5th Global Summit and Expo on

Head, Neck and Plastic Surgery

June 19-20, 2017 Philadelphia, USA

Workshop

Day 1

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Lee M Akst, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Lee M Akst

Johns Hopkins University, USA
Johns Hopkins Voice Center, USA

Evolutions in robotic microlaryngeal surgery

This presentation will review limitations of current robotic approaches to microlaryngoscopy and will introduce the audience to a new robotic technology with the potential to change how microlaryngeal surgeries are performed. The evolution of laryngeal surgical techniques has been driven by the promise of increased operative precision. Coincident with advances in microlaryngeal surgery have been similar, though more rapid, advances in robot-assisted surgery within otolaryngology. From well-established use of the da Vinci surgical robot for ablative procedures of the pharynx to newer applications for robot-assisted procedures such as thyroid surgery and skull base surgery, robotic-assisted surgery is growing. Despite these advances, robot-assisted surgery is not yet routinely incorporated into microlaryngeal surgery. Current limitations for existing commercial systems include: Size of available instrumentation, difficulty manipulating robotic effector arms within narrow working space afforded by standard retractors and reduced haptic feedback that comes from working remotely rather than handling tissues directly. Even as smaller instruments and new retractors are being developed, existing robots have been largely limited to laryngeal procedures such as vocal cord stripping, cordectomy and partial epiglottectomy procedures in which preservation of normal vocal fold anatomy and function are not prioritized. To address these issues and create a role for robotic assistance in microlaryngoscopy; a novel robotic ENT microsurgery system (REMS) has been developed. This system emphasizes cooperative control, rather than remote control, of a microsurgical instrument; traditional microlaryngoscopy instruments are utilized with both the robot arm and surgeon controlling the same instrument. The ability of this REMS system to improve precise performance of simulated microlaryngoscopy tasks has been demonstrated in a variety of research studies. These preliminary studies, their methods and their results will be reviewed; surgical videos will demonstrate the robot 'in action'. The REMS platform may represent the next step in the evolution of robotic microlaryngeal surgery.

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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Notes:

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Head, Neck and Plastic Surgery

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Scientific Tracks & Abstracts

Day 1

Sessions

Hearing impairment- causes and treatments | Laryngology | Anethesia and pain relief in ENT surgery | Advancement of surgical and non surgical techniques in Otolaryngology | Head Neck and Oral Oncology | Tissue expansion

Session Chair
Lee Akst
Johns Hopkins University, USA

Session Co-chair
Belayat H. Siddiquee
Bangabandhu Sheikh Mujib Medical University (BSMMU)
Bangladesh

Session Introduction

Title: **The skull vibration induced nystagmus test (SVINT): Clinical benefit in unilateral vestibular lesions and anterior canal dehiscence diagnosis**
Georges Dumas, Clinique ORL CHU Grenoble, France

Title: **Floor of mouth window improves surgical access for trans-oral cancer surgery**
Jeffson Chung, West Virginia University, USA

Title: **Use of ultrasound biofeedback in speech intervention for children with hearing loss and cleft palate**
Sue Ann Lee, Texas Tech University Health Sciences Center, USA

Title: **Application of skin stretching technique for closure of large surface skin defects in children**
Maria Shcherbakova, Speranskiy Children's Hospital in Moscow, Russia

Title: **Transcranial magnetic stimulation reveals differences between spasmodic dysphonia and muscle tension dysphonia**
Sharyl Samargia, University of Wisconsin-River Falls, USA

Title: **Current management practices in Meniere's disease**
Huseyin Isildak, The Pennsylvania State University, USA

Title: **Airway regional anesthesia: What is the usage for ultrasound guided (USG) approach?**
Sassan Sabouri, Harvard Medical School, USA

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The skull vibration induced nystagmus test (SVINT): Clinical benefit in unilateral vestibular lesions and anterior canal dehiscence diagnosis

G Dumas
Clinique ORL CHU Grenoble, France

Background & Aim: Vibrations applied to skull produce a vibration induced nystagmus (VIN) in unilateral vestibular lesions (UVL). These responses described for the first time by Lücke in 1976 were confirmed and extended by Hamann, et al. and our group in Grenoble in 1999. A VIN induced by cervical vibrations has also been described but involves different somatosensory inputs and centers. Moreover, bone conducted vibrations stimulate utricle (oVEMP) or sacculus (cVEMP) and muscular cervical stimulations influence posture. Our purpose was to clarify this initial design, the actual inner ear target of this test restricted to bone conduction stimulation (which we term the Skull Vibration Induced Nystagmus Test (SVINT)), to find out optimal stimulation locations and frequencies, to show possible clinical interest of the VIN primarily in unilateral lesions (UVL) and superior canal dehiscence (SCD). In animals, Curthoys demonstrated at 100 Hz a stimulation of both canalar and otolithic structures (type I inner ear cells) and at 500 Hz a specific stimulation of otolithic irregular fibers.

