

## Dr. Krespi M.D., F.A.C.S

**Dr. Krespi M.D., F.A.C.S.** has specialized otolaryngology studies in halitosis (oral malodor), sinusitis, and obstructive sleep apnea (snoring). His halitosis studies have highlighted his techniques in treating oral malodor with laser treatments, in medical journals, personal articles and a nationally known newspaper. Apart from treating chronic sinusitis, Dr. Krespi has unveiled a new conservative surgical treatment for issues with a patient's sinuses. Regarding obstructive sleep apnea, Dr. Krespi has contributed to textbooks and medical journals, along with his own personal articles. His recognition within the medical community has led him to many interviews and scholarly references throughout his career.

## Halitosis

### Print Material

- **“Laser-assisted Serial Tonsillectomy,” *J Otolaryngol Oct*, 23(5): 325-7, 1994.**  
Written with E.H. Ling.
- **“Laser tonsil surgery,” *Principles and Practice of Lasers in Otorhinolaryngology and Head and Neck Surgery*, 2002: pp 395-414.**  
Written for the textbook with S. Kaluskar, M. Remacle and A. Kacker.
- **“A New York doctor pioneers a remedy to zap bad breath with a liaser,” *New York Daily News*, March 1, 2009.**  
Read the full newspaper article about [Dr. Krespi's laser treatments](#).
- **“The relationship between oral malodor and volatile sulfur compound-producing bacteria,” *American Academy of Otolaryngology – Head and Neck Surgery Foundation*, 2006: pp 671-676.**  
Written with Mark G. Shrime, MD, and Ashutosh Kacker, MD.
- **“Tonsillolith: Not just a stone but a living biofilm,” *Otolaryngology – Head and Neck Surgery*, May 2009.**  
Written with Paul Stoodley, PhD, Dirk deBeer, PhD, Mark Longwell, BS, Laura Nistico, PhD, Luanne Hall-Stoodly, PhD, and Bruce Wenig, MD.

## Sinusitis

[Head and Neck Institute – The Center for Sinus and Allergy](#)

### Research Studies

- “Laser Assisted Treatment of Chronic Sinusitis With and Without Light Activated Agents”  
<http://clinicaltrials.gov/ct2/show/NCT00948519?term=laser+assisted+treatment+of+chronic+sinusitis&rank=1>

## Videos

- **Balloon dilatation of maxillary sinus**  
<http://www.youtube.com/watch?v=d4AqSyZh7sE>
- **Endoscopic laser-assisted maxillary sinus surgery**  
<http://www.youtube.com/watch?v=ZTENvA4Ouk0>

In addition, Dr. Krespi has also completed research confirming the improvement of a transantral endoscopic balloon dilatation by inserting surgical tools into the antrum – a study that also worked with maxillary mucosal cysts (MMC), polyps, limited infections and adhesions around the ostiomeatal complex (OMC).

To improve the comfort of his patients, Dr. Krespi uses a less invasive approach to sinus surgery through [Entellus](#).

## **Obstructive Sleep Apnea** [The Center for Sleep Disorders](#)

### Print Material

- “Hyoid Suspension for Obstructive Sleep Apnea,” *Operative Techniques in Otolaryngology – Head and Neck Surgery*, Volume 13, No 2, June 2002, Pages 144-149.

The full article may be purchased. The abstract is as follows:

Obstructive sleep apnea (OSA) syndrome is a life-threatening condition with a reported prevalence of up to 4% among adult men in the United States. Upper airway obstruction most often results from collapse of excess soft tissue in the soft palate, tonsillar pillars, tongue, tongue base, and hypopharyngeal walls. Surgical therapies for hypopharyngeal obstruction and collapse range from midline glossectomy to mandibular advancement and hyoid suspension. These complex, invasive procedures entail considerable morbidity and exhibit moderate results. We introduce the technique of hyoid suspension/myotomy (HSM) as an adjunctive procedure to relieve or ameliorate OSA resulting from an obstructive tongue base. HSM has been performed with the Repose™ Bone Screw System (Influent, Inc., San Francisco, CA) in a multicenter setting on 55 patients. The majority of the patients were male with moderate to severe OSA confirmed by polysomnographic study. Over 90% of the hyoid suspensions were performed in conjunction with or following other upper airway procedures such as uvulopalatopharyngoplasty (UPPP), nasal septoplasty, tonsillectomy, and/or laser lingual tonsillectomy. Eighty-five percent of the patients were admitted for observation overnight. The average length of hospital stay was 1.4 days. The time needed to perform the hyoid suspension averaged 25–30 min. All patients tolerated the procedure well, with no significant intra- or postoperative complications. Airway obstruction was not encountered in any patient. Follow-up 3–15 mo postoperatively showed improvement of OSA symptoms in over 90% of patients. Follow-up polysomnographic studies performed 3 mo to 1 yr postoperatively revealed significant improvement in the apnea-hypopnea index (AHI), ranging from 30 to 90% correction. HSM can serve as a simple, effective adjunct surgical procedure for OSA due to tongue base collapse. The procedure is relatively quick, easy to perform, minimally invasive, and safe. Our early results show subjective and objective improvement in the severity of OSA.

- **“Laser-assisted surgery for snoring and obstructive sleep apnea,” *Principles and Practice of Lasers in Otorhinolaryngology and Head and Neck Surgery*, 2002: pp 381-394.**

Written for the textbook with Y.V. Kamami, R. Simo, and A. Kacker.

- **“Laser-Assisted Uvula-Palatoplasty for Snoring,” *The Journal of Otolaryngology*, Volume 23, Number 5, 1994.**

Written with Steven J. Pearlman, MD, and Anat Keidar, PhD.

- **“Laser-assisted uvulopalatoplasty for the treatment of snoring,” *Operative Techniques in Otolaryngology-Head and Neck Surgery*, Volume 5, Issue 4, December 1994, Pages 228-234**

Written with Anat Keidar, PhD.

The full article may be purchased. The abstract is as follows:

Laser-assisted uvulopalatoplasty (LAUP) is an effective surgical procedure for the elimination of loud, habitual snoring. LAUP is performed under local anesthesia in a physician's office or an ambulatory surgery center and uses the CO<sub>2</sub> laser to enlarge the oropharyngeal air space by reshaping and restructuring the uvula, velum, and pharyngeal pillars. LAUP can also reduce the severity of obstructed breathing that occurs during sleep in patients with mild-to-moderate obstructive sleep apnea (OSA) and upper airway resistance syndrome (UARS). Based on experience with over 500 patients whom we evaluated and treated during the past 2 years, LAUP is a simple, reliable, and efficacious procedure. Proper preoperative selection of patients and adequate assessment of all potential stenosis site(s) yielded a cure rate of 86%. Of the remaining patients, 7% reported significant reduction in their snoring loudness. The rationale, procedure, and clinical outcome pertaining to LAUP are addressed.

Using only the highest quality treatments and surgical procedures for OSA, Dr. Krespi may use GAHM (Genioglossus, Advancement, Hyoid, Myotomy) procedures. He is dedicated to providing the best, specialized care for his patients. To better understand the needs of the patient, and therefore treat him more accurately, Dr. Krespi may ask a patient to complete the sleep study through [Sleep Solutions and NovaSom](#).

Aiding his pursuit to provide the newest, least painful and most beneficial treatments is Dr. Krespi's research. After conducting studies, he proudly introduced a new laser assisted method for snoring, palatal stiffening via transoral, retrograde interstitial laser coagulation. His method eliminates the postsurgical discomfort previously associated with minimally invasive procedures to treat snoring.