ENT and Voice Care of Atlanta

Metro Atlanta's Newest Otolaryngology Practice

Quarterly Newsletter

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October 2005

www.entandvoicecare.com

Dr. Leslie

Our Physician

Dr. Yvette Vinson Leslie graduated Magna Cum Laude from S.U.N.Y at Buffalo School of Medicine in 1994. She completed her Otolaryngology Residency at the University of Rochester Medical Center and her Fellowship in Laryngology and Voice Disorders at Vanderbilt University Medical Center. Dr. Leslie has been in private practice in Atlanta since November 2000. Dr. Leslie founded ENT and Voice Care of Atlanta with one mission in mind: the prompt and efficient delivery of superior medical services in a manner that respects and affirms every patient. Dr. Leslie practices the full spectrum of Otolaryngology which includes:

- Allergy and Sinus Disease
- Laryngology and Voice Disorders
- Head and Neck Surgery
- Hearing and Balance Disorders
- Thyroid Disorders
- Snoring and Sleep Apnea
- Pediatric Ear, Nose, and Throat Disorders

Insurance Plans

Our practice currently **participates** in the following insurance plans:

- Aetna PPO, Open Choice POS
- Blue Cross/Blue Shield PPO
- Coventry HMO, POS
- Employee Plan HMO, POS
- Medicaid, Peachcare, GBHC
- Medicare
- Southcare PPO
- Unicare
- United Healthcare HMO, PPO, and POS
- USA PPO

Dr. Leslie has recently acquired Dekalb PHO affiliation. We are currently **pending** on the following plans:

- Beech Street
- Firsthealth PPO
- Great West HMO, PPO POS
- Humana HMO, PPO
- MRN
- PHCS
- State Health Benefit Plan
- Tricare

Quarterly Topic - Contemporary Management of Allergic Rhinitis

Prevalence- allergic rhinitis affects 20 to 40 million people in the United States annually, including 10-30% of adults and up to 40% of children. The cost of treating the disease and the costs associated with loss of workplace productivity are substantial, amounting to billion of dollars per year. Allergic rhinitis is also a major cause of lost school attendance, resulting in more than 2 million school absences per year in the U.S.

Pathophysiology- the nasal mucosa is designed to humidify and clean inspired air. The actions of epithelium, vessels, glands, and nerves are carefully orchestrated to perform these functions. Dysfunction of any of these structures may contribute to the symptoms of allergic rhinitis.

Symptoms- Symptoms of allergic rhinitis may include paroxysms of sneezing, nasal pruritus (itching) and congestion, clear rhinorrhea and palatal itching. In severe cases, mucous membranes of the eyes, eustachian tube, middle ear and paranasal sinuses may be involved. This produces conjunctival irritation (itchy, watery eyes), redness and tearing, ear fullness and popping, itchy throat, and pressure over the cheeks and forehead. Malaise, weakness and fatigue may be present. The coincidence of other allergic syndromes such as atopic eczema or asthma, and a positive family history of atopy, point toward an allergic etiology. Around 20% of cases are accompanied by symptoms of asthma.

Examination- Findings on physical exam may include edema of the nasal mucosa, hyperemia of the nasal turbinates, copious or thickened mucous, conjunctival edema, cobblestoning of the pharyngeal mucosa due to post nasal drainage, middle ear effusions, and diffuse cervical lymphadenopathy. Children may also demonstrate adenotonsillar hypertrophy.

Diagnostic studies- If the history and the physical exam suggest allergic rhinitis, scratch tests, intradermal tests, or serologic tests are performed. In most children it is easier to obtain a blood test known as the RadioAllergoSorbent Test or RAST. This test measures the amount of specific Immunoglobulin E antibodies (IgE) in the blood responding to various environmental and food allergens.

Management- the mainstays of treatment for allergic rhinitis are avoidance, pharmacotherapy, immunotherapy, and surgery in selected cases.

