A Message from the Chairman

The past year has seen unprecedented economic turbulence in our country. Fortunately, Utah has fared better than many other states. The recession has affected the University of Utah as a whole, and University Otolaryngology has not been immune. Our wait times for appointments have shortened, but fortunately we continue to stay busy.

We are finishing the last phase of the expansion of our residency program. The incoming residency class will mark the completion of this process and next year we will have three residents in every year. This has allowed us to lengthen the resident research rotation and improved their clinical exposure for the different services. Our program continues to be very competitive, and we attract the best and the brightest applicants.

We have two new faculty members who will be joining us in July. Dan Ward, MD, and Kevin Wilson, MD, both completed their otolaryngology residencies at the University of Michigan. Dan also completed a fellowship in anterior skull base and cosmetic surgery at the same institution. Both faculty will be based at the new Daybreak facility and also will be on staff at the VA hospital and the University hospital.

Bart LeFan, MBA, has recently joined us as a full-time employee. He graduated from the Business (Cont p2-3)

Research Developments in the Division:

Dr. Yong Wang joined our faculty in 2007 as our Director of Research. He received his PhD in neuroscience from Purdue University in 1998. (See below)

Accomplishments

Dr. Tansavatdi gave two presentations titled “Role of Spreader Grafts for OSA and Increasing CPAP Compliance” and “Development of an Animal Model for Sinus Wound Healing. (Cont p4)

Our Newest Residents

The residents are the foundation of this program. For that reason, we would like to present our three PGY-2 residents to highlight their accomplishments both in and outside otolaryngology. (Cont p4)

Research Developments in the Division:

Dr. Yong Wang joined our faculty in 2007 as our Director of Research. He received his PhD in neuroscience from Purdue University in 1998. During his postdoctoral trainings, he studied noise-induced hearing loss in a mouse model in Dr. Charlie Liberman's Lab at Eaton Peabody Lab in Massachusetts Eye and Ear Infirmary. (Cont p2)

Spotlight on alumni

I was part of the residency program from 2000-2005. During this period of much change, I had the pleasure of working with many of the former and present members of the department. (Cont p3)
He continued his research on age-related hearing loss in at the University of North Carolina at Chapel Hill.

Hearing loss is a major health issue affecting estimated 30 million Americans. Currently, Dr. Wang's research is focused on the functional consequences in the central auditory system in response to various types of hearing loss (e.g., noise overexposures, genetic predispositions etc). The anteroventral cochlear nucleus (AVCN) is the first central auditory nucleus which provides critical auditory cues to higher auditory centers for acoustic temporal processing and speech recognition. Dr. Wang's previous studies in age-related deaf mice indicate synaptic efficacy deterioration at the endbulb synapse between the auditory nerve fiber and the bushy neuron in AVCN. Noise insults can cause acute damages in the inner ear due to overexcitation. They have shown recently that spiral ganglion neurons in the inner ear are damaged as a consequence of "benign" noise exposures, i.e., noises that do not manifest in permanent hearing threshold shifts. Damages in spiral ganglion neurons will inevitably affect the central auditory processing because all peripheral acoustic information is transmitted centrally via the auditory nerve fibers (spiral ganglion neurons). Thus, seemingly "benign" noise exposures may have a central effect that can negatively impact central processes important for speech recognition, but is not immediately revealed from routine audiometric examinations. Dr. Wang's lab hopes to further characterize the central effect of these "benign" noise exposures and enhance our understanding regarding noise overexposures in the central auditory system.

School at the University of Utah last spring. While a student, he worked for us part-time, helping with financial matters. He has recently been working to expand our hearing aid services.

In July, Dean Gray M.D. retired. He joined us after his retirement from private practice in January 2001. He was a great addition to our faculty and we miss having him with us. We continue to enjoy his occasional presence for Grand Rounds, social, and professional events. He tells me he is staying busy with projects at home.

Erik Yang M.D. graduated from our residency program last year and has remained on faculty for one year. Erik has built a thriving practice and brings a youthful insight to our faculty. He plans to go into private practice and he plans to start looking for a position after he takes the Boards.

Fred Grimmer M.D. was recently awarded a grant for "Determining if Mutation in Region 7Q32 is the Genetic Cause of PHACES Syndrome" from the American Society of Pediatric Otolaryngology. This grant allows him to evaluate if there is a genetic mutation associated with PHACES Syndrome. We hope these research insights will translate into improved patient care and diagnoses markers. Albert Park, MD received funding from the National Organization for Hearing Research Foundation to for his work on cytomegalovirus (CMV) induced congenital hearing loss. He is trying to modulate transplacental transmission of CMV in a guinea pig model to determine the optimal inoculation technique to create maximal ABR threshold elevation. Brandon Bentz, MD was awarded the Else U. Pardue Foundation grant. He is studying the role of dietary carotenoids as chemoprevention of tobacco-related cancer development.

