

# HeadWay

NEWS FOR PHYSICIANS FROM JOHNS HOPKINS  
 OTOLARYNGOLOGY-HEAD AND NECK SURGERY

## Grand Opening: Better Service, Happier Patients

**W**hile Johns Hopkins Otolaryngology-Head and Neck Surgery has been present at Green Spring Station for years, on Nov. 3 it celebrated its grand opening in newer, spacious quarters that allow the department to consolidate its services to one central office. "This is a commitment by our department," says the clinic's medical director **Doug Reh**, "to improve what we offer to all of the physicians in the region."

Fully staffed and offering a wide spectrum of otolaryngology services, the new space offers Hopkins-quality care to people who in the past might have lacked access to it, Reh explains. Located on the fourth floor of the Falls Concourse building, the

increase the scope of clinical outpatient services available in Baltimore County, but to see patients quickly, often within 24 to 48 hours of appointment requests.

Though Hopkins has offered pediatric otolaryngology services to patients at Green Spring Station in the past, Reh says, their presence there was limited. Now the location has three different pediatric otolaryngologists who will see patients three days a week.

"We are going to have someone there every day," Reh says, "and we should be able to see patients within 24 hours."

"We've been hearing for a long time, not only from patients but from physicians in other specialties, that they would appreciate easier, more convenient access to our various subspecialists," says **Patrick Byrne**, director of the new Center for Facial Plastic and Reconstructive Surgery at Green Spring Station, which is adjacent to the new otolaryngology offices. "A lot of people just prefer going to Green Spring Station,



Otolaryngologist Doug Reh, here with a patient at Green Spring Station, is directing the department's new clinic at the suburban campus.

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new offices bring a full roster of physicians with specific expertise and training in an array of complex fields, including audiology, laryngology, oncology and pediatrics. The move, Reh says, not only allows the group to in-

and now far more of us are able to see patients there."

Open Monday through Friday, the new office offers patient consultations and specialized services that include:

- pediatric otolaryngology
- thyroid disorders
- head and neck cancer
- sinus and allergy
- voice problems
- snoring and sleep apnea
- hearing loss, inner ear and balance disorders
- audiology: hearing screenings/

evaluations and hearing aid fittings

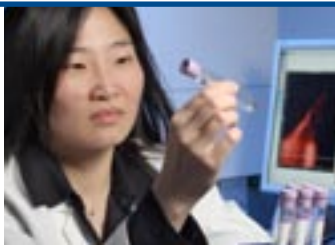
- facial cosmetic surgery and hair transplant
- nasal obstruction
- skin cancer

Adult patients can be scheduled for same- or next-day appointments, and pediatric otolaryngologists are available for patient appointments three days a week. To refer a patient, call 410-616-7300 or visit [hopkins-medicine.org/otolaryngology](http://hopkins-medicine.org/otolaryngology). ■

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# A Reappearing Act for Hair

**W**hen people think about hair loss, says **Lisa Ishii**, they almost immediately envision older men. But the stereotype of baldness as solely a male problem is one of the greatest misconceptions standing between physicians who can treat the condition and women who are suffering from it.

In fact, hair loss affects almost as many women as men, and the same treatments are available to them, says Ishii, a facial plastic surgeon who also specializes in hair restoration surgery. But, because most women are too embarrassed to discuss hair loss, and because it's too often considered a cosmetic issue rather than a medical one, many women refuse to seek treatment and the problem grows worse. Eventually, Ishii says, the condition becomes irreversible because the woman (or man) has lost too much hair to undergo a hair transplant. "For women this can be truly traumatic," she

says. "Even though the statistics regarding hair loss in men and women are similar, it's just not at all accepted as a problem for women."

In the past, she says, treatment options have been geared primarily toward men. Rogaine and Propecia television commercials and magazine advertisements, for example, are as common and open as those for shampoo or medicines. But with most marketing being aimed at men, women's share of the problem has gone comparatively unrecognized. The discrepancy is apparent in Ishii's own hair restoration practice, in which women account for only about 30 percent of her patients. "It should be more like 50 percent," she says.

