



"K-ENT Bulletin" of KORL-HNS

Korean Society of
Otorhinolaryngology-Head and
Neck Surgery

• Serial No.9





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"K-ENT Bulletin" of KORL-HNS, No.9

1. The Crisis in the South Korea's Healthcare System Triggered by a Sudden Shift in Government-led Policies



Yeon Soo Kim, MD, PhD
Korea University Anam Hospital

1) Introduction

South Korea has developed a highly regarded healthcare system, recognized for its universal health insurance structure and effective COVID-19 response. However, recent government plans to increase medical students without sufficient consultation have raised concerns about quality decline, educational infrastructure strain, and regional disparities. This chapter aims to analyze South Korea's healthcare achievements and evaluate the potential risks of this new policy.

2) Achievements of South Korea's Healthcare System

South Korea has high patient satisfaction and performs well in various OECD healthcare indicators. Despite having fewer doctors compared to the OECD average, South Korea excels in healthcare accessibility, survival rates for diseases, and patient satisfaction. The system is characterized by universal health coverage and controlled costs, although challenges like low medical professional wages and long working hours persist.

3) Hidden Issues in South Korea's Healthcare System

Exploitation of Medical Personnel: Residents are overworked, with an 80-hour workweek being the standard. They often face exploitation, particularly in essential medical fields, which deters young doctors from entering these specialties.

Crisis in Essential Medical Services: Essential medical services are collapsing due to low compensation, high work intensity, and high litigation risks, leading to a shortage of doctors willing to enter these fields.

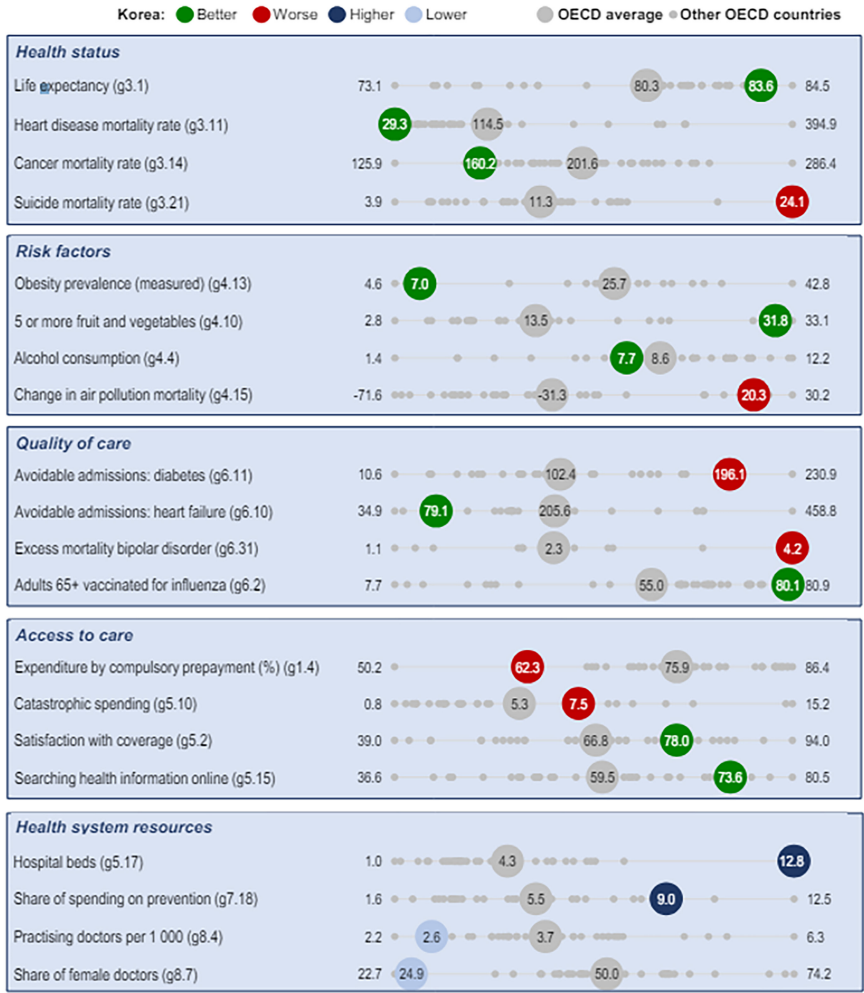


Figure 1. OECD report 2023 'Health at a glance South Korea'

