

2020 HIGHLIGHTS

Carefully Planned Endoscopic Approach Enables Minimally Invasive Orbital Tumor Resection

Medical and Cosmetic Outcomes Weighed for Patient with Neurobromatosis Type 1

See page 3.

Critical Changes in Patient Management Guide Routine and Acute ENT Care through COVID-19

MESSAGE FROM THE CHAIR





use regular tumor board-style discussions to learn from each case and strengthen their

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A patient previously treated at NYU Langone for a left orbital tumor returned for treatment of a secondary tumor whose rapid growth—and associated eye proptosis—indicated a second resection. Balancing desired medical outcomes with the cosmetic concerns of a-1-1.9 (c).1. (s)(a)(n)-. (ce)tn1 ws1.9 (CS1 -1c1w 1-1.dr).9 (i)-1.9 e

straight instruments in a small space, and it involves a high degree of difficulty that demands experience.”

Risks of such an approach include injury to the muscles and nerves within the orbit, as well as injury to the nasolacrimal duct. Additionally, the patient was advised that due to the tumor’s location adjacent to the infraorbital nerve, surgery would likely result in loss of facial sensation. However, in light of the tumor’s growth and the patient’s desire for both function preservation and a good cosmetic outcome, the decision was made to proceed endoscopically.

Dr. Lieberman used both a sublabial approach, by making an incision under the lip, and a transnasal prelacrimal approach. “The tumor was way out toward the lateral part of the orbit, adding to the difficulty of reaching it, since most endoscopic approaches to the orbit are more medial,” notes Dr. Lieberman. “So this lateral access was important.”

Though the difficulty of resecting such a tumor is unknown until surgery begins, adds Dr. Lieberman, the approach itself often constitutes the most

“Over a decade, we’ve developed a strong case, which led the FDA to take this meaningful step,” notes Dr. Roland. “The action was taken based on our convincing body of evidence demonstrating not only positive outcomes from the hearing improvements associated with cochlear implants, but also the proven cognitive benefits they convey to children when implantation is performed at an increasingly young age.” Such improvements include earlier speech production, which can help to prevent the irregularity known as “deaf speech” that arises from longer-term hearing impairment.

Studies have suggested that children who receive CIs are capable of the communication skills of their peers by the time they reach age 7. “However, we have data showing that our patients implanted under age 1 are then on par with typical-hearing kids in language development at 2 or 3 years of age, and

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MAINTAINING QUALITY THROUGH CRISIS

As a massive influx of patients with COVID-19 began to inundate hospitals across New York City, an unprecedented challenge emerged: how to provide high-quality care while treating an idiosyncratic virus that posed more questions than medicine could immediately answer.

“Now we have so much guidance, based on patient data and emerging best practices, to help our physician colleagues worldwide respond to the virus and protect themselves,” notes J. Thomas Roland Jr., MD, the Mendik Foundation Professor of Otolaryngology, professor in the Department of Neurosurgery, and chair of the Department of Otolaryngology—Head and Neck Surgery. “But initially we knew very little about the disease, so it was like a live, real-time case example of leadership requiring coordination across administration, research, clinical care, and continued education of residents and fellows.”

free of the sedation-induced paralysis associated with ventilation. A tracheostomy care team was formed to triage side effects of the procedure, and team members were often called in overnight to treat site bleeding or associated bleeding from the oral cavity or nose.

The benefits of the procedure quickly proved to far outweigh any risks; the movement and



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was provided at day 5; for those with a poorer prognosis, tracheostomy remained delayed.

A retrospective review led by Paul E. Kwak, MD, assistant professor in the Department of Otolaryngology—Head and Neck Surgery, published in August 2020 in *Otolaryngology—Head and Neck Surgery*, analyzed 148 adult patients infected with COVID-19. The review found safety equivalence between the two timelines, and early tracheostomy was associated with positive outcomes, including significantly shorter length of stay. A survival rate of 90 percent was observed in patients who received the earlier intervention, compared with the 20 to 50 percent estimated survival rate among critically ill patients.

“Our position as some of the first U.S. care teams treating COVID-19 patients focused us on the problem and how to help these patients in the most effective ways,” says Dr. Amin. “When you’re confronted with so many patients at once, there’s no time to try to glean protocols from prior studies

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