



5<sup>th</sup> Global Summit and Expo on

# Head, Neck and Plastic Surgery

June 19-20, 2017 Philadelphia, USA

## Keynote Forum

### Day 1

*Head, Neck and Plastic Surgery 2017*

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## Lee M Akst

Johns Hopkins University, USA  
Johns Hopkins Voice Center, USA

### Vocal cord leukoplakia: Management in the OR and Office

This presentation will comprehensively review evaluation and management of laryngeal leukoplakia. Though white vocal fold lesions are common, management remains challenging; doing too little may allow precancerous lesions to progress, while doing too much may create unnecessary dysphonia through scar. I will present a framework for management of leukoplakia which balances oncologic with functional outcomes with the goal of achieving disease control without creating scar. State-of-the-art advances in care of leukoplakia will be emphasized and surgical techniques discussed will include role of infusion, use of the KTP laser and microflap resection of diseased epithelium. Advanced use of the KTP laser for office treatment of laryngeal dysplasia, an important part of my own practice and something which is only available in a limited number of centers worldwide will be discussed as well, to include appropriate anesthesia techniques for office-based procedures. Epidemiology of leukoplakia, rates of progression to malignancy and role of office-based biopsy will be reviewed. Though focus will be on KTP laser strategies as these represent cutting edge approached to management of this disease, I will also discuss cold instrument and CO<sub>2</sub> laser techniques so that the audience, regardless of the tools available to them in their own practices, will be able to transition techniques learned in this presentation to care of their own patients. Approaches to anterior commissure involvement, bilateral disease and multiply recurrent dysplasia will be discussed through case presentations which should increase audience interest.

### Biography

Lee M Akst is the Head of the Johns Hopkins Voice Center and is the Director of the Division of Laryngology at the Johns Hopkins University, Department of Otolaryngology-Head and Neck Surgery. The focus of his clinical practice is on management of voice disorders with focus on office-based treatments and operative management of epithelial diseases such as vocal cord leukoplakia, papilloma and early glottis cancer. He has lectured extensively on phonosurgical techniques, treatment of laryngeal leukoplakia, laryngopharyngeal reflux and globus pharyngeus. He has been working with engineers at Johns Hopkins on novel robotic platforms to bringing robotic surgery into the endolarynx to aid microlaryngeal operative precision. He has received his undergraduate and medical degrees from Yale University, did his Otolaryngology Residency at the Cleveland Clinic and completed his Laryngology Fellowship at Massachusetts General Hospital.

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## Simion J. Zinreich

Johns Hopkins University School of Medicine, USA

### Static and dynamic application of Multi-Planar Reconstructed (MPR) and 3D CT images to improve image guidance for FESS, based on lamellae landmarks

For 3 decades, coronal sinus CT along with MPR reconstructions/displays has guided surgeons performing Functional Endoscopic Sinus Surgery (FESS) in their procedures. Image Guided Surgery (IGS) has improved the familiarity of the surgeon with the surgical field and correlation between the regional morphology and the imaging information. Unfortunately, image guidance is not always or universally available. For these situations, it is our work to provide the FESS surgeons more dynamic use of the imaging information to guide their surgical approach in a systematic and safe manner, using landmarks they are already familiar with.

**Teaching Points:** The surgical approach for FESS is systematic, as it progressively follows sequential surgical steps and landmarks, based on the four lamellae from anterior to posterior, uncinate process, ethmoidal bulla, basal lamella and superior turbinate.

The aim of this communication is to highlight the CT evaluation of the structures related to each of these 4 lamellae and the important role that dynamic multiplanar reformatting can play.

Imaging evaluation will specifically focus on the structures involved in the performance of the 4 steps of the surgery, namely uncinectomy, anterior and posterior ethmoidectomy, sphenoidotomy and frontal sinusotomy.

**Summary:** Aim of this presentation is to show that, using orthogonally reconstructed MPR CT images can provide a more accurate display of the structures of the nasal cavity and the paranasal sinuses in preparation for FESS.

