The Clinic will be unique with separate space and facilities to house specialists in head and neck oncologic surgery, head and neck radiation, head and neck chemotherapy, speech and swallowing, dental and prosthodontics, nutrition, social work, and nursing. The clinic will also provide patients with a nurse navigator to lead them through treatment and survivorship. There will be an innovative Comfort Lounge allowing patients to relax and embrace the spiritual and thoughtful approach to dealing with cancer.

Our head and neck team currently consists of more than 40 specialists, providing input into every aspect of the needs of head and neck tumor patients. For the last five years, approximately 5,000 surgeries per year have been performed with over 1,500 new head and neck cancer patients evaluated. Additionally, the Multidisciplinary Tumor Board reviewed more than 700 patients prospectively in 2014.

The Wellin Head and Neck Clinic will include approximately 10,000 square feet, architecturally designed from the ground up. Wendy and Keith Wellin have provided in excess of $3 million dollars of endowed professorships and funds for the construction of the Clinic. In addition, the Department and the Hospital have added over $2.5 million dollars.
The Charleston Pediatric ENT Update

Our inaugural Charleston Pediatric ENT Update was held March 7 and 8, 2014 on the MUSC campus under the direction of David R. White, M.D., Christopher M. Discolo, M.D., M.S.C.R., and Carissa C. Howle, C.P.N.P.

Friday’s half-day session was tailored to nurses and speech pathologists, and was SOHN and ASHA CEU accredited. The course reviewed common pediatric ENT diagnoses and their impact on inpatient, outpatient, and community care.

Saturday was a comprehensive full-day course for pediatricians, family practitioners, and otolaryngologists that provided up-to-date guidelines to implement into daily practice, promote quality and efficient care, and tackle challenging ENT diagnoses with confidence. Lectures by guest speaker Paul R. Krakovitz, M.D., Cleveland Clinic, were informative and he kept the participants engaged with lighthearted antics peppered throughout his presentation. The course was well-attended with participants from as far as Hawaii and Canada. We hope you will join us for the next presentation March 7, 2015.

The 4th MUSC Pediatric Audiology Conference: Hearing Impaired Children in the School System

The Pediatric Audiology Conference directed by Meredith Holcomb, AuD, CCC-A was held on March 24, 2014 at the Charleston Marriott for all providers involved in the care of hearing impaired children in the school system (audiologists, speech pathologists, teachers of the deaf, hearing aid specialists, physicians, etc). Key topics in the educational management of these children were covered with the goal of providing attendees up-to-date knowledge in this field and to enable them to employ best practices when servicing this sector of children. The course was very well attended with participants from six southeastern states.

Temporal Bone Dissection Course

Our intensive two-day otology course was held on the MUSC campus April 25 - 26, 2014 under the direction of Ted A. Meyer, M.D., Ph.D. This course, designed for practicing otolaryngologists, focused on procedures for chronic ear disease and included hands-on training in our state-of-the-art temporal bone dissection lab. David R. Friedland, M.D., Ph.D., Medical College of Wisconsin, was guest speaker. We hosted a full house of practitioners from 11 states.

The Future of Head and Neck Oncology... (continued from front page)

In 2010, Wendy Wellin brought her beloved husband, Keith, to our Head and Neck Clinic to consult with Dr. Terry Day regarding throat pain. He was then diagnosed with a head and neck cancer requiring surgery for the diagnosis and radiation and chemotherapy for treatment. The need for Keith to travel between buildings and clinics to see each different specialist gave them the incentive to create something better for future patients. Thus was born the Wendy and Keith Wellin Head and Neck Clinic. We are indebted to their generosity and I am especially appreciative of Dr. Terry Day’s vision for establishing one of the premiere Head and Neck Cancer facilities in the country.

I look forward to sharing with you the future dedication of this Clinic.

