



**Mario
Fabiani**

DATA DI NASCITA:
12/09/1948

CONTATTI

Nazionalità: Italiana

Genere: Maschile



ESPERIENZA LAVORATIVA

01/11/2018 – Roma, Italia

ATTUALMENTE IN QUIESCENZA

Università di Roma "Sapienza"

Università di Roma "Sapienza" / Istruzione / P.le Aldo Moro, 00185, Roma, Italia

01/11/2011 – 31/10/2018 – Roma, Italia

Professore Ordinario di Audiologia

Università di Roma "Sapienza"

01/11/2016 – 31/10/2018 – Roma, Italia

Direttore dell'Unità Programmatica di Diagnosi e Terapia dei disturbi respiratori del Sonno

Azienda Policlinico Umberto I

L'Unità visita, diagnostica (con polisomnografia) e cura con terapia medica, ventilatoria e chirurgica i disturbi respiratori del sonno negli adulti (circa 30 pazienti a settimana con attività di consulenza ambulatoriale e ospedaliera).

L'Unità è composta da 4 Medici e 5 Studenti di Medicina

01/11/2001 – 31/10/2018 – Roma, Italia

Direttore Scuola di Specializzazione in Audiologia e Foniatria delle Università di Roma & Firenze, Siena e L' Aquila

Università di Roma "Sapienza"

Coordinamento delle attività didattiche e scientifiche degli Medici alunni delle scuole di specializzazione di 4 Università Federate.

01/10/2016 – 31/10/2018 – Roma, Italia

Direttore del Master di II livello in Diagnosi e Terapia dei Disturbi Respiratori del Sonno

Università di Roma "Sapienza"

Organizzazione, coordinamento e indirizzo delle attività teoriche e pratiche di 32 Docenti Professori universitari per 12 Discenti laureati in medicina

01/11/2005 – 31/10/2016 – Roma, Italia

Primario dell'Unità Operativa di Foniatria

Azienda Policlinico Umberto I

L'Unità sottopone a visite e cure con terapia medica e chirurgica disturbi del linguaggio e problemi della laringe e della deglutizione in adulti e bambini (circa 30 pazienti al giorno con attività di consulenza ambulatoriale e ospedaliera). L'unità è composta da 5 Medici e 2 Logopedisti

01/11/1985 – 31/10/2001 – Roma, Italia

Professore Associato di Audiologia

Università di Roma "Sapienza"

01/11/1997 – 31/10/2012 – Roma, Italia

Presidente Corso di Laurea in Tecniche Audioprotesiche

Università di Roma "Sapienza"

ISTRUZIONE E FORMAZIONE

01/10/1963 – 31/07/1967 – Via Sicilia 168, Roma, Italia

Maturità Classica

Liceo Classico "Torquato Tasso"

01/11/1969 – 15/07/1974 – P.le Aldo Moro 5, Roma, Italia

Laurea Medicina e Chirurgia

Università di Roma "Sapienza"

110/110 e lode | I Tumori maligni dell'Osso e del Seno Mascellare.
Classificazione TNM. | Livello 7 EQF

01/11/1975 – 31/10/1978 – P.le Aldo Moro 5, Roma, Italia

Specializzazione in Otorinolaringoiatria e Patologia Cervico-Facciale

Università di Roma "Sapienza"

Campi di studio

- Salute e assistenza

70/70 e lode | Potenziali evocati uditivi e diagnosi del neurinoma dell'acustico | Livello 8 EQF

01/11/1978 – 31/10/1981 – P.le Aldo Moro 5, Roma, Italia

Specializzazione in Medicina dello Sport

Università di Roma "Sapienza"

Campi di studio

- Salute e assistenza

70/70 e lode | Le esostosi del condotto uditivo esterno negli sports acquatici | Livello 8 EQF

01/11/1985 – 31/10/1986 – P.le Aldo Moro 5, Roma, Italia

Perfezionamento in Audiologia Infantile

Università di Roma "Sapienza"

Campi di studio

- Salute e assistenza

Livello 8 EQF

01/11/1977 – 30/06/1978 – Ein Kerem, Jerusalem, Israele

Research Fellow

Dept of Neurophysiology - Hebrew University - Hadassah Medical School

Fisiologia del Sistema Uditivo. Origine e significato clinico delle Risposte Evocate Uditive dal Tronco Encefalico. Studio dei processi maturativi delle vie uditive nella prima e seconda infanzia.

