

Summer 2021

MUSC Health Ear, Nose, & Throat News



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Paul R. Lambert, M.D.

Paul R. Lambert, M.D., Department Chair, MUSC Health Ear, Nose & Throat





Paul R. Lambert, M.D.
Department Chair

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Editor-in-Chief
Paul R. Lambert, M.D.

Associate Editor
Art & Production Director
Alison Padlan-Gillette

Graphics and Production
Jenna Bruce

Photographers
Sarah Pack
Daniel Spillane
Anne Thompson
Brennan Wesley

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Is the Lump in Your Neck a Sign of Throat Cancer?

Terry A. Day, M.D. Director, MUSC HN Tumor Program

Human papillomavirus (HPV) is serious – as in cancer serious. It can affect girls, boys, women and men of all ages. And it's preventable.

Wait, did you say “HPV”?! Isn't that the virus that causes cervical cancer?

The answer is Yes!

HPV is a virus that can be transmitted by skin-to-skin contact, through a cut or scrape, and is commonly transmitted during intercourse or oral sex. HPV is a common term that has been used for many decades. Initially it was well known to be associated with cervical cancer and a vaccine was developed, primarily advertised for young girls in the 1990s. Today we recommend that girls and boys receive the vaccine and the FDA has approved it for everyone in the age group, as it can affect both boys and girls. In fact, throat cancer related to HPV is most common in Caucasian men from 40 to 60 years old but they contracted the virus in most cases as a teenager.

How is HPV related to a lump in the neck?

It was not known that HPV could cause throat cancer until the early 2000s when physicians noticed a dramatic spike in the number of throat cancer cases. The number of throat cancer cases has continued to rise and has surpassed cervical cancer in the number of incidents.

Unfortunately, there currently isn't an FDA-approved test to diagnose the HPV virus. For women, pre-cancerous and cancerous cells related to HPV can be detected early via a pap smear. In men, there is typically no indication unless cancer develops. Most frequently, a lump in the neck caused by a swollen lymph node is the most common indicator of throat cancer, while a persistent sore throat is also a common symptom. If you have a lump in your neck or persistent sore throat, please seek medical attention by seeing your physician for referral to an Ear, Nose and Throat (ENT) specialist.

“Many adults who learn they have HPV-related throat cancer assume HPV was transmitted from their spouse,” says MUSC Health Oncologist Terry A. Day, M.D. “But in reality, they likely transmitted the virus at a younger age and it was undetectable until it led to something more serious.” Unfortunately, we as parents often aren't up to date on the long-term effect of not getting our kids vaccinated, especially boys. Thankfully, the FDA has now approved the vaccine up to age 45.

What can I do to prevent HPV?

The primary goal is to prevent HPV-related cancer by vaccinating against the virus. Everyone – male and female – should receive the complete series of HPV vaccines. Unfortunately, many people do not complete all the necessary vaccine rounds and therefore remain susceptible to HPV.

How will MUSC Health diagnose a lump in the throat?

To identify the cause of a lump in the neck or persistent sore throat, MUSC Health Head and Neck Tumor Center will complete a comprehensive exam that may include a five minute clinic exam, sometimes with our innovative digitally recorded endoscopic video imaging of the oropharynx (throat at the back of the mouth).

Is the Lump in Your Neck a Sign of Throat Cancer? Continued



If the cause is diagnosed to be cancer, the treatment goal is to achieve the best functional outcome with the least side-effects and highest cure rate.

“The first cancer treatment is our best opportunity for success,” says Dr. Day. “So even if it requires travel or time out of your life, it’s important to seek the best fit for you in terms of treatment. In fact, it’s always a good idea to get more than one clinical opinion.” One of the most exciting new treatments that does not require any surgical scars on the skin is transoral robotic surgery whereby the tumor is removed through the mouth with a magnified 3D robotic system. Another curative option often includes radiation treatments without surgery but each patient should decide which is best by consulting with their radiation and surgical physicians.