Paul R. Lambert, M.D., Professor and Chair
Otolaryngology - Head & Neck Surgery
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http://ENT.musc.edu

David M. Neskey, M.D.
joined the Department of Otolaryngology in the Division of Head and Neck Surgical Oncology in August of 2014. He completed a fellowship in head and neck surgical oncology at MD Anderson Cancer Center in Houston. This training experience was comprised of two years dedicated to basic science research followed by a year committed to the management of head and neck cancer patients. Dr. Neskey’s clinical focus is on the care of patients with benign and malignant tumors of the head and neck including oral cavity, oropharyngeal, and laryngeal lesions, advanced melanoma and nonmelanoma skin cancers, and lesions of the salivary glands, thyroid and parathyroids. His specific interests are squamous cell carcinoma of the oral cavity and salivary gland neoplasms. He currently sees patients at Hollings Cancer Center.

Dr. Neskey has published over 20 peer reviewed articles and book chapters largely focused on the molecular pathways and genomic alterations associated with head and neck squamous cell carcinoma. He received the K12 John Calabresi Clinical & Translational Oncology Training Program grant through the National Institutes of Health to study the mechanisms of invasion and metastases in head and neck cancer. He is board certified by the American Board of Otolaryngology and is a member of the American Head and Neck Society and the American Academy of Otolaryngology - Head and Neck Surgery.

Annual Sinus Masters Course
This two-day rhinology course designed for Sinus and General Otolaryngology surgeons was held on May 1-3, 2014. The course included hands-on training in our state-of-the-art temporal bone lab and was attended by practitioners and residents from eight states, 25 institutions. Course Director: Rodney J. Schlosser, M.D.

Annual Southern States Rhinology
This three day course held May 8-10, 2014 provided a comprehensive update on the medical and surgical practices of rhinology for practicing rhinologists and sinus surgeons. The course included a hands-on dissection laboratory, featuring state-of-the-art endoscopic instrumentation, video, and image guidance systems. Lab Director: Rodney J. Schlosser, M.D.

14th Annual Charleston Magnolia Conference
Our distinguished guest speakers for the 2014 Magnolia Conference held May 30-31, 2014 were Howard W. Francis, M.D., M.B.A., Johns Hopkins University School of Medicine, Baltimore, MD, Peter A. Hilger, M.D., University of Minnesota, Minneapolis, MN, and William M. Lydiatt, M.D., University of Nebraska Medical Center, Omaha, NE. Participants came from around the country for the presentations and round table lunch discussions covering the breadth of our specialty, directed by Paul R. Lambert, M.D. The weather was ideal, providing the perfect setting to enjoy historic Charleston, the beaches, golf, and the Spoleto Festival USA.

The Charleston Course: Otolaryngology Literature Update
The department hosted its 4th Annual Literature Update Course on July 11-13, 2014 at the beautiful Kiawah Island Golf Resort. Over 50 Otolaryngologists representing 17 states enjoyed the two-and-a-half days of our faculty critically analyzing the year’s most relevant, evidence-based medical literature. The course was directed by Paul R. Lambert, M.D. Afternoons were free to enjoy the beaches, golf, tennis, restaurants and many other activities on the island, or to take a short drive into historic downtown Charleston.

Next year’s course will be held on July 17-19, 2015 at Kiawah again. We hope you will join us, and bring the family to experience all the area has to offer.
Graves’ disease affects up to 2% of the United States (US) population, with roughly 50% exhibiting signs of orbital inflammation consistent with Graves’ eye disease (GED). Of this group, 3-5% will go on to develop severe, vision-threatening eye disease. Those with severe GED often require ongoing medical and surgical care by multiple specialists, including endocrinologists, oculoplastic surgeons, strabismus surgeons, and otolaryngologists.