Material & Methods: 19500 patients with total or partial peripheral unilateral lesions (TUVL/PUVL) or superior semicircular canal dehiscence (SCD) were studied with the Synapsys 3F vibrator (30, 60, 100 Hz) and the (10-800 Hz) Bruel & Kjaer Vibrator applied on vertex and each mastoids and recorded under VNG 2D or 3D. The results were compared with those in 95 normal subjects and 34 brainstem lesions.

Results: The test is positive when it generates a VIN beating toward the same direction whatever the skull location, sustained, repeatable, starting with the stimulation and stopping with it. Optimal frequency is 100 Hz in patients with normally encased labyrinth; the best location is the mastoid in UVL except in SCD (higher responses are obtained on vertex). Both labyrinths are concomitantly stimulated and VIN is the result of the stimulation of the intact side in TUVL. In PUVL, a VIN beating toward the intact side is usually obtained but in SCD, VIN beats toward the lesion side (bone conduction facilitation) and is observed at higher frequencies. The VIN slow phase velocity (SPV) is correlated in TUVL with the total caloric efficiency on the healthy ear. No responses are observed in bilateral symmetrical lesions. VIN is permanent in TUVL. Sensitivity is 98% in TUVL and specificity 94% in normal subjects. In PUVL, sensitivity is 75% and VIN beats toward the intact side in 91% of cases. No significant alteration of the vestibulo-spinal reflex analyzed with posturography was observed in chronic compensated UVL. SVINT is more sensitive to reveal peripheral than central diseases.

Conclusion: SVINT is a global vestibular test at 100 Hz and acts as a vestibular Weber test. It explores the vestibulo-ocular reflex and complements the CaT, the HST and the HIT in the vestibule multi-frequency analysis. In clinical practice, it can substitute the water caloric test in case of middle or external ear pathologies. SVINT is useful to detect instantaneously as a bedside first line examination test, a vestibular asymmetry. It usually reveals a lesional nystagmus in common UVL peripheral patients and an excitatory VIN in SCD. It is more sensitive to reveal peripheral than central diseases. The VIN is not modified by the vestibular compensation mechanisms and involves type I inner ear sensory cells..

Biography

G Dumas is a consultant at Clinique ORL CHU GRENOBLE, France. He completed his doctorate in medicine in 1980 on a topic "Kanamycin transplacentar ototoxic effect in rats". He is also an active member of multiple Scientific Societies such as Fellow of the French ENT and cervico-facial pathology society (S.F.ORL); the Audiology French society; the international otoneurology society (SIO); the international vestibular rehabilitation society (SIRV). He is a Member of the Laboratory Development, Adaptation and Disadvantage (EA 3450 DevAH) – University of Lorraine.

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Jeffson Chung et al., Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Floor of mouth window improves surgical access for trans-oral cancer surgery

Jeffson Chung, Adam Bender Heine and **H Wayne Lambert**
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Statement of the Problem: The increasing incidence of HPV associated oropharyngeal cancer has sparked interest in minimally invasive transoral surgery as a primary treatment modality. However, proper surgical exposure and access to the tongue base is difficult to achieve. Many complex oral retraction systems have been developed in attempt to solve this problem but none work consistently or efficiently.

Methodology: This cadaveric study introduces the floor of mouth window: A simple adjunctive procedure done at the time of transoral resection and concurrent neck dissection that greatly improves surgical access to the tongue base while eliminating the need for oral retractors. It involves passing the oral tongue through the floor of mouth into the neck dissection field, thereby creating space for robotic or laser instruments to perform cancer resection. The floor of mouth is closed primarily in layers at the end of the procedure.

Findings: This study compares the tongue base exposure achievable with existing oral retractors to that achievable utilizing this novel technique. Our finding is that superior surgical exposure is attainable without retractors using the floor of mouth window.

Conclusion & Significance: We believe this technique may have a major impact on the management of oropharyngeal cancers because having a simple, reproducible method to access the tongue base will encourage greater adoption of transoral surgery as a treatment modality. It is a technique that can be helpful regardless of any future advances in robot or laser technology. Furthermore, this technique reduces the reliance on multiple complicated and expensive retraction systems. Finally, the improved exposure and visualization of the tongue base attainable by this new procedure may facilitate clear surgical margins and thus maximize the potential for cure, which is ultimately the objective of all head and neck surgeons.

Biography

Jeffson Chung is the Head and Neck Oncologic Surgeon with an appointment of Assistant Professor at West Virginia University, USA. He has research interests in head and neck cancer treatment outcomes, functional outcomes, technology in the ENT practice and telemedicine.

