

POLITZER SOCIETY

NEWSLETTER



www.politzersociety.org

**Official Biannual Meeting
of the
Politzer Society**



FROM THE MASTERS:

REMARKS ON THE CONCEPTION, BIRTH AND HISTORY OF THE POLITZER SOCIETY

BY JACOB SADE

With the advent of the surgical microscope and a better understanding of the principals of sound transmission during the middle of the 20th century, Middle ear surgery advanced considerably if not dramatically. This led to impressive surgical advances -not dared or even dreamt of before - especially as regards treating "Chronic Ear Diseases" in general and Cholesteatoma in particular. The therapeutic approach which evolved was that "one may and should remove any "diseased tissue" and thereafter repair any anatomical defect which resulted from the pathological process.

Most of the techniques evolved in respect of chronic ear surgery - emanated from several German Universities - and many flocked there from all over the globe to learn the new way of thinking and new techniques. This was the beginning of the Tympanoplastic era which intuitively regarded any chronic middle ear process as a sort of an infected "tumor" - its removal required some reconstruction which often ended with an open radical mastoid cavity.



Jacob Sade
Founder of the Politzer Society

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Research and training, the basis in the future of the Otology

One of the cardinal goals of the Politzer Society must be to conduct translational research on issues relevant to otology, and to involve trainees in this field. We have to work in order to create a culture which maximizes collaboration among basic scientists, clinicians and trainees, to address important translational research questions.

The strategy must be based in the organization of a core team of basic scientists, related with clinicians experts in different fields, in order to create a multidisciplinary net of research. This group of researchers collaborates with clinician-scientists to address scientific questions of mutual interest. The residents are expected to gain sufficient experience in the basic and clinical research, including the opportunity for graduate study and doctoral work in the laboratories of ENT investigators as part of the program in bioscience and technology, as well as post-graduate training in a research Fellowship. Also we must add the opportunities to include during the Residency Training Program, several Clinical Fellowships and a Visiting Colleague Program. So it is essential to establish structured research investigation and interaction with full-time faculty with recognized commitment and achievement in scholarly activity.

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By Angel Ramos

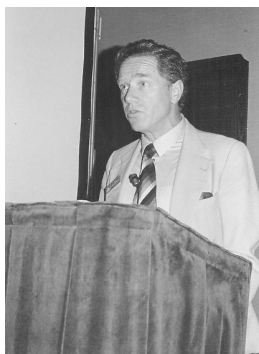


Angel Ramos
President, EAONO
Member, Politzer Society
Board of Directors

The Politzer Forum is active: Please visit <http://www.politzersociety.org/forum/phpBB3> to find answers to your questions.

REMARKS ON THE CONCEPTION, BIRTH AND HISTORY OF THE POLITZER SOCIETY

Soon thereafter a new goal was set namely to remove all pathological tissues and at the same time preserve an almost completely anatomical reconstructed Middle Ear System with an intact posterior wall - avoiding thereby an open mastoid cavity. At the same time this method also tried to preserve or reconstruct a functional ossicular chain - all this together was termed Posterior Tympanotomy or Canal Up Tympanoplasty. The old concept of treating such ears especially in the presence of Cholesteatoma leaving an exteriorized radical mastoid cavity was considered to be obsolete. This kind of surgery i.e. Posterior Tympanotomy evolved spontaneously in various centers in the world but was especially advocated by Claus Jansen from Gummersbach and Jim Shyhee from Los Angeles. Attention was focused on removing "disease" from the Middle Ear and repairing the damage.



Claus Jansen

In summary the goal being a reconstructed basically normal anatomical ear - with an intact posterior wall and an unexposed mastoid. The process which led to the various pathological situations requiring surgery i.e. retraction pockets - cholesteatoma - ossicular lesions and especially Middle Ear aeration Pathology etc. was often put at the footsteps of early childhood Otitis Media leading secondarily to "Eustachian Tube disease" - or narrowing of the Eustachian Tube and sclerosing of the mastoid.

In spite of the fact that Claus Jansen's clinic was not related to a university - Claus Jansen was successful in organizing and pioneering yearly courses of surgery of the temporal bone during the beginning of almost every July of the sixties and the seventies. The aim was to teach and exercise Posterior Tympanotomies - having the goal to eradicate, cure and reconstruct chronic ears if possible in one step. The courses were held in Claus Jansen's clinic and a nearby hotel whose basement was fitted as a dissecting theater and lecture room. Many otologists flocked to these courses to learn the new techniques - and this endeavor can certainly be viewed as a stepping stone in the history of microscopic middle ear surgery.

