



IESRT

2nd

Nancy 2010

INTERNATIONAL EXPERTISE OF SPECIFIC RHINOLOGIC TOPICS

PRELIMINARY PROGRAMME

December

10

11

12

2010

Under the aegis of
Société Française d'ORL - Association Française de Rhinologie
European Rhinologic Society

The 1st IESRT meeting, held in Nancy in December 2008, has been a rich experience in exchanging new ideas and concepts (www.iesrt.com).

Therefore we want to repeat this experience in December 10th-12th, 2010 with the same objectives: trying to understand nose and sinus diseases beyond the current consensus and progress in diagnosis and treatment.

Allergic reactions and the ostio-meatal complex are not sufficient to understand the wide range of dysfunctions in the nose & sinus organ. The rhinosinusitis concept, which sees nose and sinus as a single entity, is inadequate to understand why different pathologies do preferentially develop in specific anatomic area of the nose or sinuses.

Another way to understand physiology and pathology, diagnosis and treatment of the olfactory and respiratory noses and of the sinuses can be drawn from our knowledge in 1) the embryonic development of the olfactory placode, nasal cavities and sinuses and 2) the phylogenetic evolution showing how the olfactory organ has been caught by our respiratory apparatus. Besides its roles in respiration and olfaction, the nose has an aesthetic role. Nasal pyramid's morphology is in part determined by the antagonistic growing of its cartilaginous and bony components, especially at the level of the nasal septum. If one considers the septolateral unit as a keystone placed between the maxillo-nasal arches of the bony nasal pyramid and the alar cartilages of the nasal tip, then septorhinoplasty can be decomposed in three fundamental steps in order to restore the natural aesthetic and the breathing function of the nose.

The nose (the current septo-pyramido-naso-sinusal organ) is originally a sensory (olfactory) organ, to which Evolution has added respiratory and aesthetic roles. The 2010 IESRT meeting is aimed to look at new and practical insights into these three faces of Rhinology.

Welcome to Nancy for these exceptional master classes and to present your ideas and work to the experts.

R. Jankowski

Friday, December 10 - 2010

- 10:15 – 10:30** *Introduction to the meeting*
Is there a different way to understand the nose?
R. Jankowski (France)

FROM PHYLOGENY AND ONTOGENY TO HUMAN NOSE ANATOMY, PHYSIOLOGY AND DISEASES

10:30 – 12:30 **PHYLOGENY AND ONTOGENY OF THE PRIMARY NOSE**
Moderators: *P. HELLINGS (Belgium), H. STAMMBERGER (Austria)*

- 10:30** **Exaptation = a mechanism of evolution of species.**
P. Picq (France)
- 10:50** **Origin and phylogenic evolution of the air-breathing organ in Vertebrates**
E. Roux (France)
- 11:10** **Phylogenic development of the primary nose and palate: from aquatic to aerial life**
R. Jankowski (France)
- 11:25** **Human embryonic development of the primary nose and palate**
B. Foliguet (France)
- 11:40** **Does ontogenic development summarize phylogenic evolution? Critical analysis of Haeckel's theorie.**
P. Picq (France)
- 12:00 – 14:00** **Lunch time – Partners' exhibition – Poster exhibition**

14:00 – 16:00 **OLFACTORY NOSE, RESPIRATORY NOSE AND PARANASAL SINUSES**
Moderators: *P. PICQ (France), E. SERRANO (France)*

- 14:00** **Holoprosencephaly: a spectrum of abnormal developments of the face and midfacial skeleton associated to the absence of olfactory tracts**
I. Kjaer (Denmark)
- 14:30** **Lessons from a cebocephaly foetopsy: no olfactory system means no olfactory and no respiratory noses**
B. Foliguet, R. Jankowski (France)