The Steven Gray M.D. Memorial research award for 2009 was given to Joshua Yorgason M.D. for his paper: "Tylenol Ototoxicity: Lessons Learned from Hepatocytes and Hair Cells". This is the second year that Josh has received this award. Thomas Gifford M.D. received the award for the 2009 Best Temporal Bone Dissection. This is a new award this year, and is based on a consensus of the instruc-
Sors for the temporal bone dissection course. I'm also pleased to announce the winner of the 2009 Leland P. Johnson resident teaching award. This award has been given annually since 1994. The award is chosen by the residents and this year the winner was Richard Orlandi M.D.

Every Wednesday morning at 7:30 AM we have a conference in the Otolaryngology Library. This conference is open to community practitioners and continuing medical education credit is available for attending. We are able to offer the CME at no charge to the participants. If you would like to be placed on the mailing list for our conference schedule, please contact Leora Loy at Leora.Loy@HSC.utah.edu.

This year's annual Utah Otolaryngology Update meeting will be held on Friday, June 18 and Saturday, June 19 at the Marriott Park Hotel. Our guest speakers will be Rodney Lusk M.D., Boys Town National Research Hospital, Miles Pensak M.D., University of Cincinnati, and Edward Weaver M.D., University of Washington. We are now finalizing the program, and we expect to have it in the mail by the end of April, 2010.

Our current development drive is the establishment of an endowment fund for the David A. Dolowitz Memorial lecture-ship. We plan to build an endowment so that the interest can be used to maintain the Dolowitz lecture-ship in perpetuity. We're more than halfway to our goal. Please consider a tax deductible donation this year.

Clough Shelton, MD.
Chairman

Spotlight on Alumni

Dr. Becky Massey

While I lacked the athletic prowess of some of the previously highlighted alumni (two recent ones may recall an “easy” ride they took me on during my first month), I truly enjoyed all that Utah and the program had to offer.

After residency, I completed a fellowship in Head and Neck Oncology/Microvascular Surgery at Vanderbilt University under Jim Nettterville and Brian Burke. I joined the Department of Otolaryngology at the Medical College of Wisconsin following fellowship. I enjoy a busy practice of head and neck, endocrine and microvascular surgery. The breadth of experience offered during my residency made me well-prepared for clinical care and resident education.

Since leaving Utah, Kyle and I have expanded our family quite a bit. After starting with canine children, we made the leap to the real thing. Our twin daughters, Morgan and Brooke, arrived in July 2006 and life has never been the same. I enjoy every day of my chaotic but fulfilling life. We look forward to returning for the Otolaryngology Update this year.

Becky Massey, MD.

The Windows to the Soul

cont.

a functional brow lift instead of functional upper blepha-
roplasty.

There is much more to learn about cosmetic or functional eyelid surgery. For more information, go to www.MobleyMD.com.

Steven Mobley, MD.
Accomplishments

Dr. Tansavatdi gave two presentations titled “Role of Spreader Grafts for OSA and Increasing CPAP Compliance” and “Development of an Animal Model for Sinus Wound Healing.” Dr. Orlandi gave a presentation at ARS on “Topical Epinephrine is Safe in Endoscopic Sinus Surgery” and moderated a miniseminar “Examining the Role of Fungus in Chronic Rhinosinusitis.” Dr. Yorgason gave a presentation “Acetaminophen and Hydrocodone Hair Cell Otoxicity in Mice.” Dr. Park was a moderator for a miniseminar on Pediatric Rhinosinusitis. Two posters were presented: one by Dr. Wilson titled “The Functional and Cosmetic Riedel Procedure” and the other by Dr. Willis titled “Salivary Gland Botulinum Toxin Injections for Sialorrhea.”

Dr. Steve Mobley was promoted to Associate Professor in 2009. He was also a visiting professor at Northwestern University. The Society for Ear Nose and Throat Advances in Children was hosted December 2009 in Salt Lake City. Dr. Muntz gave a seminar on Pediatric Obstructive Sleep Apnea. Dr. Park moderated a seminar on Pediatric Hearing Loss. Dr. Wilson and Orlandi received a grant from the American Academy of Otolaryngologic Allergy for a study “Correlating Sinonasal Tissue and Secretion Inflammatory Protein Levels.”

Dr. Smith and Elstad (Pulmonary) will be giving a Special Presidential Lecture for the upcoming COSM meeting titled “Bronchoesophagology in the 21st Century.” Dr. Warren will be giving a presentation to AOS on “Apparent Cochlear Nerve Aplasia: To implant or not to implant?” Dr. Willis has a poster presentation accepted for ASPO on “Utility of Airway Evaluation for Infants Presenting with an Apparent Life-Threatening Event.”

Our Newest Residents cont.

