



# Introducing Robin Lindsay, M.D. new Editor-in-Chief of *ENTtoday*



The leadership of the Triological Society is pleased to announce that Robin Lindsay, M.D., will be assuming the position of Editor-in-Chief of *ENTtoday* as of January 1, 2023. After completing a decade of service as an otolaryngologist in the U.S. Navy, Dr. Lindsay joined the staff of Massachusetts Eye and Ear/Harvard Medical School where she practices facial plastic and reconstructive surgery. She is a recognized leader in the field of gender equality and serves as member of the Harvard Medical School Joint Committee on the Status of Women. She has published extensively in area of outcomes research and has served for the past three years as Associate Editor of Facial Plastic and Reconstructive surgery for *The Laryngoscope*. We know that Dr. Lindsay will continue the successful trajectory of *ENTtoday*, which is distributed to over 10,000 otolaryngologists nationwide, bringing its readers the relevant content they have come to expect from this impactful publication.

Ralph Metson, M.D.  
President  
The Triological Society

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**SPECIAL REPORT** | **THE ROLE OF CHECKPOINT INHIBITORS IN THE TREATMENT OF HEAD AND NECK CANCER**

**MEMORIAL EDUCATION** | **Why Some Docs Don't Follow Best Practices**

## ENTtoday

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### Otolaryngology in the ED

HOW PATIENTS WITH OTOLOGIC COMPLAINTS USE THE EMERGENCY DEPARTMENT

By Karen Appold

Otologic complaints are commonly evaluated and treated in the emergency department (ED) setting. In a retrospective analysis of the Nationwide Emergency Department Sample (NEDS) among a weighted total of 168,064,000 ED visits in the years 2009 through 2011, 8,611,282 visits were attributed to a primary otologic diagnosis, representing 5.1% of all ED visits. Stratifying further by age, nearly 7% of all pediatric ED encounters involved otologic diagnoses (*Laryngoscope*, 2015;125:1826-1833).

**Key Points**

- Despite the fact that otologic complaints are commonly treated in the ED, there is a possibility that some otologic conditions are being underdiagnosed and undertreated.
- Very few ED visits for otologic complaints are actually "true" medical emergencies.
- Educating primary care providers as well as emergency department providers on otologic conditions is a true otolaryngology emergency and may lower the number of non-urgent visits to the ED.

The most common diagnoses among all age groups in this study included otitis media not otherwise specified (NOS) (58.6%), infected otitis externa NOS (11.2%), and otalgia NOS (6.2%). Other notable diagnoses included impacted cerumen (3.6%) and peripheral vestibular dysfunction NOS (0.3%). The most common diagnosis for pediatric patients were suppurative or unspecified otitis media (52.1%), followed by disorders of the external ear (9.0%) and other disorders of the ear (5.2%). In contrast, the most common diagnoses for adult patients were more evenly distributed, with suppurative or unspecified otitis media (25.4%) being the most common, followed by disorders of the external ear (23.8%), vertiginous syndromes (15.1%), and other disorders of the ear (12.3%). Otolaryngologic diagnoses resulting in hospital admission.

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**When to Order a Sleep Study in Children Who Snore**

While guidelines help, clinical judgment is vital

By Mary Beth Nierenberg

One clinical decision that continues to present a challenge to many otolaryngologists is when to order a sleep study for a child in whom obstructive sleep apnea (OSA) or sleep-disordered breathing (SDB) is suspected and for whom an adenotonsillectomy (Tn) is indicated. Clinical guidelines published in 2011 by the American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) have provided some guidance on this decision, as have guidelines published in 2012 by the American Academy of Pediatrics (AAP) and, to a lesser extent, those published in 2011 by the American Academy of Sleep Medicine (AASM) (*Otolaryngology-Head and Neck Surg*, 2011;143(11 Suppl):S1-15; *Pediatrics*, 2012;129(7):S4-Sleep; 2011;128:379-388).

Although all three guidelines can claim similar suggestions, they differ significantly in their final recommendations. Said Stacey L. Ishman, MD, MPH, surgical director of the Upper Airway Center at Cincinnati Children's.

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**TAKE OUR ONLINE POLL AT ENTtoday.ORG.**

**QUESTION: Do you always follow clinical guidelines and best practices?**

YES | NO | SOMETIMES | NEVER

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