

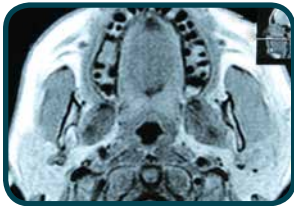


Faculty:
Nafi Aygun, MD
 Course Director
 Johns Hopkins University

Course Date

August 16–18 (Fri. – Sun.) (Australia)

Course Overview



What part of the body engenders more fear in a radiologist than the head and neck? Your concerns will be eliminated by this special offer course taught by giants in the field of head and neck radiology.

This three-day head and neck neuroradiology course, conducted by Course Director Nafi Aygun, MD, will address all the difficult anatomy and pathology of the head and neck. The material will include

predominantly CT and MR imaging with advanced application techniques also applied to ultrasound and PET/CT. Emphasis will be placed on the TNM staging of cancers of the aerodigestive system, the intricate anatomy of the sinonasal cavity, lesions that arise from and cross the skull base, and deep space tumors of the neck. Plus discover the most common sources of anxiety: lesions of the temporal bone, the brachial plexus and the teeth.

Attendees will learn the appropriate work-up of incidental thyroid nodules, enlarged lymph nodes and cysts in the head and neck. This is the definitive course that will shore up a weak area in nearly every radiologist's repertoire. Sixteen 30-minute lectures will create the foundation for reviewing over 180 head and neck cases during this three-day seminar. Return home the superstar of neuroradiology of head and neck imaging.

Program Objectives

At the conclusion of this course, participants will be able to:

- Improve reporting of head and neck cancer imaging studies through familiarity with the AJCC TNM staging system
- Provide a concise differential diagnosis of red and white retrotympic middle ear masses
- Describe sinonasal and osteomeatal complex inflammatory disease in a way that assists the endoscopic sinus surgeon and highlights potential and existent complications
- Describe the role of ultrasound, fine needle aspiration, and PET/CT in the work-up and follow-up of masses in the neck
- Locate an extramucosal mass in the head and neck in a fascia-lined space and provide a limited differential diagnosis for lesions in that space
- Differentiate among the common cysts and solid masses arising from the teeth

Workstation

FUJI Synapse

Certificate

Attendees who interpret a minimum of 100 cases will be awarded a Certificate of Completion in Neuroradiology of the Head and Neck.

	7:00 a.m.	Workstation Introduction
	8:00 a.m.	Nasopharynx and Skull Base
	8:30 a.m.	Oral Cavity and Oropharynx
	9:00 a.m.	ACR Case Engine Introduction
	9:15 a.m.	Supervised Case Review
	10:00 a.m.	Break
	10:15 a.m.	Supervised Case Review
	11:30 a.m.	Larynx and Hypopharynx
	Noon	Lunch
Day 1	12:30 p.m.	Neck Lymphadenopathy
	1:00 p.m.	Supervised Case Review
	2:45 p.m.	Break
	3:00 p.m.	Thyroid and Parathyroid
	3:30 p.m.	PET/CT of the Head and Neck
	4:00 p.m.	Supervised Case Review
	5:00 p.m.	Questions and Answers
	5:30 p.m.	Break
	6:00 p.m.	Optional Time for Self-Review of Cases

	7:00 a.m.	Optional Time for Self-Review of Cases
	8:00 a.m.	Posterior Skull Base
	8:30 a.m.	Temporal Bone 1: External and Middle Ear
	9:00 a.m.	Supervised Case Review
	10:00 a.m.	Break
	10:15 a.m.	Supervised Case Review
	11:30 a.m.	Temporal Bone 2: Inner Ear and Petrous Apex
	Noon	Lunch
Day 2	12:30 p.m.	Odontogenic Lesions
	1:00 p.m.	Supervised Case Review
	2:45 p.m.	Break
	3:00 p.m.	Suprahyoid Spaces
	3:30 p.m.	Orbits
	4:00 p.m.	Supervised Case Review
	5:00 p.m.	Questions and Answers
	5:30 p.m.	Cocktail Reception
	6:00 p.m.	Optional Time for Self-Review of Cases

	7:00 a.m.	Optional Time for Self-Review of Cases
	8:00 a.m.	Sinonasal Cavity
	8:30 a.m.	Cysts of the Head and Neck
	9:00 a.m.	Supervised Case Review
	10:00 a.m.	Break
	10:15 a.m.	Supervised Case Review
Day 3	11:30 a.m.	Salivary Glands
	Noon	Lunch
	12:30 p.m.	Brachial Plexus
	1:00 p.m.	Supervised Case Review
	2:45 p.m.	Break
	3:00 p.m.	Supervised Case Review
	4:00 p.m.	Course Concludes

Lectures are in bold

“Being able to review cases at our own pace was excellent. This is the best for an advanced experience level. The promise was to see 100 cases but I made it up to 212!”

— Royce J. Biddle, MD
 Premier Radiology, MI

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