MUSC Health offers one of the most comprehensive multi-disciplinary teams to treat throat cancer. This means that a group of over thirty specialists from several disciplines – including head and neck specialists, oncologist (cancer experts), pathologists, speech and swallowing specialists, and dentists

– will weigh in to determine the best treatment plan. Treatments for cancer of the throat range from medication to surgery or radiation. Surgery to remove throat cancer can be non-invasive, conducted through the mouth without incisions. Radiation is a more advanced treatment, and statistics show that its cure rate matches surgical success rates.

MUSC Health also offers a “nurse navigator” to guide you through the complex cancer treatment arena. The nurse navigator can assist with scheduling appointments on the same day and arrange lodging for out of town patients.

What should I do if I have a lump in my throat?

The MUSC Health Head and Neck Team would be pleased to assist you or your family or friends. Please give Julie Akers, Head and Neck Nurse Navigator, a call at 843-792-8363 to schedule an appointment with our team. We look forward to meeting you, to help you on your path to a healthy quality of life. ▣

You Can Make a Difference!

If you would like to be a part of our lifesaving mission to help find a cure for diseases and help advance education and cutting-edge research at MUSC, the Development Office is ready to help guide you through the process.



Contact: **Peter Mathias**
Director of Development
843-872-4899 | mathiap@musc.edu

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- Wendy & Keith Wellin Head & Neck
Tumor Center 843-792-8363
- Maxillofacial Prosthodontics 843-876-1001
- Vestibular Clinic Referrals... 843-876-0112



Changing What’s Possible

I Often Feel Dizzy & Motion Sick. What Should I Do?

Habib G. Rizk, M.D., MSc, Otolaryngology/Neurotology Specialist, Director, Vestibular Program

Do you sometimes feel like the room is moving or spinning when you're still? Is it sometimes difficult to sit upright? Do you experience dizziness or lightheadedness with excessive sweating or nausea? These symptoms can be disruptive and concerning, and you should seek professional medical assistance.

Is it the brain or inner ear? Stroke or vestibular problem?

If symptoms are accompanied by slurred speech, drooping of the face, or weakness or numbness of the arms or legs, please seek medical assistance immediately, as these may be signs that a stroke has occurred.

Vertigo is a temporary, episodic or persistent sensation of spinning dizziness, often accompanied by sweating or nausea. Symptoms can come and go, and each episode may last from minutes to hours. Vertigo is typically a symptom of conditions with the inner ear, such as Meniere's disease or benign paroxysmal positional vertigo (crystals of the inner ear). Sometimes neurological problems can cause vertigo. Episodes can be accompanied by nausea, vomiting, headaches, hearing loss, tinnitus (ringing in the ear), sound sensitivity or light sensitivity. There could be familial predispositions, but not always.

Indicators of inner ear-related dizziness:

- Spinning
- Dizziness
- Lightheadedness
- Tinnitus (ringing in the ear)
- Hearing loss
- Fullness / pressure

Our goal is to help patients return to a functioning, healthy quality of life.

"Many patients are experiencing enormous social, personal or professional crisis as a result of health issues and a lack of understanding and support," says MUSC Health ENT otologist Habib G. Rizk, M.D., MSc. "Vertigo may seem like an invisible problem because you can't see it like a cut or cold, but it's there, an ongoing problem affecting life. Getting clinical help is very important to know what the cause is and what the optimal treatment is."

MUSC Health ENT takes a multi-disciplinary approach to evaluating each case – this means that a group of specialists from several disciplines will weigh in to determine the best treatment plan. Your dedicated otologist (ear doctor) may collaborate with a neurologist (nervous system doctor), physical therapist, nutritionist and pharmacist to listen to your concerns, assess symptoms and identify a diagnosis. In fact, MUSC Health is one of the few U.S. centers with a multi-disciplinary team in one location. Then your team of MUSC Health specialists will discuss treatment options with you to determine the action plan for next steps.

"I believe every physician is a counselor of sorts," says Dr. Rizk. "Not only must we bring best-in-class clinical expertise, but we must also listen to patient concerns and unique details of each case

because two people may be affected differently by the same problem."

What are treatment options?

Patients are asked to maintain a daily journal of nutrient intake and physical activity to help identify symptom triggers. The underlying cause may be managed with treatment ranging from lifestyle changes to medication or surgery. For example, symptoms like migraines may be treatable with increased physical activity and a healthy diet with low sodium.