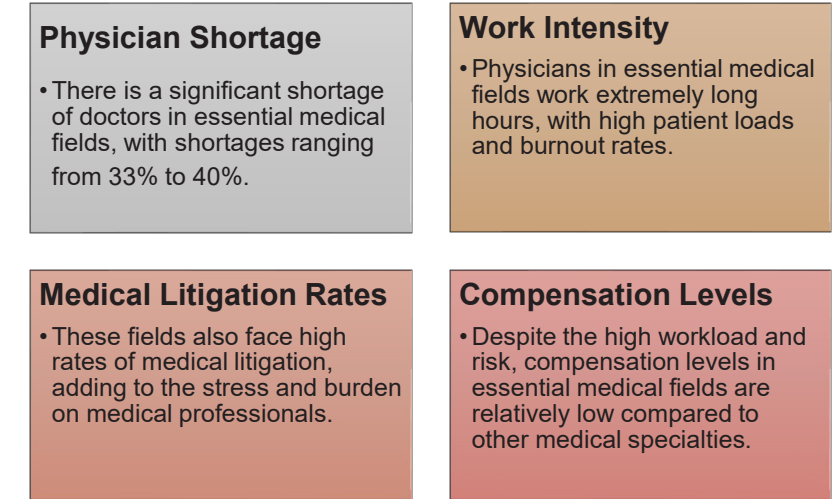
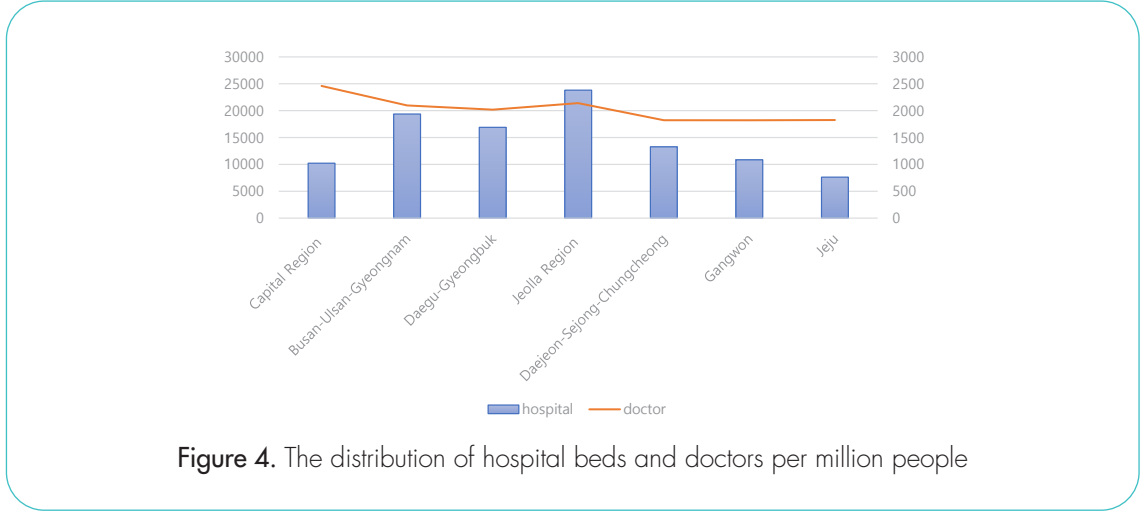
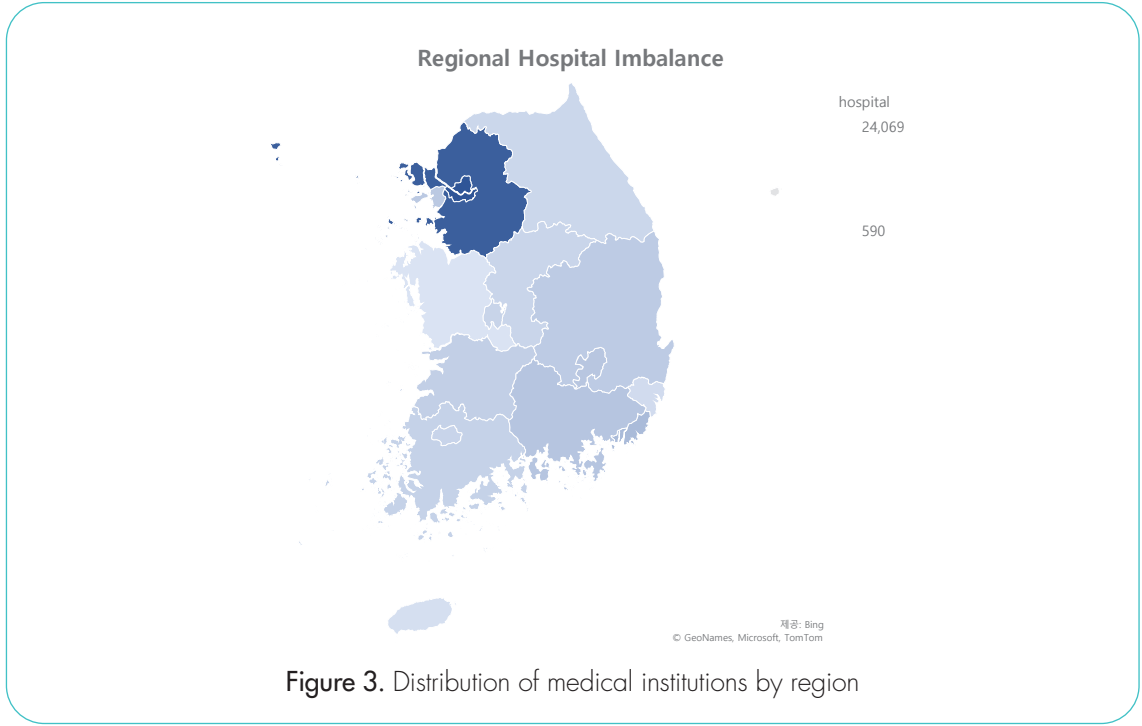


Figure 2. Factors hindering entry into essential medical service

4) Radical Healthcare Reforms by the Ministry of Health and Welfare in 2024

The Ministry of Health and Welfare has announced drastic reforms, including an increase in medical school admissions. These changes were introduced without clear budget plans or thorough evaluation of potential consequences, risking a decline in medical education quality and exacerbating healthcare inequalities.



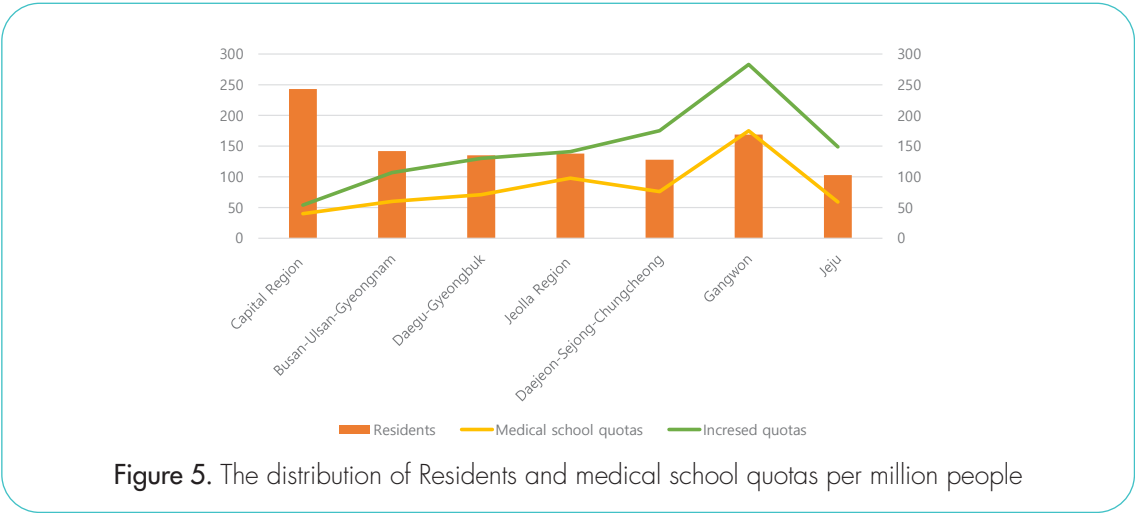
5) Current Regional Healthcare Imbalance in South Korea

The regional disparity in healthcare access remains a major issue. Most medical resources are concentrated in urban areas, particularly the capital region. Increasing medical school quotas without addressing the centralization of training opportunities will not solve these disparities, and new doctors are likely to continue to prefer urban settings.



6) Impact of Government Policy Announcement on the Medical Sector

The sudden announcement to increase medical admissions led to mass resignations among residents and interns. The government's coercive response, including orders to ban collective action, further strained the healthcare sector, leading to operational challenges and disruption in patient care.



7) Predicted Negative Impact of Rapid Medical School Quota Increase and Hasty Policy Decisions

The rapid increase in medical school admissions could result in:

- » Decline in Quality of Medical Education: Lack of infrastructure and faculty might degrade education quality.
- » Increased Healthcare Costs: An increased number of doctors could lead to induced demand and elevated healthcare costs.
- » Regional and Sectoral Imbalance: New graduates are likely to avoid rural areas and essential medical fields, worsening existing disparities.
- » Financial Burden: Without a clear financial plan, increased costs related to training more students could negatively affect the healthcare system's sustainability.
- » Increased Burden on Medical Professionals: Faculty and current medical educators are already overstretched, which may lead to burnout and discourage future educators.

8) Conclusion

The government's policy to expand medical school admissions poses risks such as quality decline, higher costs, and persistent regional imbalances. To mitigate these issues, the Ministry of Health and Welfare must collaborate with medical experts to create scientifically grounded policies that ensure quality, equity, and sustainability in healthcare.

