ICORL 2021 will be organized as an online "Virtual Conference". The webpage will be open soon. Academic programs and registration details will also be updated. We look forward to your participation!
KORL-HNS “Bulletin” No.2

1. Overview of the official journals of “the Korean Society of Otorhinolaryngology-Head and Neck Surgery”

KORL-HNS has two official journals. J Korean ORL-HNS covers domestic and CEO covers international and scopes. Let us introduce both journals.

Korean Journal of Otorhinolaryngology-Head and Neck Surgery, the official domestic journal

Korean Journal of Otorhinolaryngology-Head and Neck Surgery, the official journal of the Korean Society of Otorhinolaryngology-Head and Neck Surgery has been published since 1958, and is come out 25th days of every month. So recent issue is volume 63(8). The journal is continuously distributed on whole country, and so reflects the trait of Korean territory precisely. Journal editorial policy is independent of conflict of the Society. We invite submission of articles on topics pertaining to the science and art of medicine that help fulfill the Journal’s mission of publishing "contemporary, ethical, clinically relevant information in otolaryngology, head and neck surgery that can be used by otolaryngologists, scientists, and related specialists to improve patient care and public health."

This work was supported by the Korean Federation of Science and Technology Societies (KOFST) grant funded by the Korea government.
Korean Journal of Otorhinolaryngology-Head and Neck Surgery has been indexed and abstracted in the following: KoreaMed, KoMCI, KCI (Korean Citation Index), Sciene Central, CrossRef. In 2020, it will be also indexed in SCOPUS.
Articles published in Korean Journal of Otorhinolaryngology-Head and Neck Surgery are Open Access, distributed under the terms of the Creative Commons Attribution Non-Commercial License (https://creativecommons.org/licenses/by-nc/4.0) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited. All articles are provided with PDF file for free. Official language in Journal is Korean and English. So, authors in global area can submit their article in English.

Korean Journal of Otorhinolaryngology-Head and Neck Surgery is also on behalf of
Korean Society of Otorhinolaryngology-Head and Neck Surgery,
Korean Society of Head and Neck Surgery,
Korean Otologic Society,
Korean Academy of Facial Plastic and Reconstructive Surgery,
Korean Society of Pediatric Otorhinolaryngology
Korean Bronchoesophagological Society

The editorial board consists of 18 members from domestic academic society and 10 members from international.
The types of article include original article, review, case report, medical information, editorial, letter to editor and how I do it. Due to limited capacity, publication tend to be delayed for case report.
If you have interest in Korean Journal of Otorhinolaryngology-Head and Neck Surgery, please visit http://www.kjorl.org/
Clinical and Experimental Otorhinolaryngology (CEO), the Official International Journal

Dae Wook Kim MD, PhD
Editor-in-Chief

Clinical and Experimental Otorhinolaryngology (CEO) is an international peer-reviewed open-access journal dedicated to the advancement of patient care in ear, nose, throat, head, and neck disorders. This journal publishes original articles relating to both clinical and basic research, reviews, and clinical trials, encompassing all topics related to otorhinolaryngology-head and neck surgery.

In the spring of 2008, CEO was founded by its ex-Editor-in-Chief, Prof. CH Baek, under the leadership of the Chairman of the Korean Society of Otorhinolaryngology-Head and Neck Surgery, Prof. CH Lee. Now 12 years later, thanks to the tireless efforts of the last two editors-in-chief, CEO has advanced to the point that international readers recognize it as an information source for cutting-edge discoveries and clinical practices for both clinical and basic researchers in the field of otorhinolaryngology-head and neck surgery, and it continues to experience rapid growth in the number of submissions, article downloads, and citations. Since CEO was launched, authors from 27 countries have submitted manuscripts, resulting in the publication of a total of 693 articles. Reflecting these achievements, this year, our new Clarivate Analytics impact factor was announced as 1.979, a 27.6% increase from the impact factor of 1.550 last year, and CEO was ranked 14th of 42 ENT-related journals (see the below figure showing annual improvements in the impact factor of CEO).

One of CEO’s publication policies is rapid peer review and publication. CEO tries to finish the first review process within no more than 4 weeks. To provide readers with earlier access to accepted articles, pre-proof versions of articles are posted on our journal homepage (https://www.e-ceo.org/articles/accept.php). The online version is published as soon as possible after proofreading and editing, and the final version is printed within no more than 9 months from the acceptance date. To improve CEO even further, we encourage you to submit review papers, including systematic reviews, meta-analyses, and specific reviews on current interesting/debated subjects, which will be prioritized for publication in CEO.