Meniere's disease patients need to reduce salt intake and are often prescribed a diuretic (water pill). For severe cases, treatment may include intratympanic steroid injections, gentamicin injections (antibiotics), or surgery to reduce pressure (endolymphatic sac decompression). In rare cases, surgical labyrinthectomy may be recommended to remove parts of the ear that cause vertigo.

Vestibular schwannoma (a benign slow-growing tumor of the balance nerve) rarely causes vertigo, but most often causes hearing loss and imbalance. Treatment may entail surgery or radiation. Vestibular physical therapy (specialized physical therapy targeting inner ear functions for balance, stable posture and eye-head movement coordination) is prescribed as an adjunct treatment for nearly all cases. □



I feel like I can't swallow. What's happening?

Ashli K. O'Rourke, M.D., Director, Laryngology



Dysphagia is the medical term for difficulty swallowing. It is a common problem and can range in severity from a mild sensation of food sticking in your throat to a profound difficulty swallowing.

What Causes Dysphagia

There are many different causes of dysphagia, but the most common is neurologic, such as following a stroke or associated with Parkinson's disease. Uncontrolled acid reflux can also cause swallowing issues, so preventative care is important if you experience acid reflux regularly.

When to Seek Medical Care

If food is continually getting trapped in the airway and causing violent coughing fits, you're likely experiencing aspiration. While this happens occasionally for everyone, patients with dysphagia experience more concerning or abnormal symptoms such as chronic coughing, weight loss, and recurrent lung infections.

"Because dysphagia can start as a mild or intermittent issue, it can easily go undiagnosed in many patients," shares Ashli K. O'Rourke, M.D. of the MUSC Health Ear, Nose, and Throat Department. "Mentioning coughing while eating, trouble swallowing or difficulty chewing during annual physicals is so important and can help patients get on the road to rehabilitation."

How Dysphagia is Evaluated

The first step in evaluation is a clinical

evaluation by a physician, or more commonly, a speech pathologist. After a thorough , neck and cranial nerve examination, the practitioner watches a patient eat and drink different consistencies of food and liquid to observe for signs or symptoms of swallowing problems. Following the clinical evaluation, more advanced testing includes:

- 1. Flexible Endoscopic Evaluation of Swallowing (FEES)** – This test involves placing a small endoscope through the nostril into the upper throat. While this is in place, the patient eats and drinks, and the clinician evaluates how the food is cleared from the throat or if it enters the airway.
- 2. Modified Barium Swallow (MBS)** – The patient will swallow different consistencies of food and liquid while a radiologist and speech pathologist evaluate the swallowing mechanism via x-ray. This evaluation is particularly useful as the clinicians can look at the different structures involved in swallowing, residue that might be left over after the swallow and the presence of aspiration or penetration into the voice box, windpipe or lungs.
- 3. Esophagram** – Similar to the MBS test, this test evaluates the function of the esophagus (food pipe) in much more detail using x-ray technology. The patient usually only swallows liquid or a Barium tablet, and the radiologist will evaluate for anatomic abnormalities, the squeezing power of the esophagus and the presence of gastric esophageal reflux.

- 4. High Resolution Manometry (HRM)** – This test is an advanced diagnostic technique that involves pressure testing of the throat and esophagus. This test is particularly helpful in measuring the strength of muscular contractions and the opening/closing of the upper and lower esophageal sphincters.

Treatment Options

Treatment primarily focuses on muscle strengthening exercises as well as strategies to compensate for the dysfunction. Patients will work with a Speech Language Pathologist for a treatment plan that will be continued at-home and in therapy sessions.

"Following through with treatment plans at home is crucial for rehabilitation," shares Dr. O'Rourke, "Most dysphagia is treated with muscle strengthening exercises. There's not a quick fix, and consistency is key."

The FEES and HRM biofeedback tests prescribed above can be very helpful in addition to therapy. Biofeedback refers to the use of equipment to measure body functions that are not monitored consciously. These measurements can help clients learn to manipulate certain body functions using visual cues to develop more control.

