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Hygiene Hypothesis
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Welcome to the 2018 edition of the Advanced ENT magazine. As the year comes winding down, we have many things to celebrate.

- Our family has grown with the additions of Heather Rozencwaig APN, Kartik V. Dandu MD, and Susan M. Pattay SLP.
- We sponsored and participated in the Alicia Rose Foundation’s Victorious 5k which rose over $23,000 for hospitalized teens with fatal illnesses.
- We had our first company picnic in over 5 years, hoping to make it an annual tradition.
- We also put together a softball team and showed off our skills during fall ball.

Even with all of this excitement, Advanced ENT strives to remain the premier comprehensive Ear, Nose and Throat practice in South Jersey. Our mission will always be to provide effective, compassionate and responsible care to our patients.

In this edition of our magazine, we focus on ear nose and throat conditions that can affect your breathing, hearing, sleep pattern, and overall health. No matter what your ENT condition is, our providers have the knowledge and skills to help you breathe better, hear better, sleep better and LIVE better.

We hope that you will benefit from our services and enjoy the information that follows on the pages within. We would like to thank our advertising sponsors for their continued support in the publication of this magazine. We’d also like to thank our referring physicians and patients for your ongoing support and for choosing Advanced ENT.
MOST OF US take for granted the pleasure of a nice deep breath of fresh air. Just picture that beautiful spring day—the scent of fresh cut grass and blooming flowers. But for some of us, that postcard perfect image may be quite the opposite. This image may be more of a nightmare than a pleasant dream. At Advanced ENT, we aim to help our patients live life to their best—and often this means helping to improve their sense of sinus and nasal health.

Sinus and nasal problems are some of the most common reasons for patients to seek medical treatment. There is a vast array of problems that can affect these areas, ranging from allergies to cancers, but in general there are several common symptoms that arise regardless of the underlying cause. Common complaints can include one or more of the following: nasal obstruction or diminished perception of breathing through the nose, facial pain and pressure, headache, post-nasal drip or runny nose, sneezing, chronic coughing, and diminished or altered sense of smell and/or taste. Other symptoms that can be clues to sinusosal disease include recurrent nosebleeds, visual disturbances, or cranial nerve neuropathies. These types of symptoms can be the result of complicated sinus disease or recalcitrant infection, but may also simply result from more innocuous nasal allergies, or other factors such as eyestrain, migraine headaches, stress, or viral colds and flu. Ultimately, otolaryngologists are your expert help at sorting out what the underlying cause of these problems may be, and whether or not extended medical therapy or sinonasal surgery is indicated. ENT doctors have the medical knowledge and surgical capabilities to best manage these significant issues with the aim of improving the overall health and function of the nose and sinuses and more importantly the individual patient well-being. This article will focus on the structure and function of the nose and sinuses, when sinus surgery may be required, and what patients can usually expect if indeed they require such measures.

Why do Sinuses 'Go Bad'?

Sinuses are air-filled cavities within the skull that are covered with a mucosal lining that is contiguous with the lining of our nasal passageways. There are two important elements within this tissue: cells that produce mucous, and cilia or “hair-like” structures that move mucous across the surface in a distinct pattern that sweeps the sinus cavities, and the trapped debris, bacteria, viral elements and contaminants that we inhale, into our nasal passageways and ultimately out through our secretions that we ingest or spit out. Mucous in the nose also helps to aid in the detection of odor molecules in foods that we enjoy, chemicals we want to avoid, or smoke that could warn us of fire. The sinuses also serve to lighten the weight of our heads and absorb a good amount of force during head or facial trauma that protects our more critical structures including the brain and eyes.