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Notes:

Sue Ann S Lee, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Use of ultrasound biofeedback in speech intervention for children with hearing loss and cleft palate

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Speech-language pathologists frequently provide visual feedback during treatment to help clients visualize articulatory gestures and movements for various speech sounds. While traditional visual feedback approaches incorporate visual cues using mirrors, figures or diagrams, alternative methods of visual feedback are gaining more attention in current research. These alternative methods include the use of acoustic analysis, electropalatogaphy and ultrasound biofeedback. Several speech-language pathologists and researchers have begun to investigate the effectiveness of ultrasound in intervention for speech sound disorders. Current research, however, is limited in populations investigated (e.g., normal hearing, articulation disorders, CAS), error sounds targeted (e.g., primarily residual /r/) and participant age ranges (e.g., late elementary and adolescents) included. The objective of this study was to evaluate the efficacy of ultrasound biofeedback as a tool for speech intervention in young children with hearing loss and with cleft palate. Two female children with cochlear implants and two male children with cleft palate, whose age ranged from 4 year 10 months and 6 years 5 months, participated in two single subjects multiple baseline design studies. A GE Logic E ultrasound with an 8c transducer was used. 30-minute treatment sessions were conducted twice a week for 10 weeks. Various speech sounds were targeted. We found gains in production accuracy for target sounds that were previously resistant treatment in the children with hearing loss. Speech intervention for children with cleft palate is still in progress and will be fully completed by May 2017. Based on currently available results, ultrasound is indicated as a potentially effective tool for the treatment of speech error sounds in young children. The findings in this study were consistent with the findings of previous studies.

Biography

Sue Ann S Lee is an Associate Professor in the Department of Speech, Language & Hearing Sciences at Texas Tech University Health Sciences Center, USA. She has earned her Master's degree from The Ohio State University and her PhD in Speech Pathology at the University of Texas at Austin. Her research interest lies in speech characteristics in children with and without speech sound disorders and bilingualism. Her recent research focuses on examining speech therapy efficacy using various technologies such as ultrasound and telepractice. Her work has been published in multiple high impact journals such as the *Journal of Child Language* and *Journal of Speech-Language and Hearing Research*. She currently serves as an Editorial Board Member of Clinical Archives of *Communication Disorders and Journal of Communication Disorders and Assistive Technology.*

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Mariya Shcherbakova, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Application of skin stretching technique for closure of large surface skin defects in children

Mariya Shcherbakova, Trusov A, Rybchenok V, Fomina M, Starostin O, Tsapkin A and **Lagutina A**
Speransky Children's Hospital, Russia

Introduction & Aim: Large surface skin defect closure after extensive burn trauma remains an important issue in plastic and regenerative surgery. Deficit of intact skin dictates a careful and creative approach to donor skin surfaces. Skin stretching technique using endo expansion device is a promising approach to treat large skin defects. It allows a significant reduction of scar surface area. Application of this technique for free dermal transplants allows receiving skin grafts similar to normal skin. The goal of this approach is to form a full-thickness skin flap of a desired size in cases where traditional skin donor surface areas are limited or not available. The resulting skin flap could be used on various body parts. The purpose of the study is to further characterize and advance the method of skin surface expansion for auto-grafting.

Materials & Methods: 25 patients aged 4 to 17 years with large-surface skin defects were treated using skin stretching technique. 24 patients had burn trauma and one patient had a trauma related to a car accident. All patients had scar deformations and various degrees of contractures, which were associated with significant limitations in their everyday life. Either large (120×45 mm) or small (90×45 mm) skin stretching devices were placed endoscopically. Radio knife 'Surgitron' and hydro knife 'Versa jet' were used for incisions. Skin stretching was achieved by gradual expansion of latex ballooning devices using 0.9% normal saline over a period of 4-8 weeks. Various body areas were used as a donor site for skin stretching based on individual cases - back, lateral chest and abdomen. Four patients received local intra dermal injections of botulinum toxin at the site of implantation of skin expansion device 3-4 days prior to the procedure.

Results: Using skin stretching devices, we were able to get full-thickness donor skin surfaces ranging from 60 square centimeters to 300 square centimeters. Wounds were closed using adjacent skin tissue. Small linear normotrophic scars were formed as a result. Four patients had some degree of peripheral necrosis at the edges, which were successfully treated using conservative methods. Scar deformations and contractures were corrected in all patients. Recipients of botulinum toxin-treated skin grafts seem to do better during recovery period likely due to improved skin elasticity.

Conclusions: Skin stretching technique has been proven to be a useful method in managing large surface skin defects in pediatric patients with various burn trauma, scar contractures, other traumatic causes of skin defects. Skin stretching technique allows receiving a full-thickness auto skin graft of a desired size similar to normal skin. This method solves a problem with lack of skin auto-graft for closure of large surface wound areas. Intradermal injections of botulinum toxin seem to increase elasticity of the expanded skin graft.

Biography

Mariya Shcherbakova was graduated from I.M. Sechenov First Moscow State Medical University in 2013. She has completed her Pediatric Surgery Residency in 2016 and joined staff of Speranskiy Children's Hospital in Moscow, Russia in 2016 as a Pediatric Surgeon and as a Staff Scientist. Her special interests include plastic and reconstructive surgery in children, treatment of children with post-traumatic and burn injuries, etc.