2. Feature Article

Functional Outcomes of Single-Stage Facial Reanimation Surgery With Radical Parotidectomy



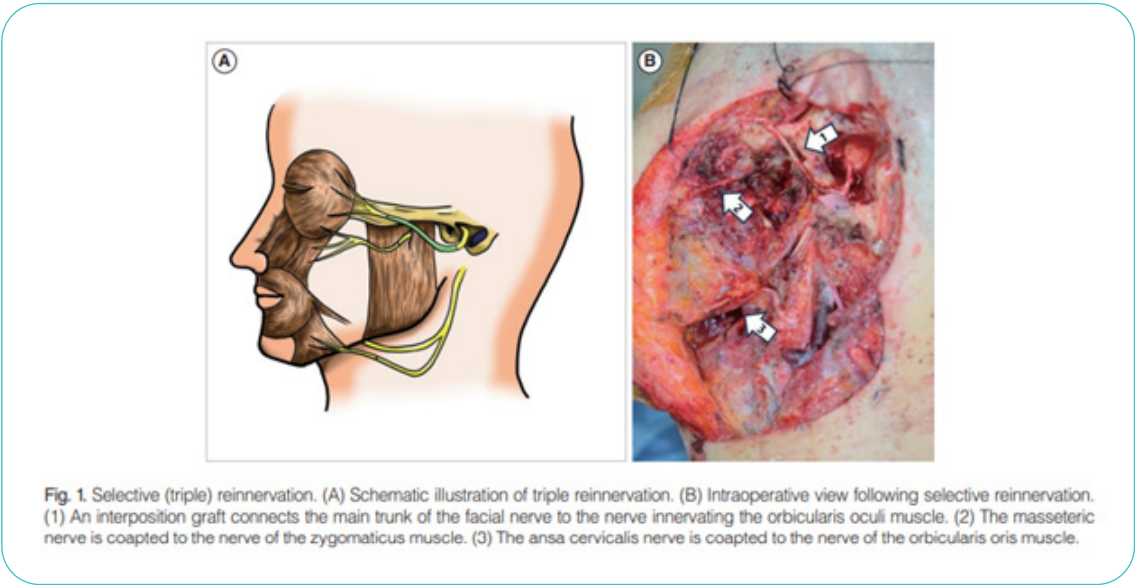
Eun-Jae Chung, MD, PhD
Seoul National University Hospital

Tumors of the parotid gland are primarily managed with surgery. Facial nerve sacrifice is often required for a sound oncological outcome when a malignant parotid tumor invades the main trunk of the nerve. Nerve sacrifice inevitably leads to facial paralysis, resulting in both functional and psychological impairment. Therefore, prompt or immediate restoration of facial function would benefit these patients. The traditional method of facial nerve reanimation involves anastomosis between the main trunk of the facial nerve and each peripheral branch, using an interposition nerve graft such as the sural nerve or the greater auricular nerve. However, this method has limitations, including weak motor power—particularly during smiling—and synkinesis of the facial muscles. Recent research has highlighted the masseteric nerve as a key power source due to its strong motor capabilities and rare association with synkinesis. Selective reinnervation, which employs specific nerves as power sources for eye closure, smile excursion, and maintenance of lower lip tone, can restore facial nerve function while minimizing the risk of synkinesis. When selective reinnervation is not an option, orthodromic temporalis tendon transfer (OTTT) may serve as an alternative for reanimating the smile. The objective of this study was to analyze the outcomes of single-stage facial reanimation surgery performed concurrently with radical parotidectomy, utilizing selective reinnervation and OTTT.

1) Selective facial nerve reinnervation

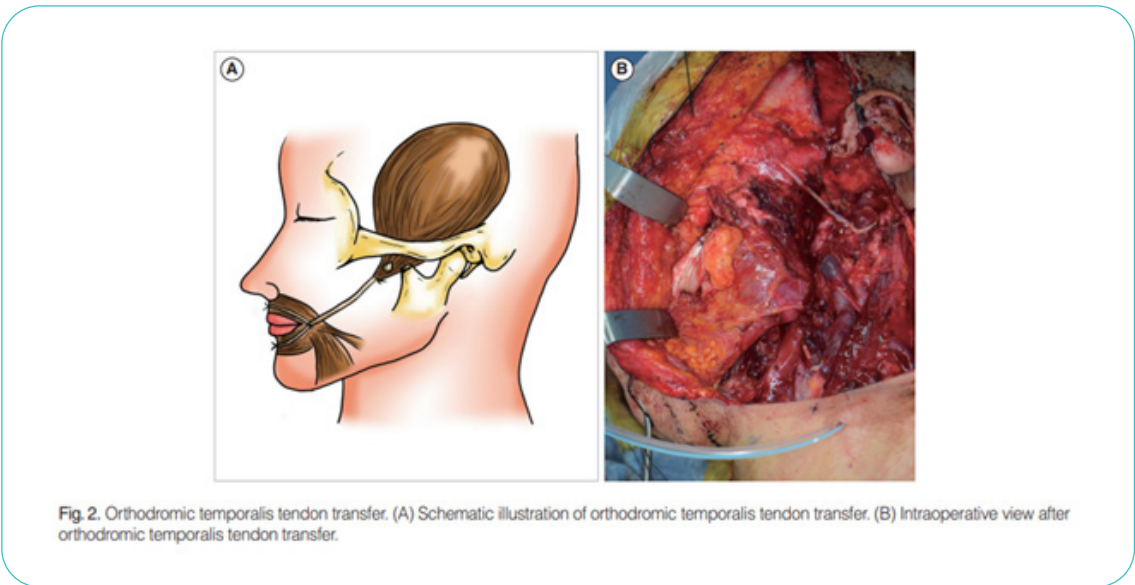
For selective reinnervation of nerve to zygomaticus major muscle, masseteric nerve was identified with the help of the IONM stimulator. Tension-free epineural neuroorrhaphy was applied between the masseteric nerve and the nerve to zygomaticus major muscle. An autologous interposition nerve graft was utilized to fill the gap in nerve continuity between the nerve to orbicularis oculi muscle and proximal facial nerve stump (7-7). When available, the nerve to orbicularis oris muscle was anastomosed to ansa cervicalis nerve (12-7) to maintain the tone of the lower lip. Dual reinnervation refers to reinnervations of nerve to zygomaticus major muscle with masseteric nerve and nerve to

08 orbicularis oculi muscle with proximal facial nerve stump. Triple reinnervation refers to the procedure of dual reinnervation plus reinnervation of nerve to orbicularis oris muscle with ansa cervicalis nerve.



2) Orthodromic temporalis tendon transfer

When selective reinnervation was unavailable, OTTT was conducted for dynamic reconstruction of the midface and smile. Coronoidectomy was conducted to mobilize bone segment with the attached temporalis tendon. The palmaris longus tendon or the strip of the fascia lata was fixed to the temporalis tendon using a hole created at the coronoid process. The other end of the palmaris longus tendon or the fascia lata strip was divided into two branches. These branches were fixed to the upper lip and the lower lip at the philtrum through submucosal tunnels.