Friday, December 10 - 2010

- 14:50** From cebocephaly to embryonic and phylogenic development of the nose: primary versus secondary palate and olfactory versus respiratory nose
R. Jankowski, B. Foliguet (France)
- 15:10** The human ethmoid bone: phylogenic origin, ontogenic development, nature and biology
S. Marquez (USA)
- 15:40** The phylogenetic history of paranasal air sinuses: intracapsular versus extracapsular recesses.
LM. Witmer (USA)

16:00 – 16:30 Pause – Partners' exhibition – Poster exhibition

16:30 – 18:30 TWO CONCEPTS OF NOSE AND SINUS DISEASES

Moderators: *A. COSTE (France), JS. LACROIX (France)*

- 16:30** The rhinosinusitis theory to approach nose and sinus diseases
P. Hellings (Belgium)
- 17:00** The phylo-ontogenic theory to approach nose and sinus diseases
R. Jankowski (France)

17:30 – 18:30 ROUND TABLE: INTER-DISCIPLINE DISCUSSION

Should the nose be considered as one rhinosinusal organ or a combination of three organs (olfactory nose, respiratory nose, paranasal sinuses)?

Moderators: *P. HELLINGS (Belgium), R. JANKOWSKI (France)*

Pannel: *A. Coste - Rhinologist (France)*
B. Foliguet - Embryologist (France)
E. Roux - Pneumologist (France)
E. Serrano - Rhinologist (France)
H. Stammberger - Rhinologist (Austria)
I. Kjaer - Embryologist (Denmark)
JS. Lacroix - Rhinologist (Switzerland)
LM. Witmer - Anthropologist (USA)
P. Picq - Anthropologist (France)
S. Marquez - Anthropologist (USA)

Saturday, December 11 - 2010

SURGERY OF THE ETHMOID LABYRINTH

08:00 – 10:00 PATHOPHYSIOLOGICAL CONCEPTS LEADING ETHMOID SURGERY

Moderators: *PH. ELOY (Belgium), E. SERRANO (France)*

- 08:00 Is the ethmoid labyrinth a sinus?**
R. Jankowski (France)
- 08:15 Do biofilms, fungal allergy and staph superantigens concepts impact on surgery**
JS. Lacroix (Switzerland)
- 08:30 The ostiomeatal complex: anatomy, pathophysiology and surgery**
H. Stammberger (Austria)
- 08:45 Nasal polyposis: a model of ethmoidal disease**
R. Jankowski (France)

09:00 – 10:00 ROUND TABLE: HOW DO I OPERATE ON NASAL POLYPOSIS?

Moderators: *E. SERRANO (France), P. HELLINGS (Belgium)*

Answers: *A. Coste (France)*

JS. Lacroix (Switzerland)

H. Stammberger (Austria)

R. Jankowski (France)

Question from the audience

10:00 – 10:30 Pause – Partners' exhibition – Poster exhibition

DISEASES OF THE OLFACTORY CLEFT

10:30-12:45 POLYPS AND TUMOURS OF THE OLFACTORY CLEFT

Moderators: *H. STAMMBERGER (Austria), P. ROMBAUX (Belgium)*

- 10:30 Radio-anatomy and pathology of olfactory cleft tumours**
P. Henrot, P. Gallet (France)
- 11:00 Respiratory epithelial adenomatoid hamartomas of the olfactory clefts (REAHOC)**
R. Jankowski (France)

Saturday, December 11 - 2010

11:30 Endoscopic resection of olfactory esthesioneuromas

A. Stamm (Brazil)

12:00 Endoscopic exenteration of the olfactory cleft in woodworkers adenocarcinomas

R. Jankowski (France)

12:30 Rares tumours of the olfactory cleft

D. Stoll (France)

12:45 – 14:15 Lunch time – Partners' exhibition – Poster exhibition –
Symposium Ethicon: Surgiflo, a New Device in Sinus Surgery

ETHICON
a Johnson & Johnson company

14:15 – 16:15 OLFACTORY CLEFT, MENINGOENCEPHALOCELE AND CSF LEAK

Moderators: *A. STAMM (Brazil), D. STOLL (France)*

14:15 Localisation diagnosis of a CSF rhinorrhea

P. Eloy (Belgium)

14:30 Endoscopic management of meningoencephalocele of the olfactory cleft in children