The underlying pathophysiology of Graves’ disease involves anti-TSH receptor autoantibodies which overstimulate TSH receptors on the thyroid gland, resulting in excess production of thyroid hormone and a clinical state of hyperthyroidism. The mechanisms of GED involve similar anti-TSH receptor autoantibodies. The target cells in the eye are thought to be orbital fibroblasts, which reside adjacent to extra-ocular muscles (EOMs) and orbital fat.1 Upon stimulation, these fibroblasts are capable of secreting glycosaminoglycans including hyaluronic acid (HA). Secreted HA accumulates in between EOM fibers and their hydrophilic nature absorbs water, leading to edema and ultimately enlargement of the EOMs. A similar process occurs adjacent to orbital fat. Orbital fibroblasts are also capable of differentiating into adipocytes, resulting in an overall increase in the amount of orbital fat. The main modifiable risk factor for GED is tobacco smoke, with active smokers having an increased incidence of GED (odds ratio=1.94-10.1), less response to medications, and overall worse outcomes.2

Enlargement of EOMs and excess orbital fat results in the tell-tale clinical features of GED, including proptosis, diplopia, lid retraction, exposure keratopathy, and even optic nerve compromise (Figure 1). These clinical signs must be recognized by the patient, their primary provider, or endocrinologist and appropriate referral to ophthalmology made for comprehensive eye exam and testing. Orbital workup is typically extensive and includes assessments of visual acuity, peripheral vision, EOM movement, and optic nerve status. Those patients with severe disease are usually treated with systemic corticosteroids in order to stabilize the disease and preserve vision. The active phase of disease can last 18 months on average before transitioning to a quiescent “fibrotic” phase.

Surgery is usually avoided during the active, inflammatory phase of GED, since the disease is in evolution. However, in rare instances urgent decompression may be required when ongoing optic nerve compromise exists despite aggressive medical treatment (Figure 2). Typically, patients are re-evaluated once the disease has stabilized. Those with residual ocular deficits may then go on to have orbital surgery. Surgery often includes orbital decompression procedures which remove some combination of the medial, inferior, and lateral walls to expand the volume of the bony orbit, allowing the eye to recess. Endoscopic orbital surgery represents a natural evolution of the techniques developed for sinus surgery and requires expertise of an otolaryngologist. Endoscopic orbital decompression allows for graded removal of the medial and inferior orbital walls. Utilizing a trans-nasal endoscopic technique avoids additional external incisions and helps decrease the incidence of iatrogenic sinusitis which can occur if orbital contents block mucus drainage form the maxillary or frontal sinuses.3 Typically these procedures are tailored to the individual patient’s needs and can include “balanced” 3-wall decompressions where the lateral orbital wall is also removed. Close collaboration between oculoplastics and otolaryngology allows for optimal planning and execution. Decompression on average results in 5.0mm of orbital recession, resulting in improved lid closure, cosmesis, and quality-of-life.4
Diplopia, if present, usually persists after decompression and in fact in some instances can worsen. Those with ongoing diplopia may then require eye-muscle surgery, usually done by subspecialist strabismus surgeons. Following eye-muscle surgery, those with residual lid retraction may additionally require lid lengthening procedures by oculoplastic surgeons, including Müller muscle excision for upper lids and grafting techniques for the lower lid. Lastly, blepharoplasty may be required to remove excess baggy skin that remains after all of the above has been addressed.

The above discussion highlights the complex care required by patients with GED and the need for coordinated care among multiple subspecialists, including otorhinolaryngologists. Deficits in GED care were highlighted in the Amsterdam Declaration, wherein GED experts advocated for better awareness, improved access to care, and creation of multidisciplinary centers of excellence. With this in mind, we established the MUSC Multidisciplinary Graves’ Eye Disease Clinic. This clinic leverages the expertise of endocrinologists, ophthalmologist, and otorhinolaryngologists from MUSC to provide coordinated care to patients with GED throughout the course of their illness. This clinic serves as a single referral center for patients with GED across the Southeast US and aims to improve disease awareness, patient education, coordination of care, and most importantly long-term patient outcomes.

If you have questions about Graves’ eye disease or the MUSC GED Clinic please feel free to email Dr. Soler directly at solerz@musc.edu or call 843-792-8217.

References
Active smoking and second hand smoke exposure exacerbates already reduced vitamin D3 levels in patients with chronic rhinosinusitis

Jennifer K. Mulligan, Ph.D., Whitney Nagel, B.S., Brendan P. O’Connell, M.D., Jennifer Wentzel, M.D., Carl Atkinson, Ph.D. & Rodney J. Schlosser, M.D.

