolaryngology Study Group on laryngeal electromyography. *Otolaryngol Head Neck Surg* 2009;140:782-93.

**Branski RC,** Saltman B, **Sulica L, Kraus DH,** et al. Cigarette smoke and reactive oxygen species metabolism: implications for the pathophysiology of Reinke's edema. *Laryngoscope* 2009;119:2014-8.

**Brown KD,** Connell SS, Balkany TJ, Eshraghi AE, Telischi FF, Angeli SA. Incidence and indications for revision cochlear implant surgery in adults and children. *Laryngoscope* 2009;119:152-7.

Close LG, **Stewart MG.** Looking around the corner: A review of the past 100 years of frontal sinusitis treatment. *Laryngoscope* 2009;Aug 28.

Hsu AK, **Kutler DI.** Indications, techniques, and complications of major salivary gland extirpation. *Oral Maxillofac Surg Clin North Am* 2009;21:313-21.

Inabnet WB, **Murry T,** Dhiman S, Aviv J, Lifante JC. Neuro-monitoring of the external branch of the superior laryngeal nerve during minimally invasive thyroid surgery under local anesthesia: a prospective study of 10 patients. *Laryngoscope* 2009;119:597-601.

**Modi VK,** Monforte H, Geller KA, Koempel JA. Histologic assessment of thermal injury to tonsillectomy specimens: A comparison of electrocautery, coblation, harmonic scalpel, and tonsillotome. *Laryngoscope* 2009;Aug 17.

**Murry T,** Zschommler A, Prokop J. Voice handicap in singers. *J Voice* 2009;23:376-9.

Parashar B, Kuo C, **Kutler D, Kuhel W,** et al. Importance of contouring the cervical spine levels in initial intensity-modulated radiation therapy radiation for head and neck cancers: implications for re-irradiation. *J Cancer Res Ther* 2009;5:36-40.

**Pearlman AN,** Chandra RK, Chang D, Conley DB, et al. Relationships between severity of chronic rhinosinusitis and nasal polyposis, asthma, and atopy. *Am J Rhinol Allergy* 2009;23:145-8.

Rosow DE, Likhterov I, **Stewart MG, April MM.** Reduction in surgical innovation, 1988 to 2006. *Otolaryngol Head Neck Surg* 2009;140:657-60.

Rosow DE, **Ward RF, April MM.** Sialodochostomy as treatment for imperforate submandibular duct: A systematic literature review and report of two cases. *Int J Pediatr Otorhinolaryngol* 2009;Apr 18.

## PEER-REVIEWED ARTICLES (continued)

Tabaee A, **Anand VK, Brown SM, Kacker A,** et al. Endoscopic pituitary surgery: a systematic review and meta-analysis. *J Neurosurg* 2009;Jan 23.

Tabaee A, **Anand VK, Brown SM, Kacker A,** et al. Predictors of short-term outcomes following endoscopic pituitary surgery. *Clin Neurol Neurosurg* 2009;111:119-22.

**Branski RC,** Peck KK. Resource review: Neuroimaging in communication sciences and disorders. *Ear and Hearing* 2008;29:971.

**Brown KD,** Hansen MH. Differential lipid raft localization of erbB2 in vestibular schwannoma cells and Schwann cells. *Otol Neurot* 2008;29:79-85.

**Brown SM,** Tabaee A, Singh A, Schwartz TH, **Anand VK.** Three-dimensional endoscopic sinus surgery: feasibility and technical aspects. *Otolaryngol Head Neck Surg* 2008;138:400-2.

Chhetri DK, Merati AL, Blumin JH, **Sulica L,** Damrose EJ, Tsai VW. Reliability of the perceptual evaluation of adductor spasmodic dysphonia. *Ann Otol Rhinol Laryngol* 2008;117:159-65.

Cukier-Blaj S, Bewley A, Aviv JE, **Murry T.** Paradoxical vocal fold motion: a sensory-motor laryngeal disorder. *Laryngoscope* 2008;118:367-70.

Fraser JF, Mass AY, **Brown S, Anand VK,** Schwartz TH. Transnasal endoscopic resection of a cavernous sinus hemangioma: technical note and review of the literature. *Skull Base* 2008;18:309-15.

Goldstein NA, **Stewart MG,** Witsell DL, Hannley MT, et al. Quality of life after tonsillectomy in children with recurrent tonsillitis. *Otolaryngol Head Neck Surg* 2008;138:S9-S16.

Grant N, **Sulica L,** DeCorato D. Calcium hydroxylapatite vocal fold injectable enhances on positron emission tomography. *Otolaryngol Head Neck Surg* 2008;138:807-8.

Greenfield JP, Howard BM, **Huang C,** Boockvar JA. Endoscopic endonasal transsphenoidal surgery using a skull reference array and laser surface scanning. *Minimally invasive neurosurgery* : MIN 2008;51:244-6.

