



AMERICAN RHINOLOGIC SOCIETY NEWSLETTER

February 1999

Volume 20, No. 11

President-Elect's Message

Your Program Committee, consisting of Drs. Bob Bumsted, Joe Joseph, David Kennedy, Fred Kuhn and myself, have put together a very exciting program for our Spring Meeting. Unfortunately time restraints did not allow inclusion of several interesting and informative abstracts in the Program. However, those included are of very high quality. Highlights to the Program, in addition to the free papers, will consist of an address by Steve Newman, M.D., Chief of Neurophthalmology at the University of Virginia, on "Neurophthalmology for the Rhinologist," which promises to be very informative. As elsewhere in the Program, there will be time for a discussion following his presentation. Also included in the Program are a Panel on "Image-Guided Surgery" and a Panel on "Current and Controversial Issues in Rhinology." All in all, this program should be of interest to all Rhinologists and will provide for expansion of our theoretical knowledge of Rhinology as well as very practical information to assist us in providing better care to our patients. I am hoping you will join us in Palm Desert. This should not only be an informative meeting but also prove ample time for good fellowship and recreation. See you there!



Charles W. Gross, M.D., Professor
Department of Otolaryngology -
Head and Neck Surgery
University of Virginia
Charlottesville, Virginia

Have YOU registered for COSM?

The Combined Otolaryngological Spring Meetings (COSM) will be held April 24 - 30, 1999, in Palm Desert, California. All ten COSM societies are meeting this year, and we are expecting record attendance! This is the third COSM held at the Desert Springs Marriott, the most popular western site.



The resort offers many exciting amenities: two 18-hole golf courses, 20 tennis courts, five swimming pools, full service spa, gym, outdoor whirlpools, sand volleyball court, croquet, rock climbing wall and jogging trails.

Registration and housing brochures have been mailed to all COSM society members. If you need to register, COSM forms are available through AAO-HNS Fax on Demand. Simply call #888-292-2703 to request COSM forms using these codes:

- 6240 COSM Schedule
- 6241 COSM Registration Form
- 6242 COSM Housing Reservation /
Transportation Information

or visit their website at www.entnet.org

What's Inside . . .

COSM Program . . . 2 & 3

Coalition on Sinus & Allergy
Update . . . 3

Technique, Drugs & Devices . . . 4

Maurice Cottle Award . . . 4

Fall Meeting Papers . . . 5 & 6

AAO-HNS President's Greeting . . 7

First Vice President's Report . . . 7

Editorial Info . . . 8

**Combined Otolaryngic Spring Meeting:
The American Rhinologic Society Program
Sunday, April 25, 1999**

1:00 pm Opening Remarks

1:08 *Surgical Repair of Cerebral Spinal Fluid (CSF) Rhinorrhea: Results in 106 Consecutive Surgical Cases, The Mayo Experience from 1975 through 1995 - Holger Gasner, MD; Jens Ponikau, MD, David Sherris, MD; Eugene B. Kern, MD*

1:16 *The Superior Turbinectomy Approach to the Sphenoid Sinus - Gady HarEl, MD; Richard Swanson, MD*

1:24 *Endoscopic Management of Chronic Frontal Sinusitis Associated with Frontal Sinus Posterior Table Erosion - Daniel Hurley, MD; Martin J. Citardi, MD; Amin R. Javer, MD; Frederick A. Kuhn, MD*

1:32 *Middle Turbinate Resection - Joseph B. Jacobs, MD; Richard A. Lebowitz, MD; Suhail Hariri, MD*

1:40 *A Novel Approach to the Correction of Acquired Nasopharyngeal Stenosis - Elizabeth Toh, MD; Adam Pearl, MD; Eric Genden, MD; Mark Urken, MD; William Lawson, MD*

1:48 **Discussion**

2:00 *Fibrin Sealant (FS) Containing Antibiotics Does Not Improve Recovery After Endoscopic Sinus Surgery (ESS) in a Rabbit Model of Chronic Sinusitis - Rodney J. Schlosser, MD; William D. Spotnitz, MD; George Rodeheaver, MD; W. Michael Scheld, MD; Charles W. Gross, MD*

2:08 *Utilizing Fungal Specific IgE Levels as a Serological Marker for Allergic Fungal Sinusitis (AFS) Activity - Frederick A. Kuhn, MD; Amin R. Javer, MD*

