

## President's Message



**Avani P. Ingley, MD**  
President GSO/HNS

Dear Friends and Members,

Welcome back to the ENTertainer to kick off 2024! I hope that everyone had a wonderful holiday break and had a chance to spend time with family and relax. As members of the Georgia Society of Otolaryngology – Head and Neck Surgery, hopefully you all have been able to enjoy the numerous opportunities our organization provides. One of the key benefits is the chance to network with friends and colleagues from across the state of Georgia, fostering valuable connections and collaborations. Additionally, our members gain exposure to a wide range of products, tools, and instruments through the vendor theater, enabling them to stay updated on the latest advancements in the field. Furthermore, our society keeps you informed about the ever-changing landscape of healthcare politics, insurance reimbursement, and tort reform efforts. We understand the importance of staying up-to-date with these developments, and we strive to provide you with the most current and relevant information.

Reflecting on our successful 2023 academic year, we had an exceptional meeting at the Ritz Carlton in Amelia Island in the summer, organized by Dr. Jenny Kim. Our fall meeting, held at the Ritz-Carlton Lodge at Lake Oconee, featured informative talks on various otology topics by Dr. Jeffrey Vrabec from Houston Methodist, as well as esteemed faculty from Augusta University and Emory University and members of our community. Despite the rainy weather, the meeting was a resounding success, and members and their families enjoyed a festive and enjoyable time. Dr. Eric Appelbaum and I extend our gratitude to those who attended and encourage those who were unable to join us to consider attending the upcoming summer meeting.

Our GSO-HNS summer meeting will take place at The Cloister at Sea Island, a luxurious resort that provides a stunning backdrop for connecting with colleagues, both old and new. We are fortunate to have secured this venue for our conference again, and we anticipate an education and memorable event. Huge thanks to Tara Morrison and her dedicated team for their tireless efforts in supporting GSO-HNS. Their contributions have been instrumental in maintaining our society's status as a Model Society.

I eagerly look forward to seeing all of you at the summer meeting on Sea Island, where we can continue to foster professional connections and enjoy the beautiful surroundings. Thank you for your continued support and participation in the Georgia Society of Otolaryngology- Head and Neck Surgery.

Sincerely,  
Avani Ingley, MD  
President GSO/ HNS

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AUGUSTA UNIVERSITY  
**MEDICAL COLLEGE  
OF GEORGIA**

Department of Otolaryngology

## Faculty Honors and Awards



Dr. Heather Koehn and the Children's Hospital of Georgia Cleft and Craniofacial Team has been approved for 5 years by the ACPA Commission on Approval of Teams.

Additionally, Dr. Koehn has passed the American Board of Otolaryngology–Head and Neck Surgery (ABOHNS) Complex Pediatric Otolaryngology (CPO) Subcertification Examination.



Dr. Sarah Hodge and the Division of Otolaryngology and Neurotology were chosen as a site for a Cochlear Implant Center of Excellence pilot study by Cochlear of Americas. Only 3 sites across the US were chosen and this honor comes with a sizeable grant. The primary goal of the study is to evaluate the division's CI program from a systems standpoint and identify areas where access to initial CI evaluation, CI surgery, and post-op activation may be inefficient and contribute to delays in care. This esteemed grant and collaboration elevate MCG-AU to national prominence, and we're thrilled about the potential impact on both our program and our patients.



Dr. J. Kenneth Byrd is a co-investigator on a recent RO1 grant award of over \$3.99 million from the National Institute of Dental and Craniofacial Research (NIDCR). This collaborative research project seeks to deepen our understanding of the CD73-A2BR pathway in the head and neck cancer (HNSC) microenvironment that regulates the immune landscape in murine models and patient specimens. The overarching goal is to develop CD73-A2BR immune checkpoint blockade regimens for more effective HNSC treatment.

## In The News

Dr. Forest Weir sat down with WJBF's Ana Christina, providing insights from the Georgia Cancer Center regarding head and neck cancer and the correlation to the Human papillomavirus (HPV), while also highlighting the importance of prevention through vaccination. Watch the interview [here](#).



