

Spring 2020

MUSC Health Ear, Nose, & Throat News



## We're open!

**MUSC Shawn Jenkins Children's Hospital & Pearl Tourville Women's Pavilion**

10 McClennan Banks Drive, Charleston

**MUSC Children's Health R. Keith Summey Medical Pavilion**

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It is our mission to provide exceptional care by highly trained specialists – close to where you live. Come see us at one of our five convenient locations.

*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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HEADLines is the Ear, Nose & Throat health care newsletter published by MUSC Health ENT for Charleston Tri-county and surrounding residents.

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

Associate Editor  
Creative & Production Manager  
**Alison Padlan-Gillette**  
padlangi@muscd.edu

Photographers  
**Sarah Pack**  
**Daniel Spillane**  
**Anne Thompson**  
**Brennan Wesley**

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# Should I Get a Second Opinion? Yes! Let Us Tell You Why

When it's time to buy a new car, do you research options and seek opinions to determine the best fit? We tend to be thorough when it comes to choosing consumer goods, so why not when it comes to health care?

Health care is a fast-moving field and it's not an exact science. There may be several approaches to diagnose a condition and various treatment options. It's a good idea to explore possibilities by consulting more than one physician. A second clinical opinion can provide peace of mind as you explore treatment options. It can also provide a thorough understanding of health issues and care options because different physicians come with unique experiences, perspectives, and language to explain the diagnosis and treatment possibilities.

"There is no substitute for sitting down with an expert who can put everything you've been exploring into perspective, translate complex information into layman's terms, and help you sort through details," says Ear, Nose & Throat (ENT) otologist **Paul R. Lambert, M.D.** "And that's what we do here at MUSC Health."

## Why is MUSC Health ENT a great place to come for a second opinion?

MUSC Health ENT takes an interdisciplinary approach to care with focused expertise available 24/7 in one location. Within the broad ENT specialty, each MUSC Health doctor has tailored their sub-specialty niche based on personal interest and skills – from head and neck cancer to facial plastic and reconstructive surgery, from microscopic ear surgery to voice and swallowing, from sinus surgery to pediatric ENT to hearing aids. And MUSC Health ENT doctors are a particularly compassionate, content group of experts.

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## 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: **Beverly J. Harrington, Director of Development**  
843-876-0536 | harrinbe@muscd.edu

## Call for Appointments

Ear, Nose & Throat..... 843-792-3531  
Downtown Charleston, East Cooper,  
North Charleston, West Ashley

Audiology..... 843-792-3531

Evelyn Trammell Institute for  
Voice & Swallowing ..... 843-792-3531

Wendy & Keith Wellin Head & Neck  
Tumor Center ..... 843-792-8363

Maxillofacial  
Prosthodontics..... 843-876-1001

Vestibular Clinic Referrals  
..... 843-876-0112

## How to Identify Ear Infections in Children

**E**ar infections (also known as otitis media) are the most common reason for antibiotic use in children. At least seventy percent of children will develop at least one ear infection by the age of three years, with a peak in incidence in children ages six to 18 months.

Ear infections are caused by bacteria within the space behind the ear drum (the middle ear). Symptoms of an ear infection are variable but may include fevers, ear pain, tugging on the ear, fussiness, or changes in behavior. Ear infections are also often associated with a reversible hearing loss due to fluid accumulation in the middle ear. Physical examination of the ear by a care provider will reveal a bulging and/or red ear drum with infected fluid in the middle ear space. Ear pain and tugging on the ear can also occur in the setting of non-infected fluid, so it is important that a care provider confirms the presence of an infection prior to treatment.

In certain situations, care providers may recommend an observation period prior to initiating antibiotic treatment. If it is determined that an infection requires antibiotics, appropriate antibiotic selection and close follow-up is important to ensure adequate treatment of the infection. If left untreated for a prolonged period, more serious complications may develop from ear infections, such as mastoiditis (an infection of the bone behind the ear) or meningitis (inflammation of protective membranes covering the brain and spinal cord).

While many children will experience one isolated ear infection, some children will go on to develop recurrent episodes or chronic ear infections. When the ear



infections become recurrent or chronic, more extensive treatment such as the insertion of ear tubes may be required. Ear tubes allow for the drainage of fluid and pressure equalization across the ear drum. While they do not completely prevent ear infections, they often decrease the frequency of the infections and make the infections less severe and easier to treat.