Marc Error

Marc was born in Utah and grew up enjoying the outdoors including hiking, camping, skiing, and fly fishing. He went to Brigham Young University where he graduated in Business Management. After his undergraduate education, he decided to pursue a career in medicine, and he went to medical school at the University of Oklahoma Health Sciences Center. In medical school, he became interested in Otolaryngology and matched for residency training at the University of Utah. He met his wife, Teana, during his intern year and married her in his second year of residency training. He looks forward to continuing his education and training in preparing for a successful career as an Otolaryngologist.

David Mann

David was born in Provo, Utah, but spent his younger years living all over the country before returning to Provo to complete his undergraduate degree at Brigham Young University. He spent time in Washington, California, Texas, Ohio, and Colorado before returning to Utah. During his time at BYU he left to serve a 2-year LDS mission in Doneslik, Ukraine, where he learned to speak fluent Russian. After receiving his undergraduate degree in neuroscience at BYU he attended medical school at Wake Forest University School of Medicine. While living in Winston Salem, North Carolina he met his wife Janie. They are expecting their first child in August. David enjoys skiing, fly fishing, backpacking, scuba diving, and reading. (Cont p6)
The Windows to the Soul

Your eyes say a lot about you. Unfortunately, when the skin around them becomes loose or puffy, they may send the message that you are tired, angry, or appear older than your age. Luckily, eyelid surgery (blepharoplasty) has one of the greatest rejuvenating effects of all cosmetic procedures and can create a dramatically more youthful facial appearance. Blepharoplasty involves removing excess fat bags and skin from the eyelids and reshaping them to be more aesthetically pleasing. It can be performed on the upper eyelids, the lower eyelids, or both. The term blepharoplasty dates back to the 1800s but surgical procedures to beautify the eyes were recorded in the Egyptian, Greek, and Roman classical eras. It is a fairly straightforward procedure with minimal surgical risks. Typically, women start asking for blepharoplasty in their 40s, while men may wait until their 50s.

How long is the recovery period?
Recovery from blepharoplasty is relatively quick. After a few days of "lying low," most patients can return to work in five to eight days after surgery. There may still be some residual redness, bruising or swelling, but this can usually be camouflaged with makeup. Blepharoplasty has a minimal risk of poor scarring with careful incision and closure techniques. Lower blepharoplasty is often performed through a transconjunctival incision (in the pink of the eye), which leaves no external scar at all.

Can eyelid surgery be combined with other procedures?
Blepharoplasty can be combined easily with other cosmetic rejuvenating procedures. For example, many patients who complain of baggy lower eyelids have also developed a loss of facial tissue volume immediately below the eyes—making the lower eyes appear even puffier in contrast. Injecting your own body fat (taken from your stomach or outer thigh) into this area can restore your lost facial volume and create a more youthful contour from the lower eyes to the cheeks.

Many patients with excess upper or lower eyelid skin will benefit from combining their blepharoplasty procedure with a chemical peel or CO2 laser treatment to further tighten the skin around the eyes. A CO2 laser is a more aggressive resurfacing technique than chemical peel, and it requires more dedicated wound care to promote optimal healing in the early postoperative period. The treated skin can remain pink or even red for a few months afterwards, but this is easily camouflaged with makeup. (Cont p3)

Regular injections of a muscle paralyzing agent such as Botox® or Dysport® can help to erase wrinkles in the crow's feet and between the eyelids. These treatments are helpful adjuncts to extend the benefits of your eyelid surgery.

Does insurance ever cover blepharoplasty?
In some cases, upper blepharoplasty may be covered by insurance. When the upper eyelid skin becomes so excessive that it begins to touch the eyelashes and obstruct peripheral vision, you may qualify for surgery to remove this redundant skin. In addition to your consultation, you must undergo formal visual field testing by an optometrist to demonstrate objective proof of significant loss of peripheral vision. In some cases, a droopy forehead rather than excess eyelid skin is the major cause of the problem, in which case you may qualify for (Cont p3)
David Crockett:
David Crockett was born and raised in southern Arizona. After high school and a year at Northern Arizona University, he served a mission for his church in southern California working with Hispanic immigrants. During that time he became fluent in Spanish. Upon completion, he attended Brigham Young University where he obtained a degree in Zoology. He went on to graduate from medical school with honors at Texas A&M, located in central Texas. David belongs to a large family and is the oldest of six children. In high school he played golf, tennis, and baseball; all of which he continues to enjoy today. His favorite pastimes include hunting and fly-fishing with friends and family. He has many fond memories of hiking in the mountains in search of elk, deer, and large trout. His love of outdoors has led him to continue his education in the state of Utah.

Giving Back
Our current Capital Campaign is to complete the funding of the Dolowitz Memorial Lectureship. The interest from this account will be used to cover expenses to attract an internationally respected expert for our annual Otolaryngology Utah Update meeting. We currently have approximately $60,000 toward a goal of $120,000. Please consider a tax deductible donation this year.
To donate, please contact Leora Loy at 801-587-7678 or email her at leora.loy@hsc.utah.edu