Last but not least, the full-text versions of all papers can be enjoyed free of charge on our journal homepage (https://www.e-ceo.org). CEO hopes that you read our journal’s content and find it easy to integrate into your creative research work and clinical practice. I would like to express my genuine appreciation for your kind support and contributions, as well as my best wishes for you and your family.
2. Clinical Updates suggested by KORL-HNS

Rhinology - Recent trends in dorsal augmentation using costal cartilage

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University of Ulsan College of Medicine, Seoul, Korea

Autologous costal cartilage has been advocated as the best material for dorsal augmentation by many prominent surgeons without strong evidence on literature. However, in the real-world practice, due to the difficulty in harvesting and usage as well as the high propensity to aesthetic complications, costal cartilage could not gain wide popularity as silicone implants, particularly in Asian regions. Autologous costal cartilage can be used as a dorsal implant in various forms [1]. Traditionally, using it in mono-block carved implant form has been the most common and standard way of dorsal augmentation. However, there are potential problems with this approach. It is not easy to create an implant that has a natural shape and a smooth surface. Besides, complications such as warping, graft movability, and visible contour irregularity continue to be bothering problems [2]. To overcome the inherent disadvantage of solid block costal cartilage for dorsal augmentation, we are witnessing a growing interest in using the costal cartilage in the diced form [3]. Diced cartilage for augmentation is relatively free from the risk of warping and displacement. Another advantage of dicing the cartilage is that surgeons can minimize the amount of cartilage harvested as they can maximize the use of even small remnant fragments of the cartilage after septal reinforcement and tip work, thus not necessitating the harvest of a very long and straight piece of costal cartilage. Although diced cartilage is reported to have good viability and improved chondrocyte survival, the critical weakness of this material is its potential for resorption and difficulty in delivering to the nasal dorsum. In order to ease delivery, dorsal augmentation using diced cartilage is generally accompanied by wrapping with fascia, Surgicel, and AlloDerm [3-5]. Another way of using diced cartilage is to make it semi-solid by using fibrin glue [6]. The author is getting an excellent surgical outcome using a specially designed mold (Jang Cartilage Mold TM, Next-Core, Korea), which enable the surgeon an easier shaping of the glued diced cartilage implant. Taken together, the trend of dorsal augmentation using costal cartilage is being shifted to using diced cartilage.

References
Transcervical thyroidectomy has been the standard operative approach for more than one hundred years. However, the last 2 decades brought forth a debate regarding minimally invasive neck surgery to diminish or eliminate anterior cervical collar incisions. This cosmetic concern led to the development of multiple remote access approaches for thyroidectomy, including transaxillary, transbreast, and retroauricular routes. Each of these is associated with unique difficulties, risks, and complications, including the potential for significant nerve and vascular injuries. More recently, a technique was developed that eliminates external scarring, using a natural orifice transluminal endoscopic surgical (NOTES) approach.

Development of transoral thyroidectomy

NOTES (Natural orifice transluminal endoscopic surgery) techniques were used, eliminating external incisions and visible scarring. Initially, an incision was made in the floor of the mouth and dissection carried down to the thyroid. However, this technique caused significant tissue damage and had a high complication rate, most notably hypoglossal nerve injuries. The vestibular technique was subsequently developed to improve the risk profile of this NOTES approach. The transoral endoscopic thyroidectomy vestibular approach (TOETVA) allows for thyroidectomy using conventional laparoscopic instruments accessing the thyroid through the oral vestibule of the lower lip, traversing the premandibular space. This technique has been proven to be a safe and feasible approach, causing less tissue trauma compared with other remote access methods.

Indications and patient selection

This technique can be used for unilateral or bilateral thyroid resection and central lymph node dissection. Indications include benign or indeterminate thyroid nodules, thyroid cysts, toxic adenomas, and many thyroid cancers. For TOETVA candidates with index nodules of a benign or indeterminate nature on fine needle aspiration biopsy cytopathology, index nodules must be no greater than 6 cm and thyroid lobes no larger than 10 cm in largest dimension. For those with differentiated thyroid cancer on cytopathology, a maximum index nodule size of 2 cm has been recommended. Patients with preoperative evidence of central neck, lateral neck, or extrathyroidal disease extension are not currently offered TOETVA.