Campi di studio

- Salute e assistenza

Livello 8 EQF

01/01/1981 – 30/04/1981 – 243 Charles Street , Boston, Stati Uniti

Research Fellow

Harvard University - Massachussets Eye & Ear Infirmary

Patologia ed Istopatologia dell'Orecchio Medio e dell'Orecchio Interno

Campi di studio

- Salute e assistenza

Livello 8 EQF

One Boston Medical Center Pl, Boston,, Stati Uniti

Research Fellow

Boston University - Boston City Hospital

Teoria e Pratica dell'applicazione del Laser CO2 nella Chirurgia Otorinolaringoiatrica

Campi di studio

- Salute e assistenza

Livello 8 EQF

01/03/1981 - 31/05/1981 - 77 Massachusetts Ave, Cambridge, Stati Uniti

Observer

Massachussets Institute of Technology - Man Vehicle Laboratory

Studio dell'equilibrio e del comportamento vestibolare nello Spazio in assenza di gravità.

Campi di studio

- Salute e assistenza : *Salute e assistenza non classificate altrove*
- Ingegneria, attività manifatturiere e costruzioni : *Autoveicoli, navi e aeromobili*

01/03/1985 - 31/05/1985 - Gray's Inn Road, London, Regno Unito

Research Fellow

The Royal Institute of Laryngology, Rhinology and Otology

Studio delle Otoemissioni Acustiche Evocate e loro applicazione nei programmi di screening uditivi universali nei neonati.

Campi di studio

- Salute e assistenza : *Diagnostica e tecnologia medica*

Livello 8 EQF

COMPETENZE LINGUISTICHE

LINGUA MADRE: Italiano

ALTRE LINGUE:

inglese

Ascolto
C1

Lettura
C2

**Produzione
orale**
B2

**Interazione
orale**
B2

Scrittura
C2

COMPETENZE DIGITALI

Padronanza del Pacchetto Office (Word Excel PowerPoint ecc) / Gestione autonoma della posta e-mail / Posta elettronica / GoogleChrome / Microsoft Office / Utilizzo del browser / Google / InternetExplorer / Buona padronanza del pc dei software ad esso correlati e del pacchetto Office / Windows / Mozilla Firefox / Outlook / Android / office / configurazione pc / Gmail / Zoom

PUBBLICAZIONI

Autore di più di 200 Pubblicazioni Nazionali ed Internazionali. Si elencano solo le più citate nella letteratura scientifica

Severity of OSAS, CPAP and cardiovascular events: A follow-up study. Baratta F, Pastori D, Fabiani M, Fabiani V, Ceci F, Lillo R, Lolli V, Brunori M, Pannitteri G, Cravotto E, De Vito C, Angelico F, Del Ben M.

Eur J Clin Invest. 2018 May;48(5) I.F.3.086 2018

Background: Previous studies suggested obstructive sleep apnoea syndrome (OSAS) as a major risk factor for incident cardiovascular events. However, the relationship between OSAS severity, the use of continuous positive airway pressure (CPAP) treatment and the development of cardiovascular disease is still matter of debate.

Study objectives: The aim was to test the association between OSAS and cardiovascular events in patients with concomitant cardio-metabolic diseases and the potential impact of CPAP therapy on cardiovascular outcomes. Conclusions: Our findings support the role of moderate/severe OSAS as a risk factor for incident MACCE. CPAP treatment was not associated with a lower rate of MACCE.

Long-term prediction of adherence to continuous positive air pressure therapy for the treatment of moderate/severe obstructive sleep apnea syndrome. Baratta F, Pastori D, Bucci T, Fabiani M, Fabiani V, Brunori M, Loffredo L, Lillo R, Pannitteri G, Angelico F, Del Ben M.