2:16 *The Bacteriology of Chronic Sinusitis - Results Using a Novel Culture Device - Joseph B. Jacobs, MD; Edmund S. Liu, MD; Richard A. Lebowitz, MD; Philip Tierno, MD; Joshua P. Light, MD*

2:24 *Substance P Immunoreactive Sensory Axons as a Subset of the Total Axonal Population in the Maxillary Sinus of the Rabbit: A Characterization of Normal and Chronically Infected Mucosa - Eylan Young, MD; Keith Kajander, DDS, PhD; Frank Rimell, MD; Bo Hu, DDS, PhD*

2:32 *Understand the Cause of Chronic Rhinosinusitis: A View Through the Electron Microscope - Jens Ponikau, MD; David Sherris, MD; Eugene B. Kern, MD*

2:40 *The Use of Acoustic Rhinometry in Predicting Outcomes after Sinonasal Surgery - Joseph Gosepath, MD;*

Peter C. Belafsky, MD; Titus Kaldenbach, MD; Ronald Amedee, MD

2:48 **Discussion**

2:56 *Break*

3:10 *Oncongenetic Osteomalacia in Head and Neck Neoplasms: New Diagnostic Method, Case and Review - Edward J. Krowiak, MD; Roy B. Sessions, MD; Michael Sharon, MD*

3:18 *Radio-Frequency Thermoablation of the Inferior Turbinate in Nasal Obstruction - Yvonne Fischer, MD; Jan Gosepath, MD; Ronald Amedee, MD; Wolf J. Mann, MD*

3:26 *The Use of Cas-System in Skull Base Surgery Indications and Frontiers - Ulrich Ecke, MD; Ludger Klimek, MD; Wolf J. Mann, MD*

3:34 *Accuracy of Mechanical Debrider for Use with Image Guided Surgery and Accuracy of the Image Guided System when Utilizing Different Headsets - Frederick A. Kuhn, MD; Amin R. Javer, MD*

3:45 **Discussion**

4:00 *Panel: Image Guided Surgery - System Advantages, Disadvantages, Applications*

Moderator: Joseph B. Jacobs, MD

Panelists: Frederick A. Kuhn, MD; Michael J.

Sillers, MD; Martin J. Citardi, MD; Ricardo L. Carrau, MD

**The American Rhinologic Society Program
Monday, April 26, 1999**

1:00 pm Opening Remarks - Business Meeting

1:08 *Osteoplastic Flap Versus Modified Endoscopic Lothrop Procedure for Frontal Sinus Disease - Seekin O. Ulualp, MD; Thomas Carlson, MD; Robert J. Toohill, MD*

1:16 *The Role of Endoscopic Sinus Surgery in Patients Infected with Human Immunodeficiency Virus (HIV) - Saurabh B. Shah, MD; Nadim B. Bikhazi, MD; Kenneth Yu, MD*

1:24 *Four Year Follow-Up of Allergic Fungal Sinusitis Patients - Frederick A. Kuhn, MD; Amin R. Javer, MD*

1:32 *Continuous Warm Saline Irrigation: A Useful Adjunct to Endoscopic Sinus Surgery - George P. Katsantonis, MD*

1:40 *Schwannoma of the Nasal Cavity - Ameer Dharia, MD; Elie Rebeiz, MD*

1:48 **Discussion**

2:00 *Laryngeal Mask Airway in Otolaryngologic Procedures - John D. Burgoyne, MD; Richard Smith, MD; Susan DeCarlo, CRNA, EMMC; Gary Moretti, CRNA, EMMC*

- 2:08 *A Case Study of Carotid Cavernous Fistulae in a Patient with Clival Tumor* - Tina He, MD; Natasha Mirza, MD; Robert Hurst, MD
- 2:16 *Minimally-Invasive Endoscopic Treatment of Massive Fungal Sinusitis* - Omar Fadhli, MD; Martin J. Citardi, MD
- 2:24 *Sinus Lymphoma Presenting as Periorbital Cellulitis* - Nathan Monhian, MD; Jeffrey Spiegel, MD; Kelvin Lee, MD; Andrew H. Murr, MD
- 2:32 *Sinusitis-Induced Enophthalmos* - Thomas A. Tami, MD; Scott M. Hunt, MD
- 2:40 Discussion**
- 2:50 *Break*
- 3:15 *Revision Decrocystorhinotomy* - Drs. Harrison, Gross and Newman
- 3:20 *Neurophthalmology for the Rhinologist* - Steven Newman, MD
- 3:50 *Discussion Q & A*
- 4:00 *Office Endoscopic Sinus Surgery*
- 4:08 *Bacteriology of Chronic Sinusitis after Amoxicillin Clavulanate* - RongSan Jiang; Chen Yi Hsu; Jinq Wen Jang
- 4:16 *Nasal and Sinus Manifestations of Sarcoidosis* - Jill Zeitlin, MD; Thomas A. Tami, MD; Robert Baughman, MD
- 4:24 *Rhinitis in Pizza Bakers: The Consequence of Chronic Exposure to Extreme Oven Heat* - David Rosenberg, MD; Jerry Hou, MD; Melissa Steiner, PhD
- 4:32 Discussion**
- 4:40 *Panel: Current and Controversial Issues in Rhinology*
Moderator: Frederick A. Kuhn, MD
Panelists: James A. Hadley, MD; David W. Kennedy, MD