MUSC Children’s Health Ear, Nose & Throat (ENT) makes extra effort to ensure the comfort of its youngest patients.

“The thing I love most about MUSC Children’s Health is the pediatrics-focused care. We have four pediatric ENT doctors here who specialize in ENT care for children only,” says MUSC Children’s Health Pediatric ENT **Clarice S. Clemmens, M.D.** “And the new pediatrics facilities, the MUSC Shawn Jenkins Children’s Hospital & Pearl Tourville Women’s Pavilion, and the MUSC R. Keith Summey Medical Pavilion are incredible. From child life specialists,

to therapy dogs – we try to make our facility as kid-friendly as possible!”

The new MUSC Children’s Health pediatric ambulatory surgery facility in North Charleston includes an induction room where parents are given the option to accompany their children as they fall asleep before surgery. Post-surgery, parents are at their child’s beside before the child is fully awake, so the child perceives that his or her parents were there throughout the procedure.

“At MUSC Children’s Health there’s a strong consensus among care providers that we’re here for the kids and their families,” says Dr. Clemmens. “Even a simple procedure can be scary for parents and kids. Taking an extra ten minutes to explain the process and ensure that everyone is comfortable is an important part of my job.” □

# Help! I Can't Stop Coughing

**A** chronic cough is a persistent cough that lasts for two or more months and it is more common than you would think.

## When to Seek Medical Care

A person should seek medical attention for a cough that lasts more than four weeks. Medical care should be sought sooner for any cough that brings up blood, is associated with shortness of breath or caused by eating. Oftentimes, a person can be seen by their primary care physician who can then help guide them to the right specialist if needed.

## What Causes Chronic Cough?

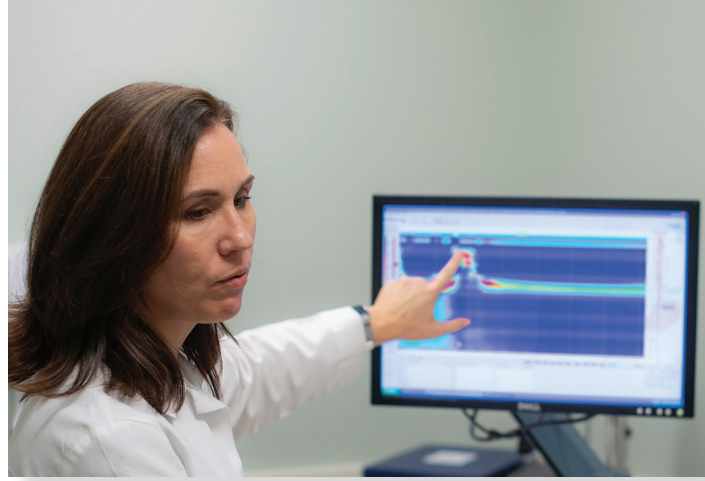
Sometimes the reason for the cough is easily identified, but oftentimes the root of the problem is not readily apparent. Chronic cough can be caused by a variety of medical problems, such as:

- Infection
- Asthma and other inflammatory conditions of the lungs
- Allergy and/or irritant exposure
- Sinus problems and/or postnasal drip
- Acid reflux
- Smoking and smoking related problems (such as COPD or emphysema)
- Certain medications (such as ACE-inhibitors)
- Swallowing problems
- Airway and lung tumors (both non-cancer and cancerous growths)
- Nerve sensitivity
- Habitual coughing

## How is Chronic Cough Evaluated?

To identify the cause of chronic cough, first a thorough history and physical examination is completed. After that, one or more diagnostic tests may be ordered to try and find the cause of your cough. These may include:

- A chest X-ray is usually the first test ordered if your physician is concerned that the cough has a lung (pulmonary) cause.
- Pulmonary Function Tests (PFTs) are outpatient tests that evaluate the ability of the lungs to inhale and exhale air and can check for asthma or other lung diseases.
- Allergy tests are ordered if the cough may be allergy related. This is likely if the cough seems to be brought on by exposure to different environment surroundings (e.g. coughing occurs when exposed to dust) or with seasonal timing. A trial of antihistamines or nasal sprays is often prescribed if this is thought to be a cause for your cough.
- Nasal endoscopy and laryngoscopy – a small flexible endoscope is used to look at the nasal passages, upper airway and voice box. This exam is especially important if you have a long history of smoking. During the exam, your physician can also investigate a swallowing problem that causes coughing if food or liquid enters the windpipe (trachea) while eating.
- Modified Barium Swallow (MBS), an x-ray test completed with a speech-language pathologist to evaluate the function of swallowing.