T. Van Den Abbeele (France)

14:45 Endoscopic management of spontaneous CSF leak of the olfactory cleft in adults

A. Stamm (Brazil)

15:00 Endoscopic management of spontaneous CSF leak through a persistent Sternberg's canal

H. Stammberger (Austria)

15:15 – 16:00 ROUND TABLE: CURRENT EXPERIENCE IN OLFACTORY CLEFT INVESTIGATIONS

Moderators: *B. Landis (Switzerland), PH. Rombaux (Belgium)*

PH. Eloy (Belgium)

PH. Rombaux (Belgium)

C. Eloit (France)

B. Landis (Switzerland)

Question from the audience

16:00-16:30 Pause – Partners' exhibition – Poster exhibition

Saturday, December 11 - 2010

SURGERY OF THE PARANASAL SINUSES

16:30 – 18:30 SURGERY OF THE MAXILLARY PARANASAL SINUS

Moderators: *T. VAN DEN ABBEELE (France),
A. JIMENEZ CHOBILLON (Mexico)*

- 16:30 Recurent acute maxillary sinusitis and middle antrostomy**
R. Jankowski (France)
- 16:45 Chronic maxillary sinusitis and middle antrostomy**
H. Stammberger (Austria)
- 17:00 The rationale for removing fungus balls of the maxillary sinus through middle antrostomy**
E. Serrano (France)
- 17:15 The rationale for removing fungus balls of the maxillary sinus through canina fossa**
A. Jimenez-Chobillon (Mexico)
- 17:30 Radiological assessment of dental sinusitis with the cone beam system**
C. Hodez, B. Grignon (France)
- 17:45 The rationale for endonasal approach to remove benign tumours of the maxillary sinus**
P. Eloy (Belgium)
- 18:00 The rationale for external approach to remove benign tumours of the maxillary sinus**
D. Stoll (France)
- 18:15-18:30 Questions from the audience**
- 18:30-19:15 Symposium Collin-Storz: from instrumentarium to new technologies in rhinology**
- 19:15 Cocktail on the exhibition**



Sunday, December 12 - 2010

FUNCTIONAL AND AESTHETIC SEPTORHINOPLASTY IN THE LIGHT OF PHYLO-ONTOGENY

08:00 – 08:40 **PHYLOGENY AND ONTOGENY OF THE SEPTO-NASAL PYRAMID**
Moderators: A. SOUSA VIEIRA (Portugal), F. DISANT (France)

08:00 “When bigger is better... on the phylogeny of the nasal pyramid”
AJ. Tasman (Switzerland)

08:20 **Phylo-ontogenic origin of the nasal septum and pyramid**
R. Jankowski (France)

08:40 – 10:00 **DYSFUNCTION AND DYSMORPHISM DUE TO ABNORMAL GROWTH OF THE SEPTO-NASAL PYRAMID**
Moderators: JP. BESSEDE (France), D. WILLATT (United Kingdom)

08:40 **Natural relationships between nasal septum and pyramid deformities**
JP. Bessede (France)

09:00 **Nasal tip dysmorphism**
P. Hellings (Belgium)

09:20 **Imaging in rhinoplasty (conventional, computer design, CT scan, Xenon, radiology)**
AJ. Tasman (Switzerland)

09:40 **Role of septum deformity, nasal valve and inferior turbinate in nasal obstruction**
L. de Gabory (France)

10:00 – 11:00 **FUNTIONAL REPAIR**
Moderators: O. GERBAULT (France), A. SOUSA VIEIRA (Portugal)

10:00 **Inferior turbinate management in nasal obstruction**
D. Willatt (United Kingdom)

10:20 **Cottle septoplasty**
D. Stoll (France)