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Sharyl A Samargia, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Transcranial magnetic stimulation reveals differences between spasmodic dysphonia and muscle tension dysphonia

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Statement of the Problem: Adductor spasmodic dysphonia (AdSD) is a form of focal dystonia resulting in a strained voice quality during speech tasks. The pathophysiology of AdSD is largely unknown and differential diagnosis is challenging due to the shared perceptual features with muscle tension dysphonia (MTD). Considering MTD does not have a neurologic-basis, comparison of cortical excitability, using transcranial magnetic stimulation (TMS), between MTD and AdSD offers a novel approach in differential diagnosis. A direct comparison of cortical excitability in AdSD and MTD has not previously been reported.

Methodology: 10 subjects with AdSD, 8 with MTD and 10 healthy controls received single and paired pulse transcranial magnetic stimulation (TMS) to the primary motor cortex contralateral to tested muscles, first dorsal interosseus (FDI) and masseter. We hypothesized cortical excitability in AdSD would be significantly different than in MTD and healthy and would correlate with perceptual severity in AdSD.

Findings: Cortical silent period (CSP) duration in masseter and FDI were significantly shorter in AdSD than MTD and healthy controls. Other measures failed to demonstrate differences.

Conclusion & Significance: There are differences in intracortical excitability between AdSD, MTD and healthy controls. Differences in intracortical inhibition in FDI and masseter suggest widespread dysfunction of the GABAB (Gamma-Amino-Butyric Acid Type B) mechanism may be a pathophysiologic feature of AdSD, similar to other forms of focal dystonia. Further exploration of the use of TMS to assist in the differential diagnosis of AdSD and MTD is warranted.

Biography

Sharyl A Samargia is an Associate Professor and Speech-Language Pathologist. Her expertise is the study of neuroplasticity as it relates to functional motor recovery in individuals with neurologic disease or injury. She is interested in combining neuromodulation techniques and high intensity, task specific behavioral practice to facilitate true neural recovery and minimize maladaptive plasticity.

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Huseyin Isildak, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Current management practices in Meniere's disease

Huseyin Isildak
Pennsylvania State University, USA

Objective: To evaluate current trends in managing Meniere's disease (MD) by both general otolaryngologists and otologists/neurotologists and discuss treatment modalities.

Study Design: Cross-sectional study.

Setting: Survey of physicians.

Subjects & Methods: An electronic questionnaire was disseminated to all members of AAO-HNS.

Results: Eight hundred and sixty (860) members replied for a response rate of 14.5% for generalists and 35% for neurotologists. Thirty-nine percent (39%) of respondents believe that diet and life style changes are effective in controlling symptoms in more than 50% of their MD patients. Overall, 72.8% of respondents used hydrochlorothiazide/triamterene (HCTZ/TAT) often or always with neurotologists using HCTZ/TAT more often than generalists (P<0.001). Half of neurotologists used IT steroids often or always, compared to only 10% of generalists (P<0.001). Endolymphatic sac procedures are the most common surgeries and are used more often by neurotologists than by generalists (P<0.001). The Medtronic Meniett device is used more by neurotologists (P<0.001) but it is not commonly used overall (69.2% never use).

Conclusion: Many options are available for the treatment of MD. Neurotologists tend to use a wider variety of medications in their treatment protocols than generalists. Neurotologists tend to perform surgical interventions more frequently than generalists. Our evidence shows significant heterogeneity for treatment of Meniere's disease among otolaryngologists. A guideline that outlines appropriate therapeutic options, dosing and treatment escalation is warranted.

Biography

Huseyin Isildak is an Otologist/Neurotologist in Penn State Hershey Medical Center, USA. He also serves as the Director of Otology/Neurotology and Cochlear Implant Program in the center since 2013. He has his expertise in in hearing and balance disorders. His research interests are Meniere disease and implantable hearing implants. Besides being an Ear and Skull Base Surgeon, he is strongly interested in conducting to research and teaching. He has over 40 peer-reviewed scientific publications and a number of book chapters. He is currently in the Editorial Boards of prestigious journals such as *Operative Techniques in Otolaryngology-Head and Neck Surgery and BMC cancer.*

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Sassan Sabouri, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Airway regional anesthesia: What is the usage for ultrasound guided (USG) approach?