Sleep Med. 2018 Mar;43:66- 70 I.F.0.99 2018

Background: Continuous positive airway pressure (CPAP) therapy is a highly effective treatment for obstructive sleep apnea syndrome (OSAS). However, poor adherence is a limiting factor, and a significant proportion of patients are unable to tolerate CPAP. The aim of this study was to determine predictors of long-term non-compliance with CPAP.

Methods: CPAP treatment was prescribed to all consecutive patients with moderate or severe OSAS (AHI>15 events/h) (n = 295) who underwent a full-night CPAP titration study at home between February 1, 2002 and December 1, 2016. Adherence was defined as CPAP use for at least 4 h per night and five days per week. Subjects had periodical follow-up visits including clinical and biochemical evaluation and assessment of adherence to CPAP.

Results: Median follow-up observation was 74.8 (24.2/110.9) months. The percentage of OSAS patients adhering to CPAP was 41.4% (42.3% in males and 37.0% in females), and prevalence was significantly higher in severe OSAS than in moderate (51.8% vs. 22.1%; p < 0.001; respectively). At multivariate analysis, lower severity of OSAS (HR ¼ 0.66; CI 95 0.46e0.94) p <

0.023), cigarette smoking (HR ¼ 1.72; CI 95 1.13e2.61); p ¼ 0.011), and previous cardiovascular events (HR ¼ 1.95; CI 95 1.03e3.70; p ¼ 0.04) were the only independent predictors of long-term non-adherence to CPAP after controlling for age, gender, and metabolic syndrome.

Conclusions: In our cohort of patients with moderate/severe OSAS who were prescribed CPAP therapy, long-term compliance to treatment was present in less than half of the patients. Adherence was positively associated with OSAS severity and negatively associated with cigarette smoking and previous cardiovascular events at baseline.

Obstructive sleep apnoea syndrome and the metabolic syndrome in an internal medicine setting. Angelico F, Del Ben M, Augelletti T, De Vita R, Roma R, Violi F, Fabiani M.

EUR J OF INT MED, 2010 vol. 21; p. 191-195 I.F. 1.657 (2010)

Background: Obstructive sleep apnoea syndrome (OSAS) is widely accepted as a cardiovascular risk factor. Lately it has been considered in turn as both a component and one of the causes of the metabolic syndrome (MS).

Methods: We studied 281 heavy snorers of both sexes consecutively attending a metabolic clinic. Aim was to evaluate the association of OSAS and MS in a large series of patients within an internal medicine setting. Patients underwent a clinical and biochemical work up and performed unattended polysomnography.

Results: Of 226 non-diabetic snorers, 48 had primary snoring; 54 mild, 51 moderate, and 73 severe OSAS. A positive association was found

between OSAS severity, central obesity indices and the mean metabolic score ($p=0.016$). Prevalence of hypertension increased with OSA severity ($p=0.010$). Polysomnographic indices were correlated with the metabolic score, insulin levels and central obesity indices. At regression analysis, male sex ($t=3.92$; $p=0.000$) and waist circumference ($t=3.93$; $p=0.000$) were independently associated with AHI (apnoea/hypopnoea index), while ODI (oxygen desaturation index) and waist circumference were the independent predictors ($t=2.16$; $p=0.033$ and $t=3.74$; $p=0.000$ respectively) of the metabolic score. Prevalence of OSA was 83% in 55 patients with diabetes and 34% had severe OSA. Almost all diabetics with OSA had MS. The metabolic score was higher in diabetic OSA as compared to non-diabetic OSAS ($p=0.000$).

Conclusions: Our findings show a high prevalence of OSAS among patients referred to a metabolic outpatient clinic because of suspected metabolic disorders and heavy snoring and suggest a strong bidirectional association between OSAS and MS.

Coblation Surgery for reducing Tonsil Volume in Adults and Children. Fabiani M., Saponara M. (2000).