The course was obviously led by Claus Jansen who was helped by a group of permanent instructors who together with him formed the teaching faculty. The surgical courses were accompanied by lectures given by a permanent faculty which attended the courses yearly - composed of (alphabetically) : David Austin (USA) Jako Geza (USA) Jean Marquet (Belgium), Jacob Sade' (Israel), Gordon Smyth (Ireland) Stuart Strong (USA). and of course Claus Jansen.

Apart from the permanent faculty - guest lecturers were also invited among whom were Peter Alberty (Canada) Herman Diamant (Sweden) and Ron Hinchkliff (Great Britain). The courses were very well organized - and lasted from early in the morning to the early evening. The evenings were mostly dedicated to discussions on a glass or two of Irish whisky. The discussions included many theoretical facets of the problems which faced the Otological surgeon and which were questionable. While during the day an orthodox discipline was taught, the evenings were characterized by un-orthodox questions and doubts. Questions were put forward whether the new wonderful surgical feats will withstand the test of time - and whether eradication of "disease" was the final optimal answer to such a complicated and vast and dynamic problem - may not the Cholesteatoma return and if it does - how often? Data was presented concerning many basic problems which were related to the processes we dealt with such as details of bone destruction - what caused it? when? what is the best way to repair them - what causes cholesteatoma - the relation to infection - middle ear aeration and especially what are the long term success after cholesteatoma surgery - which by itself was the most problematic question.



Gordon Smyth

The basic philosophy of cholesteatoma was equated biologically to a sort of a tumor - "if you take it out completely you have cured the disease" - was this a true axiom? how about retraction of the Tympanic membrane recurring? Indeed with time these concepts were found to be somewhat naive because of the often dynamic and ongoing nature of retraction pockets and cholesteatoma. As the debates became more and more involved some of us came forward with the notion that we should meet more often periodically - not just for the sake of surgical exercise - but mainly to bring forwards our data and results of our surgical follow ups for discussion. It was this need i.e. to analyze every possible detail and theoretical concepts which may lead us to exercise an optimal medical and surgical treatment of our patients - which formed the impetus and the idea for the formation of the Politzer Society. Most involved in promoting the idea of forming such an academic forum were Gordon Smyth, David Austin and Jacob Sade' who felt that the discussions are fruitful and important - in order to have a clearer notion of what we are doing surgically and what can we achieve realistically. Our premise was that when we leave the operating room with what seems to us a very satisfactory result - does not yet by necessity reflect what the ear will look like in the time to come. We understood that what we "have or see" at present may be of temporary value or temporary "truth" like most "scientific truths" generally are. We saw our conversations, discussions, clarifications and self searching as indispensable guides and adjuvant to our surgery.

This was the ideological background - for the creation of the Politzer Society. At the beginning we conceived our society to be a relatively small study group possibly 20 or 30 participants - we did not imagine that more will be interested in the subject.

When we all got together at one of the international meetings - (this time it was in Dallas Texas) we promulgated and agreed upon the bylaws.

However reality is often different and surprising - our next academic Otological meeting was not a small intimate one - rather a relatively large international meeting in Iowa City where all of the Politzer founders also met and discussed questions regarding mainly Cholesteatomatous ears - culminating in a panel whose title was "Tell me about your failures" - details of which can be found in the Proceedings of the meeting published by Aesculapius - USA 1977 (page 410).

Following this meeting the first International Politzer Society meeting was organized and launched by Claus Jansen in Davos. Thus in practice the conceived relative small "clarifying" discussion symposia with on going progress reports made place to large international ongoing Otological congresses which continued in this new format since then every year. This was only natural considering the progress of Otology and the lack of any other meeting grounds dedicated solely to Otology and especially to the middle ear.