Vitamin D3 (VD3) is a potent steroid hormone involved in the regulation of calcium homeostasis, anti-bacterial products, and inflammatory cell processes. VD3 synthesis begins in the skin where pro-vitamin D3 is converted to pre-vitamin D3. Following binding to vitamin D binding protein it is transported to the liver and converted to 25 hydroxycholecalciferol (25VD3). Originally it was thought that conversion of 25VD3 to the active metabolite, 1α,25 dihydroxyvitamin D3 (1,25VD3), by 1α-hydroxylase occurred only in the kidneys. However, a number of reports have shown that other peripheral tissues, including respiratory epithelial cells, contain 1α-hydroxylase and can serve as a local source of the active metabolite of vitamin D.

Several reports by our group have shown that patients with chronic rhinosinusitis with nasal polyps (CRSwNP) are more likely to be vitamin D3 deficient, which is associated with more severe disease and increased bone erosion (1, 2). Cigarette smoking and exposure to environmental tobacco smoke have long been known to exacerbate respiratory diseases such as asthma and sinusitis. While a number of mechanisms have been identified to account for this, much remains to understand how smoke causes inflammation. The purpose of this study was to examine the relationship between cigarette smoking and sinonasal tissue regulation of vitamin D3 in patients with chronic rhinosinusitis. The results of these studies were recently published in the Journal of Allergy and Clinical Immunology (3).

All patients in these studies were enrolled at the Sinus Center of the Medical University of South Carolina. Control patients who were free of sinus disease and also enrolled were those with chronic rhinosinusitis without nasal polyps (CRSsNP) or chronic rhinosinusitis with nasal polyps (CRSwNP) were enrolled. Blood, hair (used to determine smoking status), and sinonasal tissue was collected at the time of endoscopic sinus surgery. Cultures of primary human sinonasal epithelial cells (HSNEC) were established and treated with cigarette smoke extract and/or physiological doses of vitamin D3.

Consistent with our previous reports, it was observed that CRSwNP patients were 25VD3 deficient, while controls and those with CRSsNP were not. Additionally, active smoking or exposure to environmental tobacco smoke was also associated with reduced levels of vitamin D3 in the blood stream (Fig 1A) and sinus tissue in all patients (Fig 1B). It was also observed that levels of 25VD3 in the blood stream correlated to the levels found in sinonasal tissue (Fig 1C). Analysis of sinonasal tissue explants demonstrated that greater than 80% of 1α-hydroxylase found in sinonasal tissue was from HSNEC, and that levels of 1α hydroxylase were reduced with smoking and/or CRSwNP. In vitro studies demonstrated that CRSwNP HSNECs have an intrinsic reduction in conversion of 25VD3 to 1,25VD3 (Fig 2). Furthermore, it was observed that...
cigarette smoke extract (CSE) impaired HSNEC conversion of 25VD3 to 1,25VD3 in all groups, further exacerbating intrinsic reductions in activation by CRSwNP-derived HSNECs. Lastly, addition of 1,25VD3 to sinonasal epithelial cells, the cells lining the respiratory tract, was able to block the inflammatory effects of cigarette smoke extract.

In summary, cigarette smoke exposure has a two part negative impact on vitamin D regulation. First by lowering circulating levels of the inactive form of vitamin D, 25VD3, and secondly by reducing the ability of 25VD3 to be converted to its active form in the sinonasal mucosa. Patients with CRSwNP may be particularly susceptible to these effects given their already reduced levels of 25VD3 and sinonasal 1α-hydroxylase. While patients with CRSwNP are 25VD3 deficient, these results call into question whether oral supplementation will result in clinical improvements.

In summary, cigarette smoke exposure has a two part negative impact on vitamin D regulation. First by lowering circulating levels of the inactive form of vitamin D, 25VD3, and secondly by reducing the ability of 25VD3 to be converted to its active form in the sinonasal mucosa. Patients with CRSwNP may be particularly susceptible to these effects given their already reduced levels of 25VD3 and sinonasal 1α-hydroxylase. While patients with CRSwNP are 25VD3 deficient, these results call into question whether oral supplementation will result in clinical improvements.