Sassan Sabouri
Harvard Medical School, USA

In recent years, there have been many advances using ultrasound to visualize the airway and related structures. Airway regional techniques are essentially used for providing airway anesthesia for Awake Direct Laryngoscopy or Fibro-Optic Intubation. The three major neural supplies to the airway are: Trigeminal, Glossopharyngeal and Vagus. Blocking these individual nerves usually provide more profound anesthesia than simple local anesthetic (LA) topicalization and will reduce the total dose. Objective of this presentation is to discuss some of the techniques of blocking the nerves of the airway and whether using ultrasound as a nerve localization method can be helpful. Glossopharyngeal nerve innervates the oropharynx, soft palate, posterior portion of the tongue and the pharyngeal surface of the epiglottis. Block on this nerve will provide an anesthetize passage for endotracheal tube (ETT) as well as abolishes the gag reflex. This nerve can be anesthetized using either intraoral or extraoral approaches. USG for the extraoral has been described for patients with chronic pain. However it can be easily blocked as it crosses the palatoglossal arch. Superior Laryngeal Nerve provides sensation to the base of the tongue, posterior surface of the epiglottis, aryepiglottic fold and the arytenoids. Block of this nerve has been used as a sole technique for intubation and can be done at the level of the thyrohyoid membrane inferior to the cornu of the hyoid bone. USG is useful especially when finding landmarks become difficult. Recurrent Laryngeal Nerve, which provides sensory innervation to the vocal folds and the trachea, can be easily blocked by the transtracheal block. Ultrasound has been useful in finding landmarks to perform this block. Block of this nerve can prevent coughing and bucking in reaction to presence of the ETT. Nasal passage is anesthetized by blocking the palatine and anterior ethmoidal nerves.

Biography

Sassan Sabouri is an Instructor at Harvard Medical School, USA. He is a graduate from Medical School in Shahid Beheshti Medical University (SBMU) in Tehran, Iran. He has completed his Anesthesiology Residency in SBMU and gained his major experience by practicing anesthesia in different cities across Iran for 10 years. In 2006, he started his Residency in General Surgery in Temple University in Johnstown PA and then Anesthesiology Residency in New York State University at Buffalo NY, where he became one of the Chief Residents. After graduation from Residency, he became one of the Staff at the Department of Anesthesia, Critical Care and Pain Medicine at Massachusetts General Hospital, USA. His clinical innovations are primarily focused on regional anesthesia. Collaboratively, he started General Surgery Regional Service in MGH in 2012.

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Scientific Tracks & Abstracts

Day 2

Sessions

Facial Plastic and Reconstructive Surgery | Head, Neck and Oral Oncology | Laryngology | Hearing impairment- causes and treatment | Development of new techniques in Plastic Surgery | Face lift surgery

Session Chair
Simion J Zinreich
Johns Hopkins University, USA

Session Introduction

Title: **Analysis of risk of the biopolymer fillers injection in the face, head and neck, and the future reaction after the application**
Daniel Manrique, Daniel Manrique MD, Colombia, USA

Title: **Covas-Lift: A new plastic surgery technique for facial contouring**
Jose Luis Covarrubias Rosas, Hopital Del Sol, Mexico

Title: **Further thoughts on the surgical repair of Meningomyeloceles**
Michael F. Angel, ENT institute in Atlanta Georgia, USA

Title: **Utilization of robotic and endovideosurgical interventions at the neck/head area**
Reshetov I.V. King, I.M. Sechenov First Moscow State Medical University, Russia

Title: **Tinnitus: From the perspective of different medical specialties**
Mostafa R. Khalifa, Assiut University, Egypt

Title: **Coblation surgery in early glottic cancer: Day care procedure**
R Anand, Dr. Anand ENT Specialty Centre, India

Daniel Manrique, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Analysis of risk of the biopolymer fillers injection in the face, head and neck, and the future reaction after the application

Daniel Manrique
Daniel Manrique MD, Colombia, USA

Today men and women use fillers to prevent wrinkles and expression lines or adding volume in areas of lost tissue for reconstruction or for only changing appearance. The most common injection is the fat transfer (lipoinjection) that gives excellent results and does not cause a reaction or some patients prefer the use of hyaluronic acid of a trusted origin, but other people take risks of using products that do not absorb through the body and that produce high allergy reactions and deformations like products derivatives from polymers. Biopolymer is a bio-protesis derivative from methyl-polysiloxane (silicone) or methyl-polysiloxane (methacrylate), and it is a thick product composed of microspheres that are introduced in tissues and due to low water absorption through it, they break and destroy muscle, fat and skin, looking for a way out to the surface and generating in the patient's deformation an allergic reaction with redness and numbness in the area. We can touch it and feel it as hard as a rock and due to the weight the skin will descend and open the pores. The goal is to demonstrate the different cases of patients that arrive at an office consultant after they received a filler of methyl-polysiloxane and methyl-polysiloxane injection in the face, head and neck areas at approximately 10 years before a visit and the reaction under the tissues. The result after years of injection was deformation in different areas due to migration of products and they received several and complicated surgeries for product extraction. The purpose of this study is to describe the experience in the extraction through open surgery and minimal surgery with diode laser and the different results showing how these fillers derivative of this substance can affect the health in the patients and generate deformations.