The hair transplant procedure



**Lisa Ishii performs a hair transplant on a male patient.**

itself is simple, but tedious and time consuming. Ishii removes a small ellipsis of the patient's scalp, about 1 by 10 centimeters, wherever there is still enough

hair. She sews the wound closed then cuts individual follicles from the strip of hair and places each one into a tiny hole in the patient's scalp. In the end, she might place hundreds or even thousands of new follicles throughout the scalp, using a tweezer-like instrument to guide each follicle into the newly created hole. The procedure requires no anesthesia or at most a small amount of sedation.

Results come slowly, but within six months, Ishii says, there should be viable hair appearing

on the patient's scalp. "This is a huge issue for most people," she explains. "Our hair is a big part of how we present ourselves to the world." ■

## For Children, a Mass of Worry

Any growth appearing on the head or neck is alarming, and especially so when the patient is a child. But no matter how worrisome, these masses are fairly common, often benign and, in the hands of a skilled otolaryngologist, treatable.

Because of their exposure to other kids and their still-developing immune systems, children can be particularly vulnerable to head and neck masses, especially enlarged lymph nodes caused by inflammation, viruses or infections. These lesions usually are not dangerous and can be

treated with medication or may go away on their own. "But when they persist or are associated with other signs and symptoms, the concern is whether it could be something more ominous," says **David Tunkel**, director of pediatric otolaryngology. "Even though these masses tend to be of limited consequence, there's that rare bird who has symptoms requiring a more specific and urgent evaluation," including a biopsy. With those children in mind, he continues, the Department of Otolaryngology has added two new pediatric otolaryngologists who specialize in caring for children with head and neck masses.

The tricky part of diagnosing and treating pediatric head and neck masses is often distinguishing the cases that are more serious. When the worst happens, Tunkel says, and a growth turns out to be a malignant tumor, is obstructing the airway or is causing severe disfigurement or lost function, the patient's best bet is a physician with specific training and expertise who sees similar cases on a regular basis. And ideally, that physician will have the full support of a multidisciplinary team like that at Johns Hopkins.

The team's two newest physicians, **Margaret Skinner** and **Emily Rudnick**, came to Hopkins specifically because of their expertise in pediatric otolaryngology and their special interests in treat-