There are four major pairs of sinuses surrounding the nasal cavities. They are 1) the frontal sinuses in the forehead area, 2) the maxillary sinuses behind our cheeks, 3) the ethmoid sinuses between our eyes, and 4) the sphenoid sinuses centrally. The natural draining pathways of the sinuses are relatively small openings that are hidden within narrow corridors. While this may be an advantage in limiting exposure to foreign particles that we inhale, it also means that it doesn’t take much swelling in the nose before these passageways are blocked in some people. Obstruction of the sinus outflow can develop into stasis of mucous secretions that are normally swept up and out of the sinuses by the ciliary function. Entrapment within the sinuses may lead to infection and symptom formation. Conditions that lead to obstruction and inflammation of the passageways include allergy, viruses like the common colds and flu, or more complicated diseases that can trigger inflammation or disrupt normal mucociliary function. Anatomic factors, such as a deviated nasal septum or turbinate enlargement, may also significantly impair the sinus drainage leading to mucous stasis. Even after the initial trigger from cold or allergy attack has subsided, infected secretions can contribute to ongoing inflammation that translate into continued symptoms or sets a cycle of recurrent infections.

Diagnosing Nasal or Sinus Disorders and Sinus Infection

Determining the underlying causes of sinus complaints depends on a careful history and physical examination. Clinical history such as timing of the onset of symptoms, relieving factors, coincident upper respiratory illnesses, trauma or prior surgery in the nose or sinuses, and allergy triggers all help to influence an otolaryngologist’s suspicion that sinus infection is truly a concern. Examining the nose and sinuses typically involves visualization by light and more extensively with a fiberoptic camera under topically applied numbing agents. In this way, ENT doctors can evaluate for the presence of infected drainage indicating active infection, inflammatory disease like nasal polyps or fungal elements, or overt signs of anatomic blockage of sinus drainage such as scar tissue, nasal septum deviation, anatomic anomalies like enlarged turbinates (concha bullosa), or other more concerning issues like malignant or benign tumors. Depending on these findings, further evaluation with computed tomography (CT) imaging is often indicated to further evaluate the sinus anatomy in areas not generally visible during the fiberoptic examination. There may be some instances wherein a sinus CT scan may be necessary on initial visit, or more typically, after failure of an adequate response.
to appropriate medical therapy to optimize the health and natural draining abilities of the sinuses. Medical therapies may include extended courses of antibiotics, anti-inflammatory treatments such as intranasal or systemic corticosteroids, and sinus saline rinses. Repeat nasal endoscopy or post-treatment CT scan may be indicated and could indicate resolution of the issue or perhaps persistent disease resulting in the need for surgical considerations. Often otolaryngologists are the best equipped to determine the need for imaging, which may be ordered with special protocols to allow for image-guided surgical planning.

**Sinus Surgery: What Does That Mean?**

Sinus surgery has evolved over the past several decades as our understanding of how healthy sinuses function has grown. We have learned over the years, that re-establishing normal sinus ventilation and drainage, along the well designed flow of normal mucociliary function often leads to improved patient outcomes and symptom relief. The specific, coordinated motion of the cilia to move secretions only toward the area of the natural openings is critical to normal healthy function.

Strategies in sinus surgery have therefore turned to optimizing the natural openings while preserving the tissue lining whenever possible. Currently this is the accepted method of sinus surgery and involves using endoscopic cameras through the nose to expand the natural drainage paths, wash out secretions, and removing infected material only. In some instances, ENT surgeons can pass a small balloon catheter into the sinus openings and inflate the balloon to expand the pathways—much like a cardiologist can open a blockage in a heart vessel. These can be performed both under anesthesia in an operative setting or at times in the office under local anesthesia. The vast majority of sinus surgery is done on an outpatient basis, and often involves 2-3 post-operative visits for cleaning (debridement) of the surgical cavities. There are certainly a subset of patients who require long-term follow up for recurrent disease including return of polyps or management of complicated inflammatory conditions.

At Advanced ENT, more complex cases can be addressed locally with the benefit of fellowship training in Rhinology and Endoscopic Skull Base surgery. As a Rhinologist, I often have the opportunity to evaluate complex cases and provide advice and treatment at our offices in our patients’ neighbor-hoods. Recalcitrant sinus disease, sinonasal malignancies or benign tumors can be addressed with the latest techniques, advanced university training and technological innovations that our patients expect and deserve. Extended revision surgery, complicated frontal sinus disease and a vast array of disease pathology including severe nasal polyps, aspirin-exacerbated respiratory disease, fungal sinusitis, and cranial base pathology involving the central or anterior skull base such as pituitary tumors are often amenable to endoscopic, minimally invasive techniques, that limit patients’ downtime and minimize morbidity and recovery. Our services are available locally to our patients and at the request of referring physicians.