Snoring is a common disorder that affects more than 37 million people in the United States. It has been estimated that up to 45% of adults may suffer from this condition. Snoring has been strongly associated with numerous comorbidities in patients, as well as daytime sleepiness in both patients and their bed partners. The TranQuill™ Sling Snoreplasty procedure involves a) the reduction of symptomatic, habitual, or social snoring caused by a flutter of tissue in the soft palate, and/or b) upper airway obstruction in patients with upper airway resistance syndrome (UARS) and mild obstructive sleep apnea (OSA). TranQuill™ Sling Snoreplasty involves the minimally invasive placement of a specially designed absorbable suture into the tissue of the soft palate. The suture elevates the soft palate forward thereby widening the posterior pharyngeal airspace. Over time the TranQuill™ suture (Surgical Specialties Corporation, Reading, PA), together with the body’s natural fibrotic response, add structural support to and stiffen the soft palate, reducing both tissue vibration that can cause snoring and the palatal tissue collapse that can obstruct the upper airway and cause obstructive sleep apnea (OSA). In addition, these sutures have been used to augment standard uvulopalatoplasty (UPPP) surgery.

Results on 20 subjects, from a pilot study conducted in the Department of Otolaryngology – Head and Neck Surgery at the Medical University of South Carolina under Dr. M. Boyd Gillespie and his research team, concluded that TranQuill™ Sling Snoreplasty significantly improves snoring symptoms and bed partner assessed snoring in most subjects with mild or no evidence of sleep apnea. In addition, it is a safe therapy with minimal morbidity based on clinical evaluations, adverse events, and subject pain and swallowing assessments. Further studies will be needed on target subjects with specific obstruction located at the level of the palate.

**References**


The MUSC Department of Otolaryngology—Head & Neck Surgery gathered to bid farewell to the graduating residents and fellows on June 21st, 2014, at the Charleston Yacht Club in downtown Charleston. For the residents, the graduation event is the conclusion of a long, intense, competitive process. As a top 10 training program, the MUSC Department of Otolaryngology-Head & Neck Surgery receives over 300 applications for residency training. Of the 300, 40 applicants are interviewed, and 3 eventually match with the department. The residency match, however, is just the beginning and is followed by a rigorous five years of clinical care, surgical skills development, study, and research.

The three graduating residents this year were no exception in that they were truly exceptional individuals and surgeons. Jessica Gullung Lee, M.D., mastered the breadth of general otolaryngology while pursuing special interest in swallowing and voice disorders that resulted in five publications, a book chapter, and multiple national presentations. She will be joining a busy multi-specialty group in Summerville, SC, as a general otolaryngologist and will serve many lowcountry residents with her skills in the years to come. Samuel Oyer, M.D., began building the foundation of a future academic career while at MUSC by publishing 12 papers and receiving an extramural CORE grant on the Inflammatory Role of Fibroblasts in Chronic Sinusitis from the AAO-HNS foundation. Dr. Oyer will continue his training as a fellow in facial plastics and reconstructive surgery at Johns Hopkins. Greg Schmedes, M.D., was able to use his surgical training to prepare him for his life-long dream of being a missionary surgeon. Dr. Schmedes not only had to master surgical skills but had to give constant consideration of how he might provide similar care in the future with fewer resources and surgical colleagues. Dr. Schmedes, his wife, and four children will be serving at the Mbingo Baptist Hospital in Cameroon. Our prayers and blessings go out to all of our graduating residents as we thank them for their time spent with us.