Use of a more dynamic CT display is needed and more advantageous to demonstrate the intricate relationship and structural variations surrounding the various mucociliary outflow tracts/drainage pathways.

Curved coronal and 3D reconstructions are needed to display the usually convoluted path of the frontal recess and its outflow tract. In general, this dynamic approach of the imaging evaluation can provide a more accurate pre-surgical planning platform, especially in instances where image guidance is unavailable for surgery.

### Biography

Simion J. Zinreich is the professor of the Division Radiology and Otorhinolaryngology Head and Neck Surgery at The Johns Hopkins Medical Institution. He is an author/co-author of 7 patents, 150 publications and 5 textbooks. He is also an active member of Member of several national and international societies.

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## *Eileen Raynor*

*Duke University Health System, USA*

### Use of coblation in pediatric head and neck procedures

Coblation technology has been used in adult and pediatric adenotonsillectomy since it was introduced in 2001. Since then this device has been used in numerous head and neck procedures including nasal polypectomy, epistaxis management, lingual tonsillectomy, removal or debulking of lymphovascular or venous malformations, removal of suprastomal granulation tissue and laryngeal surgery. Coblation technology uses plasma generation that dissolves hydrogen bonds in tissue, resulting in volume reduction and lower thermal spread to surrounding structures than electrocautery techniques. Literature review of techniques and indications will be supplemented with specific case presentations.

### Biography

Eileen Raynor is an Associate Professor of the Pediatric Otolaryngology, Head and Neck Surgery & Communication Sciences at Duke University Health System, USA. She has been actively engaged in clinical research since Residency.

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## Yehuda Ullmann

*Rambam Health Care Campus, Israel*

### Applying the Lejour technique for augmentation mastopexy

**Background & Aim:** Doubts are commonly cast over the safety of the single-stage augmentation mastopexy procedure. Currently, the literature is sparse. Applying the Lejour technique for augmentation mastopexy has provided excellent aesthetic results and significantly reduced complications. Hereby presented is this easy to learn reproducible technique, allowing one to perform both procedures together safely. To the best of our knowledge, this is the first description written in the English literature.

**Methods:** Over a six-year period, 53 women underwent simultaneous augmentation mastopexy using this approach. Implants (size 200-300 cc, textured, Mentor®) were all placed in the subglandular plane. All procedures were performed under deep sedation, peri-operative antibiotics were administered and patients were discharged after less than 24 hours. Complications were recorded. The patient follow-up period ranged from six months to seven years.

**Results:** Symmetric, aesthetic results were achieved in all patients. Only three patients (5.66%) had recurrence of breast ptosis. Two patients suffered from dehiscence of the surgical wounds, of which one required secondary suturing (1.89%). This is a much lower percentage than the 10.65% reoperation rate noted in the literature. There were no incidences of hypertrophic scarring, capsular contraction, tissue related asymmetry, hematoma, infection, fat necrosis, necrosis or loss of the nipple-areolar complex (NAC) and no NAC loss of sensation.

**Conclusion:** This presentation suggests that with careful patient selection pooled complications and reoperation rates for single-stage augmentation-mastopexy using the Lejour technique are acceptably low. The three-layer coverage of the prosthesis prevents it from downward shifting and from exposure, along with preserving the longevity of the results.

### Biography

Yehuda Ullmann is the Head of the Plastic Surgery Department and Aesthetic Services at Rambam Health Care Campus in Haifa, Israel. In addition, he is an Associate Clinical Professor of Plastic Surgery at the Rappaport Faculty of Medicine of the Technion-Israel Institute of Technology. His research interests include increasing viability of autologous fat transplants and reconstructive and aesthetic surgery and he has published over 120 articles in peer-reviewed journals. He is also an internationally acknowledged expert in the use of laser and IPL technologies. Until recently, he served as the President of the Israel Society of Plastic Surgery.

