



## DEPARTMENT OF OTORHINOLARYNGOLOGY

THE UNIVERSITY OF TEXAS  
MEDICAL SCHOOL AT HOUSTON

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### Welcome

Since the last issue of **UT ORL Update**, we have introduced a second departmental publication, **ORL Progress Notes**. While **UT ORL Update** is aimed at the greater medical community, **ORL Progress Notes** serves a newsletter that highlights recent developments in the department. To subscribe to either newsletter (or both of them), please send us your email address at this [web page](#).

Of course, we welcome your feedback and comments. Please feel free to contact us at any time.



Martin J. Citardi, MD, FACS [e-mail](#)

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### Role of Anti-leukotriene Agents in the Management of Chronic Rhinosinusitis with Nasal Polyps

Amber Luong, MD, PhD [e-mail](#)

As both clinicians and patients will attest, chronic rhinosinusitis with nasal polyposis (CRSwNP) represents a challenging disease to manage. Functional endoscopic sinus surgery is often required and successful for the initial management, but the disease process typically leads to recurrence of the polyps if medical therapy is not initiated. The typical therapy involves a course of systemic steroids, intranasal steroids, and some form of nasal irrigation. Although corticosteroids are the only medications that have shown clear efficacy for CRSwNP, a number of other medications are available and used (sometimes off label) to manage CRSwNP. One such class is leukotriene inhibitors, which include montelukast (**Singulair**), zafirlukast (**Accolate**) and zileuton (**Zyflo**). [Read More »](#)



### Surgical Fires in Otorhinolaryngology

Soham Roy, MD [e-mail](#)

The **Wall Street Journal** reported recently that approximately 650 surgical fires are reported in U.S. hospitals each year, and another three to four times as many are "near misses" or unreported events. The risk of surgical fires is a very real and legitimate concern for surgeons, anesthesiologists and OR staff alike. When considering the number of surgical fires that go unreported, the risk becomes even more significant. [Read More »](#)



### Mission Trip to La Habana, Cuba

Ronda Alexander, MD [e-mail](#)

This March, I had the great opportunity to travel with a mission group to La Habana, Cuba. It was a result of some conversations I shared with my co-fellow over the course of our year together. While at the AAO-HNS meeting in 2007, Nazaneen Grant (of Georgetown University Medical Center) took me to the Humanitarian Committee meeting and introduced me. I had been looking for a way to make my professional life even more fulfilling and this fit the bill. So, with her encouragement, I went to the Academy's [Web site](#) and looked for a trip that I would be able to fit into our busy fellowship year. While political difficulties delayed our journey by 12 months, it was well worth the wait. While I've always wanted to visit Cuba, I had no idea of the effect this trip would have on me. [Read More »](#)



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### The Diagnosis of Asthma in Otorhinolaryngology Patients

Martin J. Citardi, MD, FACS [e-mail](#)

Asthma is characterized by episodic lower respiratory symptoms (mostly commonly shortness of breath due to wheezing) that result from reversible pulmonary airflow obstruction. Many patients with asthma also suffer from allergic rhinitis and chronic rhinosinusitis (with or without nasal polyps). Severe asthma may be triggered by unrecognized gastroesophageal/laryngopharyngeal reflux. Other conditions with ENT implications may mimic symptoms of asthma, and often diseases commonly evaluated by otorhinolaryngologists (such as rhinitis and rhinosinusitis as well as extraesophageal reflux) may present as co-morbid factors in patients with difficult-to-treat asthma. Obviously, asthma is an important consideration for the patients seeking care from otorhinolaryngologists; however, both patients and their otorhinolaryngologists need to integrate the treatments for both asthma and other co-morbid ENT conditions. [Read More »](#)



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