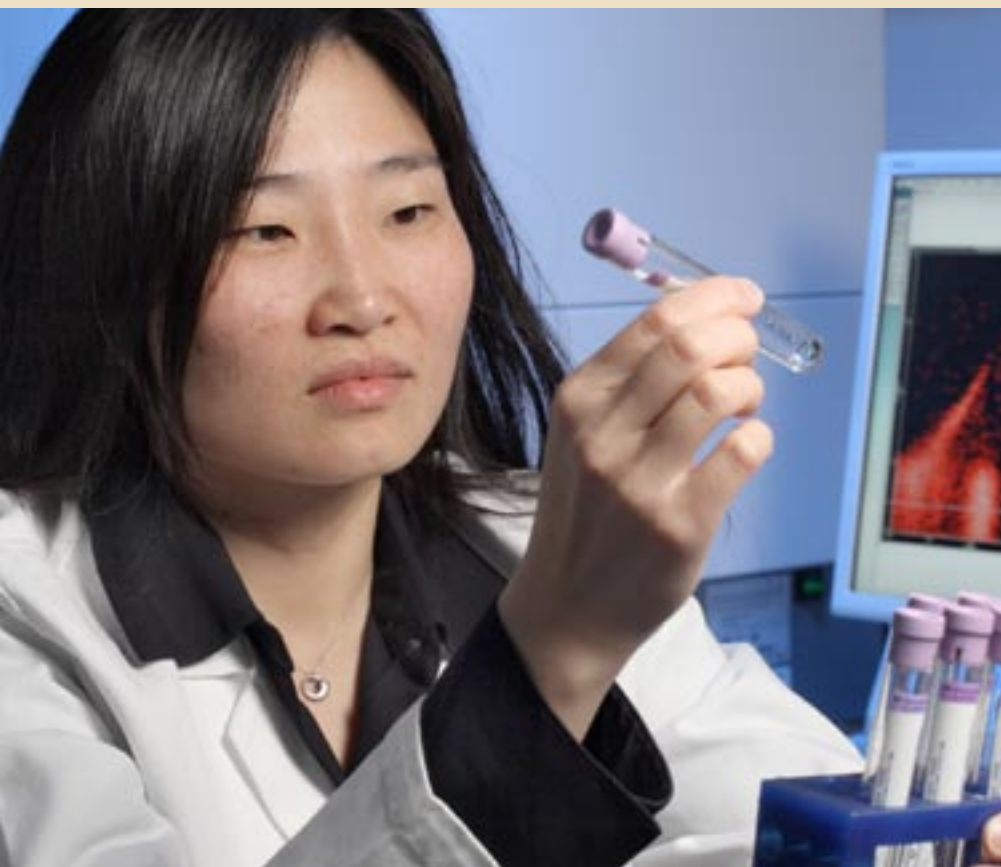
ing head and neck masses. Skinner, whose clinical interests include congenital anomalies and tumors of the head and neck, joined the department on Nov. 1. Rudnick is particularly interested in treating hemangiomas and vascular malformations, including capillary, venous and lymphatic malformations. Since joining the faculty in September, she has become involved in clinical trials and has been a regular participant in the department's vascular anomaly panel, a multidisciplinary team assembled specifically for treating certain head and neck masses. "Even if these masses are benign," explains Rudnick, "they can significantly affect a child's function and cause chronic problems."

Because these tumors and masses present in so many different forms, it's unlikely that any one physician would regularly see and treat each type. Johns Hopkins, though, has a five-person team of pediatric otolaryngologists with combined training and experience in the full spectrum of head and neck masses.

"Treating patients in a team environment is critical in getting the best results for the patient," Rudnick says. "These lesions can have tremendous social, emotional and physical consequences for the child and family. Providing interdisciplinary treatment allows the child to receive the most thorough care." ■



**Emily Rudnick works with one of the department's younger patients.**



Sara Pai and her colleagues are developing a vaccine for HPV-related head and neck cancers.

## Taking a Shot at HPV-Related Cancers

Although it has long been known that both men and women can transmit human papillomavirus, the clinical and research focus once centered almost entirely on HPV's ability to cause cervical cancer—a disease to which men are obviously not susceptible. That thinking changed in 2000, when Johns Hopkins scientists first linked HPV to head and neck cancers.

“We know now that men and women are equally susceptible to HPV-related head and neck tumors,” says otolaryngologist/head and neck surgeon **Sara Pai**. “And that gives validity to the idea that perhaps we shouldn't be vaccinating just women, but also men.”

The HPV vaccine currently available to young women, Pai says, aims to prevent cervical cancer caused by the high-risk strains of the virus. However, there is currently no vaccine option for patients suffering from HPV-associated lesions or cancers. Now, however, she and her colleagues have developed a vaccine for HPV-related head and neck cancers that they expect to send into a clinical trial in 2009.

Unlike the preventive HPV vaccine for cervical cancer, Pai's vaccine would be available to women and men with HPV

who are already in the throes of head and neck cancer. The vaccine, she says, works by killing cancer cells that chemotherapy or radiation sometimes misses. “With this,” Pai says, “we can help patients who have already undergone radiation or chemotherapy,” and potentially decrease their odds of a local recurrence. “The vaccine will provide a boost to the immune system, so that it can recognize and destroy those residual cells.”