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## *Belayat Hossain Siddiquee*

*Bangabandhu Sheikh Mujib Medical University, Bangladesh*

### **Role of bilateral selective neck dissection in surgical management of advance laryngeal carcinoma with N0 neck**

Advance laryngeal carcinoma with N0 neck is a condition where controversies about surgical management are still present. Clearance of the echelon groups of cervical lymph nodes in clinically and radiologically negative neck during surgery for laryngeal primary has got a positive impact on prognosis. We have treated 114 such cases over thirteen years (2001-2013). Fifty five (55) were glottic and 59 supraglottic carcinoma. Surgery was done both in primary and irradiated cases: Primary modality in 53 cases (Glottic-23 and Supraglottic-30) and 61 irradiated cases (Glottic-32 and Supraglottic-29). Two types of surgery offered were (1) Total Laryngectomy, (2) Total Laryngectomy+Bilateral Selective Neck Dissection of Level-II, III, IV lymph nodes (Bil.SND). Total laryngectomy was done in 41 cases (Glottic-20 and Supraglottic-21), Total Laryngectomy+Bil. SND in 73 cases (Glottic-35 and Supraglottic-38). Postoperative adjuvant radiotherapy was given according to demand of the postoperative histopathology. 97.37% (111 patients) were followed up for >2 years, 74.35% (85 cases) >3 years and 45.61% (52 cases) for >5 years. Recurrence detected in 15 cases of Glottic carcinoma, Laryngectomy group-11 (55%) and Laryngectomy+Bil.SND-04 cases (11.43%;  $p=0.001$ ). In supraglottic carcinoma recurrence found in 20 cases, Laryngectomy group-11 (52.38%) and Laryngectomy+Bil.SND-09 cases (23, 68%;  $p=0.026$ ). Most of the recurrence (68.18%) occurs in the neck if not addressed properly during surgery. Prophylactic Bilateral SND in advance carcinoma of the larynx with N0 neck has significant influence in reducing recurrence.

#### **Biography**

Belayat Hossain Siddiquee is a Pioneer Head and Neck Surgeon in Bangladesh. He started his career as Head and Neck Surgeon in 1992 after obtaining Fellowship in ORLHNS from Bangladesh. He is the Founder Chief of HNS Division, BSMMU, Founder President, Bangladesh Society of HN Surgeons, Governing Council Member, Asian Society Head-Neck Oncology (ASHNO), Councilor, IFHNOS, Country Coordinator, World Head-Neck Cancer Day and Editorial Board Member of Springer journal *Oral Cancer*.

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#### **Notes:**



5<sup>th</sup> Global Summit and Expo on

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# Day 2

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## *Eileen Raynor*

*Duke University Health System, USA*

### **Multimodality management of head and neck vascular malformations: Review of current literature**

Vascular malformations of the head and neck often require multiple interventions with the use of a variety of modalities including periods of observations, systemic medical management, targeted interventional radiologic approaches and surgical debulking or excision. The literature is deficient in evidence based management protocols with the majority being small case series or retrospective reviews. The terminology for these lesions historically has been confusing and until the development of a classification system by the International Society for the Study of Vascular Anomalies (ISSVA), understanding the nature of various vascular lesions has been challenging. Use of a vascular malformation team based approach has improved the diagnosis and management of these complicated lesions. The team generally consists of interventional radiologists, vascular surgeons, dermatologists, plastic surgeons and head and neck surgeons with contributions from other specialties as the need arises. This discussion will focus on diagnosis and management options of the major categories of vascular malformations including hemangioma, venous or mixed venous malformations, lymphatic malformations and arteriovenous malformations with an emphasis on team management and review of the current literature.

### **Biography**

Eileen Raynor is an Associate Professor of the Pediatric Otolaryngology, Head and Neck Surgery & Communication Sciences at Duke University Health System, USA. She has been actively engaged in clinical research since Residency.