Biography

Daniel Manrique is an international Medical graduate from Colombia. He has 19 years of experience as a Medical Doctor and Surgeon, and 13 years of experience as a Specialist in Otorhinolaryngology (ENT) and Facial Plastic Surgery. He has proposed in a research work the first nose transplantation in Colombia in 2006. Currently he works as a MD-ENT-Facial Plastic Surgery Consultant and Instructor teaching and training physicians and health professionals in otorhinolaryngology, facial plastic, cosmetic and reconstructive surgery in USA and other countries. He is also a Member of the different academic societies and also of the Committee of Plastic and Reconstructive Surgery of American Academy of Otolaryngology-Head and Neck Surgery.

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Jose L. Covarrubias, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Covas-Lift: A new plastic surgery technique for facial contouring

Jose L. Covarrubias
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This article describes a new technique for facial contouring and support system of the third midface, which uses an innovative technique for it. This procedure is a minimally invasive facial enhancement that has been increasing in the last few years. Aging of the face involves alterations in the appearance, variations in the tone of the outer layers of the skin, ptosis of the malar and cheek pads and most importantly the atrophy of the fat pads of the cheek and this leads to the loss of contour in the malar area, nasolabial folds and the marionette lines etc. Repositioning of the tissue is the key part of the rejuvenation. This procedure is ideal for patients with heavy faces and early aging process. When there is a main issue like ptosis involves, a sub-periostal mid facelift doing it through an intraoral incision (Caldwell Luk) is done. A suture is placed in the temporal area to lift the malar tissue, with an innovative 18 cm long curved double-beveled needle (Covas Needle) bearing a tiny sliding carriage to which 2/0 Non Absorbable suture may be anchored, this create suspension loops, that are anchored to the deep galea in the temporal region and this provide more tissue support. Fat grafts are used to increase volume. Vivification peel and botulism toxin is main ingredients used in the Covas-Lift procedure and can be combine with other modalities, like TCA peel 30%, blepharoplasty, rhinoplasty, liposuction of the double chin, otoplasty and much more procedures. This is to have a more natural look and the satisfaction of both the doctor and patient. In 6 years, 575 patients, we only had 4 complications; 3 tenderness cases in the temporal area and one infection of a suture because of hair. This procedure can be done at any age.

Biography

Jose L. Covarrubias has 26 years of experience as a Plastic Surgeon and is the creator of the Covas-Lift procedure.

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Notes:

Michael F Angel et al., Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Further thoughts on the surgical repair of meningomyelocele

Michael F Angel and **John J Angel**
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Despite multiple advances, meningomyelocele continues to be a significant source of morbidity. Multiple specialists at tertiary medical centers are involved in the treatment. Five years ago a retrospective study of the experience at the University of Mississippi was reported and it was one of the largest series in the last several decades. It addresses many issues in the surgical management of this problem in concert with neurosurgery. In the current update, a literature search of subsequent studies was conducted (N=12). Analyzing our study and others, several conclusions are reached: (1) Surgical management is affected by the size and location of the pathology; (2) Fasciocutaneous flaps are effective and efficient; (3) Successful closure of defects results in early discharge from the hospital (~14 days POD); and (4) Use of gluteus flaps, although they are sometimes needed, results in longer hospitalization. Our study is unique for several reasons besides its size. Our design of faciocutaneous flaps is standard and elevation is simple. It is quick with minimal blood loss. It negates the need for skin grafts even in the largest defects. Our utilization of paraspinous flaps and fasciocutaneous with deep epithelialization allows closure without the morbidity of gluteus flaps. Surgical treatments are described and contrasted to techniques in the recent literature.

Biography

Michael F Angel is double boarded in Plastic Surgery and Otolaryngology. He has been involved in various basic science projects, primarily involving ischemia and free radical mechanisms in skin, muscles and nerves. He has many clinical interests and has written on areas ranging from meningomyleocele, breast reduction and wound healing, to nerve compression. He is currently working at the.

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Notes:

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Utilization of robotic and endovideosurgical interventions at the neck/head area

Reshetov Igor Vladimirovich and **Nassilevsky Pavel**
I.M. Sechenov First Moscow State Medical University, Russia

Robotic and endovideosurgical interventions are considered to be among the most innovative techniques in tumor treatment, specifically for head/neck area. At the clinic of plastic surgery PMGMU, named after I.M. Sechenov, several approaches were developed that largely helped with tumor treatment at T1-T2 stages with a minimal impact to patients' external body parts. One of them is hybrid method, which includes robotic and endovideosurgical intervention that enable the access to the affected area. As a result, blood loss and precision of the surgical actions were minimal. In all cases, gasless method of tumor removal took place with the formation of the subcutaneous tunnel. In order to optimize visualization of tumors, all patients went through the MSKT 640. There were 10 successful surgeries. Three surgeries were performed on the thyroid area with an access through the armpit zone, which minimized the external impact. Two surgeries were performed on the lymph neck nodes, where the access was built from behind the ear. Three oropharyngeal resections and two laryngectomies finalize the list. Among positive post-surgical processes were early patients' activation, shortening of the hospitalization time and a satisfactory cosmetic result. Early patients' activation and short rehabilitation time after surgery helps to move to the following treatments at short time (chemotherapy and radiation therapy). This gives a tremendous impact on patients' lives and it is accomplished by the combined approach in the tumor treatment. Practical implementation of the robotic technology is a successful driver of the plastic surgery. It enables with a combined approach to the execution of the oncological protocol for the patients that have minor neoplasms at the head/neck area.