February Update Coalition for Sinus and Allergy

The Coalition was initiated early last year as a joint effort by the American Academy of Otolaryngology - Head and Neck Surgery (AAO-HNS), the American Academy of Otolaryngic Allergy (AAOA) and the American Rhinologic Society (ARS). The charter was "to promote public and physician education and to further quality medical care of sinusitis, allergic rhinitis and related disorders on which otolaryngologists have unique expertise". Group members included Drs. Jim Denny, Jack Anon, Ivor Emanuel, Jim Hadley, Michael Benninger, Vijay

Anand and I. Plans were to increase the general visibility of otolaryngologists among the public and primary care physicians, and to, point-for-point, blunt the "Sinusitis Initiative" of the American Academy of Allergy, Asthma and Immunology that has been funded with over \$2 million in pharmaceutical grants. I have, in prior columns, detailed the Allergy/Immunology campaign, which recently has shifted from a public information website, #800 number and the like approach to a primary care physician lecture series ("Outcomes in Allergic Rhinitis and Sinusitis") and literature releases, such as "Parameters for the Diagnosis and Management of Sinusitis" (J All Clin Immunol 102:5106-144, 1998). In the latter, it is interesting that rhinology, nasal biopsies, sinus radiography interpretation and the like were discussed, without indicating the differences in training between those of allergy/immunology and of otolaryngology backgrounds.

The Coalition is making remarkable progress, and the 3 constituent organizations have exhibited close cooperation at the highest levels. For instance, last month the AAO-HNS President, Dr. Rick Pillsbury, sent a detailed protest letter to the allergy/immunology "Task Force on Allergic Disorders: Promoting Best Practice" regarding a proposed publication which places the otolaryngologist in a secondary position to the allergist with regards to the managements of allergic rhinitis and of rhinosinusitis. The Coalition has raised about \$1 million in pharmaceutical grants for its 1999 efforts, and hired a full-time employee plus the public relations firm of Widmeyer Baker to staff an #800 number and fax-on-demand services, to coordinate an "Allergy and Sinus Month", to design a local advocacy campaign and to train the otolaryngologist participants in such. Schering/Key has funded an "Otolaryngology Outreach" effort and much of the Widmeyer Baker effort. GlaxoWellcome has funded a "Distinguished Lecture Series" on rhinosinusitis and/or allergic rhinitis to be offered gratis for the national meetings of all major primary care organizations as well as the state medical societies. Bristol Meyers Squibb has funded a demonstration program to promulgate our views on rhinosinusitis to primary care physicians in the New York area. Bayer, through their public relations arm MCI Vision, has distributed over 2,200 slide sets on allergic rhinitis and rhinosinusitis to otolaryngologists to use as a "canned lecture" for local medical associations. Ortho McNeil is reassembling the Rhinosinusitis Task Force, and is adding allergic rhinitis guidelines to that project. SmithKline Beecham has underwritten the costs of a multi-specialty panel (internists, pediatricians, family practitioners, otolaryngologists) to assemble consensus guidelines on rhinosinusitis. Negotiations continue with other pharmaceutical companies for support of various aspects of the Coalition's goals.

A "Sinus Pain Awareness Month" of the AAO-HNS is scheduled for February. Otolaryngologists with rhinosinusitis and/or allergic rhinitis interests are encouraged to contact the AAO-HNS Governor who represents their state/region for more information. Information on "Coalition" activities in general can be obtained by contacting the Executive Director, Jami Lucas, or her Coalition employee at the AAOA (#301-588-1800 or fax #301-588-2454). In the not-too-distant future, we hope to have a web site for you to access such information, leave e-mails and the like.