## Resident and Alumni News

The department is excited to announce that both chief residents have matched into prestigious fellowships following their graduation from the residency program. We are proud of all their accomplishments and know that they have bright futures ahead of them.



Dr. Diana Bigler will complete her Rhinology, Sinus and Skull Base Surgery fellowship with the Medical College of Georgia at Augusta University and Wellstar MCG Health in Augusta, Georgia.



Dr. Rebecca Paquin will complete her Pediatric Otolaryngology fellowship at Colorado University Anschutz School of Medicine and the Children's Hospital of Colorado in Denver, Colorado.

## Head and Neck Surgery Case Report

Carcinoma Ex-Pleomorphic Adenoma of the Lacrimal Gland with Intracranial Extent

Daniel Sharbel, M.D.

Department of Otolaryngology-Head and Neck Surgery, Medical College of Georgia at Augusta University, Augusta, GA

This case involves a 47-year-old male with a history of neurofibromatosis type I who initially presented to the emergency department for an enlarging right orbital mass and worsening vision and facial pain over the preceding 6 months. Contrast-enhanced magnetic resonance imaging (MRI) demonstrated a 4.0 x 4.1 x 3.5 cm heterogeneously enhancing mass arising from the lateral aspect of the orbit with areas of diffusion restriction. There was noted erosion into the greater wing of the sphenoid and anterior skull base as well as invasion of the posterolateral globe with mass effect on the extraocular muscles and optic nerve. There was mild pachymeningeal enhancement and minimal T2 FLAIR signal hyperintensity in the right frontal lobe. This was radiologically felt to be consistent in appearance with plexiform neurofibroma that underwent malignant transformation.

Fine needle aspiration of this mass demonstrated the presence of malignant cells without further histologic definition. After multidisciplinary Head and Neck tumor board discussion, orbital exenteration with craniotomy, resection of intracranial disease, and free tissue coverage of the skull base defect was recommended. At the time of surgery, the involved dura and brain parenchyma was resected to grossly clear margins. The dural defect was reconstructed with synthetic dural matrix, pericranial flap, and a synthetic dural sealant glue. This was covered with the remnant bone flap by the neurosurgical team in preparation for free tissue coverage. The intraoperative course was complicated by multiple arterial thromboses of an anterolateral thigh free flap resulting in immediate flap failure. Due to the concern for risk of intraparenchymal hemorrhage with intraoperative use of therapeutic heparin, it was decided that a second-stage reconstruction would be best for successful microvascular anastomosis. After the first stage surgery, immediate post-operative non-contrast CT head showed a small focus of intraparenchymal hemorrhage adjacent to the surgical site within the right middle/inferior frontal gyri with mild surrounding edema without significant mass effect. The patient was transferred to the surgical ICU and was extubated the following day with no obvious neurological deficit present. The patient returned to the operating room 48 hours later with initiation of a low-intensity heparin infusion, and the skull base defect reconstruction was ultimately salvaged with a right latissimus dorsi myofascial free flap. Post-operative non-contrast CT head showed no evidence of progression of intraparenchymal hemorrhage. The heparin infusion was discontinued with uneventful transition to prophylactic lovenox and aspirin after 72 hours. The patient recovered quickly after his reconstruction and was discharged post-operative day 8.

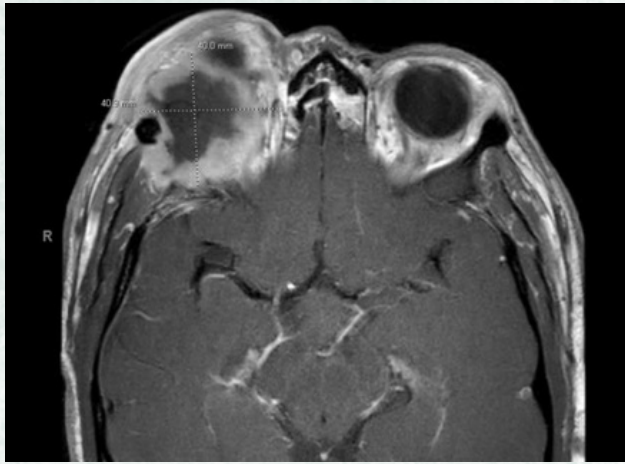
Final pathology demonstrated high grade adenocarcinoma with a weak PLAG1-RP1 fusion consistent with carcinoma ex-pleomorphic adenoma of lacrimal gland origin. The dura was confirmed clear on final pathology, but the orbital apex margin was found to be involved with carcinoma. Final pathologic staging was pT4cN0M0. The patient was recommended to undergo adjuvant chemoradiotherapy, and two-month post-operative MRI showed post-surgical changes with generalized soft tissue enhancement and no evidence of local recurrence or residual tumor.