MUSC Health ENT will take the time to explore all possible causes and find the solution right for you.

- Acid Reflux Work Up – When your stomach contents flow backwards from the stomach and into the food pipe (esophagus) or throat, it could cause chronic cough. Signs of acid damage can sometimes be seen with a laryngoscopy but many times acid reflux is diagnosed based on the patient's symptoms. If this is the case, the first line of treatment is diet and lifestyle changes and a trial of antacid medication. If the cough does not resolve, then an endoscopy to look at the esophagus and stomach, an X-ray test called an esophagram, and/or a pH probe test may be ordered by your physician.

“Since it isn't practical for a person to undergo every single type of testing in the evaluation for chronic cough, the tests ordered by the treating physician are guided by careful review of the patient's history and physical examination,” shares **Ashli K. O'Rourke, M.D.** of MUSC Health Ear, Nose and Throat. Unfortunately, because of the wide range of causes of cough, patients typically undergo many diagnostic tests that may come back negative.

In some cases, when all other causes of cough have been sufficiently ruled out, specialized cough therapy, certain medications and/or procedures can be tried to reduce nerve stimulation in the throat to quell the cough response. □

## There's a Hole in My Ear Drum. Now What?

A hole, or perforation, in the eardrum may not be as complex as some ailments, but it can significantly impact quality of life and can become serious over time.

The eardrum is about the size of your first fingernail. A hole can range in size from a very small puncture to the entire eardrum. A small hole may heal itself naturally, but most cases require surgical repair.

A perforation needs to be repaired for three reasons. First, the middle ear behind the eardrum becomes more prone to infection. Infection occurs as germs pass through the opening, usually carried there by water in the ear canal. Second, eardrum holes often cause hearing loss, since sound is not properly conducted into the cochlea (inner ear where sound is processed). Third, recurrent infection, evidenced by drainage, can cause further harm, such as damage to one or more of the three middle ear bones, adding an additional layer of complexity to the repair process.

No two eardrum holes are the same, as several variables play a role in each case. For example, the ear canal shape and position of the eardrum hole can affect access to the hole. If skin has grown through the hole or if the ear bones have been affected, the condition becomes more complex.

### What causes a hole in the eardrum?

Eardrum holes occur in adults and children alike. For adults, a perforation is most commonly caused by an infection. It can also be caused by trauma to the ear drum from a foreign

object. For children, a hole is most commonly caused when ear tubes are removed and the residual hole doesn't heal properly.

"At MUSC Health Ear, Nose & Throat (ENT), eardrum surgery is the most common type of surgery we do within the otology division. We conduct at least two to three eardrum surgeries per day with a ninety percent success rate," says MUSC Health ENT otologist **Paul R. Lambert, M.D.** "We've seen it all. I've seen incidents involving a cotton swab that went too far, an inconveniently placed twig during a walk in the woods, and a skiing accident where water penetrated the eardrum."

While people are not typically prone to weak eardrums, repetitive infections could cause weakening. Health issues like diabetes can make a person more prone to infection or reduce blood flow, complicating the healing process. Smoking can also complicate the healing process.

"Twenty-five to thirty percent of eardrum surgeries performed at MUSC Health ENT are revisions

where the initial surgery didn't take because of technical failure or an infection developed during the healing phase," says Dr. Lambert. "I've had patients referred to me who are on their third or fourth attempt."

### What is the best treatment for a hole in the eardrum?

If you have a hole in the eardrum, try to avoid water in the canal. Create a plug with Vaseline coated cotton when showering and take special care not to immerse your ears when swimming. If you experience hearing loss or recurrent infection, or your condition is persistent or worsens, please seek medical attention.

The process to diagnose a hole in the ear drum is non-invasive and takes just seconds with an ear scope. Ninety percent of cases require surgery and the most common technique for repair involves a graft using cartilage or tissue from beneath the skin. It's an outpatient procedure that takes 90 minutes to two hours and the patient can return to work within a few days. □





## Second Opinion

(continued from page 2)

“Treating impediments to major senses – hearing, for example – means improving quality of life,” says Dr. Lambert. “This is an area where we can make a tremendous improvement in someone’s life, and it’s immensely rewarding.”