Sunday, December 12 - 2010

10:40 Surgery of the nasal valve

F. Disant (France)

11:00 – 11:30 Pause – Partners' exhibition – Poster exhibition

11:30 – 14:30 MORPHOLOGICAL, FUNCTIONAL AND AESTHETIC REPAIR

Moderators: D. STOLL (France), A.J. TASSMAN (Switzerland)

11:30 Closed approach in functional and aesthetic septorhinoplasty

A.J. Tasman (Switzerland)

11:50 Open approach in functional and aesthetic septorhinoplasty

A. Sousa Vieira (Portugal)

12:10 Functional and aesthetic septorhinoplasty by modelling disarticulation

R. Jankowski (France)

12:30 Nasal tip surgery

P. Hellings (Belgium)

12:50 Alar base reduction

F. Disant (France)

13:10 Nasal augmentation and camouflage

O. Gerbault (France)

13:30 Questions from the audience

Closure

GENERAL INFORMATION

FACULTY OF MEDICINE OF NANCY VENUE :

Faculty of Medicine of Nancy
9 avenue de la Forêt de Haye
54505 VANDOEUVRE-LES-NANCY

LANGUAGE

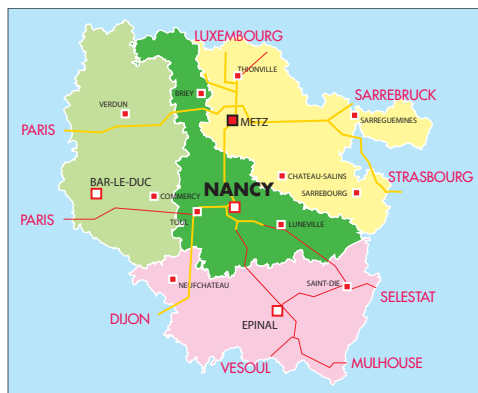
All sessions are only in English.
No translation in any language.

COMING TO NANCY

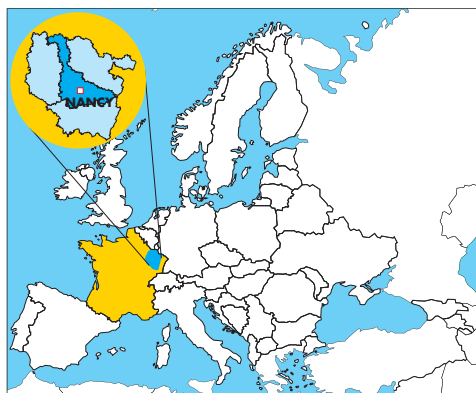
To find Nancy in Europe :

	Paris	Dijon	Strasbourg	Luxembourg	Lyon	Bruxelles	Sarrebrück
Nancy	195 miles	130 miles	100 miles	70 miles	250 miles	205 miles	80 miles

Nancy in Europe



Nancy in Lorraine (Est of France)



Travel discount

To benefit from the travel reduction (on SNCF – French domestic railways or AIR France), please request a rebate voucher when completing the registration form.

Warning:

The SNCF rebate voucher is obligatory when booking your return ticket and for the entire duration of your trip. The AIR FRANCE rebate voucher, confirmation let-

ter and hard copy of the programme may be requested when travelling.

Coming by train

The TGV EST -

Eastern France-Europe high speed train

Website : <http://www.tgv.com>

You have the possibility to receive an SNCF rebate voucher (cf Registration Form).

GENERAL INFORMATION

Main train lines (TGV)

Paris–Nancy: 90 minutes
Lyons–Nancy: 240 minutes
Strasbourg–Nancy: 75 minutes
Dijon–Nancy: 150 minutes
Luxembourg–Nancy: 90 minutes

Nancy Railway Station

3, Place Thiers
Phone: +33(0)836 35 35 35
(daily from 7 am to 10 pm)
Website: <http://www.sncf.fr>
The station is located only 5 minutes walk from the city centre and the Place Stanislas. Open daily from 5.30 am to 10.30 pm
Possible pick up at the railway station with: Lorraine Evasion Aéroports (personal welcome at the rail station)
35 bis rue de Malzeville - 54000 Nancy
Phone: +33(0)383 30 97 17
Fax: +33(0)383 30 97 19
Website: <http://www.navettes-aeroports.com>

Coming by plane

Metz-Nancy Lorraine Regional Airport, 57420 Goin
Phone: +33(0)387 567 000
Fax: +33(0)387 567 054
Website: <http://www.metz-nancy-lorraine.aeroport.fr>
Only 28 miles north of Nancy on the A31 motorway.
A frequent shuttle bus runs to and from Nancy (timetables on the Airport website). You have the possibility to receive an AIR France voucher (cf Registration Form).