Additional patient characteristics that must be considered include body habitus, chin size, neck extension, previous cervical surgery, and oral hygiene.

Outcomes and complications

Surgical procedures include thyroid lobectomy, isthmusectomy, subtotal or near-total thyroidectomy, and total thyroidectomy with or without a central neck dissection. The results following these procedures are favorable, and complication rates are low. The largest published experience shows complication rates at or less than 5% for major complications, and reported infections are rare. Overall, the morbidity profile is comparable to that of a conventional approach.

In addition to the complications associated with conventional thyroidectomy, TOETVA carries added risk. Although infection after conventional thyroidectomy is rare, the infection risk with TOETVA is theoretically increased. Using the oral cavity for access changes the case categorization from a clean to a clean-contaminated field. Seroma formation and subcutaneous emphysema are more common, occurring 3.5% to 5% of the time, but rarely require intervention. Subcutaneous emphysema is not in itself a complication and should be expected in most patients because of insufflation. It is almost always self-limiting and resolves spontaneously within 3 to 5 days. Mental nerve palsy or injury causing sensory disorders of the lower lip and chin is a complication unique to this approach because the lateral ports traverse close to terminal branches of the mental nerve. The transposition of the lateral working ports from anterior to the canines to the inferior vermilion border lateral to the canines appears to have reduced this risk.

Future directions

As experience with TOETVA has grown, surgeons have taken on cases initially thought to be challenges or even contraindications to the procedure. These include patients with Grave’s disease, patients requiring completion thyroidectomies, those with substantial goiters, and those with body mass index > 40 kg/m².

The most crucial data may regard the oncologic validity of the procedure. As with any remote access thyroidectomy technique, there is always concern that the procedure may not be as complete as the transcervical approach. TOETVA has been used successfully to manage differentiated thyroid carcinoma; however, given the infancy of the procedure, long-term follow-up data on recurrence risk are not available. Similarly, studies evaluating postoperative thyroglobulin levels and radioactive iodine uptake or imaging to identify residual thyroid tissue after TOETVA have not been performed. Such studies are needed because oncologic validity should not be compromised for the purposes of cosmesis.

As experience with TOETVA continues to grow, these questions will be answered and new ones posed. The value of the robotic-assisted approach will likewise be further
defined, especially with the advent of newer robotic technologies designed specifically for use in the head and neck. What is clear at this point is that TOETVA is a suitable surgical option for a carefully selected patient population that is highly motivated to avoid an anterior cervical scar. It is the only approach with no cutaneous incision, has the shortest learning curve of the previously described remote-access approaches, does not require expensive instrumentation, and may be offered to a broad patient population. The inclusivity of this patient population and ultimate value of the procedure continue to be defined.

• References


Ménière’s disease (MD) is a multifactorial disorder where the combined effect of genetics and environmental factors probably determine the onset of the disease. It is associated with the accumulation of endolymph in the cochlear duct and the vestibular organs in histopathological studies although endolymphatic hydrops (EH) per se does not explain all clinical features, including the progression of hearing loss or the frequency of attacks of vertigo. Ménière’s disease is a clinical syndrome that consists of episodes of spontaneous vertigo usually associated with unilateral fluctuating sensorineural hearing loss (SNHL), tinnitus and aural fullness.

Histopathological studies in human temporal bones have found endolymphatic hydrops (EH) in most patients with MD. In other words, the diagnosis of certain MD, which requires histological confirmation, is impossible for living patients.

However, the recent development of 3 T MRI with gadolinium chelate has allowed the visualization of EH in living patients. Clinical evaluation of endolymphatic hydrops (EH) using magnetic resonance (MR) imaging was firstly performed in patients with suspected Ménière’s disease at 24 hours after intratympanic administration of gadolinium-based contrast agent (ITGBCA). However, due to the invasiveness of IT-GBCA, MR imaging at 4 hours after intravenous administration of a single dose of gadolinium-based contrast agent (IV-SD-GBCA) has become increasingly popular in clinical practice. To simulate the image contrast of the three-dimensional (3D)-real inversion recovery (IR) images usually used for the IT-GBCA method, the subtraction of two images obtained with different inversion times - HYbriD of Reversed Image of Positive endolymph signal and native image of positive perilymph signal (HYDROPS) images - has been employed for examination by IV-SD-GBCA. A HYDROPS image is the subtraction of a positive endolymph image (PEI) from a heavily T2-weighted 3D-fluid attenuated inversion recovery (hT2w-3D-FLAIR) or positive perilymph image (PPI).