Gumus ZH, Du B, **Kacker A, Boyle JO,** et al. Effects of tobacco smoke on gene expression and cellular pathways in a cellular model of oral leukoplakia. *Cancer Prev Res (Phila Pa)* 2008;1:100-11.

Kerscher K, Tabaee A, **Ward R,** Haddad J,Jr, Grunstein E. The residency experience in pediatric otolaryngology. *Laryngoscope* 2008;118:718-22.

Lando T, **April MM, Ward RF.** Minimally invasive techniques in laryngotracheal reconstruction. *Otolaryngol Clin North Am* 2008;41:935,46, ix.

Leng LZ, **Brown S, Anand VK,** Schwartz TH. "Gasket-seal" watertight closure in minimal-access endoscopic cranial base surgery. *Neurosurgery* 2008;62:ONSE342,3; discussion ONSE343.

Likhterov I, Allbright RM, **Selesnick SH.** LINAC radiosurgery and radiotherapy treatment of acoustic neuromas. *Neurosurg Clin N Am* 2008;19:345,65, vii.

**Montano JJ,** Dierks G, **Selesnick SH.** Sudden sensorineural hearing loss: Otolaryngologic & audiologic options. *ASHA Leader* 2008;13:14-7.

Paniello RC, **Sulica L**, Khosla SM, Smith ME. Clinical experience with Gray's minithyrotomy procedure. *Ann Otol Rhinol Laryngol* 2008;117:437-42.

**Pearlman AN**, Conley DB. Review of current guidelines related to the diagnosis and treatment of rhinosinusitis. *Curr Opin Otolaryngol Head Neck Surg* 2008;16:226-30.

**Reisacher WR**. Anaphylaxis in the operating room. *Curr Opin Otolaryngol Head Neck Surg* 2008;16:280-4.

**Reisacher WR**. Prevalence of autoimmune thyroid disease in chronic rhinitis. *Ear Nose Throat J* 2008;87:524-7.

Schwartz TH, Fraser JF, **Brown S**, Tabaei A, **Kacker A**, **Anand VK**. Endoscopic cranial base surgery: classification of operative approaches. *Neurosurgery* 2008;62:991,1002; discussion 1002-5.

Soltan M, **Kacker A**. Complex odontoma of the nasal cavity: a case report. *Ear Nose Throat J* 2008;87:277-9.

Sorin A, **Voigt EP**, McCance SE, Rossi AM, Jr, Lessow AS. Anterolateral approach to the lower cervical spine: a step-by-step description. *Ear Nose Throat J* 2008;87:E12-5.

**Stewart MG**. Evidence-based medicine in rhinology. *Curr Opin Otolaryngol Head Neck Surg* 2008;16:14-7.

**Stewart MG**. Outcomes assessment in tonsil and adenoid disease. *Otolaryngol Head Neck Surg* 2008;138:S17-8.

**Sulica L**. The natural history of idiopathic unilateral vocal fold paralysis: evidence and problems. *Laryngoscope* 2008;118:1303-7.

Witsell DL, Orvidas LJ, **Stewart MG**, Hannley MT, et al. Quality of life after tonsillectomy in adults with recurrent or chronic tonsillitis. *Otolaryngol Head Neck Surg* 2008;138:S1-8.

## SELECTED CHAPTERS

**Branski RC**, Kao A. Systemic lupus erythematosus. In: McNeil M, eds. *Clinical management of sensorimotor speech disorders*. 2nd ed. New York: Thieme, 2008:393-395.

**Roure RM**, Roland JT. Implantation of older adults: Speech recognition outcomes. In: Shin JJ, Hartnick CJ, Randolph GW, ed. *Evidence-based otolaryngology*. Springer, 2008.

**Roure RM**, Roland JT. Chance of resolution of local infection with conservative management, chance of post-implant meningitis. In: Shin JJ, Hartnick CJ, Randolph GW, ed. *Evidence-based otolaryngology*. Springer, 2008.

**Stewart MG**. Adult tonsillectomy for recurrent pharyngitis. In: Hartnick C, Gliklich R, Randolph GW, Shin J, ed. *Evidence-Based Otolaryngology*. New York: Springer-Verlag International Publishers, 2008.

**Sulica L**. Botulinum toxin injection of the larynx. In: Rosen CA, Simpson CB, ed. *Operative techniques in laryngology*. Heidelberg: Springer, 2008:221.

**Sulica L**. Silastic medialization laryngoplasty for unilateral vocal fold paralysis. In: Rosen CA, Simpson CB, ed. *Operative techniques in laryngology*. Heidelberg: Springer, 2008:241.

**Sulica L**. The gray minithyrotomy for vocal fold scar/sulcus vocalis. In: Rosen CA, Simpson CB, ed. *Operative techniques in laryngology*. Heidelberg: Springer, 2008:299. ■



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