The MUSC Department of Otolaryngology-Head & Neck Surgery has likewise become a sought after center for advanced training in otolaryngology subspecialties. Currently, the Department offers fellowships in sinus and skull base surgery; pediatric otolaryngology; otology and neurotology; and head and neck oncologic and reconstructive surgery. Dr. David Gudis completed a successful year as the pediatric otolaryngology fellow and has stayed at MUSC for an additional year of training in sinus and skull base surgery. Between busy days spent in the OR and rounding in the MUSC Children’s Hospital, Dr. Gudis published two papers and a book chapter, and served on missions to Peru and the Dominican Republic. Sarfaraz “Saf” Banglawala, M.D., refined his technique as an endoscopic sinus and skull base surgeon while publishing four articles including a detailed analysis of the economic model of endoscopic skull base surgery. Dr. Banglawala returns to his home country as an adjunct faculty at the University of Toronto. Drs. Jeff Houlton and Paul Tennant were the dynamic duo of head and neck and reconstructive surgery who performed more than 200 major ablative head and neck resections and 120 microvascular flaps during their 12 months which were largely spent in Main OR room 8. Dr. Houlton is currently assistant professor at the University of Washington, Seattle, whereas Dr. Tennant returned to the program of his residency training, University of Louisville. We offer our heartfelt thanks to these wonderful young academic surgeons and look forward to interacting with them over the course of their careers.

Lastly, the residents honored Dr. Krishna Patel with the annual resident teaching award. It is well-deserved recognition for an individual who spends hours with residents in the lecture room, cadaver lab, and operating theatre to make sure they leave here with excellent training and skill in facial function and aesthetics.
The MUSC Department of Otolaryngology-Head & Neck Surgery welcomed three new PGY2’s into service in July 2014.

Kathleen Brandstetter, M.D. is from Greenwich, CT. She attended Brown University for college where she was pre-med and earned a BA in Architecture. She spent all four years as a member of the Division I swim team. After undergraduate studies, Katie moved to Boston, MA where she did research for two years at The Dana Farber Cancer Institute in a Thoracic Oncology lab. She then moved to the midwest to attend The Ohio State University College of Medicine where she was inducted into the Alpha Omega Alpha honor society and had several publications and presentations on research into biofilms. Katie lives downtown with her bulldog mix Basil, and loves ice cream, cooking, traveling and anything that will get her outdoors.

Robert Keller, M.D., from East Lyme, CT, attended New York University as an undergraduate and for medical school. He played on the NYU Men’s Varsity Soccer team as a college athlete. Robert received his B.S. in Biology and spent one year traveling through South America before beginning medical school. He was inducted into the Alpha Omega Alpha honor society and co-authored on research in otology and obesity in South American populations as a medical student. Robert resides on Johns Island with his fiancee, Caryn Ferrigno, and their puppy Autumn. In his spare time, he enjoys playing soccer in the 1st Division CSL league, surfing, and the outdoors.

Shivangi Lohia, M.D., grew up in North Andover, Massachusetts near Boston before attending George Washington University in the District of Columbia. There she received a B.A. in Psychology and was a member of the South Asian Female Dance Team. After completing her undergraduate studies she remained in DC to attend medical school at GWU. While in medical school, she was a board member of the student run free clinic and co-authored research on salivary surgery, sleep apnea surgery, and the treatment of allergic rhinitis. Shivangi and her husband live in Mount Pleasant and enjoy overseas travel. When not working, she likes playing piano, painting, yoga, and live music.

Kathleyn Brandstetter, M.D.
Kathleyn Brandstetter, M.D. is from Greenwich, CT. She attended Brown University for college where she was pre-med and earned a BA in Architecture. She spent all four years as a member of the Division I swim team. After undergraduate studies, Katie moved to Boston, MA where she did research for two years at The Dana Farber Cancer Institute in a Thoracic Oncology lab. She then moved to the midwest to attend The Ohio State University College of Medicine where she was inducted into the Alpha Omega Alpha honor society and had several publications and presentations on research into biofilms. Katie lives downtown with her bulldog mix Basil, and loves ice cream, cooking, traveling and anything that will get her outdoors.

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2014-15 Fellows

MUSC offers otolaryngology fellowships in Head & Neck Oncologic and Reconstructive Surgery, Rhinology and Endoscopic Sinus/Skull Base Surgery, Pediatric Otolaryngology, and Otology and Neurotology. In addition to an extensive surgical experience, fellows benefit from a multidisciplinary approach by participating in outpatient clinics, rounds, and didactic conferences.