J. David Osguthorpe, M.D.
AAO-HNS Representative to the Coalition



David Sherris, M.D.

Image Guided Endonasal Endoscopic Surgery

The advent of computer technology along with the advances in fiber optic imaging has resulted in dramatic improvements in instrumentation available for endoscopic sinus surgery.

Recently various image-guided surgical systems with instruments have become available. Each of the systems provide real-time positional feedback of an instrument's location within the patient as correlated to either a CT scan or MRI scan image.

The Instatrak system (Visualization Technologies Inc., Woburn, Mass.) our group has experience with uses axial, sagittal, and coronal CT scan images to identify instrument location. Preoperatively a standardized headset is placed on the patient as a reference device. The axial CT scan is imaged with the device in place and is then loaded into a computer. The workstation reconstructs the 3mm axial scans to 1 mm cuts in three orthogonal planes. The same standard headset reference device is used during the surgery so that positional instrumentation can be zeroed and standardized. The free-standing computer and CT scan reviewing apparatus sits on a rolling column so that it can be moved from room to room. The system is accurate to within 2 mm when the headset reference device is appropriately zeroed. The level of accuracy of these instruments is extremely important as a few millimeters in one direction or another is imperative knowledge in the sinonasal anatomy.

The indications for image guided endonasal endoscopic surgery includes revision sinus surgery, optic nerve surgery (like optic nerve decompression) sinus surgery in cases with bone dehiscence in the lamina papyracea, and/or cribriform plate, CSF leak repair osteoplastic frontal sinus surgery without a template, endonasal tumor surgery (especially of the skull base), transphenoidal hypophysectomy (to replace the C-arm), and in any patient with distorted anatomy secondary to abnormal development or previous surgery. A case in which the image guided system is especially useful is the revision anterior ethmoid, frontal recess and frontal sinus surgery done endoscopically where turbinate tissue has been resected such that the normal landmarks are not present.

Our experience with the Instatrak system has convinced us of its utility in endoscopic nasal surgery. In the past the only instrument that could be used for positional feedback with the Instatrak was a probe. Recently, other instruments including powered sinus instrumentation, suctions, and various sinus forceps have been fitted so that they can provide positional feedback. This is a useful advance to save in operative time and improve the utility of the system. Unfortunately, the most limiting factors of this technology is the extreme cost of the system. Hopefully in the years to come, the cost of these machines will come down. Other drawbacks of the systems available include increased CT scanning time and costs, increased operating room setup time and imperfect accuracy with the present technology. As each of these drawbacks is addressed in the future generation image guided surgical systems, their use will expand to more centers. Until that time, image-guided endoscopic nasal surgery will not be adopted universally. Yet, these systems will eventually become the gold standard of treatment in many endoscopic nasal procedures.

**David A. Sherris, M.D., Assistant Professor and Consultant
Division of Rhinology, Department of Otolaryngology
Mayo Clinic Rochester, Minnesota**

Socioeconomic Issues in FESS Revisited

As all otolaryngologists are aware, the American Rhinologic Society with the support of the American Academy of Otolaryngology Head and Neck Society established guidelines with HCFA concerning FESS coding and reimbursement. The most significant issues resolved were rates of reimbursement for multiple endoscopic codes in FESS as well as the establishment of a ZERO day global period for FESS codes including 31237, therefore permitting reimbursement for debridement until healing occurs. The continuing development and merger activity of nationwide health care carriers has created significant variations in policy concerning FESS reimbursement.

The ARS Board has recognized the potential impact of these variations upon its members as well as all otolaryngologists. Therefore a socioeconomic committee has been established with myself as chair including Fred Kuhn, M.D., Paul Toffel, M.D., and Robert Bumstead, M.D., as members. Our goal is to accumulate data concerning FESS coding and reimbursement issues and to correlate this information. Subsequently a socioeconomic session will be presented during the Fall 1999 ARS Meeting.

Therefore, please direct to my attention specific problems that have arisen in your practice in relation to a divergence of health care company policy from HCFA guidelines concerning FESS coding and reimbursement. I am urging all otolaryngologists to become members of the ARS since we are actively working on your behalf to establish appropriate reimbursement guidelines for FESS surgery.

Joseph B. Jacobs, M.D.