Biography

Reshetov Igor Vladimirovich has been working as Vice-Rector for innovation work and Head of Department of Oncology and Reconstructive Plastic Surgery, Federal Medical-Biological Agency of Russia since 2003. He is the author of many joint developments between basic sciences and clinical medicine, which is reflected in 490 publications, 6 monographs and atlases and also has 61 inventions and patents to his credit. Since 2014, he is the Head of the Department of Plastic Surgery, I.M Sechenov First Moscow State Medical University, Russia and Director of NACC Plastic Surgery. In 2016, he was elected as an Academician of the Russian Academy of Sciences.

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Notes:

Mostafa R Mohamed, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Tinnitus: From the perspective of different medical specialties

Mostafa R Mohamed
Assiut University, Egypt

Tinnitus is one of the most widespread disorders of the auditory system, affecting approximately 17% of the general population. In addition, it is one of the most difficult to treat symptoms in audiological practice. It is the perception of sound in the absence of an appropriate external sound source. Early treatment included boiling earthworms in goose grease, cedar sap, rose oil, honey, vinegar, wine, cockroaches ground in rose oil and opium. With all scientific advances, up till now, there is not one medication specific and successful for treating tinnitus. There are a lot of treatment trials, some gained some success and some failed. The main obstacle with managing tinnitus is the fact that the place of origin and pathogenesis of tinnitus is not yet determined. Therefore, dealing with tinnitus should not be restricted to certain medical specialty. Rather, we need to have a multidisciplinary team to study tinnitus and put theories on diagnosis and management. This presentation aims at putting a hypothesis on how doctors from different medical disciplines can handle the problem of tinnitus, each from his point of view and how they should meet at certain target point which is finding optimal treatment for tinnitus.

Biography

Mostafa R Mohamed is an Audio-Vestibular Medicine Consultant and Lecturer at Assiut University, Egypt. He has been practicing in the field of audio-vestibular medicine since 1999, combining academic, research and clinical activities. In addition, he has his clinic for assessing patients with hearing loss, tinnitus and vestibular diseases. He is conducting both diagnostic and rehabilitative maneuvers, including acoustical and electrical sound amplification.

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Notes:

R Anand, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Coblation surgery in early glottic cancer: Day care procedure

R Anand
Dr. Anand ENT Specialty Centre, India

In India the incidence of laryngeal cancer is high because of smoking and increased consumption of alcohol. In laryngeal cancer true vocal cords are the commonest site. The treatment for early vocal cord carcinoma depends upon the staging. In early vocal cord cancer the treatment modality will be surgery or radiotherapy, or may be combined. In early glottic cancer intra oral surgeries like striping of vocal cord margin in very early period is acceptable. Lots of powered instruments are useful in these surgeries like micro debrider, CO2 and diode laser and the conventional cold knife. It is a case study, 6 cases were selected the criteria being involvement of one side vocal cord without fixation of vocal cord. All cases were followed postoperatively for a period of 6 months to one year to assess the pain, comfort, voice quality and recurrence of the lesion. Coblation is an innovation in ENT. It is a very useful tool for intra oral and intra laryngeal cancer excision. It has a lot of advantages over all other methods such as trans oral route, less pain, no bleeding (ability to control over bleeding), no complication laryngeal odema is less, tracheostomy is not required (chance of tracheostomy is less), healing is good, less hospital stay, low risk of airway fire, complete excision is possible and risk of scarring and stenosis is less, minimally invasive and less thermal penetration as compared to the laser advanced tip design provides easier access to the anterior commissure and removal of sessile (flat) lesions, optimal surgeon visibility, short learning curve easy OR set up and cost effective, safer to use than the laser and integrated suction and coagulation. Coblation technique is a recent advance in ENT and we can use it safely in early laryngeal cancer without any complications.

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 Otology, 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 Otology live surgery workshops. He is the Head of Cochlear Implant Department in PSG Hospital, India.

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Notes:

5th Global Summit and Expo on

Head, Neck and Plastic Surgery

June 19-20, 2017 Philadelphia, USA

Young Research Forum

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Adal Mirza, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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5th Global Summit and Expo on

HEAD, NECK AND PLASTIC SURGERY

June 19-20, 2017 Philadelphia, USA

A comparison between HPV positive and negative cervical disease in head and neck squamous cell carcinoma

Adal Mirza, Gareth Thomas and **Emma King**
University of Southampton, UK

Introduction & Aim: Lymph node metastasis in Head and Neck Squamous Cell Carcinoma (HNSCC) is common at the time of presentation. Prior to the advent of Human Papilloma Virus (HPV)-driven disease, regional metastasis was associated with poor prognosis, but today advanced HPV(+) disease as per the Tumor Nodes Metastasis (TNM) classification, demonstrates a different natural history with improved responses to treatment and 5-year survival. This is a retrospective review of patients undergoing neck dissection for HNSCC and demonstrates remarkable discrepancies in outcomes between HPV(+) and HPV(-) disease.