After developments of inner ear MRI, various protocols have introduced for better visualization of EH. Many reports have been published regarding the correlation between the various objective measures and inner ear MRI. One study form one Korean institution reported quiet valuable result for usefulness of HYDROPS MRI for diagnosis of MD. According to that study, the hydrops ratios in the cochlea and vestibule were significantly higher in the affected side than the unaffected side. Besides, comparing
the hydrops ratio with audiovestibular testing, the EH ratio had a significant correlation with audiovestibular tests such as PTA, electrocochleography (ECoG) and caloric test. In many other studies, the hydrops level was mostly correlated with PTA and ECoG. However, correlation with VEMP and caloric test was variable.

In conclusion, endolymphatic hydrops in the cochlea and vestibule are readily visualized using IV-Gd MRI. Hydrops image by IV-Gd MRI may be a reliable means to diagnose MD. Several audiovestibular tests (PTA, ECoG, caloric test) was correlated with severity of hydrops. I believe that this method will reveal the pathophysiology of MD as well as help to better diagnose MD.

Various protocols of HYDROPS MRI images for clinical diagnosis of probable left Ménière’s disease (Naganawa, 2014)

3. Update of conference
3-1. Online Congress of 26th Combined Congress of Otorhinolaryngology-Head and Neck Surgery

From October 30th (Fri) to November 1st (Sun), 26th Combined Congress of Otorhinolaryngology-Head and Neck Surgery is going to held at BEXCO, Busan, Korea. Usually in the fall conference, you can meet and exchange with many ENT doctors, but unfortunately this time, it was conducted as an online conference to comply with the quarantine regulations of COVID-19.

At site, only some speakers and moderators were present, with numerous cameras, screens; just the secretariat team and the moderators who managed online broadcasting were busy running down halls.

However, despite the fact that it was conducted online, a lot of participants joined from all over the country, rather with better concentration focused on the lecture. Online Q&A was also exchanged, and active discussions were held especially at the Panelist session.

It was a meaningful conference under the great weather of Busan, but still missed the atmosphere where people gathered face-to-face with great food and drinks. May everyone be healthy and may we meet in person next year safely.
· Photo sketches of 26th combined congress of KORL-HNS

The summary of the program of this conference is as follows and you can find more information in website.

https://www.korl.or.kr/workshop/2020fall/

Korean Otological Society
- Expanding indications for cochlear implant (Memorial symposium of Prof. Jong sun Kim)
- Chronic vestibular syndrome (Panel discussion)
- Facial nerve (Symposium)

Korean Rhinologic Society
- What we know so far: COVID-19 current clinical knowledge and research (Symposium)
- The new EPOS 2020. What is new (Panel discussion)
- Clinical practice for OSA during/after COVID-19 pandemic (Sleep and Breathing)
- The management of serious sequelae related rhinologic surgery (Symposium)

Korean Society of Head and Neck Surgery
- Grand debate on reconstruction for head and neck cancer (Panel discussion)
- Better practice with ultrasound (Symposium)
- Issues in thyroid surgery (Symposium)
- Contemporary debates in thyroid surgery (Panel discussion)

The Korean Audiological Society
- Hearing aids for patients with various causes of hearing loss (Symposium)

The Korean Bronchoesophagological Society
- Update in management of upper airway disease (Symposium)
- Update in management of bronchoesophageal disease (Symposium)

Korean Society of Laryngology, Phoniatrics and Logopedics
- Vocal fold movement disorders (Symposium)
- Management of bilateral vocal fold paralysis (Symposium)

Korean Academy of Facial Plastic and Reconstructive Surgery
- Nuances in rhinoplasty (Symposium)

Korean Society of Pediatric Otorhinolaryngology
- Microtia reconstruction and atresiaplasty (Symposium)
- Advances in assessment and management for pediatric laryngotracheal disease (Symposium)
- Pediatric sleep (Symposium)
### 3-2. Updates of International Conferences