HPV-related head and neck cancers tend to occur in the base of tongue and tonsils, Pai says. HPV accounts for up to 70 percent of those cancers, which often go undetected until they spread to a lymph node in the neck. But, she continues, once detected, the tumors often prove highly treatable and patients have good odds of cure. “These tumors tend to respond well to current chemo and radiation therapies,” Pai says. “The vaccine would serve as an adjunct to these treatments and potentially decrease the likelihood of a cancer recurrence.” ■

**Pai's HPV vaccine trial should open for enrollment in summer 2009.**  
To refer a patient, call 410-502-9825.

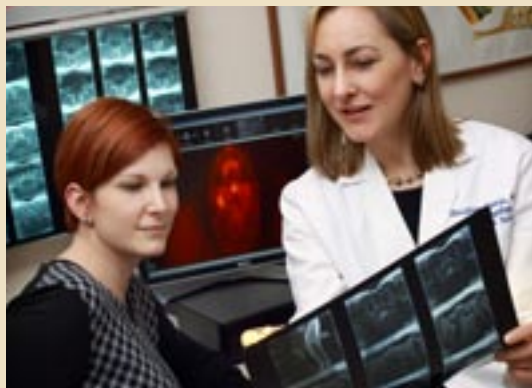
## Making Care Convenient

Taking a multidisciplinary approach to treating patients is hardly new at Johns Hopkins, where the method has long been acknowledged as the gold standard of care. Even so, this collaborative treatment model hasn't always been the most user-friendly for patients, who might have to arrange and attend multiple doctors' visits, sometimes from hundreds of miles away. But for patients who've been diagnosed with head and neck tumors requiring multifaceted care, that inconvenience is history.

Now, thanks to the Department of Otolaryngology's new multidisciplinary head and neck tumor clinic, patients can meet every physician who will participate in their care and leave with a treatment plan already laid out, all on the same day. The clinic, which comprises specialists from otolaryngology, radiation oncology, medical oncology, oral surgery, nursing, speech pathology and physical therapy, is especially important for patients with head and neck cancers because effective treatment requires much more than a single discipline or individual expertise.

For most other tumors, explains **Christine Gourin**, director of clinical otolaryngology research, who's heading up the multidisciplinary clinic, patients are referred to specialists based on what kind of treatment they've had or will need. Some might be sent to a radiation oncologist, others to a medical oncologist and still others to a surgical oncologist.

“One thing that is particularly challenging with head and neck cancers is that the examination is not always straightforward,” Gourin says. “It often requires the use of sophisticated equipment to visualize tumors that aren't readily apparent. Unlike other diagnoses that can be made radiologically, finding and



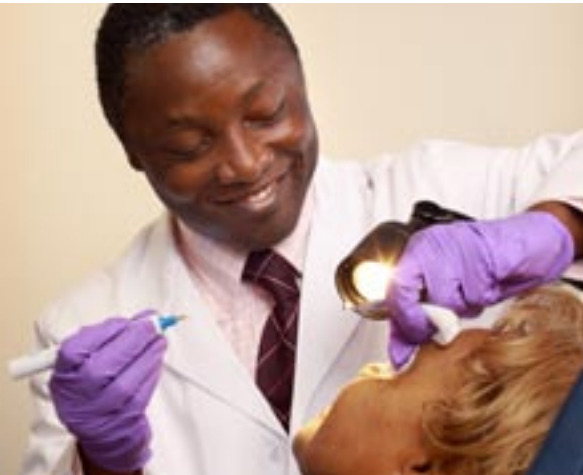
Chris Gourin is helping to develop a multidisciplinary center to treat head and neck cancers.

treating head and neck tumors requires fairly specialized care, and the use of tools and expertise that otolaryngologists use every day.”

For patients, the most obvious benefits are the anxiety spared and the time saved by not having to juggle multiple appointments with multiple physicians, which can be particularly challenging for patients coming from a distance. At the multidisciplinary head and neck tumor clinic, says Gourin, patients meet all of the necessary specialists and receive a full work-up in one visit. That same day, the team gathers to discuss the patient, review his test results and devise a treatment plan.