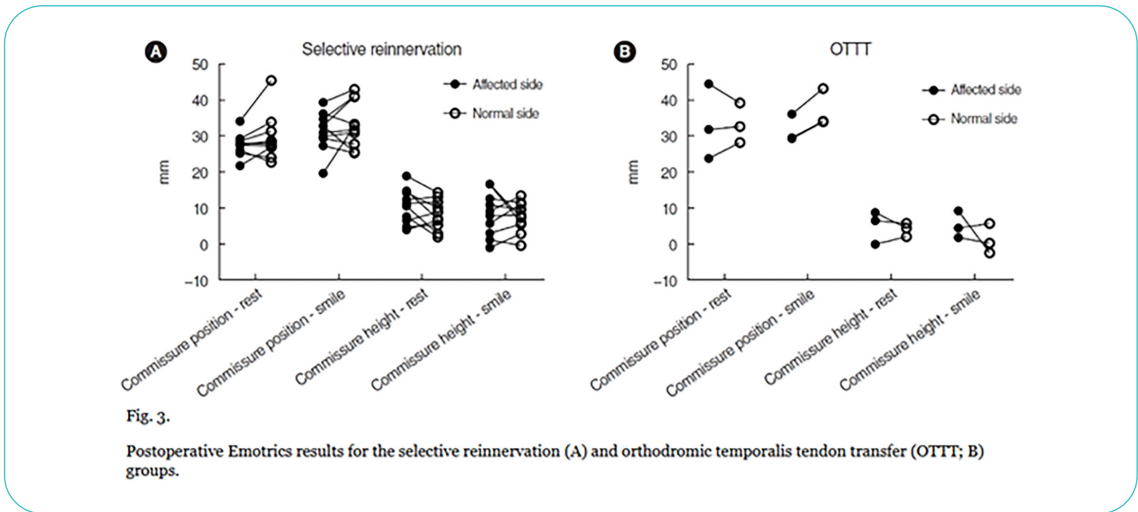


09 Among the 13 patients studied (median age, 54 years; 69% male), 10 underwent selective reinnervation. The other three patients underwent tendon transfer and achieved moderate functional outcomes. The median postoperative follow-up period was 14 months. Among the 10 patients who underwent reinnervation, the facial function was rated as modified House-Brackmann grade III and Terzis grade 4 to 5 in nine patients. The patients treated with OTTT demonstrated results including modified House-Brackmann grade IV or V and Terzis grade 2.

Functional outcomes							
Case No.	Surgery for FN reanimation	Preoperative facial nerve grade (H-B)	Latest facial nerve grade (modified H-B)	Terzis grade	Chuang smile excursion score	Postoperative follow-up period (mo)	Interval to first sign of recovery (mo)
1	Selective reinnervation	II	III	5	4	8	2
2	Selective reinnervation	I	III	5	4	30	3
3	Selective reinnervation	IV	V	1	0	28	-
4	Selective reinnervation	I	III	5	4	19	2
5	Selective reinnervation	I	III	5	4	15	3
6	Selective reinnervation	I	III	5	4	13	2
7	Selective reinnervation	I	III	4	3	14	4
8	Selective reinnervation	I	III	4	3	13	3
9	Selective reinnervation	I	III	4	3	10	3
10	Selective reinnervation	V	III	4	1	9	3
11	OTTT	II	IV	2	1	30	Immediate
12	OTTT	V	IV	2	1	25	Immediate
13	OTTT	III	V	2	1	9	Immediate

FN, facial nerve; H-B, House-Brackmann; OTTT, orthodromic temporalis tendon transfer.

The results of the Emotrics analysis for the selective reinnervation group of oral commissure positions/ heights indicated no significant difference between the affected and normal sides.



In conclusion, Single-stage facial reanimation effectively restores facial function in patients undergoing radical parotidectomy. This approach offers meaningful benefits in the early recovery of facial function.

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Predicting obstructive sleep apnea based on computed tomography scan using deep learning models