OTOLARYNGOLOGY-HEAD AND NECK SURGERY, vol. 123; p. 76, ISSN: 0194-5998 I.F. 1.565 2000

Objectives: Tonsillectomy is a simple hospital procedure performed with the patient under general anesthesia. With any current traditional method, there are risks and side effects. Sometimes, as in cryptic tonsillitis, the risks are believed to be higher than those of the disease. Radiofrequency (RF) surgery has found a field of application in the therapy of obstructive diseases causing snoring and obstructive sleep apnea syndrome. Coblation (cold ablation) is a new weapon in soft tissue surgery. It is based on molecular dissociation and delivers very low calor to tissues transforming interstitial and cellular fluids in a plasma scalpel. This is achieved by placing an electrically conductive fluid in the physical gap between the electrode and tissue, and it is also capable of producing coagulation of smaller blood vessels. Coblation is a bipolar system and requires no grounding pads.

Methods: Volumetric reduction of tonsils will be presented on 16 adult patients and children more than 7 years old with a follow-up time of 2 to 6 months after surgery. Coblation was performed with patients under local anesthesia in an outpatient clinic. Patients were all free of active tonsillar infection and were treated with antibiotics for 5 days before the procedure. A wand connected to the RF generator was placed into the enlarged tonsil in 4 locations. RF energy was applied in a limited area around the electrode for 15 seconds. Within 4 to 6 weeks following the procedure, the tonsillar size was evaluated by objective methods. Postoperative complications and breathing during sleep were also evaluated.

Results: Patients experienced no discomfort during the treatment. Average reduction after the first treatment was calculated to be 57.8% (range 47%-71%). All patients operated on for obstructive sleep apnea syndrome underwent a postoperative polysomnography that showed significant reduction of the apnea-hypopnea index. Tonsil mean volume reduction was calculated to be 57.8% (range 47%-71%). Coblation results were compared to results obtained in homogeneous groups of patients who underwent tonsillectomy with traditional scalpel (107 subjects), thermocautery (34 subjects), laser (25 patients), and monopolar RF (41 patients) following 5 parameters evaluated 2 weeks postoperatively: hemorrhage, nasal reflux, throat pain, obstructive edema, increased snoring, and fever. Coblation was found to be significantly less traumatic in the postoperative period.

Conclusion: Coblation is a new method using RF to reduce the volume of the enlarged tonsils. This treatment may be associated with a number of surgical and clinical advantages, including better operative results, reduced surgical time, and less postoperative pain, bleeding, edema, snoring, and fever. We think that the Coblation technique could replace, at least in selected cases, other methods of treatment for tonsillar surgery.

ROLE OF TRANSIENT EVOKED OTOACOUSTIC EMISSIONS FOR HEARING PRESERVATION IN ACOUSTIC NEUROMA SURGERY R.Filipo, R.Delfini, M.FABIANI, A.Cordier, M.Barbara

Am J. Otol. 18: 746-749; 1997 I.F. 0.932 1997

Objective: This study aimed to assess whether transient-evoked otoacoustic emissions (TEOAEs), which are known to be expressions of an intact cochlear function, could be useful for the rationale of hearing preservation in acoustic neuroma (AN) surgery. Study Design: The TEOAEs were measured before, during, and after surgery in a consecutive series of patients affected by cerebellopontine angle tumors. Intervention: Retrosigmoid approach on the ground of the limited AN size (within 20 mm) and the 30/70 rule, as proposed by the

American Academy of Otolaryngology-Head and Neck Surgery nomogram. on a total of 5 patients, two were selected despite a poor hearing level and the absence of TEOAEs. Main Outcome Measures: Preoperative and postoperative pure tone audiometry compared with TEOAEs. Intraoperative TEOAEs were compared with electrocochleographic findings. Results: The TEOAEs were found to be present also in patients with AN with poor pure-tone average (PTA) threshold (i.e., >75 dB). Intraoperatively, TEOAEs recording showed to be markedly affected by the environmental noise as well as by specific intraoperative maneuvers, such as drilling of the internal auditory canal or tumor removal or both. In the three patients in whom hearing successfully was preserved, TEOAEs were present in the first postoperative days, despite a temporary deterioration of the PTA threshold.