**Professor of Clinical Otolaryngology, Director of Rhinology
New York University, New York, New York**

Maurice H. Cottle Honor Award

The American Rhinologic Society would like to announce the call for papers for the Maurice H. Cottle Award for clinical and basic rhinologic research. This award is open to any resident or staff physician in the world. The best original paper in basic or clinical research will be selected for presentation at the Annual Meeting of the American Rhinologic Society in New Orleans, Louisiana, September 26 - 29, 1999. The presentation of the award will be at the Annual Meeting in New Orleans, Louisiana. The format of the paper should follow the publication criteria of the American Journal of Rhinology. There will be a cash award of \$1,000 along with a certificate announcing the achievement.

Please send a cover letter and an original and three blinded copies (as to authors and institutions) postmarked no later than July 1st, 1999 to:

**Eugene Kern, M.D., Chair, Awards Committee
American Rhinologic Society
Mayo Clinic
200 First Street, SW
Rochester, Minnesota 55905**



**AMERICAN RHINOLOGIC SOCIETY
ANNUAL MEETING
NEW ORLEANS, LA
SEPTEMBER 25, 1999
OFFICIAL ABSTRACT FORM**

The Annual Meeting of the American Rhinologic Society will be held at the Ernest N. Morial Convention Center. Abstracts of 250 words or less for consideration by the Program Committee are invited. Only original (unpublished and unrepresented) material should be submitted. All material accepted for presentation becomes the property of the American Rhinologic Society and the American Journal of Rhinology, the official publication of the ARS. Read and follow instructions on the reverse side before typing abstract below:

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**Audio-Visual
Needs:**

Submit 6 copies of both sides of the completed form to:

Fred Stucker, MD, Secretary
American Rhinologic Society
Department of Otolaryngology
Head and Neck Surgery
1501 Kings Highway
P.O. Box 33932
Shreveport, LA 71130-3932

Abstracts must be *received* by June 1, 1999.

Note: All completed manuscripts must be submitted to the Secretary either one week prior to the meeting or at the meeting. If the manuscript is not received, the essayist will not be allowed to make the oral presentation.

INSTRUCTIONS FOR-PREPARING-ABSTRACT

Abstract Content

1. The abstract must adequately describe the objectives of the study so that the quality of the work can be evaluated by the Program Committee.
2. The title of the abstract should be fully informative of the contents.
3. The abstract should contain: a) an introduction that presents the purpose of the study; b) a brief description of the procedures employed; c) a summary of the results; and d) a statement of conclusions. Abstracts that do not contain these four elements will not be considered by the Program Committee.
4. The authors must accept sole responsibility for the statements in their abstracts.
5. Illustrations are not permitted; however, a brief, clear table is acceptable if printed within the abstract.
6. Supplementary data are not accepted and will not be forwarded to the Program Committee.
7. Abbreviations may be used in the abstract if they are defined at first mention. Abbreviations may be used in the title if they follow in parentheses immediately after the term being abbreviated.
8. Do not list authors' names or institutional affiliations in the abstract.

Abstract Format

1. **The abstract must be printed within the allotted space. The left hand margin of the print should be flush with the left border of the abstract space. All print must be *single spaced*.**
2. The title must be in **CAPITAL LETTERS**.

Sample format to be used for printing the abstract

ENDOSCOPIC ORBITAL DECOMPRESSION
Transnasal endoscopic orbital decompression provides a satisfactory alternative to a transantral or external ethmoid approach in patients with dysthyroid ophthalmopathy. Postoperative Hertel measurements show that the endoscopic approach provides for similar degree of decompression overall to that achieved with the Walsh-Ogura technique. However, postoperative radiographic evaluation demonstrates that decompression in the all important orbital apex area is greater with the

List of Authors

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The material in this abstract has not been submitted for publication, published, nor presented previously at another national or international meeting and is not under consideration for presentation at another national or international meeting. The penalty for duplication presentation/publication is prohibition of the author from presenting at a COSM Society Meeting for a period of three years. If this paper is accepted for the program, I agree to submit the manuscript for consideration for publication in the American Journal of Rhinology in advance of the presentation and acknowledge that failure to submit the manuscript may result in cancellation of my presentation. **If this abstract is accepted for presentation I agree to disclose any significant financial interest or other relationship with the manufacturer(s) of any commercial product(s) discussed in my presentation.**

Signature, Corresponding Author	Date
---------------------------------	------

Phone _____ FAX _____



Interest in Academy's "Sinus Pain Awareness Month" Demonstrates Need for Sinus Coalition