There are some surgical options for treating anatomic problems causing dysphagia. For example, dilation of strictures or narrowing or removal of pouches or diverticula that may form. □

Otology & Neurotology



Paul R. Lambert, M.D.
Department Chair
Special Interests: Adult and pediatric hearing loss, surgery for eardrum/earbone damage, cochlear implants, acoustic neuromas



Theodore R. McRackan, M.D., MSCR
Director, Cochlear Implant Program
Director, Skull Base Surgery Ctr
Special Interests: Adult and pediatric ear disorders, cochlear implants, acoustic neuromas



Ted A. Meyer, M.D., Ph.D.
Director, Otology-Neurotology
Special Interests: Adult and pediatric hearing loss, cochlear implants, acoustic neuromas



Habib G. Rizk, M.D., MSc
Director, Vestibular Program
Special Interests: Vestibular disorders, adult and pediatric hearing loss, cochlear implants, acoustic neuromas



Mary Ann Howerton, PA-C
Clinical Interests: Adult and pediatric ear disorders



Ryan S. Marovich, MPAS, PA-C
Clinical Interest: Adult ear and balance disorders

Maxillofacial Prosthodontics



Betsy K. Davis, DMD, MS
Medical Director, Maxillofacial Prosthodontics
Special Interests: Maxillofacial Prosthodontics, implant prosthodontics

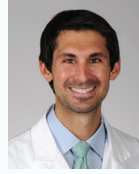


J Rhett Tucker, DMD
Special Interests: Maxillofacial prosthodontics, implant prosthodontics, aesthetic dentistry, sleep apnea

Head & Neck Oncology



Terry A. Day, M.D.
Director, HN Tumor Center
Wendy and Keith Wellin HN Chair
Special Interests: HN tumors, HPV throat cancer, robotic surgery, recurrent skin cancers



Evan M. Graboyes, M.D., MPH, FACS
Special Interests: Head and neck cancer, microvascular reconstruction



Joshua D. Hornig, M.D., FRCS(C)
Director, Microvascular Surgery and Functional Outcomes
Special Interests: Endoscopic thyroid/parathyroid surgery, microvascular reconstruction, HN tumors



Eric J. Lentsch, M.D., FACS
Special Interests: HN tumors, thyroid/parathyroid surgery, skin cancers, salivary gland surgery, Inspire implant surgery



David M. Neskey, M.D., MSCR, FACS
Special Interests: Head and neck cancer, cutaneous malignancies, thyroid and parathyroid tumors



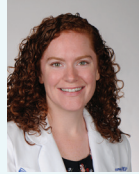
Hannah Feltner, PA-C
Clinical Interests: Thyroid and parathyroid surgery, reconstructive surgery, head and neck cancer



Sara F. Jasper, ACNP-BC
Clinical Interest: Head and neck cancer, skin cancer, reconstructive surgery, survivorship



Caitlin L. Mengler, ACNP-BC
Clinical Interest: Head and neck surgery, melanoma and nonmelanoma skin cancers, thyroid surgery, survivorship



Kiely M. St. Germain, FNP-C, MSN
Clinical Interest: Head and neck oncology, thyroid & parathyroid surgery, hypoglossal nerve stimulator/sleep apnea therapy

Pediatric ENT



David R. White, M.D.
Director, Pediatric ENT
MUSC Children's Health Surgeon in Chief
Special Interests: Velopharyngeal insufficiency, airway reconstruction, cochlear implants



William W. Carroll, M.D.
Special Interests: Mandibular distraction, airway disorders, ear disorders, speech and swallowing disorders, vascular anomalies



Clarice S. Clemmens, M.D.
Special Interests: Pediatric thyroid and airway disorders, head and neck masses



Phayvanh P. Pecha, M.D.
Special Interests: Pediatric ear and airway disorders, mandible distraction, head and neck masses, cleft lip and palate



Helen F. Kulseth, PA-C
Clinical Interest: Pediatric General ENT



Lydia B. Redden, CPNP-AC
Clinical Interest: Pediatric ENT, plastic & reconstructive surgery, airway management