- **Avoidance** of offending allergens is a highly effective, noninvasive means to control allergic rhinitis. If patients are able to comply, this modality frequently works as a sole treatment in those with mild or seasonal allergies.
- **Pharmacotherapy**- below is a review of the major classes of medications that have evolved in recent years for management of allergic rhinitis:
  Intranasal corticostroids (Flonase, Nasonex, Rhinocort, Nasacort)- the American Academy of Otolaryngic Allergy (AAOA) recommends these nasal sprays as the first line of treatment for allergic rhinitis. The Otolaryngic literature demonstrates that these agents are more effective alone than oral antihistamines alone for control of rhinorrhea, post nasal drainage, and nasal congestion associated with allergic rhinitis.

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Special Announcements

OPEN HOUSE

You and your staff are cordially invited to attend an Open House to introduce our practice to the community.

Date: Thurs., Nov. 3, 2005
Time: 5PM-9PM
Place: Tucker Office

Please RSVP to our office @ 770-939-7707 by Oct. 27, 2005.

Contemporary Management of Allergic Rhinitis (Continued)

Management (continued)-

- **Second Generation Antihistamines (Allegra, Claritin, Clarinex, Zyrtec)-** these non-sedating medications have supplanted first generation antihistamines (benadryl, chlor-trimeton) as the oral agent of choice for control of allergic rhinitis. These agents can be used alone for patients who experience itching, rhinorrhea, and sneezing without nasal congestion. Congested patients can benefit from combined antihistamine/decongestants (i.e. Allegra D, Zyrtec D). For moderate to severe allergic rhinitis, these agents are used in combination with corticosteroid nasal sprays for optimal symptom control.
- **Intranasal Antihistamines (Astelin)-** these sprays are newer additions to the armamentarium to treat allergic rhinitis. They can be used alone for mild disease or in combination with the steroid sprays and oral antihistamines for control of severe allergic rhinitis.
- **Leukotriene Esterase Inhibitors (Singulair)-** also a newer class of medications for control of allergic rhinitis, these may be used alone for patients that are not helped by or cannot tolerate the first line medications. They may also be used in combination with the above agents for control of severe allergic rhinitis, and are an especially useful adjunct for patients who also have asthma.
- **Oral corticosteroids (Prednisone, Methylprednisolone, dexamethasone)-** often used to control severe cases of allergic rhinitis in combination with other agents.

Immunotherapy- usually is reserved for patients with severe, perennial allergic rhinitis that is refractory to avoidance and pharmacotherapy. If symptoms are severe and due to multiple allergens, the patient is symptomatic more than six months in a year, and if all other measures fail, then immunotherapy (IT) (or desensitization) may be suggested. IT is delivered by injections of the allergen in doses that are increased incrementally to a maximum that is tolerated without a reaction. Maintenance injections can be delivered at increasing intervals starting from weekly to bi-weekly to monthly injections for up to three to five years. Patients with pollen sensitivities benefit most from this treatment. IT is also effective in reducing the onset of pollen-induced asthma.

Referral to an Otolaryngologist should be considered under the following circumstances:

- Severe, refractory symptoms of allergic rhinitis despite adequate management with avoidance, pharmacotherapy, and immunotherapy in selected cases. The patient should be evaluated for structural abnormalities of the sinonasal tract that can make control of allergic symptoms more difficult.
- Allergic rhinitis complicated by recurrent episodes of acute sinusitis, pharyngitis, tonsillitis, bronchitis, or other upper respiratory infections. In children, chronic adenotonsillar infection can contribute to these conditions.
- Persistent nasal obstruction with snoring, witnessed apnea, mouth breathing, or rhinorrhea despite adequate courses of pharmacotherapy. CT scanning and nasal endoscopy are often necessary to evaluate for deviated nasal septum, turbinate hypertrophy, sinonasal polyposis, nasal mass or foreign body, or adenotonsillar hypertrophy.

Our Customer Service Commitment

We are committed to the highest standards of customer service for our patients. In keeping with our customer service model, our practice uses a state of the art Electronic Medical Record to better serve our patients and referring physicians. It will offer your patients several advantages:

- Patients can submit their medical histories and insurance information online to our website for processing prior to their arrival to our office, saving them several pages of manual paperwork.
- Patients enjoy shorter wait times in our office.
- Patients can expect prompt, proactive follow up from our office on labwork, imaging studies, and other diagnostic tests.
- Patients can expect easier communication from our office to referring physicians.
- We have immediate access to the patients' records, regardless of which of our offices they present to.