David Gudis, M.D.
David Gudis, M.D. MD & Residency: University of PA Special Interests: Pediatric otology, rhinology, bronchoesophagology, head and neck surgery, and humanitarian missions

Karen Hawley, M.D.
Karen Hawley, M.D. MD: Boston University School of Medicine Residency: Cleveland Clinic Foundation Special Interests: Pediatric otolaryngology including aerodigestive disorders, otology, rhinology, congenital HN diseases, and craniofacial anomalies.

Anastasios Karnezis, M.D.
Anastasios Karnezis, M.D. MD: Columbia University, NY Residency: UC, San Diego Special Interests: Complex sinus and endoscopic skull base surgery, and recalcitrant chronic rhinosinusitis

Rusha Patel, M.D.
Rusha Patel, M.D. MD: University of Michigan Residency: University of Utah Special Interests: HN Oncology and Reconstructive Surgery

Habib Rizk, M.D.
Habib Rizk, M.D. MD: Saint Joseph University, Beirut, Lebanon Residency: Hotel-Dieu de France Hospital, Beirut, Lebanon Fellowship: Otolologic Medicine and Surgery, Christiana Care Health Sys, Wilmington, DE Special Interests: Neurotology

Shaum Sridharan, M.D.
Shaum Sridharan, M.D. MD: University of Texas Health Science Center of San Antonio Residency: New York University Medical Center Special Interest: HN Oncology and Reconstructive Surgery, Laryngology

To learn more about our residency and fellowship programs please visit our website at ENT.musc.edu
Faculty
Otolaryngology - Head & Neck Surgery

Otology & Neurotology
Paul R. Lambert, M.D.
Professor and Chairman
Director, Otolaryngology-Neurotology
M.D.: Duke University
Residency: UCLA
Fellowship: House Ear Institute, Los Angeles

Ted A. Meyer, M.D., Ph.D.
Associate Professor
Director, Cochlear Implant Program
M.D. & Ph.D.: University of Illinois
Residency: Indiana University
Fellowship: University of Iowa

Audiology
Kimberly A. Orr, Au.D., CCC-A
Director, Audiology
M.A.: Ohio State University

Elizabeth Camposeo, Au.D., CCC-A
Instructor
Au.D.: Northwestern University

Laura A. Droege, Au.D., CCC-A
Instructor
M.A.: Northern Illinois University

Meredith A. Holcomb, Au.D., CCC-A
Instructor
Clinical Coordinator, Cochlear Implant Program
Au.D.: UNC Chapel Hill

Cortney J. Hudak, Au.D., CCC-A
Instructor
Au.D.: University of Akron/Kent State University

Elizabeth A. Poth, M.S., CCC-A
Instructor
M.S.: UNC Chapel Hill

Michelle L. Reiter, Au.D., CCC-A
Instructor
Au.D.: UNC Chapel Hill

Christine C. Strange, Au.D., CCC-A
Instructor
M.A.: SUNY Plattsburgh

Head & Neck Oncology
Terry A. Day, M.D.
Professor and Director
MUSC HN Tumor Program
Wendy and Keith Wellin Chair in Head & Neck Surgery
M.D.: University of Oklahoma
Residency: LSU-Shreveport Fellowship: UC Davis

M. Boyd Gillespie, M.D., M.Sc.
Professor
Director, MUSC Snoring Clinic
M.D., Residency & Fellowship:
Johns Hopkins

Joshua D. Hornig, M.D., FRCS(C)
Associate Professor
Director, Microvascular Surgery and Functional Outcomes
M.D. & Residency: Univ. of Alberta
Fellowship: MUSC

Eric J. Lentsch, M.D.
Associate Professor
M.D. & Residency: University of Louisville
Fellowship: M.D. Anderson

David M. Neskey, M.D.
MD: Albany Medical College
Residency: University of Miami
Fellowship: MD Anderson