### **Discussion:**

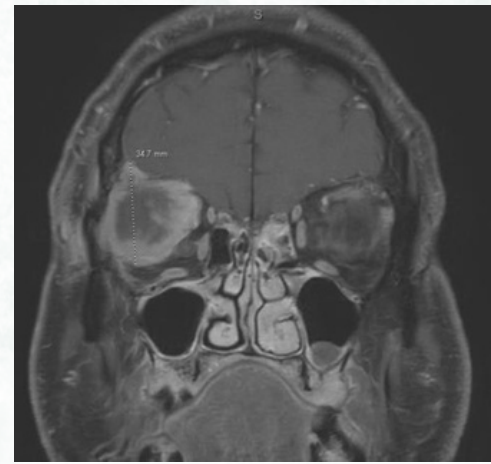
Carcinoma ex-pleomorphic adenoma of the lacrimal apparatus comprises 8% of all epithelial tumors of the lacrimal gland.<sup>1</sup> Symptoms typically include recent rapid progression of lateral upper eyelid swelling and/or proptosis, pain, and evidence of bony erosion on imaging. PLAG1 gene fusions are useful for diagnosis of pleomorphic adenoma and carcinoma ex pleomorphic adenoma in the lacrimal apparatus.<sup>2</sup> Local surgical resection with neck dissection is favored.

A globe-sparing approach with adjuvant radiotherapy or chemoradiotherapy is a reasonable option for treatment of lacrimal carcinomas in patients with more limited disease and results in reasonable survival and ocular toxicity.<sup>3</sup> In more advanced cases, orbital exenteration and possible craniectomy may be required for clearance of disease. Patients with resection of tumors with intracranial extent are at increased risk (39%) of flap vessel thrombosis compared to patients in whom dura or intracranial contents are not involved (19%).<sup>4</sup> Utilization of therapeutic heparin infusion appears to mitigate risk of thrombosis but has not been found to be statistically significant in its impact.

**Conclusion:** Carcinoma ex-pleomorphic adenoma of the lacrimal apparatus is a rare clinical entity. More limited tumors can be treated with orbit-sparing surgery. Advanced disease with skull base invasion requires aggressive management with a multidisciplinary surgical approach. Reconstructive surgeons must recognize that patients with tumors with intracranial extent represent a high-risk population for thrombotic complications in free tissue transfer.