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## R Anand

Dr. Anand ENT Specialty Centre, India

### Hypopharyngeal collapse in obstructive sleep apnea: How to address it?

Obstructive sleep apnea (OSA) is a silent nightmare. It is a rising social problem. A variety of medical and surgical solutions are available in the field but still there is no 100% cure. There are many hidden causes for the failure: Lack of proper counseling, over-weight, improper diagnosis and unaddressed areas in surgery. Hypopharyngeal collapse in OSA is the main cause for failure. Hypopharynx is the area between upper borders of epiglottis to lower border of cricoid cartilage. In failure cases, a high level of suspicion about hypopharyngeal collapse must be thought. Structures like huge tongue base, floppy epiglottis, lingual tonsil and laryngeal mass can be the reasons for the collapse. Apart from the routine workup Sleep Endoscopy is a very important tool to find out the cause. Surgeries like hyoid mobilization & suspension with mandible, midline glossectomy, epiglottopexy and vocal cord surgeries-posterior cordectomy are being performed to correct the failures. Proper pre-operative assessment along with Drug Induced Sleep Endoscopy (DISE) is very important for accurate diagnosis and better outcome. Multilevel surgical intervention tailored according to each individual is mandatory.

### Biography

R Anand is the Director and Head of ENT in Dr. Anand ENT Specialty Centre, an academic training institute in Coimbatore, India. He has graduated from Madurai Medical College, Madurai, India. He has worked as a Resident under Dr. Mohan Kameswaran, a world renowned ENT Surgeon from Chennai, India. He is a Member of various associations like European Politzer Society of Otolaryngology, World Sleep Association, Cochlear Implant Group of India, Founder Member of Indian Academy of Otorhinolaryngology Head & Neck Surgery and Indian Association of Surgeons for Sleep Apnea. He has presented several papers in India and international conferences and conducts Cadaver hands on workshops in regular intervals. He has also conducted Rhinology and Otolaryngology live surgery workshops. He is the Head of Cochlear Implant Department in PSG Hospital, India.

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## *Belayat Hossain Siddiquee*

*Bangabandhu Sheikh Mujib Medical University, Bangladesh*

### Parapharyngeal tumors: Surgical experience

Parapharyngeal space is a complex potential space situated on both sides of the upper neck and contains several vital neurovascular structures. Parapharyngeal tumors are relatively rare, less than 0.5% of head-neck neoplasms. Because of location in a critical space and heterogeneous histological variety, often they impose diagnostic dilemma. FNAC may be difficult and risky. Biopsy may not be possible. Although mostly benign, primary malignant tumors, metastatic lymphnodes, involvement from lymphoproliferative diseases and tumors extending from adjacent sites may also occur. This is a series of 173 such cases in seven years period (July 2008 to June 2014). Neck swellings, bulging of lateral pharyngeal wall medially and forward bulging of the soft-palate are common clinical features. Dysphagia, cranial nerve palsies (lower four) and dull earaches are occasionally present. Some sophisticated tools can be used to get an idea about the diagnosis like Imaging (CT, MRI, MRA, CT angiogram), CT guided FNAC, urinary VMA estimation, etc. Common surgical approaches are Trans-Cervical, Trans-Mandibular, Trans-Parotid and combination of above two or three. Per-oral approach for small tumors and skull base approaches for high-up tumors were also required. Cerebrovascular accident was the gravest complication of surgery. Temporary and permanent palsy of the cranial nerves were the commonest complications. Surgeons dealing with the PPS tumors must be well versed with the complex anatomy of the space, sufficient skill and experience of surgeries around carotid arteries and should have knowledge how to deal with the vascular accident.

### Biography

Belayat Hossain Siddiquee is a Pioneer Head Neck Surgeon in Bangladesh. He has started his career as Head Neck Surgeon in 1992 after obtaining Fellowship in ORLHNS from Bangladesh. He is the Founder Chief of HNS Division, BSMMU, Founder President, Bangladesh Society of HN Surgeons, Governing Council Member, Asian Society Head-Neck Oncology (ASHNO), Councilor, IFHNOS, Country Coordinator, World Head-Neck Cancer Day and Editorial Board Member of Springer *Journal Oral Cancer*.

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