**Conclusion**

In summary, not all nasal complaints can be attributed to sinus disease, and not all sinus disease will require sinus surgery. It is important to consider other causes of nasal congestion or headache such as nasal allergies, stress, dental or jaw issues, visual changes and many others. In the event that sinus surgery becomes necessary, the physicians at Advanced ENT are primed to provide the best, evidence-based, technologically advanced and compassionate care that patients require—with the benefit of being available close to the comfort of patient’s homes.
Hypothosis

by Dr. Rasesh Shah, MD

I N RECENT YEARS, allergies have become far more common than they were in the past. The exact reason why allergies are more common today is not known for sure. A widely accepted theory behind the increasing allergy and asthma rate is the “hygiene hypothesis.” This concept suggests that living conditions in much of the world might be too clean and that individuals are not being exposed to germs that earlier generations were. This results in the inability in immune systems to tell the difference between harmless and harmful irritants. This idea is supported by studies that show that individuals living on farms develop fewer allergic diseases. The theory is that farm animals increase exposure to germs and germ components called endotoxin. These endotoxins stimulate the immune response and decrease allergic inflammation.

Many experts believe that lifestyle changes associated with diet and activity are leading to rising rates of chronic diseases. Increased obesity in general has been suggested as a contributing factor for the increase in asthma prevalence.

Other possibilities include an increase in pollution and the widespread use of antibiotics as possible causes for this phenomenon.

One of the most common allergic disorders is allergic rhinitis. This is often referred to as “hay fever” although hay (timothy grass) is not always the underlying cause and fever is not a symptom. Symptoms include sneezing, nasal congestion, runny nose, and itchy or watery eyes. These symptoms can be seasonal or perennial depending on what the underlying trigger is. Other allergic disorders include asthma, rashes or hives (urticaria), and food sensitivities. The specific irritant that causes an allergic reaction is called an antigen. Some of the more common antigens are: foods, animal danders, dust, mold, grass, tree, or weed pollens. Less common antigens might also include insect venoms, drugs, and skin contactants such as nickel or latex.

Often when a patient presents to our office with an allergic disorder, we will recommend or perform allergy testing. This can be done by applying various antigens on the patient’s skin (scratch testing) or by ordering blood tests (RAST testing). Please ask your Advanced ENT provider if you have allergies and have considered testing. Once the offending antigens are identified, then treatment recommendations can be made. One of the easiest ways to treat allergies is to simply avoid the antigen that is causing the allergic reaction. This is not always practical however, especially if the causative antigen is a mold, pollen, beloved pet, or something else that cannot be eliminated from the living environment. If avoidance is impractical, the next step is medication. Some patients can get relief by taking over the counter non-sedating antihistamines. Some require prescription strength medications such as steroid or antihistamine nasal sprays. If medication is not helpful, allergy desensitization shots or drops can be administered. Shots are given regularly over a period of several years in order to build up a tolerance to the antigen and essentially cure or eliminate the allergic condition. Another option that Advanced ENT provides is sublingual immunotherapy (SLIT). With this method, drops are administered underneath the tongue at home, by the patient.
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Heather Rozencwaig, APN
Heather Rozencwaig graduated with honors from Thomas Jefferson University with both her bachelor and masters degree in Nursing. She currently serves as adjunct clinical faculty at Thomas Jefferson School of Nursing and has been an integral team member to the Otolaryngology Department at TJUH for the past nine years.
As you get older, you may notice that you have more trouble hearing table conversation while dining in a crowded restaurant. Or, you may struggle to hear the television from across the room. These gradual changes in your ability to hear often are caused by a common condition called age-related hearing loss.

According to the National Institute on Deafness and Other Communication Disorders, hearing loss affects approximately 1 out of every 3 people in the U.S. between the ages of 65 and 74—and nearly half of people older than 75.