Conclusions: The intraoperative use of TEOAEs showed to be scarcely reliable, whereas their presence in the preoperative assessment of patients with AN could lead to an extended number of patients to be selected for hearing-preservation surgery. Finally, an early postoperative identification of TEOAEs may be considered a favorable prognostic sign for foreseeing a delayed pure-tone hearing threshold recovery. Key Words: Acoustic neuroma-Hearing preservation-Transient-evoked otoacoustic emissions-Retroigmoid approach.

AUDITORY EVOKED POTENTIALS FOR THE ASSESSMENT OF NOISE INDUCED HEARING LOSS. Fabiani M., Mattioni A., Saponara M., Cordier A.

Scand. Audiol. 1998 27 Suppl. 48: 147-153 I.F. 0.720 1998

As it has been demonstrated in many animal experiments, noise can damage the cochlea and the central auditory pathways.

It is very difficult in clinical studies to separate the relative contribution of both these sites. Auditory evoked potentials ABR, MLR and SVR study retrocochlear nervous conduction and collectively the results of these techniques proved an objective evaluation of the cochlear function.

The Authors have studied a group of 130 sport shooters with high frequency hearing loss and found that in 38 ears a clear retrocochlear component could be recognized.

Correlation with intensity, frequency and length of exposure to the traumatic noise demonstrates that explosive noise is an agent for NIHL. However athletes exposed to similar noises did not suffer from similar hearing loss, probably because of the well known individual noise susceptibility.

WAVE VII RECOGNIZABILITY IN BRAINSTEM AUDITORY EVOKED POTENTIALS Fabiani M., Casini A., Marullo T.

Acta Neurologica Scandinavica 67: 312-315; 1983. I.F. 3.087

Brainstem auditory-evoked potentials (BAEP) recorded with a far-field from the scalp technique are generally described as 7 positive waves in the initial post-stimulatory 10 ms period. Also at high stimulus intensities, the Jewett wave VII appears to be undetectable in the majority of normal subjects. We present an original recording method to reproducibly detect this late BAEP wave. 48 normal ears were examined and wave VII was detectable in all the recordings with clicks delivered at an intensity of 75 dBHL.

A MATHEMATICAL EXPRESSION FOR THE RELATIONSHIP BETWEEN AUDITORY BRAINSTEM TRANSMISSION TIME AND AGE. Fabiani M., Sohmer H., Tait C., Bordieri O.

Developmental Medicine and Child Neurology 26: 461-465; 1984 I.F. 3.615 1984

Brainstem transmission time (BTT) was studied in 71 subjects ranging in age from one day to 29 years in order to find a mathematical expression to best describe the relationship between BTT and age. The mathematical function which relates BTT to age is exponential. Using this data, the BTT confidence limit was calculated for subjects from birth through to eight years. Repeated recordings of auditory brainstem responses were performed in several children as they grew older and these verified the normal maturational processes of the brainstem structures in the developing infant and young child.

A FUNCTIONAL MEASURE OF BRAIN ACTIVITY: BRAINSTEM TRANSMISSION TIME. Fabiani M., Sohmer H., Tait C., Gafni M., Kinarti R.

Electroencephalography and Clinical Neurophysiology 47: 483-491; 1979.

Surface-recorded auditory nerve and brain stem responses are being used routinely for diagnostic purposes in man. When interest is in auditory diagnosis, the electric response threshold is of primary importance. However, when used in neurological diagnosis, the wave form of the response is important. As a measure of one aspect of response wave form, this paper suggests the use of brain stem transmission time (BTT), defined as the time interval between the first earlobe-negative wave (response of the auditory nerve - the 'input' to the brain stem) and the earlobe-positive wave from the region of the inferior colliculus (the 'output' of the brain stem). The paper shows that BTT is longest in neonates, approaches adult values at the age of about 3 years, is relatively independent of click intensity, conductive hearing loss (middle ear lesion), click rate (except for high rates) and click frequency (filtered clicks). The finding that in a given age group, BTT is generally independent of most stimulus conditions, makes it a useful functional test of brain stem activity.