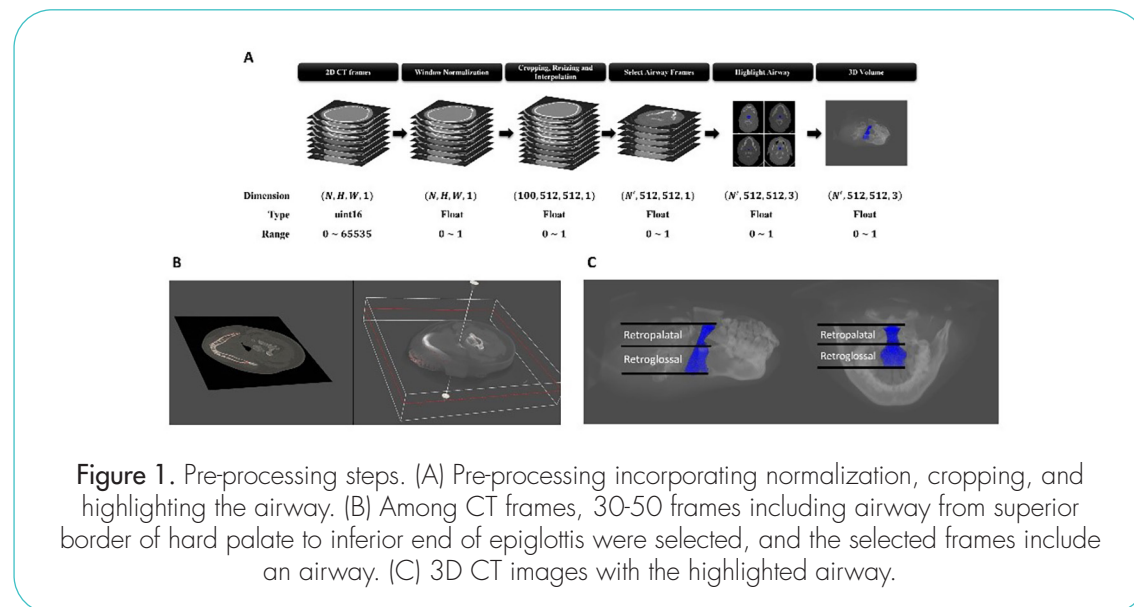


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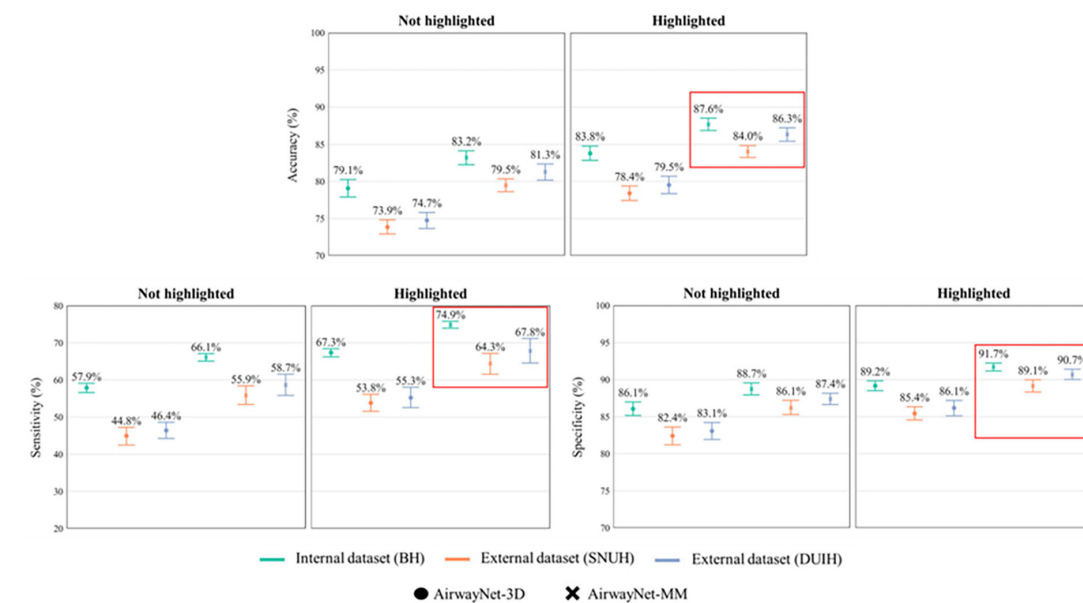
Obstructive sleep apnea (OSA) is defined as the repeated collapse of the upper airway during sleep, and has a prevalence of 6–38% in the general population.¹ Polysomnography (PSG) is a standard diagnostic tool for OSA, which requires evaluation of the patient during overnight sleep. However, some patients are reluctant to spend one night in hospitals, and the high cost of PSG is a hurdle for potential patients with OSA. Furthermore, because of the limited number of medical centers that can perform PSG, patients may have to wait a long time after their decision to undergo PSG. Therefore, the proportion of patients with clinically undiagnosed OSA is high. Previous studies on the general population showed that about 90% of general subjects who were diagnosed with OSA in a screening PSG had clinically undiagnosed OSA before the screening.²⁻⁴

Computed tomography (CT) scans of the craniofacial area, including paranasal sinus (PNS), orbit, and facial bone CTs, allow the visualization of the upper airway. PNS CT is used to evaluate paranasal diseases in otorhinolaryngology, while orbital and facial bone CTs are used in ophthalmology and plastic surgery, respectively. Multiple obstructions of the upper airway in OSA (retropalatal, retroglossal, and laryngeal areas) can be assessed simultaneously through craniofacial CTs; however, the severity of OSA cannot be assessed. This study aimed to predict OSA and its severity (normal, mild, moderate, severe) based on PNS CT, which is a craniofacial CT, using a 3-dimensional (3D) deep learning algorithm. In addition, a prediction model based on the PNS CT and anthropometric factors was developed and evaluated.

The CT based deep learning model developed with the preprocessing algorithm that highlights the airway regions by forcing them in an automatic manner using Otsu's binarization algorithm was included in the evaluations (Figure 1). The deep learning model developed for obstructive sleep apnea was designed jointly from a CNN model and fully connected layers in terms of a MLP. In particular, the developed deep learning model consisted of a 3D CNN-based part treating unstructured data (CT images), an MLP-based part treating structured data (age, sex, and BMI), and a connection between the two parts. The performance of the deep learning models were externally validated at two medical centers



AirwayNet-3D, which is our newly devised deep learning model for predicting OSA severity using 3D CT images from the internal dataset, yielded an average accuracy of 79.1%, an average sensitivity of 57.9%, and an average specificity of 86.1% (Figure 2). In addition, the average accuracy of the AirwayNet-3D based on the external dataset was 73.9% for SNUH and 74.7% for DUIH. In the multimodal model (AirwayNet-MM) using 3D CT images and anthropometric parameters (age, sex, and BMI), the average accuracy was 83.2% in the internal dataset, which was higher than that in AirwayNet-3D ($p < 0.001$). When eliciting AirwayNet-MM, the importance ratio of structured and unstructured data was 64:81. Moreover, the ratio of unstructured data was measured. The ratio was measured as 1.2:0.9:4.3 for age, sex, and BMI, and the experiments reported that the ratios of age, sex, BMI, and CT volume were 1.2:0.9:4.3:8.1. After highlighting airway regions, the average accuracy of AirwayNet-3D and AirwayNet-MM in the internal dataset significantly improved from 79.1% and 83.2% to 83.8% and 87.6%, respectively (both $p < 0.001$; Figure 2). This result shows that the airway-highlighting algorithm improved by 4.7% and 4.4% for the AirwayNet-MM and AirwayNet-3D models, respectively, when using the internal dataset in terms of predicting OSA severity. In addition, the average accuracy of AirwayNet-3D and AirwayNet-MM improved significantly in the external datasets after highlighting as well (all $p < 0.001$). AirwayNet-MM-H, which is our ultimate deep learning framework for OSA diagnosis using 3D CT images and participants' meta-data with airway-highlighting preprocessing algorithm, yielded the best performance with an average accuracy of 87.6%, an average sensitivity of 74.9%, and an average specificity of 91.7% in the internal dataset (Figure 2). The diagnostic performance of the AirwayNet-MM-H model outperformed other state-of-the-art deep learning models with the airway-highlighting preprocessing algorithm in accuracy ($p < 0.001$).



In summary, a novel internally and externally validated deep learning system, including a multimodal deep learning model and an airway-highlighting preprocessing algorithm, can provide significantly precise outcomes for OSA diagnosis. This model is cost-effective because CT scans with other purposes are used to elicit the model, and no additional laboratory or image work-up is required. We believe that this novel diagnostic model using multimodal deep learning techniques may help effectively screen for undiagnosed OSA.

The average accuracy, specificity, and sensitivity values of AirwayNet-3D and AirwayNet-MM in the internal and external datasets were significantly improved (all $p < 0.001$). The values in the red rectangle indicate the values for Airway Net-MM-H, which was our ultimate model.

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3. Introduction to The Korean Audiological Society



The Korean Audiological Society is the leading organization for otology and audiology in Korea, with a rich history and tradition spanning 58 years. Its origin dates back to 1966, making it one of the earliest academic societies in the field of otorhinolaryngology in Korea. The first Korean Audiological Society Symposium was held in 1967 and has since become a key academic conference. The symposium, held annually, serves as a platform for discussing essential knowledge and updated research trends, featuring contributions from both society members and internationally recognized experts.

Currently, the society has an executive council composed of the president, president-elect, vice president, and 23 standing directors, who oversee 18 regular and five special committees, serving as the executive body, along with one auditor. With the mission of "the society contributes to human health through overcoming auditory disease and the development of auditory studies", there are four visions of our society: 1) Humanity (efforts are made to diagnose auditory disease and rehabilitate auditory language), 2) Expertise (train hearing experts whom the public can trust), 3) Association (mutual respect and domestic and foreign exchanges contribute to the development of auditory studies), 4) Renovation (develop correct health policies and lead creative research).