If left untreated, age-related hearing loss can affect your social interactions, family relationships, safety, ability to work and quality of life. The good news is that many cases of age-related hearing loss can be treated successfully with hearing aids or other assistive devices. Find out what you need to know about age-related hearing loss so you can get the treatment you need.

Why is Good Hearing Important for Everyone, Including Older Adults?

Having the ability to hear clearly can help you maintain your quality of life as you age. Although age-related hearing loss may not seem serious enough to affect your daily life, severe cases can cause problems including:

- Difficulty understanding important medical care instructions
- Feelings of isolation or depression
- Inability to keep up with conversations
- Inability to take part in activities you enjoy (attending worship, watching movies, dining in restaurants, listening to music)
- Job performance issues
- Safety concerns (not hearing the smoke alarm, telephone, doorbell, emergency announcements)
- Social and emotional stress with friends and family members
- Withdrawing from relationships

Also, studies suggest that hearing loss may be a risk factor for cognitive decline and dementia, a neurological condition that affects memory, reasoning, and personality. Researchers believe that problems associated with hearing loss—such as social isolation, lack of mental stimulation, depression and increased mental energy required to understand speech—may lead to
cognitive decline. But, further research is needed to understand the potential link.

What Causes Age-Related Hearing Loss?
As you age, the hair cells in your inner ear become damaged or die, resulting in hearing loss. Although the exact causes of hair cell damage or death aren't well understood, scientists believe that a gradual build-up of toxins in the inner ear or poor circulation and inflammation could be responsible.

Who's at Risk for Age-Related Hearing Loss?
As the name suggests, the main risk factor for age-related hearing loss is aging. However, health conditions that affect circulation—including diabetes, high blood pressure, high cholesterol and inflammatory disorders such as lupus—can increase your risk of developing it.

Other factors also contribute to hearing loss, including:
- Long-term exposure to noise
- Medications, such as chemotherapy drugs or certain diuretics and antibiotics
- Other problems with the outer or middle ear
- Smoking

Can You Prevent Age-Related Hearing Loss?
Unfortunately, there's no way to prevent age-related hearing loss. But, you may be able to reduce your risk by adopting healthy habits, including:
- Avoiding smoking
- Eating a healthy diet
- Exercising regularly
- Keeping cholesterol, blood pressure and blood sugar levels within normal ranges
- Limiting exposure to loud noises
- Visiting your primary care provider for regular checkups

What Should You Do If You Think You Have Age-Related Hearing Loss?
If you or a loved one has age-related hearing loss, the first step is to discuss the problem with a healthcare provider.

Although many people are afraid to discuss age-related hearing loss with their loved ones or their doctor, there's no reason to worry. Hearing loss is a common, highly treatable condition that affects many older adults.

You might want to start by discussing your hearing loss with your primary care provider. Your doctor may refer you to an ear, nose, and throat (ENT) specialist (also known as an otolaryngologist).

After performing an exam, the ENT likely will refer you to a qualified audiologist. An audiologist is a healthcare provider who's specially trained to give hearing tests and assess hearing loss.

It's a good idea to bring a loved one with you to your appointments to help you understand your condition and to document your healthcare provider's instructions.

How Is Age-Related Hearing Loss Treated?
Depending on the results of your exam and hearing test, your healthcare team will develop a personalized treatment plan for you. Your treatment plan may include hearing aids, which are small electronic devices that fit inside or behind your ear that allow you to hear better, or other devices to improve your hearing.

Although there are many misconceptions about hearing aids, many of today's models use the latest technology and are so small that they're barely noticeable to others. Your audiologist will have you try several different types of hearing aids and show you how to use them.

There's a wide range of hearing aids available at a variety of prices (hearing aids aren't usually covered by health insurance). You can work closely with your audiologist to find a high-quality hearing aid that meets your needs.

If you're suffering from age-related hearing loss, there are specialists and treatments that can help.

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Two of the most common sleep problems we see today are insufficient sleep time and obstructive sleep apnea. Both problems are widespread, and both can have severe consequences on our overall health.