Coming by car

From Paris or Strasbourg: take the A4 motorways.

From Brussels, Luxembourg and Dijon: take the A31 motorway.

Taxis

Nancy taxis are available 24-hours a day, seven days a week.
Phone: +33(0)383 376 537
Website: <http://www.taxisnancy.com>

ACCOMMODATION

For your booking accommodation, please contact :
CARLSON WAGONLIT VOYAGES
22, rue de la Pomme
31000 TOULOUSE - France
Phone : +33 (0)5 34 45 12 35
Fax : +33 (0)5 34 45 12 39
E-mail : wagonlit@europa-organisation.com
Website: www.iesrt.com
Accommodation
Congress code: IESRT2010
Rooms have been booked in various hotels for the IESRT's attendees.

COCKTAIL

A cocktail will be served on the exhibition on Saturday, December 11th from 19:15.

CONTACT

For any information, please contact :

EUROPA ORGANISATION

5, rue Saint-Pantaléon – BP 61508
31015 TOULOUSE Cedex – France
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E-mail: insc-iesrt@europa-organisation.com
Website: <http://www.iesrt.com>

Traitement symptomatique de la rhinoconjonctivite allergique saisonnière (rhume des foins), perennuelle et de l'urticaire

Quand il y a
de l'**allergène** dans l'air...



Mizollen® 10 mg mizolastine

L'allergie, il ne peut pas la voir...
il ne peut pas la sentir!

MIZOLLEN 10 mg, comprimé pelliculé à libération modifiée. **COMPOSITION** : Mizolastine 10 mg Excipient dont huile de ricin hydrogénée, g.s.p. un comprimé pelliculé. **FORME PHARMACEUTIQUE** : Comprimé pelliculé à libération modifiée. Comprimé blanc, oblong avec une ligne médiane sur une face et la gravure "MZI 10" sur l'autre face. **INDICATIONS CLINIQUES** : Indications thérapeutiques : Traitement symptomatique de la rhinoconjonctivite allergique saisonnière (rhume des foins), de la rhinoconjonctivite allergique perennuelle et de l'urticaire. **Posologie et mode d'administration** : Adultes, y compris les sujets âgés, et enfants de plus de 12 ans. La dose quotidienne recommandée est d'un comprimé à 10 mg, CTJ : 0,41 à 0,43 €. **Contre-indications** : Hypersensibilité à la mizolastine ou à l'un des excipients.