For a long time, our society has made significant efforts to raise public awareness about the early diagnosis and management of hearing loss. To achieve this, it has consistently organized meetings with hearing experts, as well as with families of hearing-impaired individuals and policymakers, working together to establish and improve health policies related to nationwide hearing screening and rehabilitation programs. Additionally, the society has been hosting annual professional seminars to discuss the latest developments in hearing aids and cochlear implants, aiming to refine these key rehabilitation tools for hearing loss.

The official journal of the society is the Journal of Audiology and Otology, an international, peer-reviewed, open-access journal. It was first published in 1997 under its former name, Korean Journal of Audiology, and became the official journal of both the Korean Audiological Society and the Korean Otological Society in 2017. It was also indexed in the Emerging Sources Citation Index (ESCI) that same year.





With the goal of “providing better possible treatments to people of all ages, from infants to the elderly, who suffer from auditory and/or vestibular disorders and thus,



improving their quality of life”, the journal offers integrated perspectives from otologists, audiologists, and other healthcare professionals, providing readers with high-quality scientific and clinical information. Additionally, we are working to enhance the research capabilities by establishing the research projects led by the society itself. The society has been leading the audiological big data project, and related research has been underway. We plan to further develop this research initiative and create opportunities for our members to participate in.







The society has served as the official organization responsible for training reliable hearing experts by offering specialized training programs and certification. It also provides annual re-education and training programs optimized for audiology professionals and clinical otorhinolaryngologists, respectively.

Finally, the society has made significant efforts to promote international academic exchanges. In 2015, the society supported the International Evoked Response Audiometry Study Group (IERASG) Meeting in Busan and is currently assisting with preparations for the 2026 World Congress of Audiology (WCA) to be held in Seoul.

Organization of Korean Audiological Society

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	President-elect Kyu-Yup Lee Kyungpook National University
	Vice President Woojae Han Hallym University
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4. Update of Conference

The ICORL (International Congress of ORL-HNS) 2024



Seung Hoon Han

Assistant Secretary of Scientific Committee, KORL-HNS
Hallym University Dongtan Sacred Heart Hospital

The ICORL (International Congress of ORL-HNS) 2024, held on April 20–21 at the Suwon Convention Center, concluded successfully.

The event was hosted at the Suwon Convention Center, surrounded by the Gwanggyo Lake Park, creating an atmosphere that allowed participants to enjoy the full bloom of spring.

Unfortunately, this year's congress was marked by the unprecedented absence of a majority of residents and fellows due to the ongoing medical crisis, making it a regrettable chapter in the history of the Korean Society of Otorhinolaryngology. However, despite these challenges, the event welcomed 1,249 participants from 17 countries.

The congress featured an impressive array of lectures by renowned speakers from Korea and abroad, alongside oral presentations. It served as a platform for in-depth discussions and meaningful exchanges on the latest advancements in the field, fostering both academic and professional connections.

Twelve keynote lectures delivered by distinguished experts from Korea and abroad. These lectures were highly insightful and left a lasting impression, offering invaluable knowledge and perspectives.

Over the course of two days, a total of 37 sessions, including symposiums and discussion sessions, saw enthusiastic participation, fostering dynamic and engaging discussions among attendees.

Although the oral presentation sessions had to be significantly reduced due to unforeseen challenges, the dedication of presenters who chose to proceed with their topics despite the circumstances made it possible to share and refine research findings. Their commitment provided a valuable opportunity for the exchange and enhancement of academic insights.

The ICORL 2024 Gala Dinner was a highlight of the congress, held in the elegant surroundings of the Suwon Convention Center. The evening began with warm welcome remarks by Kyung-Su Kim, Congress President, and Byung Chul Kim, President of the Korean Association of Otolaryngologists. This was followed by congratulatory remarks from Jun Ho Lee, Chairman of the Korean Society of ORL-HNS, and Özgür Yigit, Former President of the Turkish Society of ORL-HNS.

The toast set the tone for a night of camaraderie and celebration. The program also included special messages from representatives of MOU societies, such as Thomas Hjuler (Chairman of the Danish Society of ORL-HNS), Iwasaki Shinichi (Nagoya City

University, Japan), Tsung-Lin Yang (National Taiwan University, Taiwan), Kwanchanok Yimtae (Khon Kaen University, Thailand), Jeffrey Suh (UCLA, United States), and Kenneth Lee (UT Southwestern, United States), highlighting the global spirit of collaboration.

A special performance by the musical group BoBoBerry captivated the audience, creating a lively and festive atmosphere. The evening not only celebrated the success of ICORL 2024 but also strengthened bonds among the international otolaryngology community.

The ICORL 2025 will take place from Friday, April 18, to Sunday, April 20, 2025, at the same venue, the Suwon Convention Center. Marking the 10th anniversary of ICORL, the event will feature a diverse array of speakers from various countries, engaging topics, and presentations on cutting-edge research. It promises to provide an even richer and more profound platform for academic exchange and collaboration.

As spring blossoms in 2025, we look forward to gathering at the Suwon Convention Center to share knowledge and experiences, celebrating a global festival of harmony and scholarly engagement. We hope to see you there!



Figure 1. Group photo taken after the opening ceremony.



Figure 2. Gala dinner.

The 14th Annual Korean-American Satellite Symposium (KASS) and International Visiting Scholarship (IVS) Award at the AAO-HNSF 2024 Meeting



Sookyung Park, M.D., Ph.D.
Department of Otolaryngology-Head and Neck Surgery,
Chungnam National University Sejong Hospital

Greetings, I am Dr. Sookyung Park, currently practicing as a rhinology specialist, affiliated as a professor at Chungnam National University Sejong Hospital, Korea. I am honored to introduce myself and share my experience at the 14th Annual Korean-American Satellite Symposium (KASS) and AAO-

HNSF International Visiting Scholarship (IVS) program which I received this year with support and sponsorship from the Korean American Otolaryngology Society (KAOS).

I was presented with an honor, as I was selected and awarded to be one of the AAO-HNS International Visiting Scholarship (IVS) awardees. To provide a brief overview of the IVS program, the AAO-HNSF awards a selected number of international visiting scholarships annually to junior academic ENT physicians who reside outside of the US. Invited to attend the AAO-HNSF Annual Meeting, IVS awardees also are mandated of an opportunity to arrange their own observer ship at an academic otolaryngology institution in the US for a minimum of two weeks. The IVS is open to all candidates who meet the eligibility requirements, which requires that the candidate must have completed their resident training, have not attended previous AAO-HNS meetings. The IVS will receive a travel grant of \$2,000 USD, a waiver for AAO-HNSF Annual Meeting registration fees, and an invitation for a one-year free membership in AAO-HNS.