David Austin

Jacob Sade'

Ramat Hasharon

INSERT THE DATES INTO YOUR CALENDAR

Video-conferencing Meeting: Otosclerosis—The 1st Politzer Global Microsurgical Broadcast - Istanbul 11 May 2010 (Conference chair: Ozgun Enver)

10:00am – 12:30am Live surgery: Four simultaneous live operations performed from: Turkey, Germany and The Netherlands. From Istanbul by: Jacques Magnan (FR) and Robert Vincent (FR) from Hannover by Thomas Lenarz (D) and from Utrecht by Wilko Grolman (NL)

02:00pm – 03:00pm Panel discussion on content of live surgeries— Why and How?

Moderator (from Istanbul): Nuri Ozgirgin

Panelists: Jacques Magnan and Robert Vincent (from Istanbul), Thomas Lenarz (from Hannover), Wilko Grolman (from Utrecht).

03:00pm – 04:00pm Panel Discussion on Revision Stapes Surgery (from Istanbul)

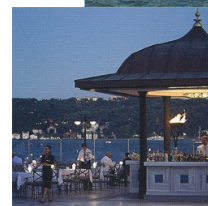
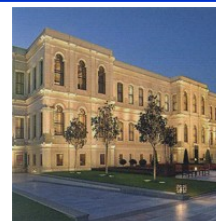
Moderator: Nuri Ozgirgin (TR)

Panelists (from Istanbul): Manohar Bance (CAN), Jacques Magnan (FR), Michael McKenna (USA), Sarp Sarac (TR), Robert Vincent (FR)



Başkan
Özgün ENVER
Genel Sekreter
Murat TOPRAK
Politzer Society Başkanı
Nuri ÖZGİRGİN

Yabancı Konuşmacılar
Manohar BANCE - Kanada
Jacques MAGNAN - Fransa
Michael MCKENNA - ABD
Robert VINCENT - Fransa



*This meeting is being organized as integrated to 21st Academic Week – Otolaryngology – Neurotology Days, Istanbul University, Cerrahpasa Medical School

Video-conferencing Meeting: Cochlear implants:

The 3rd Politzer Global Microsurgical Broadcast Würzburg 2012 (Conference chair: Joachim Mueller)

The details will be announced by the Newsletters and Politzer Society Website.

Video-conferencing Meeting: Tympanoplasty—The 2nd Politzer Global Microsurgical Broadcast - Tübingen 5 October 2010 (Conference chair: Hans Peter Zenner)

An international event with complete realtime activity with the surgeons organized by the Politzer Society in cooperation with LION Videoconference network. The LION Videoconference network is an ideal way to include a number of guest speakers and has the potential to generate lively discussion.

For this Global Politzer Society broadcast on middle ear surgery there will be up to ten live operations. The major surgeons are Hans Peter Zenner, Tübingen, Germany, Thomas Lenarz, Hannover, Germany, Robert Vincent, Colombiers, France and Wilko Grolman, Utrecht, The Netherlands. Moderator: Rainer Zimmermann from Tübingen moderating in Utrecht.

Panel members will participate from their own site in Europe. The moderator located in Utrecht will stimulate the debate with the panel.

1. Microsurgery of the middle ear:

8:00 am-1:00 pm Interactive session with parallel live surgery from four European surgical theatres

2. International Round Table:

2:00 pm-4:00 pm Trouble shooting in middle ear surgery:

An afternoon from 2 to 4 pm with video Demonstrations and comments from Hans Peter Zenner, Thomas Lenarz, Robert Vincent and Wilko Grolman, (Moderator: Rainer Zimmermann)



**Project Partner in
Videoconferencing
Activities**

Coming Politzer Society Meeting: Turkey - 2013

To be Online for the Politzer Global Microsurgical Broadcasts

Please visit the Politzer Society Webpage: www.politzersociety.org

The detailed information for connection; your online questions and for the link will be available in the website before the broadcasts. The questions will be received by e-mails and will be responded by the moderators or the surgeons in live. The round tables will be open to questions as well. The surgical videos will be kept by the LION Foundation and can be retrieved later.