LIBRI

1) MENIERE DISEASE. PATHOGENESIS, PATHOPHYSIOLOGY, DIAGNOSIS AND TREATMENT.

Nadol ed.. Kugler & Ghedini, Amsterdam 1989.

ULTRA-HIGH FREQUENCY THRESHOLD IN MENIERE DISEASE. PRELIMINARY RESULTS.

M.Fabiani, G.A.Bertoli, R.Filipo pp.403-7

2) SPORTS, MEDICINE AND HEALTH. G.P.H.Hermans editor. Elsevier Science Publisher B.V.

(Biomedical Division), Amsterdam 1990.

SENSORINEURAL HEARING LOSS IN SHOTGUN SPORT SHOOTERS

M.Fabiani, E.Gobbi, G.Petrolito pp. 1111-1117

3) POTENZIALI EVOCATI UDITIVI F.Grandori - A.Martini Eds. ISBN 88-299-1072-74. Piccin, Padova 1995.

LE RISPOSTE UDITIVE EVOCATE TRONCO-ENCEFALICHE (ABR). Le misure di latenza.

M.Fabiani pp.166-171

4) SURGERY FOR SNORING AND OBSTRUCTIVE SLEEP APNEA. Mario Fabiani ed. ISBN 10: 90-6299-182-3, ISBN 13: 978-90-6299-182-2 Kugler Publications 2003 xiii and 624 pages. 277 figures, of which 25 in full color, and 50 tables.

5) FUNDAMENTALS OF SLEEP TECHNOLOGY N.Butkov, Teofilo Lee-Chiong Eds ISBN/ISSN: 9780781792875 Lippincott Williams & Wilkins, 2007 CENTRAL SLEEP APNEA. L.A. Linley, E. Papadima, M.Fabiani pp. 124-130

6) A NEW TEST OF BRAIN FUNCTION: BRAINSTEM TRANSMISSION TIME. M.FABIANI,

H.Sohmer, C.Tait, M.Gafni, R.Kinarti. Human Evoked Potentials: Applications and Problems. Eds.

D.Lehmann e E.Callaway, pg. 454; Plenum Press. New York 1979.

7) SIGNAL-NOISE RATIO IN BRAINSTEM AUDITORY EVOKED POTENTIALS, M.Fabiani

P.Ricciotti, T.Marullo . Abstracts of IX Biennial International Symposium of NATO International ERA Study Group, pg.21; Erlangen 1985.

8) ULTRA-HIGH FREQUENCY THRESHOLD IN MENIERE DISEASE. PRELIMINARY

RESULTS. M.Fabiani, G.A.Bertoli, R.Filipo In: Meniere Disease. Pathogenesis, Pathophysiology, Diagnosis and Treatment. Nadol ed.ppgg.403-7. Kugler & Ghedini, Amsterdam 1989.

9)NEW TRENDS IN PRE-SCHOOL SCREENING METHODS: COCHLEAR ECHOES. M.FABIANI,

S.Anastasi, M.A. Pascarella, H.Braho In "The child and the environment " R.Fior, G.Pestalozza editors. Excerpta Medica, Amsterdam, London, New York, Tokio, 1993. ppgg 295-297.

ATTIVITÀ SOCIALI E POLITICHE

01/01/2010 - 31/12/2016

● **Consulente Medico Nazionale dell'Associazione Nazionale Sordi per le Protesi Acustiche e gli Impianti Cocleari**

Roma

● **Expert in panels on medical devices and in vitro diagnostic medical devices della Comunità Europea**

ONORIFICENZE E RICONOSCIMENTI

● **Presidente X Congresso Mondiale sulle Apnee del Sonno - Roma 2012**

COMPETENZE DI GESTIONE E DIRETTIVE

● **Consulente Nazionale Specialista Otorinolaringoiatra del Istituto di Medicina dello Sport del CONI**

Dal 1978 al 2008