Harold C. Pillsbury, M.D. More than two years ago, the American Academy of Otolaryngology - Head and Neck Surgery joined pharmaceutical giant Ortho-McNeil to launch a public education campaign regarding sinusitis and the need for appropriate treatment for this disorder. The results of this alliance were impressive. A new leaflet, "Is it more than just a cold or allergy" became one of our most popular patient information tools; a toll-free patient hotline sponsored by Ortho-McNeil garnered thousands of calls requesting information on sinusitis; and a New York Times health column on sinusitis and otolaryngology eventually reached 35 million readers in more than 100 newspapers.

When this public education campaign ended, the Academy continued to "beat the drum" to alert the public that specialized care is often required to diagnose and treat sinusitis and related disorders. This effort included making numerous CME materials available to our members: two CETVs and a SIPac on endoscopic sinus surgery, a slide lecture on allergic rhinitis, two new patient education videos on sinus and sinus surgery, and patient outcomes software on rhinosinusitis. We also publicized our members' research efforts presented at the AAO-HNSF annual meeting as well as continuing to present otolaryngologist - head and neck surgeons to the public and media as authoritative in this field.

Another step was taken in late 1997, when the Academy elected to sponsor the first "Sinus Pain Awareness Month," which will be recognized for the first time in February, 1999. This recognition has been posted in the American Hospital Association's Health Observances & Recognition Calendar.

The response has been encouraging, revealing that the public is eager for information on a medical disorder that causes pain and discomfort to more than 35 million Americans. So far, Academy staff members have fielded requests for information from health care facilities, the media, and public. A public education package is, at this time, being prepared.

The success of the Academy's efforts provides compelling evidence that the Coalition for Sinus and Allergy is the appropriate next step for otolaryngologists to retain primacy in the diagnosis and treatment of sinus disorders. I view the cooperative effort now underway between the AAOA, ARS and the AAO-HNS as a pooling of talent and experience that will superbly meet the public demand for accurate and definitive information about the diagnosis and treatment for sinus disorders.

I look forward to next year when the Coalition will present its agenda enabling that body to be a major voice in our specialty's effort to inform and educate the public.

**Harold C. "Rick" Pillsbury, M.D., President
American Academy of Otolaryngology - Head and Neck Surgery**



First Vice President's Report

Frederick A. Kuhn, M.D.

Greetings from Savannah! As we start into the New Year, the last year of the century and the millennium, a number of exciting things are happening in the ARS. Dr. Benninger in his year as President fine tuned the committee structure to allow it to function more efficiently. Dr. Panje now as President has taken on the task of writing a policy manual for the society so that the policies we develop for our day to day operations can be continued year to year as our leadership changes. Your Board of Directors is exploring ways to address various socioeconomic issues through the Long Range Planning Committee.

Through the AMA CPT Advisory Committee we are attempting to rectify the problem of having no CPT code number for Frameless Stereotactic Surgical Navigation or Stereotactic Computer Assisted Navigation (SCAN).

Our Society is now approaching 1,000 members. As we grow, the volume of work to keep our Society functioning may soon require a full time person to keep everything coordinated. We now have a research award program funded by our corporate affiliates, the first grants having been awarded this past fall. We are progressing in the development of our web site and our newsletter has been revived by the appointment of Dr. Osguthorpe as Editor. We have had many good abstracts submitted for the spring meeting and the Board has decided to advertise the meeting separately in The Laryngoscope. Your Board has also decided to jointly sponsor with the International Rhinologic Society, an international meeting in Washington in September of 2000, just prior to the AAO/HNS meeting. Over the next few years I expect the society to become more organized and offer even more to its membership. I encourage you to attend the spring ARS meeting in Palm Desert, California. I look forward to seeing each of you there.

**Frederick A. Kuhn, M.D.
Georgia Ear Institute, Memorial Health Systems
Savannah, Georgia**

Our Mission Statement

The Society maintains its tradition by promoting excellence in clinical care, investigation and education in the fields of Rhinology and Sinusology. The ARS is dedicated to providing communication and fellowship to members of the Rhinologic community through ongoing continuing medical education, economic and social programs. The ARS is the only professional organization that deals specifically with the issues of sinus surgery, both conventional and endoscopic.

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*If you would like to become a member of
The American Rhinologic Society,
please contact the Secretary at #888-520-9585*

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