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<th>New date</th>
<th>Name</th>
<th>Location</th>
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<td>ENT</td>
<td>7-11 April, 2021</td>
<td>Keep same schedule</td>
<td>COSM 2021</td>
<td>NOLA, USA</td>
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<td></td>
<td>3-6 October, 2021</td>
<td>Same day, conversion to virtual</td>
<td>AAO-HNS Annual Meeting &amp; OTO Experience 2021</td>
<td>Los Angeles, CA</td>
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<td>H &amp; N</td>
<td>7-8 April, 2021</td>
<td>Same day, conversion to virtual</td>
<td>2021 AHNS Annual Meeting at COSM</td>
<td>NOLA, USA</td>
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<td>7-8 April, 2021</td>
<td>Cancelled</td>
<td>2021 5th Congress of IGReHNS</td>
<td>NOLA, USA</td>
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<td>Otology</td>
<td>7-11 December, 2020</td>
<td>Same day, conversion to virtual</td>
<td>179th Meeting of the Acoustical Society of America</td>
<td>Chicago, Illinois</td>
<td><a href="http://www.acousticalsociety.org">www.acousticalsociety.org</a></td>
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<td>20-24 February, 2021</td>
<td>Same day, conversion to virtual</td>
<td>44th ARO Annual MidWinter Meeting</td>
<td>Orlando, Florida</td>
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<td>28 April - 1 May, 2021</td>
<td>Same day, conversion to virtual</td>
<td>CI2021 COCHLEAR IMPLANTS IN CHILDREN AND ADULTS</td>
<td>Dallas, TX</td>
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<td>26 Feb - 1 Mar, 2021</td>
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<td>AAAAI Annual Meeting</td>
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<td></td>
<td>20-22 May, 2021</td>
<td>Keep same schedule</td>
<td>11th Singapore Sleep, Allergy &amp; Rhinology Conference &amp; SARC Workshops</td>
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<td><a href="http://www.theallergycourse.com/">http://www.theallergycourse.com/</a></td>
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<td>19-22 June, 2021</td>
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<td>EAACI Congress 2021</td>
<td>Madrid, Spain</td>
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4. International Fellow Scholarship

Through the generous support of our donor Kwang Woo Co. and Karl-Storz Co., the Korean Society of Otorhinolaryngology-Head and Neck Surgery awards in a KORL scholarship program to junior academics from developing countries in order to participate in International Visiting Fellowship at Korean otolaryngology institutions. The scholarship program is open to all candidates who meet the eligibility requirements. One specialist in each field of otology, rhinology and head & neck surgery will be selected and provided about USD $5,000 for six months (monthly stipend of USD $800 (800,000 KRW). If you want to continue for more than six months, you can re-apply before the program ends. Candidates can choose one or more training programs in multiple institutes that they want. The list of available training institution will be uploaded on the official web site.

Every year, six doctors receive fellowship training at the hospital of their choice, supported by scholarship program, from late 2018. Till now, 12 doctors were awarded and second half of 2020 are now under review. The following essay is from Dr. Victoria Pascual who won the scholarship of early 2020.

Ma. Victoria P. Pascual Philippine
Awardee of first half, 2020

Cold winter winds greeted me as I made my first visit to Yonsei University Severance Hospital last January 2019, though quickly warmed up as I was welcomed with deep smiles. Only staying for a quick observership, I knew that this was where I wanted to learn from and hone my skills. I saw a vast number of cases, and the efficiency and high expertise the professors have displayed during their surgeries amazed me. Later that year, I came back and greeted my Professor for the first time as a Head and Neck Fellow.

As day 1 of my training began, I was both anxious and excited of what was in store. I had only seen the tip of the iceberg and there was certainly more to come. I was not disappointed. In just my first week, I had seen surgeries that I have only read in books or discussed in conferences. Undoubtedly, I came to the right place.

One of my main goals was to be able manage head and neck tumors that is both complete yet practical. Being here for already a year, I learned cancer screening, various treatment regimens, recurrence management, and palliative care from the different Head and Neck Surgeons. I was exposed to both robotic and conventional surgeries that will greatly help me in my future practice. By doing rounds at the wards and attending outpatient clinic, I became more knowledgeable on post op care and management of surgical complications.

Being a good mentor, Professor Yoon Woo Koh helped me to refine my surgical skills and improve my critical thinking when it comes to holistic patient care. My training also gave me the opportunity to attend various international conferences and even present the research papers I had done.

Now almost towards the end of my training, I will miss the hustle and bustle of the hospital life. I will miss all the professors, residents, physician assistants, and nurses that made coming to work better and less stressful. I am forever grateful for having the opportunity to learn and be taught by the best. I am also thankful for being one of the beneficiaries of the KORL-HNS International Visiting Fellow Scholarship. I will bring back with me not only medical knowledge but fond memories as well.