The AAO-HNSF 2024 Annual Meeting was held from September 28th to October 1st in Miami, Florida, USA. As we all know, Miami is one of the world's most popular vacation spots, with trendy nightlife, beaches, art galleries and world-class hotels, so I was very excited about the upcoming meeting. However, just before the conference, hurricane Helen made landfall in Florida, causing significant disruption as attendees, including myself, faced difficulties travelling to Miami. Many flights were cancelled or delayed and there was a palpable sense of relief among those who managed to arrive safely. Fortunately, the weather improved considerably the day before the conference began. The ordeal of arriving at the conference in such challenging conditions became a powerful memory for all attendees. Once the event began, I attended educational sessions that highlighted the latest advances in ear, nose and throat care. The conference featured inspiring keynote speeches on future trends in ENT, such as the impact of artificial intelligence and personalized medicine. In addition, the conference showed cutting-edge research and the latest technologies and products in otolaryngology, which were particularly impressive. Overall, the event not only broadened my knowledge but also

reignited my passion for the field, making it a truly invigorating experience despite the initial weather challenges. During the AAO-HNS conference, all IVS recipients were invited to an orientation in the Global Connections Lounge, where I had the opportunity to meet numerous colleagues practicing otolaryngology at academic institutions worldwide. Discussing certain significant differences in the healthcare system and physician training system, as well as discussing divergence in cultures. The IVS awards were presented during the Global Assembly session. It was truly the most wonderful and grateful moment of my life. I had the privilege of meeting Prof. Eugene Myers, a renowned professor, surgeon, and scholar in our society who has inspired multiple generations of otolaryngologists worldwide. Also, it was an incredible opportunity to be able to attend live lectures delivered by our society's most eminent surgeons.



Attending the AAO-HNSF annual meeting 2024 in Miami, Presentation of IVS awards to all IVS winners of 2024 during the Global Assembly session.

The 14th annual KASS was held called "Korean Night". This is a major annual event at which KORL-HNS and KAOS members gather and familiarize themselves with life in the United States. Briefly mentioning the history of KASS, one of the senior members of KAOS, Prof. Sammy Lee, a casual dinner during the AAO-HNS national meetings back in the 1970-80s was the first initiative form of an unofficial KASS meeting, inviting all the Korean ENT colleagues to attend the yearly AAO-HNS meeting. With the gradual increasing number of Korean ENT surgeons attending the AAO-HNS meeting as well as the growing number of Korean-American otolaryngologists over time, in 1989, during the New Orleans AAO-HNS meeting, the "Korean-American Otolaryngology Society (KAOS)" was founded.

PROGRAM	
KASS & KOREAN NIGHT (Sunday, September 29, 2024)	
5:45 PM-6:00 PM	Registration
6:00 PM-6:20 PM	Welcome
	Guest speaker presentations
	Moderator: Tae-Bin Won (Seoul National University), Jin-Young Min (Kyung Hee University)
6:20 PM-7:30 PM	1. Benjamin S. Bleier (Harvard University) Seeing Further: State of the Art Endoscopic Orbital Surgery 2. Tandy Chiang (Ohio State University) Tissue-engineered trachea: How Creating Grafts for Tomorrow Can Help Us Become Better Surgeons Today
7:30 PM-9:00 PM	Dinner and celebration
INTERNATIONAL SYMPOSIUM	
Session I (Sunday, September 29, 2024 2:30 PM : Ocean Drive B)	
Otology: Current Advances in Cochlear Implantation	
	Moderator: Jun Ho Lee (Seoul National University)
1. Cochlear Implant-induced Cortical Changes in Single-Sided Deafness with Tinnitus	Jae-Jin Song (Seoul National University)
2. Endoscopic-assisted Cochlear Implantation for Hearing Preservation	Jong Dae Lee (Soochunhyang University)
3. Measuring Changes in Neural Activation Associated with Cochlear Implantation in Single-Sided Deafness	Ana H. Kim (Columbia University)
Session II (Sunday, September 29, 2024 4:00 PM : Ocean Drive A)	
Rhinology: Decoding Immunophenotypes in Chronic Rhinosinusitis: Tailoring Treatment Approaches Across Ethnicities	
	Moderator: Chae-Seo Rhoe (Seoul National University)
1. Ethnic Variations in Sinonasal Anatomy and Physiology	Jeffrey D. Suh (University of California)
2. Medical Treatment Options for Difficult-to-treat CRS: Real-World Strategies	Jin-Young Min (Kyung Hee University)
3. Surgical Management Strategy for Recalcitrant CRS Across Ethnicities, Including Reboot Sinus Surgery	Tae-Bin Won (Seoul National University)

The 14th KASS Program During the 2024 AAO-HNSF Annual Meeting

Continuing this tradition, in the late 2000s, the former chair of KORL-HNS, Prof. Chul-Hee Lee, established a formal academic and social gathering known as the Korean-American Satellite Symposium (KASS). Designed to promote knowledge exchange and friendship among otolaryngologists from Korea and the United States, KASS featured a series of advanced lectures by leading experts in the field. Thanks to the dedicated efforts of its early founders and the strong support of both KAOS and KORL-HNS, KASS was not only adopted as an official program of the AAO-HNS, but also recognized as one of its official social events.

An outstanding feature of the 2024 KASS was the invited lectures by two prominent otolaryngologists. Prof. Benjamin S. Bleier from Harvard University presented "Seeing Further: State of the Art Endoscopic Orbital Surgery" and Prof. Tandy Chiang from Ohio State University discussed "Tissue-engineering trachea: How Creating Graft for Tomorrow Can Help Us Become Better Surgeons Today". The session was expertly moderated by Prof. Tae-Bin Won of Seoul National University and Prof. Jin-Young Min of Kyung Hee University, highlighting the depth of expertise and cutting-edge developments shared at the symposium. The 2024 KASS event was hosted at Marseilles Hotel Miami Beach, a venue ideally suited for scholarly presentations, a dinner banquet, and various social engagements. With delightful cuisine and beverages, otolaryngologists from both Korea and the USA exchanged engaging conversations and forged new professional connections. The evening was filled with happiness, enthusiasm, and unity.



2024 KASS and Korean Night was an occasion of joy, making new friends

I was fortunate enough to be selected as this year's IVS awardee and had the unique privilege of not only attending my first AAO-HNS meeting, but also spending two enriching weeks at the University of Alabama Birmingham (UAB) Hospital's Department of Otolaryngology. There, under the warm and expert guidance of Professor Do-Yeon Cho, I visited his clinics, surgical operations and research facilities. During my time at the UAB Hospital, I also explored Prof. Do-yeon Cho's esteemed Olfactory Clinic. In addition, I had the opportunity to attend Prof. Woodworth's remarkable techniques in skull base and sinonasal tumor surgery at his clinic. Going to the US and attending this year's AAO-HNS meeting and 2024 KASS was a major event in my personal and professional life, which inspired me deeply, and changed my life. Lastly, but certainly not least, I cannot express my overwhelming gratitude to Prof. Do-Yeon Cho for their amazing mentorship and heartfelt invitation. Above all, I will be eternally grateful to KAOS for granting me this extraordinary opportunity, which I will always carry on throughout my career.