Jana L. Wheeler, PPCNP-BC
Clinical Interest: Pediatric General ENT

Clinical Trials & Innovative Medicines



Shaun A. Nguyen, M.D., FAPCR
Director, Clinical Research
Special Interests: Chronic sinusitis, hearing loss, Meniere's disease, obstructive sleep apnea, tinnitus

Rhinology & Sinus Surgery



Rodney J. Schlosser, M.D.
Director, Rhinology and Sinus Surgery
Special Interests: Adult and pediatric sinus disorders, CSF leaks, sinus tumors



Zachary M. Soler, M.D., MSc
Special Interests: Adult and pediatric sinus disorders, CSF leaks, sinus tumors



TK Wall, DNP, NP-C
Clinical Interest: Sinus disease, nasal polyposis, sinusitis, nasal obstruction, allergies, smell loss, vasomotor rhinitis

Evelyn Trammell Institute for Voice and Swallowing



Lucinda A. Halstead, M.D.
Medical Director, ETIVS
Special Interests: Airway and voice disorders, performing voice and performing arts medicine, reflux disorders



Ashli K. O'Rourke, M.D.
Director, Laryngology
Special Interests: Medical and surgical treatment of swallowing, airway, and voice disorders



Drasti P. Smyre, MSPAS, PA-C
Clinical Interest: Esophageal and swallowing disorders, motility disorders, voice disorders, reflux, modified barium swallow studies

Facial Plastic & Reconstructive Surgery



Krishna G. Patel, M.D., Ph.D.
Director, FPRS
Director, Craniofacial Anomalies and Cleft Lip/Palate Team
Special Interests: Cleft lip/palate repair, Mohs and reconstructive surgery, rhinoplasty, botox



Judith M. Skoner, M.D.
Special Interests: Microvascular reconstruction, Mohs and facial reconstruction, facial paralysis, facial trauma



Emily R. Kueser, MSPAS, PA-C
Clinical Interest: Congenital ear malformations, nasal disorders, botox injections, facial paralysis

Audiology



Kimberly A. Orr, AuD, CCC-A
Director, Audiology
Clinical Interests: Pediatric hearing loss, amplification, cochlear implants



Kara Leyzac, AuD, CCC-A, Ph.D.
Director, CI Program
Clinical Interests: Hearing loss, hearing assessment, cochlear implants



Arielle Abrams, AuD, CCC-A
Clinical Interests: Pediatric hearing loss, pediatric amplification, infant hearing assessments



Hannah R. Burrick, AuD, CCC-A
Clinical Interests: Hearing aids, hearing assessment, hearing loss, electrophysiological testing



Elizabeth Camposeo, AuD, CCC-A
Assistant Director, CI Program
Clinical Interests: Hearing loss, hearing assessment, adult cochlear implants



Lauren L. Costello, AuD, CCC-A
Clinical Interests: Hearing assessment, hearing loss, hearing aids, bone-anchored implants



Meredith L. Duffy, AuD, CCC-A
Clinical Director, Hearing Rehabilitation
Clinical Interests: Hearing loss, hearing assessment, hearing aids, bone-anchored implants



Kaylene A King, AuD, CCC-A
Clinical Interests: Pediatric cochlear implants, pediatric hearing loss, adult cochlear implants



Claire Hauschildt, AuD, CCC-A
Clinical Interests: Pediatric audiology, infant hearing assessments, pediatric amplification



Elizabeth A. Poth, AuD, CCC-A
Clinical Interests: Hearing loss, hearing aids, dizziness



Nicole Ritter, AuD, CCC-A
Clinical Interests: Hearing aids, hearing assessment, hearing loss, vestibular assessments, electrophysiological testing



Michelle L. Sewell, AuD, CCC-A
Clinical Interests: Pediatric audiology, infant hearing evaluation, hearing aids



Christine C. Strange, AuD, CCC-A
Clinical Director, Vestibular Program
Clinical Interests: Hearing loss, hearing aids, dizziness, adult cochlear implants



Medical University of South Carolina
135 Rutledge Avenue, MSC 550
Charleston, SC 29425-5500
Phone 843-792-8299

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