Over the last few years, several organizations including the National Sleep Foundation, American Academy of Sleep Medicine, and Centers for Disease Control have promoted the importance of sleeping seven hours or more in a 24-hour period. Children require more sleep depending on their age (1). Sleeping less than the recommended seven hours (defined as insufficient sleep or short sleep) has been associated with diabetes, cardiovascular disease, stroke, obesity, and depression.

Specifically, sleep duration and sleep quality are predictors of hemoglobin A1c and research suggests that optimizing sleep duration and quality can be important in controlling blood glucose levels in people with type 2 diabetes (2). Excess body weight has also been linked to short sleep duration both in adults and children. Metabolic processes that naturally occur during sleep are altered in insufficient sleep resulting in lower leptin levels and increased ghrelin levels. Leptin is a naturally occurring hormone that acts as an appetite suppressant. Ghrelin is produced in the stomach and stimulates hunger. With insufficient sleep, these hormone alterations can result in more calorie intake, often with foods high in carbohydrates and sugar resulting in weight gain. Regarding insufficient sleep and depression, there is a complex relationship with sleep disturbance being common. Treating associated sleep conditions (such as sleep apnea) and monitoring sleep time and quality long term is important in depression management.

Inadequate sleep also contributes to motor vehicle crashes and machinery-related injuries (3). A 2014 study revealed that 37% of New Jersey adults reported less than seven hours of sleep in a 24-hour period (4). The reasons for short sleep can be attributed to lifestyle (e.g. using technology late or inconsistent bedtimes), occupational issues (long work hours or shift work), medical conditions, medication side-effects, and sleep disorders such as sleep apnea. The mental side-effects of inadequate or
disrupted sleep can result in excessive daytime sleepiness and negatively affect the ability to concentrate. Learning new skills and making new memories are more difficult and mood can be more irritable. During sleep, amyloid proteins, associated with Alzheimer’s disease, are cleaned from the brain. Insufficient or disrupted sleep results in a buildup of these proteins. The clinical significance of this increase in brain amyloid protein is not completely understood.

Even if an individual has more than seven hours of sleep, they may still not feel refreshed and experience daytime sleepiness. Although many physical and mental issues can lead to these symptoms, a common cause is undiagnosed sleep apnea.

Obstructive sleep apnea occurs when the upper airway becomes obstructed causing the breathing to either stop, referred to as an apnea, or to be shallower than normal, referred to as a hypopnea. The upper airway becomes obstructed due to parts of the mouth and throat relaxing and narrowing the breathing space. This can result in the classic symptoms of snoring, gasping, choking, and restless sleep. As the level of sleep deepens through the night, the muscle tone relaxes even more resulting in more frequent and prolonged obstructions. Since deeper sleep, including REM sleep, tends to occur more during the second half of the night, the upper airway breathing problems may not be noticed by an individual’s bed partner as they may be asleep. Causes for sleep apnea include airway narrowing due to a large tongue, large tonsils, a short jaw bone as well as influences from increased body weight, medication side effects, and alcohol.

Upper airway obstructions result in harmful effects such as blood oxygen decrease and release of hormones that increase muscle tone and blood pressure and lighten the level of sleep to overcome the obstruction and resume breathing. Long term, statistics show a higher risk of hypertension, heart attack, stroke, and arrhythmia with untreated obstructive sleep apnea than those without sleep apnea. The disrupted, fragmented sleep can result in the same mental symptoms of insufficient sleep. Fortunately, treatments including weight loss, positive airway pressure (CPAP or auto-titrating CPAP), oral device therapy, and surgery can improve or resolve sleep apnea.

At Advanced ENT, we can help treat obstructive sleep apnea in a number of ways both surgical and non-surgical. We encourage everyone to sleep at least seven hours a night and to breathe, sleep, and LIVE better.

