

tion in canal wall down approach, role and technique of posterior canal wall reconstruction, role of mastoidectomy in chronic otitis media with otorrhea and without cholesteatoma.

EDUCATIONAL OBJECTIVES: 1) To understand the clinically relevant classification of chronic otitis media and the histopathology relevant to its management. 2) To understand the medical and surgical treatment for chronic otitis media and the clinical indications for a variety of approaches (canal wall up and canal wall down mastoid surgery). 3) To understand the role and techniques of mastoid obliteration.

Management of sino-nasal MRSA carriers and infections

Yosef Krespi, MD (moderator); Vijay Anand, MD; Farrel Joel Buchinsky, MBChB; Jeffrey Weinberg

PROGRAM DESCRIPTION: Methicillin-resistant *Staphylococcus aureus* (MRSA) is increasingly becoming source of systemic infections in the community and healthcare facilities. MRSA costs the U.S. health system over \$4.2 billion annually. These infections can be responsible for serious illness in individuals without known risk factors and can present great challenge for physicians due to complex epidemiology and mechanisms of antibiotic resistance. The skin and soft tissues are the most commonly infected organs. The nasal vestibule is considered the most common site of MRSA colonization in asymptomatic carriers. MRSA is commonly transmitted by asymptomatic people, or carriers, that harbor the MRSA bacteria in their nose. When these carriers are admitted to a hospital, they are at higher risk of developing active infections and are also a source of MRSA bacteria introduction into the hospital environment increasing the risk of other patients developing infections while hospitalized. Current published studies indicate that 1.3% of the general population and 4.6% of admitted hospital patients are MRSA carriers with mortality rate as high as 6.1%. Colonized MRSA patients (carriers) are usually isolated within health care facilities. Some hospitals also use special baths and ointments to try to decontaminate MRSA carriers upon surveillance and diagnosis, particularly those headed to surgery. Colonized patients are at a greater risk of having the bacteria enter their bloodstream upon surgical incision. Four states—Illinois, Minnesota, New Jersey and Pennsylvania—mandate that hospitals screen at least some high-risk patients, and other states and Congress are considering such legislation. The incidence of MRSA causing Chronic Rhinosinusitis (CRS) is over 10% and reaching epidemic proportions. In addition, the discovery and presence of MRSA biofilms in the sinuses can make the eradication of this virulent bacteria in CRS patients very challenging. In multiple studies the frequency of antibiotic use and previous sinus surgery were found not to be statistically significant causes of MRSA sinusitis with or without biofilm. Outpatient long term intravenous antibiotics may be an effective therapy for the treatment of such MRSA sinusitis. In recent studies, in addition to resis-

tance to Methicillin, high-level mupirocin resistance was detected in 44% of MRSA stains. Resistances to other non-beta-lactam antibiotics were also high. Ninety-eight percent of all MRSA were resistant to erythromycin. This was followed by resistance rates of over 90%, for gentamicin, ciprofloxacin, amikacin and tobramycin, co-trimoxazole, and tetracycline. At this point no MRSA strains were found to be resistant to vancomycin, linezolid, and quinupristin-dalfopristin. Consequently the otolaryngologist must have an understanding in the screening high risk patients, also management of such infected and colonized individuals to prevent lethal manifestations and further spread of bacteria. Medical and surgical remedies in preventing and controlling the spread of MRSA in otolaryngology practice will be discussed by the panel members. Current state of rapid diagnostics, infection control methods, proper use of antimicrobials including new generation of antibiotics will be reviewed.

EDUCATIONAL OBJECTIVES: 1) Understanding the epidemiology of MRSA in hospitals and community. 2) Current infection control methods. Pros and cons in universal surveillance screening for MRSA carriers in high risk patients. 3) The current state of therapy for asymptomatic and infected MRSA patients. Panel will discuss MRSA biofilm therapy for CRS, its surgical vs medical management.

Management of the posterior canal wall in chronic otitis media

Ravi Samy, MD (moderator); Rex Haberman, MD; Eric P Wilkinson, MD; Joseph B Roberson, MD; Brian McKinnon, MD, MBA

PROGRAM DESCRIPTION: Although there have been improvements in the management of chronic otitis media with / without cholesteatoma (COM), general otolaryngologists continue to perform primarily canal wall down (CWD) and canal wall up (CWU) tympanomastoidectomies. The purpose of this miniseminar is to familiarize otolaryngologists and residents with the newer techniques of mastoid obliteration (e.g., to reduce bowl cleanings) and canal wall down reversal / reconstruction (which can allow the best of CWD and CWU procedures). The benefits and drawbacks to these techniques will be presented. A discussion of hearing restoration (including ossiculoplasties, BAHA, etc.) will be included. Lastly, novel techniques for Eustachian tube dysfunction (e.g. tuboplasty) and medical management will be presented. This panel will include academic and private practice otologists experienced in treating pediatric and adult COM with these newer modalities. Using the audience response system, an interactive discussion between the panel and general otolaryngologists will be held.

EDUCATIONAL OBJECTIVES: 1) To describe the use of mastoid obliteration techniques. 2) To describe the canal wall reconstruction / reversal techniques. 3) To become familiar with hearing restoration options in patients with COM (including ossiculoplasties, hearing aids, BAHAs, etc.).