Methods: Ethical approval was obtained (UKCRN 8130; ISRCTN 71276356; and REC references 09/H0501/90 and 07/Q0405/1). 662 patients diagnosed with HNSCC were retrospectively identified. HPV-status was determined using a combination of p16 immunohistochemistry and HPV *in situ* hybridization; 131 patients were HPV(+) and 531 HPV(-). 337 patients underwent neck dissection and were included in the study.

Results: HPV(+) disease demonstrated better overall survival than HPV(-) disease. Extracapsular spread (ECS) was seen in 44.1% of HPV(+) cohort, but had no effect on overall survival (OS) ($p=0.269$, HR 0.99). Contrarily, 18.9% of the HPV(-) cohort had evidence of ECS and this had a detrimental effect on OS ($p=0.027$, HR 1.9). In the HPV(+) cohort, a mean of 4 positive nodes were harvested, in comparison to 1.5 in HPV(-) patients ($p=0.005$). Five or more positive nodes were found to be significantly correlated with poor OS in HPV(+) disease ($p<0.001$).

Conclusion: We show that the presence of ECS is only linked with a poor outcome in patients who are HPV(-). Our data also demonstrates that number of positive nodes is linked to survival.

Biography

Adal Mirza is an Otolaryngology Trainee based in the United Kingdom with an interest in Head and Neck Surgery. He is currently pursuing higher degree in HPV related Head and Neck Cancer at the University of Southampton, UK.

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Notes:

5th Global Summit and Expo on

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Video Presentation

Day 2

Mark S Granick, Otolaryngol (Sunnyvale) 2017, 7:3 (Suppl)
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Advances in surgical wound management

Mark S Granick
Rutgers New Jersey Medical School, USA

Statement of the Problem: The concept of surgical wound debridement was developed by military field surgeons and has remained as a sharp debridement technique for over 300 years until the development of new surgical technology in the 21st century.

Aim: The purpose of this presentation is to demonstrate the validity of new technologies and their role in the treatment of wounds.

Methodology: A review of the English language literature on surgical wound debridement is presented along with the author's personal surgical experience.

Findings: Hydrosurgical technology was introduced about 15 years ago. The instrument delivered a high-powered beam of focused saline tangentially to the wound surface. The use of the device was found to be more effective and efficient at wound bed preparation than standard surgical technique. The latest innovation involves direct contact low frequency ultrasound. This technology controls mist dispersion, biofilm removal and wound cleansing more effectively than previous methods. In addition, it is more versatile and has the added features of bone cutting and curetting of tissues.

Conclusions & Significance: Surgical wound debridement is a technology driven and advancing field. The latest devices have more versatility and a greater ability to clean wounds of all types and remove diseased bone as well as biofilm. There is a possibility that the technology can be used to salvage exposed metallic implants. Furthermore, it may be adaptable to pre-treating surgical incision sites to minimize surgical site infections.

Biography

Mark S Granick is the tenured Professor of Surgery and Chief of Plastic Surgery in the Department of Surgery. He has a 25 years history of academic plastic surgical experience. He began with a BA from Cornell University and MD from Harvard Medical School. He has performed his Residency training at Harvard and at the University of Pittsburgh. He is certified by the American Boards of Plastic Surgery and of Otolaryngology, Head and Neck Surgery. He is very active on the internatizzonal academic scene and has taught many courses and lectured throughout the world. He is internationally known for his expertise in wound surgery and technology.

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Notes:

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Scar revision: Functional, psychiatric and aesthetic aspects

Shree Harsh
Government Medical College Nagpur, India

Scars are inevitable. They are not only a cause of aesthetic concern, the scar associated with contracture may be debilitating in normal day to day life. They increase the morbidity and decrease the productivity. Major scars may become a cause of social embarrassment and may have a psychological impact on the patient. They can be due to acne, burn, trauma or surgery. Revision of minor scar can be done with local tissue rearrangement. Keloids and hypertrophic scars can be treated with both invasive and non-invasive techniques. Major functionally incapacitating scars can be revised with scar excision with subsequent tissue cover of the raw area. We present an overview of the scar revision and its treatment options.

Biography

Shree Harsh has completed his MBBS from University of Allahabad and his Master's degree in Surgery from Dibrugarh University, India. He is currently Registrar in the Department of Plastic and Maxillofacial Surgery at GMC Nagpur, India. He has published 6 papers in national and international journals and involved in over 5 research projects. He was awarded with the Global Scholarship of the Plastic Surgery Educational Network for the year 2016-2017 and received the Chennai National Travelling Fellowship by the Association of Plastic Surgeons of India for the year 2016-2017.

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