“Everyone who may have a role has a chance to meet the patient, see the tumor and be part of the plan,” she says. “It is one-stop shopping. Most patients find that very reassuring.” ■

# When the Base of a Problem Lies in the Skull



Skull base surgeon Kofi Boahene works with a patient.

Even now, nearly a year after two Hopkins surgeons—**Kofi Boahene** and **Alfredo Quiñones**—removed a large tumor from the base of her skull, Rosaria Surdell cries when she thinks back to the men she says saved her life.

“If I was asked to choose an angel, they would be it,” Surdell says. “I took sick right before Thanksgiving last year and wasn’t even able to eat with my family because I was so ill. This year I sat with my family, had grace with my family and gave thanks for the day those two men operated on me.”

The first day she realized something was wrong started out normally. But when she arrived at work, a co-worker looked at her face and noticed something was wrong with her left eye. “It was turned into the corner, toward my nose, and stuck that way,” Surdell

recalls. It would take several doctors, a few misdiagnoses and three months before she learned what was wrong: She had a skull base tumor that was impairing her vision, among other symptoms, and it would have to be surgically removed. When the correct diagnosis finally came, Surdell was sent to skull base surgeon Kofi Boahene and neurosurgeon Alfredo Quiñones. As members of the hospital’s multidisciplinary skull-base tumor program, the two men have removed scores of skull base tumors using a minimally invasive technique with a high success rate and low mortality.

“A lot of skull base surgeries are done in collaboration with neurosurgery,” Boahene says. In the past, he explains, tumors at the base of the skull have been very difficult to reach, and involved extensive and risky operations that removed a lot of bone or required lifting the brain for better access. “In the past 10 years, the technology has improved so much,” he says. “Now we’re pushing the frontiers of skull base surgery.”

Advancements in endoscopy and image-guided systems, and smaller, more precise instruments now allow head and neck surgeons like Boahene to approach the

tumor through the patient’s nose. Among the tumors that may be candidates for an endonasal resection are those arising in the nasal cavities extending into the skull base, anterior skull base tumors such as meningiomas and malignant tumors, pituitary and parasellar tumors as well as clival tumors.

Some cases still require minimal bone removal, but the brain never has to be moved and recovery is much quicker. “Some patients,” Boahene says, “can actually go home the same day they have their surgery.”

At Hopkins, the benefit of the minimally invasive surgery is increased by the availability and expertise of multiple disciplines contributing to the patient’s care. With participants from neurosurgery, ophthalmology, ocular plastic surgery, oncology and otolaryngology all working together, combined with the high volume of skull base tumors seen here each year, the hospital provides an ideal setting for patients. “We are set up to respond quickly to referring physicians and to see patients on short notice,” Boahene says. “All evidence says that patients seen at high-volume centers and with a multidisciplinary approach have better outcomes.” ■

Finding and diagnosing skull base tumors can prove tricky, because the masses are often hidden and the symptoms often mimic those of a chronic cold or allergy attack. But when congestion or other symptoms continue and don’t respond to medication,

it’s important not to dismiss the problem as a persistent cold or sinus problem. “An attempt should be made to look into the nose with an endoscope,” says head and neck surgeon Kofi Boahene. “We’ve seen cases that are far advanced and wondered why

it wasn’t picked up sooner. If a person’s condition lasts more than a month, even after treatment, that warrants further investigation.”

To schedule an appointment with Boahene or another head and neck surgeon, call 410-502-2145.

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Department of Otolaryngology–Head and Neck Surgery  
601 North Caroline Street, Suite 6210  
Baltimore, Maryland 21287

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**Department of Otolaryngology–Head and Neck Surgery**  
Lloyd B. Minor, M.D., Andelot Professor and Director

### Marketing and Communications

Dalal Haldeman, Ph.D., vice president  
Lauren Glenn Manfuso, editor/writer  
Mary Ann Ayd, copy editor  
Vladimir Rajevac, designer  
Keith Weller, photographer

For questions or comments, contact:  
mayd@jhmi.edu or 410-955-2902

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