Understanding that time is of essence, MUSC Health ENT will expedite the second opinion process. MUSC Health ENT also offers the highest rate of clinical trials in the U.S. Whether it’s a study on tumors, sleep, hearing loss or pediatrics, trials are ongoing all the time and may benefit diagnosis or treatment outcomes.

### Will I offend my physician if I ask for a second opinion?

Many physicians encourage their patients to seek a second opinion and may refer you to another doctor they know and trust. In fact, the American College of Surgeons strongly endorses this step, stating that second opinions have “always been a part of good medical practice.”

“The patient’s best interest is our primary concern, whether they decide to seek treatment with MUSC Health ENT or another provider,” says Dr.

Lambert. “My job is not to persuade them to choose one provider over another. My role is to ensure patients are well-informed so they can make an educated decision for next steps.”


Approximately 140 physicians compose a community of ENTs across South Carolina. Many consult with one other for select cases. Approximately fifty percent of patients who seek a second opinion at MUSC Health ENT decide to also pursue treatment with MUSC Health ENT.

“If the first and second opinions are the same, I will let patients know ‘you’re on the right track and you’re in good hands with your doctor,’” says Dr. Lambert. “If they choose to seek treatment at MUSC Health ENT, I may ask them to sleep on it. After all, we want to ensure patients are confident and comfortable with each health-related decision.”

### Are second opinions expensive?

Second opinions are often covered by insurance and some insurance companies will require it. Medicare, for example, covers second opinions when a doctor recommends that you have surgery or a major diagnostic or therapeutic procedure. Medicare will also cover a third opinion if the first and second opinions are different from each other. Please consult your insurance agent for details.

### What should I do next?

MUSC Health ENT would be pleased to assist you or your loved ones. Please give us a call at 843-876-8984 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. 

## Audiology Team



**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



**Elizabeth Camposeo, AuD, CCC-A**

Director, CI Program  
Clinical Interests: Hearing loss, hearing assessment, adult cochlear implants



**Meredith L. Duffy, AuD, CCC-A**

Clinical Interests: Hearing loss, hearing aids, vestibular and balance disorders



**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



**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



**Yo Lin Sung, AuD, CCC-A**

Clinical Interests: Hearing assessment, hearing aids, dizziness

# Your ENT Health Providers

## Otology & Neurotology



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



**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: Dizziness, adult and pediatric hearing loss, cochlear implants, acoustic neuromas

## Facial Plastic & Reconstructive Surgery



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



**Samuel L. Oyer, M.D.**  
Director, Facial Paralysis Treatment Program  
Special Interests: Facial paralysis, Moh's reconstruction, rhinoplasty, facial rejuvenation surgery



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

## Clinical Trials



**Shaun A. Nguyen, M.D., FAPCR**  
Director, Clinical Research  
Special Interests: ENT/Neuroradiology research, health outcomes research

## 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., 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

## 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



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



**Christopher M. Discolo, M.D., MSCR**  
Director, Craniofacial Anomalies and Cleft Lip/Palate Team  
Special Interests: Cleft lip/palate repair, mandible distraction, head and neck masses



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

## Rhinology & Sinus Surgery



**Rodney J. Schlosser, M.D.**  
Director, Nose 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

## Evelyn Trammell Institute for Voice and Swallowing



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



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

## General ENT & Allergy



**Mark J. Hoy, M.D.**  
Director, General ENT and Allergy  
Special Interests: Pediatric and adult general ENT, allergy, nose and sinus disorders



**Robert C. Waters, M.D.**  
Special Interests: Adult general ENT disorders

## Maxillofacial Prosthodontics



**Betsy K. Davis, D.M.D., MS**  
Medical Director, Maxillofacial Prosthodontics  
Special Interests: Implant prosthodontics, aesthetic dentistry



**J Rhet Tucker, D.M.D.**  
Special Interests: Maxillofacial prosthodontics, implant prosthodontics, aesthetic dentistry, sleep apnea



135 Rutledge Avenue, MSC 550  
Charleston, SC 29425-5500  
Phone 843-792-8299

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Changing What's Possible