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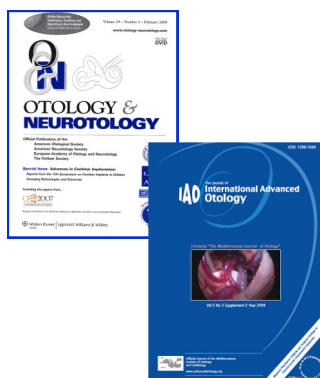
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Do not miss these Journals:



Research and training, the basis in the future of the Otolology

For this proposal, we must establish new relationship with other societies in the field, as the Association of Research in Otolaryngology (ARO), founded in 1973. The functions of this organization is established by bylaws carried out with the help of different committees, and from this letter I encourage Politzer Society to create a link in order to have a Otolology (as general) research group. Also our sister society , represented by the European Academy of Otolology and Neurootology, has created in the past month a Research Committee, with the idea to create a formal group based officially in the EAONO as a council especially related with the European Research Council (ERC). The main goal is to identified common areas to elaborate a Research proposal, pioneering frontier research in any field of the otology and neurootology (basic science, diagnosis etc). The proposal will be related to ERC Advanced Investigators Grant.

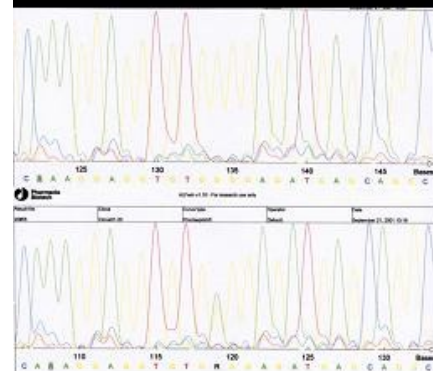
In this way residents will attend to basic science research forums and will become familiar with the various labs and projects available. This forum will include postdoctoral fellows, graduate students and MD/PhD students to discuss the ongoing areas of research as well as potential projects.

The future otology surgeons and clinicians must have research and learning objectives, in order to include the new technologies as: Regenerative Medicine: (stem cell therapy for deafness) Bioengineering: (Mechanics of sound transmission through the tympano-ossicular system, Robotic microsurgery, Microendoscopy of the inner ear), Genetics.

Finally I would like to thank Prof Nuri Ozgirgin for giving me the opportunity to express this point, and to propose him to promote this field of Research in Otolology and its application in training programs.

Angel Ramos

Las Palmas de Gran Canaria



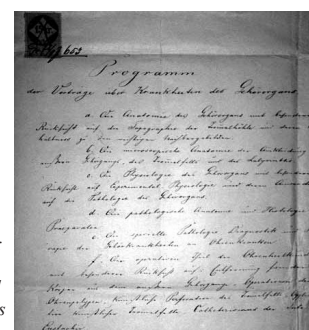
Recommended reading

Are you interested with the documents below?



The lesson begins with presentations of anatomical and microscopic pieces, or the professor circulates some of the water colors he does from life showing normal or abnormal aspects of the tympanic membrane, enlarged specimens of which cover the walls. Or he explains special instruments, electrical apparatus, etc... and while the pupils are looking at them, helped by his assistant, he quickly chooses the most interesting cases and these patients are placed alongside the central table. Eight patients can be examined at the same time. The professor quickly makes a charcoal drawing of the lesions he has found and leaves it beside the patient for each pupil to consult so he can check his diagnosis. The professor makes sure that the interesting cases are seen by everyone and sometimes makes the pupils file past while he himself holds and activates the pneumatic speculum for example. When the first series of patients has been seen it is followed by another. The clinic ends with a lesson of about a quarter of an hour on one of the patients examined; after rapidly going through the symptoms and diagnosis, the professor talks in more detail about the treatment, showing the pupils how to do the most important ones, or operates after having explained the operation, or he finishes his lesson by leaving the pupils to do some delicate treatment (injections in cases of perforation of Shrapnell's membrane, injections with Hartmann's catheter in cases of cholesteatoma, etc.). During the lesson, which is given in German, he often repeats the important

points in English (two-thirds of those present are English or American). At the end are catheterism exercises, which the pupils take part in, divided into two groups [...] Sometimes the lesson is replaced by an operation (trepanation, etc.) at which the pupils are present, and the professor is careful to give them as good a view as possible of the various stages, and to explain as he proceeds with the operation. During a course each pupil can do one of the most current otological operations (removal of polyps, paracentesis of the tympanic membrane, etc...) Finally the pupils who have followed two or three courses and are more advanced may have the opportunity to do a larger operation, a trepanation for example, monitored and supervised by the professor.535



Course program



Politzer's otology course

You can find these and much more in the book
"The History of Otolology—Adam Politzer" written by **Albert Mudry**.
 Kugler Publications (www.kuglerpublications.com &
info.kuglerpublications.com)