Maxillofacial Prosthodontics
Betsy K. Davis, D.M.D., M.S.
Associate Professor
Director, Division of Maxillofacial Prosthodontics
D.M.D.: MUSC
Residency: University of Iowa
Fellowship: M.D. Anderson; UCLA

Facial Plastic & Reconstructive Surgery
Krishna G. Patel, M.D., Ph.D.
Assistant Professor
Director, FPRS
M.D.,Ph.D.: Medical College of Georgia
Residency: UNC Chapel Hill
Fellowship: UC Davis

Judith M. Skoner, M.D.
Assistant Professor
M.D.: University of South Carolina
Residency: MUSC
Fellowship: Oregon Health and Science University

Mary Beth Chalk, MSN, RN,
APRN-BC
Nurse Practitioner
MSN: MUSC

TK Garris, NP-C
Nurse Practitioner
DNP: MUSC

Ashley Laursen, BSN, RN
Registered Nurse, Program Coordinator
BSN: MUSC

Jennifer R. Page, RN, MSN,
NP-C
Nurse Practitioner
MSN: MUSC
Upcoming CME Events

**4th Annual Charleston Sleep Surgery Symposium**  
January 30 - 31, 2015  Renaissance Charleston Historic District Hotel  
Lectures and hands-on labs focused on procedures for snoring and sleep disordered breathing. This course will provide evidence-based guidelines and algorithms for proper patient selection, proper surgical site selection, and proper surgery selection. For practicing otolaryngologists.  
Guest speakers:  
- Eric J. Kezirian, M.D., MPH, Keck School of Medicine, University of Southern California  
- Ofer Jacobowitz, M.D., PhD, FAASM, Mount Sinai Medical Center, ENT and Allergy Associates, New York, NY  
- Tapan A. Padhya, M.D., University of South Florida College of Medicine  
- Ed Weaver, M.D., MPH, University of Washington

**2nd Annual Charleston Pediatric ENT Update**  
March 7, 2015  MUSC Campus  
A comprehensive full day course designed to provide pediatricians, family practitioners, and otolaryngologists with up-to-date guidelines to implement in their daily practice, promote quality and efficient care, and tackle challenging ENT diagnosis with confidence.  
Guest speaker:  
- Emily F. Boss, M.D., MPH, Children’s Hospital at Johns Hopkins

**14th Temporal Bone Dissection Course**  
March 20 - 21, 2015  MUSC Campus  
Lectures & hands on labs focused on procedures for chronic ear disease. For practicing otolaryngologists.  
Guest speaker:  
- Alan Micco, M.D., Northwestern Medical Faculty Foundation, Chicago, Il

**Southern States Rhinology Course**  
April 29 - May 1, 2015  Kiawah Island Golf Resort and MUSC Campus  
This course is intended for practicing Otolaryngologists and will feature presentations on topics for the practicing rhinologists and sinus surgeons. A hands-on laboratory dissection is available, featuring state-of-the-art endoscopic instrumentation, video, and image guidance systems.  
More info on the Southern States Rhinology Course website:  
http://www.southernstatesrhinology.org

**15th Annual Charleston Magnolia Conference**  
May 29 - 30, 2015  Renaissance Charleston Historic District Hotel  
Two half-day sessions covering the broad spectrum of Otolaryngology - Head & Neck Surgery. The lectures and round table discussions are specifically aimed at the practicing otolaryngologist.

**The Charleston Course**  
5th Annual Otolaryngology Literature Update  
July 17 - 19, 2015  Kiawah Island Golf Resort  
Designed to help the busy clinician stay current in our rapidly expanding specialty:  
- Expert critical assessments of over 100 of the past year’s most relevant, current evidence-based publications  
- Lectures and discussions that will evaluate best practices and strategies for how to translate the evidence into practice. Our faculty members will cover the entire specialty in 15 lectures over 3 half days with emphasis on those “pearls” important to your practice. We hope you will join us in a beautiful location along the South Carolina coast in July.

For course registration or more information contact:  
Beth Cummings (843) 876-0943, mansfiee@musc.edu

More information coming soon, please check our website often:  
[ENT.musc.edu](http://ENT.musc.edu)