

## Highlights of MEI Annual Conference

Held at Grand Traverse Resort. June 2012

Our annual meetings provide a diverse range of professional perspectives on the new developing technologies and advancements--involving aspects of otology, neurotology, and skull base surgery.

### Brief Summaries of Presentations

#### Meniere's Disease

**Presenter: Dr. Robert Hong**

Currently, we are enrolling patients in a prospective, placebo-controlled trial involving intra-sac injection of dexamethasone at the time of endolymphatic sac decompression. Preliminary results suggest patients in both groups gain better control of their vertigo with sac surgery.

We are also finding there is no significant benefit with the injection of steroid into the endolymphatic sac at the time of surgery. More patients need to be studied in order to draw definitive conclusions.

#### Patulous Eustachian Tube Disorder

**Presenter: Dr. Seilesh Babu**

Management of this condition includes usage of nasal sprays, myringotomy and PE tube, and surgical intervention. Surgeries being performed by Dr. Babu for this condition include injection of material into the Eustachian Tube (ET) to "plump it up." He is also performing cartilage repairs of the Eustachian tube by creating a submucosal pocket in the lumen of the ET and placing several pieces of cartilage into it. He has found an 80% success rate in improving his patients' quality of life and reduction of symptoms.

PET is a rare condition but needs to be diagnosed and appropriately managed with successful treatment.

#### Genetic Hearing Loss Update 2012

**Presenter: Dr. Eric Sargent**

Syndromic hearing loss, such as Usher Syndrome, begins with genetic errors leading to development of lack of proteins--specifically Myosin7a, Cadherin-23, and Harmonin.

A significant link between Pendred Syndrome and enlarged vestibular aqueduct syndrome (EVAS) is evident. Patients with Pendred syndrome have a very low working or absent Pendrin. In patients with EVAS, who are prone to progressive loss of hearing, the function of Pendrin is roughly half normal.

#### Tinnitus Talk

**Presenter: Dr. Eleanor Chan**

The three theories behind tinnitus include: peripheral, central, and neuroplasticity imbalances.

Diagnoses of tinnitus include:

1. Idiopathic: vascular vs. non-vascular; pulsatile vs. non-pulsatile
2. objective pulsatile tinnitus: very rare
3. unilateral tinnitus: associated with hearing loss

The treatment of tinnitus depends on the severity of tinnitus, and treatment needs to address physical as well as emotional symptoms. There is still no cure, but there is a number of treatment options to provide symptomatic relief. There is still lack of evidence to support single modality of treatment.

### Topics from Conference at a Glance

- Our guest lecturer, Dr John Leonetti, provided excellent review of his 25 years of experience doing skull base surgery specializing in treatment of acute facial paralysis caused by tumors and tumors of the lower cranial nerves.
- Treatment options for Meniere's Disease. Also, a discussion of a current study being implemented at MEI to determine efficacy by using steroid injection into the endolymphatic sac at time of surgery.
- Dr. John Bizon (President of the Michigan State Medical Society) spoke about legislative issues going on in Michigan at the current moment.
- New technological options for hearing loss beyond use of hearing aids were discussed such as, middle ear implants, temporal bone implants, and cochlear implants.