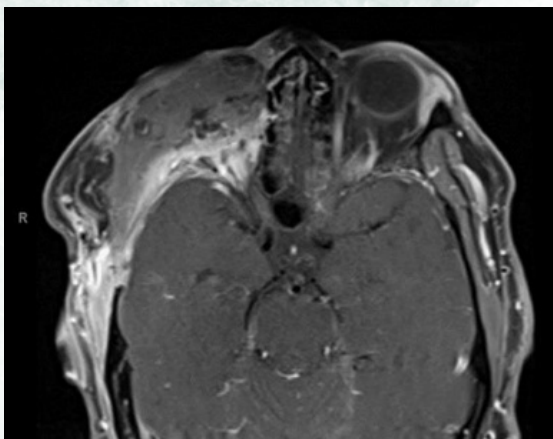


**Figure 1A**

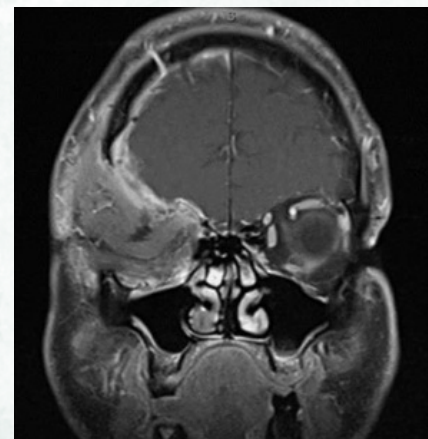


**Figure 1B**

**Figure 1A-B.** Pre-operative axial (A) and coronal (B) T1-weighted MRI.



**Figure 2A**



**Figure 2B**

**Figure 2A-B.** Post-operative axial (A) and coronal (B) T1-weighted MRI.

1. Kim JS, Liss J. Masses of the Lacrimal Gland: Evaluation and Treatment. *J Neurol Surg B Skull Base.* 2021;82(1):100-106.
2. Andreasen S, von Holstein SL, Homoe P, Heegaard S. Recurrent rearrangements of the PLAG1 and HMGA2 genes in lacrimal gland pleomorphic adenoma and carcinoma ex pleomorphic adenoma. *Acta Ophthalmol.* 2018;96(7):e768-e771.
3. Esmaeli B, Yin VT, Hanna EY, et al. Eye-sparing multidisciplinary approach for the management of lacrimal gland carcinoma. *Head Neck.* 2016;38(8):1258-1262.
4. Lilly GL, Sweeny L, Santucci N, et al. Perioperative Hypercoagulability in Free Flap Reconstructions Performed for Intracranial Tumors. *Laryngoscope.* 2023;133(5):1103-1109.

## MCG Otolaryngology Social Media

The department has continued to establish a social media presence on Instagram and Facebook. We have found that this is a great opportunity to keep alumni, referring physicians and friends updated on some of the developments in our department. Over time we will be adding patient education posts as well. Our current sites can be reached at @mcgotolaryngology. We would love to hear from alumni. If you have interesting pictures or stories, please send them to Greg Postma at [gpostma@augusta.edu](mailto:gpostma@augusta.edu).



### Upcoming Educational Events

April 18 - 20, 2024

Southern States Rhinology Symposium

Kiawah Island, South Carolina

<https://ssrf.wildapricot.org/event-5435060>

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June 7- 8, 2024

Annual Porubsky Symposium and Alumni Event

Augusta, Georgia

[www.aofedn.org/Porubsky](http://www.aofedn.org/Porubsky)

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To make an appointment for your patient, please call:

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# MEDICAL ASSOCIATION OF GEORGIA

## PHYSICIANS' DAY AT THE CAPITOL

WHEN: FEBRUARY 7, 2024  
WHERE: GEORGIA STATE CAPITOL  
TIME: 7:30AM-12PM

**REGISTER TODAY**  
[WWW.MAG.ORG](http://WWW.MAG.ORG)

Join MAG and the Specialty Societies for the annual Physicians' Day at the Capitol!  
\*lunch will be provided\*

SCAN FOR MORE INFORMATION:



Physicians Day

**WWW.MAG.ORG**

For more information, please contact  
Devin Krecl  
[devin@capitolstrategy.us](mailto:devin@capitolstrategy.us)



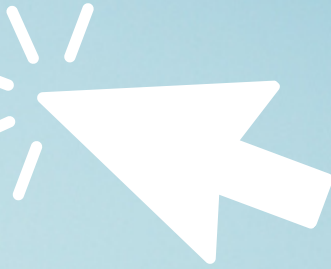
### What to expect:

- Meet with members of the General Assembly.
- Discuss important issues in healthcare.
- Fellowship with colleagues.
- Advocate for your patients and practice.

# GSO HNS

The Georgia Society of  
Otolaryngology/Head & Neck Surgery

*Register Now!*





**2024 Annual  
Summer  
Meeting**

**JULY 18 - 21, 2024**  
**THE CLOISTER**  
**SEA ISLAND, GA**



## GSO/HNS Members

If you have not done so yet, be sure to  
 renew your dues! 

Please spread the word, and send this  
link for new members to join:

<https://gsohns.wildapricot.org/Join-Us>

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