As a 2024 IVS awardee, with the warm welcome invitation from Prof. Do-Yeon Cho and Prof. Woodworth at the University of Alabama Birmingham Hospital

The 30th Combined Congress of the Korean Society of Otorhinolaryngology-Head and Neck Surgery



Seung Hoon Han

Assistant Secretary of Scientific Committee, KORL-HNS
Hallym University Dongtan Sacred Heart Hospital

The 30th Combined Congress of the Korean Society of Otorhinolaryngology-Head and Neck Surgery was held from October 10 to 12, 2024, at the Gyeongju HICO (HwaBaek International Convention Center). Despite challenges posed by the ongoing medical crisis that limited the participation of residents,

692 participants from across the country gathered in Gyeongju to exchange knowledge and strengthen camaraderie.

Gyeongju, a city steeped in a millennium of history and known as the ancient capital of the Silla Kingdom, offered a unique blend of historical landmarks and natural beauty, providing an inspiring setting for the congress.

The opening ceremony commenced with a welcome address by Congress President Jeong-Soo Kim from Kyungpook National University and remarks by Jun Ho Lee, Chairman of the Korean Society of Otorhinolaryngology-Head and Neck Surgery. Following the ceremony, Professor Chulhong Kim from Pohang University of Science and Technology delivered a lecture on the cultivation of physician-engineers and the development of the bio-health industry.

The lecture provided insights into global trends in the bio-health industry, emphasizing the importance of training physician-engineers and offering profound perspectives on the integration of medicine and engineering.

At the Gala Dinner, attendees enjoyed a delightful evening accompanied by an Operama concert by vocalist Kyung Jung. The highlight of the evening came during his powerful performance of Schubert's "Erlkönig / The Devil", which brought the atmosphere to its peak. The hall was filled with participants who shared camaraderie and friendship, creating a truly memorable and spirited gathering.

This comprehensive academic congress served as a crucial platform over two days, bringing together the research achievements of various sub-specialty societies. It provided an opportunity to share the latest research trends and findings, fostering in-depth discussions.

In addition to comprehensive sessions covering basic and clinical research, a variety of educational programs were organized to address the evolving medical environment. Attendees were able to learn about and exchange insights on the latest advancements and changes in the field of otorhinolaryngology.

The 31st Combined Congress of the Korean Society of Otorhinolaryngology-Head and Neck Surgery is scheduled to take place in Cheongju from October 23 to 25, 2025.



Figure 1. Welcome Remarks of congress.



Figure 2. Group photo taken after the opening ceremony.



Figure 3. A wonderful concert at Gala dinner.

5. KORL-HNS Scholarship for International Visiting Fellows



Guhan Kumarasamy
Malaysia, Severance Hospital

1. Can you introduce yourself?

안녕하세요 all K-ENT Bulletin readers,

I am Dr Guhan Kumarasamy, Otorhinolaryngologist from Malaysia, currently pursuing subspecialty training in Otology and Lateral skullbase surgery.

In our region of South East Asia, Professor Moon In Seok is a superstar in the Otology world. Naturally I was not very optimistic that I will get an opportunity to train with his supervision.

However, despite his stature, he graciously accepted me for a 6 months fellowship in Yonsei Severance Hospital.

And I am very grateful for the generous Scholarship from KORL-HNS which have truly helped my stay in Seoul.

Honestly, before my arrival here, I was not very familiar with the Korean culture, but now, I am very much riding the K-wave!

2. What has been the most impressive place you have visited in Korea?

My favorite place to be is the Hongdae at nighttime when the whole area lights up and becomes lively.

3. What Korean food would you recommend to foreigners new to Korean cuisine?

All the professors, nurses, and clinic staffs have really helped me settle in and suggested various places to visit and food to try. Of these, I think my favorite is the sundubujjigae and samgyapsal.

4. How is hospital life in Korea different from your home country?

In Malaysia, our ENT clinics are occupied majorly by rhinology patients or patients with allergies and head and neck abscesses. I was surprised to see the differences in vase types here and was amazed that in the span of 6 months, I hardly saw any cases of abscess! During my stay here, I learned various techniques and surgeries which I am keen to utilize in my home country. Prof In Seok Moon had been extremely patient with me, guiding me through various complex surgeries. I could never thank him enough.

5. What do you think are the pros and cons of the Korean medical system? How about the training program in Korea?

The only downside of Korean healthcare is the ongoing protest by junior doctors. It has really added workload to the already busy senior doctors. I hope this will resolve soon.

6. What is the last thing you would like to share?

Most of all I will cherish the gift of friendship and comradeship that I received here. Thank you.



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Dorjsuren Tsagaankhuu
Mongolia, Korea University Ansan Hospital

1) Can you introduce yourself?

My name is Dorjsuren Tsagaankhuu (Dr.Dorjoo). I am from Mongolia and hold both a bachelor's and a master's degree from the Mongolian National University of Medical Sciences. I completed my fellowship at the University of Utah and participated in an international fellowship program at Severance Hospital in 2020. Following that I began working as an Otorhinolaryngologist at the First Central Hospital of Mongolia. I started my fellowship program in 2023 at Korea University Ansan Hospital.



2) What has been the most impressive place you have visited in Korea?

Busan was the most impressive place I visited because it is a modern city located by the sea, attracting many young people.



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3) What Korean food would you recommend to foreigners new to Korean cuisine?

While many foreigners enjoy dishes like Samgyeopsal (grilled pork belly) 삼겹살, Kimchi Jjigae (kimchi stew) 김치찌개, and tteokbokki (spicy rice cakes) 떡볶이, I recommend trying Bossam 보쌈. This dish features a large plate of sliced boiled pork served with at least three types of kimchi, raw garlic, dipping sauces, and various greens for wrapping.

4) How is hospital life in Korea different from your home country?

There are several differences in hospital life. In Korea, teamwork is emphasized, and there is a diverse range of medical practices and medications used.

5) What do you think are the pros and cons of the Korean medical system? How about the training program in Korea?

The Korean medical system offers significant opportunities for foreign doctors, as they can encounter a wide variety of cases and techniques. However, there may be challenges in adapting to the local practices and regulations.

6) What is the last thing you would like to share?

If you want to improve your surgical skills or medical knowledge, I encourage you to learn from Korea, which is recognized as one of the most developed countries in the world in terms of healthcare.



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6. Upcoming International ORL-HNS Conferences in South Korea 2025

ICORL 2025, Tinnitus Research Initiatives 2025

Year	Date	Name	Location	Webpage	Special event
2025	April 18-20	The International Congress of Otorhinolaryngology-Head and Neck Surgery (ICORL) 2025	Suwon Convention Center, Suwon, Gyeonggi-do, Korea	https://www.koreaorlmeeting.org	The 10 th Anniversary of ICORL International Fellow Homecoming Session
	May 15-18	Tinnitus Research Initiative Conference 2025 (TRI 2025 Seoul)	Seoul Dragon City, Seoul, Korea	https://www.tri2025seoul.org	Meet the Experts, Local Session and Local Workshop



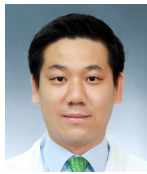
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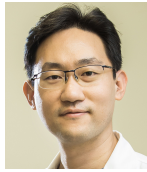
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Sue Jean Mun

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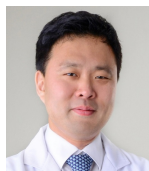
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