Traitement concomitant par des antibiotiques macrolides ou des antioxydants systémiques de type mizolastine. Traitement concomitant par un médicament connu pour allonger l'intervalle QT, par exemple les antiarythmiques de classe I et III. Altérations significatives des fonctions hépatiques. Cardiopathie cliniquement significative ou antécédents de trouble du rythme symptomatique. Patients ayant un allongement connu ou suspecté de l'intervalle QT ou un déséquilibre électrolytique, en particulier une hypokaliémie. Bradycardie cliniquement significative. **Mises en garde et précautions particulières d'emploi** : La mizolastine a un faible potentiel d'allongement de l'intervalle QT : il n'a été observé que dans quelques cas. Le degré de l'allongement est modeste et n'a pas été associé avec des troubles du rythme cardiaque. En raison de la présence du lactose, ce médicament est contre-indiqué en cas de galactosémie congénitale, de syndrome de malabsorption du glucose et du galactose ou de déficit en lactase. **Interactions avec d'autres médicaments et autres formes d'interactions** : Association contre-indiquée au kétoconazole ou à l'érythromycine ; augmentation modérée de la concentration plasmatique de mizolastine. Association avec prudence aux autres inhibiteurs de l'oxydation hépatique (cytochrome P450 3A4) dont cimétidine, octopamine et nifédipine. **Grossesse et allaitement** : Par mesure de précaution, l'administration de mizolastine doit être évitée pendant la grossesse, particulièrement au cours du premier trimestre. L'administration de la mizolastine n'est pas recommandée chez la femme allaitante. **Effets sur l'aptitude à conduire des véhicules et à utiliser des machines** : La plupart des patients traités par la mizolastine peuvent conduire un véhicule ou effectuer des tâches complexes. **Effets indésirables** : Fréquents : diarrhée, douleurs abdominales (incluant les dystopies), sécheresse buccale, nausées, céphalées, vertiges, somnolence et asthénie souvent transitoires, augmentation de l'appétit accompagnée d'une prise de poids. Peu fréquents : anxiété, dépression, élévation des enzymes hépatiques, hypotension, tachycardie, palpitations, arthralgies et myalgies. Très rares : neutropénie, réactions allergiques, malaise vagal pouvant aller jusqu'à la syncope. Rares cas de variations mineures de la glycémie et du ionogramme ; surveillance périodique chez les patients à risque. Des cas de bronchospasme et d'aggravation d'un asthme ont été rapportés (relation de causalité incertaine en raison de l'incidence élevée de l'asthme dans la population traitée). Troubles digestifs en raison de la présence d'huile de ricin. **PROPRIÉTÉS PHARMACOLOGIQUES** : **Propriétés pharmacodynamiques** : ANTIHISTAMINIQUE PAR VOIE SYSTÉMIQUE. La mizolastine possède des propriétés anti-allergiques, et antihistaminiques dues à un blocage spécifique et sélectif des récepteurs périphériques H1 à l'histamine. Chez l'homme, des études de la réaction érythématopapuleuse induite par l'histamine montrent que la mizolastine 10 mg est un antihistaminique rapide, puissant (inhibition de 80 % à 4 heures) et d'action prolongée (24 heures). Aucune tachycardie n'a été observée après traitements prolongés. Les études précliniques et cliniques n'ont révélé aucun effet anticholinergique. **Propriétés pharmacocinétiques** : L'absorption de la mizolastine est rapide après une administration orale. La concentration plasmatique maximale apparaît après un délai médian de 1,5 heures. La biodisponibilité est de 65 % et la cinétique est linéaire. La demi vie moyenne d'élimination est de 13 heures, avec une liaison de 98,4 % aux protéines plasmatiques. La principale voie métabolique est la glucuronocouplage de la molécule mère. **NUMÉRO D'IDENTIFICATION ADMINISTRATIVE** : 363 977.7 : 15 comprimés sous plaquettes thermoformées (Aluminium/Polyamide-aluminium-PVC). 363 980.8 : 30 comprimés sous plaquettes thermoformées (Aluminium/Polyamide-aluminium-PVC). **CONDITIONS DE PRESCRIPTION ET DE DELIVRANCE** : LISTE I. PRIX : 6,43 € (15 comprimés), 12,32 € (30 comprimés). Remboursement Sécurité Sociale à 35 % - Agréé Collectivités. Pour une information complète, consulter le répertoire des spécialités pharmaceutiques sur le site www.ansaps.fr. **TITULAIRE DE L'AUTORISATION DE MISE SUR LE MARCHÉ** : THERABEL EUROPE Limited - ICA Industrial Estate - Dublin Road - LUXGHEA Co. Galway - Irlande. **EXPLOITANT** : THERABEL, LUCIEN PHARMA - 19 rue Alphonse de Neville - 75017 Paris - France - Tel. : 01.44.40.57.00. **DATE DE REVISION** : 27/11/2008.

THERABEL
LUCIEN PHARMA