GREETINGS AVID READERS,

As the newest physician in the Advanced ENT family, I’d like to take a moment to introduce myself. My name is Kartik Dandu and I’ve pretty much been an east coast native my whole life. I grew up in East Brunswick, went to Penn State (we are!) for undergraduate studies, Jefferson Medical College for medical school, and finally completed residency in the Rutgers Department of Otolaryngology – Head and Neck Surgery, based out of Newark, NJ. I’m very eager to begin my career with Advanced ENT and am blessed to have been so warmly received by such a talented group of individuals.

For this year’s edition of the Advanced ENT magazine, our tag line is: Breathe Better, Hear Better, Sleep Better, LIVE Better. I’ve been tasked with the Live Better aspect, focusing on overall health and wellness. I initially found the choice amusing, as I didn’t always take very good care of myself. In residency, especially in the busier hospitals, we would routinely work over 80 years a week, in very high stress environments. The term residency originates from years ago when residents would live, or reside, in the hospital. On most weeknights, especially during my second year of residency which was our busiest, I would average about 4-5 hours of sleep a night. During the day, I would quickly eat whatever junk food I could find. It didn’t help that the hospital had a Burger King in the cafeteria. And on the weekends that I was off from work, instead of catching up on sleep, I’d typically stay out late with friends. By the end of the year, I was overweight, unhealthy, and unhappy. Luckily, by God’s grace, I was given the strength to make some positive changes. Family and faith are now the two most important things in my life. For a good portion of residency training though, I neglected both. Luckily, my family lived only an hour away from my residency training program, a luxury most other ENT residents in the country don’t have. I made an active effort to call them and visit them more often. My parents are very devout, and through our shared faith, we were able to come closer together. By having a solid support structure, I’m able to share in life’s successes with loved ones, but more importantly, have people who are able support me in times of need.

Continuing the theme of overall health and wellness, the next big changes I made related to diet and exercise. I’d say the most important thing when making changes is to keep things simple and gradual. The first thing I did was start drinking more water, at least 3-4 16oz bottles daily. After a while, I didn’t even miss soda or juices.

Next, I started eating less food that was prepackaged, like frozen meals or granola bars. Instead, I started to slowly eat more fruits, vegetables, eggs, chicken, pasta. Real food. Also, don’t be discouraged if you fall back into bad habits, it happens. Recently, I’ve noticed that I’ve been eating more junk food, so I’m slowly working my way back to real food. With respect to exercise, gradual progression is key. It’s important not to be the weekend warrior that gets injured. Even a 20 minute walk a few times a week can be great for overall cardiovascular health. And if spring, fall, or year-round allergies are keeping you indoors, there are medications to keep symptoms at bay.

For the longest time, I would spend the better part of April and May indoors because of seasonal allergies. After I started taking an oral antihistamine (Zyrtec), I was back in control of my life during those months.

Overall, small, incremental changes over a long period of time can have dramatic and lasting changes for your health and well-being.

I’m very excited to begin my career with Advanced ENT. It is the largest and most respected ENT practice in the South Jersey region, having been around for decades. With the combined talents of many physicians, we can care for a multitude of problems, including hearing loss, sleep apnea, allergies, thyroid nodules, and even head/neck cancer. And if you just have general questions regarding healthy living, I am happy to address those as well!

Best regards,
Kartik Dandu
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The mission of Advanced ENT is to provide effective, compassionate and responsible medical and surgical care to disorders involving the ears, nose, throat, head and neck.

Advanced ENT will provide this care through a comprehensive approach that encompasses our specialty services:

- Adult Ear, Nose & Throat Care
- Allergy
- Penicillin Allergy Testing
- Audiology (Hearing Services)
- Balance Disorders
- Facial Plastic & Reconstructive Surgery
- Head & Neck Cancer
- Thyroid & Parathyroid Disorders
- Pediatric Ear, Nose & Throat Care
- Sinus Surgery
- Endoscopic Skull Base Surgery
- Skin Cancer Treatment & Reconstruction
- Skin Care
- Sleep Medicine
- Speech-Language Pathology
- Voice & Swallowing Disorders

Advanced ENT constantly strives to provide services that are relevant and appropriate to the needs of our community in this changing environment of health care delivery.

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