Revista Médica del
Hospital General de México

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HISTORY ARTICLE

The Otorhinolaryngology Service at the *Hospital General de México Dr. Eduardo Liceaga*, 2010-2024

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The specialty of otorhinolaryngology has been present at *Hospital General de México Dr. Eduardo Liceaga* (HGM) since its foundation in 1905; however, it was initially integrated with the ophthalmology service, and both shared pavilions 9 and 19 for the care of "diseases of the eyes, throat, nose, and ears." Later, in 1909, the separation into two sections was carried out, leaving Dr. Ricardo Tapia y Fernández in charge of the otorhinolaryngology section, which was later succeeded by several distinguished physicians whose various contributions helped lay the foundations and shape the service as it exists today. In 1962, it was decided to change the physical structure of the hospital, and the staff of the otorhinolaryngology service did not suspend their work in the 13th oncology pavilion until 1964, when they returned to their rehabilitated pavilion, it changed its name to Section 101.

In 1985, the hospital was heavily damaged, and thanks to the efforts of the then head of service, Dr. Ney Chavolla, and the rest of the doctors assigned to the otorhinolaryngology service, it was possible to rebuild the service, acquiring new instruments, including a CO_2 laser and the flexible laryngoscope. However, the service suffered the loss of three resident doctors in the earthquake who are still remembered: Dr. Javier Cara García R-III, Dr. Armando Carrillo R-II, and Dr. Felipe Ramírez Salas R-I.

Once the service was rebuilt in this administration, the concept of multidisciplinary medicine was favored with various services of the HGM, and promotion was given to neck surgery, skull base, tracheal laryngeal reconstruction, and laryngeal microsurgery, among others. Dr. Rogelio Chavolla Magaña took possession of the head of the service from 2000 to 2010. During his management, the attention of tumor pathology, in particular juvenile nasopharyngeal angiofibroma was highlighted, and endoscopic sinonasal and laryngeal surgery was significantly promoted, in addition to carrying out the corresponding procedures to change the name to "Otorhinolaryngology and Head and Neck Surgery Service," as the specialty is currently recognized. In addition, the remodeling of all areas of the service is being carried out, with changes that lasted until 2024 (Tables 1 and 2).

In 2010, Dr. Enrique La Madrid Bautista began his tenure as head of service, and as of November 2014, Dr. Jorge Francisco Moisés Hernández was appointed head of service, who made several improvements by restructuring the Outpatient Clinic to improve reception times and volume of consultations, acquiring new equipment for the area of diagnostic and therapeutic endoscopy. Through a Public-Private Partnership scheme, surgical microdebridement equipment for endoscopic sinonasal surgery and a diode LASER system for laryngeal surgery were acquired. In addition, outpatient consultations were adapted by incorporating new equipment purchased with the service's own resources, enabling the implementation of digital formats for the service's documentation and optimizing patient care times (Fig. 1).

Research lines and databases were formed to give impetus to research, which had the greatest boom

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Date of reception: 15-01-2026
Date of acceptance: 20-02-2026
DOI: 10.24875/HGMX.M26000069

Available online: 24-04-2026
Rev Med Hosp Gen Mex. 2026;89(Supl 1):27-29
www.hospitalgeneral.mx

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Table 1. Main diagnosis in hospitalization 2010-2024

Diagnosis	ICD-10 Code
Acquired deformity of the nose	M950
Deep neck abscess	L0281
Deviation of nasal septum	J342
Tonsil hypertrophy	J351
Fracture of the lower jaw	S026
Nasal cavity polyp	J330
Chronic tonsillitis	D106
Tumor of uncertain behavior	D487
Chronic pansinusitis	J3424
Nasal turbinate hypertrophy	J343

Table 2. Main diagnosis in outpatient consultation 2010-2024

Diagnosis	CIE-10 Code
Deviation of the nasal septum	J342
Acquired deformity of the nose	M950
Chronic tonsillitis	J350
Nasal turbinate hypertrophy	J343
Chronic otitis media	H653
Papillomavirus	B977
Dysphonia	R490
Benign paroxysmal vertigo	H611
Mixed hearing loss	H906
Sensorineural hearing loss	H903

between 2000 and 2010 and again from 2014 to date; with participations in courses and congresses, obtaining second place in the contest of the National Academy of Surgery in 2015 and first place in the presentation of free work during the National Congress of the Mexican Society of Otorhinolaryngology in 2024. Annual refresher courses are held in otorhinolaryngology, a course-workshop on LASER in otorhinolaryngology, the otology week, a course-workshop on the use of lasers in oral and maxillofacial surgery, in conjunction with Dr. Paredes from the Stomatology/maxillofacial Surgery Service.



Figure 1. Otorhinolaryngology outpatient consultation and office view for patient examination.

It should be noted that the service has participated in several National Cochlear Implant Campaigns in conjunction with the DIF, implanting children throughout the Republic, and in 2017, it received a visit and recognition from the Presidency of the Republic; and during that same year, the documentary The Cochlear Implant in Mexico was made. Moreover, we are accredited as a certified site for the placement of cochlear implants for 5 more years valid on March 24, 2028, in addition to being recognized by the citizen observer Rotary Mexico City, for professional and committed work.

In the face of the COVID-19 pandemic, work teams were formed to support the COVID areas, performing procedures of the specialty, including tracheostomies to hospitalized patients, as well as support for polymerase chain reaction sampling for the detection of severe acute respiratory syndrome (SARS)-CoV-2. In July 2020, due to the prevalence of the SARS-CoV-2 pandemic, the hyperbaric upper airway inhalation therapy area disappeared, and under the management of Dr. Moisés Hernández, the furniture was reconditioned, and the reception area of the head of service was completely remodeled.

Over the years, the outpatient clinical equipment has also been modified, modernized, as well as hospitalization beds, stretchers, and wheelchairs, strengthening institutional programs of quality and safety in patient care. In July 2024, the service was relocated from Pavilion 101, which had housed it for more than a decade, to allow for its demolition and the subsequent construction of Surgical Tower II. As a result of this transition, the number of attending physicians assigned to the service was reduced from 18 to the current 9 physicians, who now provide outpatient consultation and surgical care with coverage in both the morning and afternoon shifts. Who provides consultation and surgery care with

coverage in the morning and afternoon. Likewise, the number of census beds was reduced from 25 to 11 and the number of offices from 10 to 5, since we are currently temporarily housed within the Cardioneumology Tower. During all this time, the doctors of the otorhinolaryngology and head and neck surgery service are committed to providing the population with timely care with quality and warmth, optimizing resources through state-of-the-art technology to provide third-level service and care.

Funding

The authors declare that they have not received funding.

Conflicts of interest

The authors declare no conflicts of interest.

Ethical considerations

Protection of human subjects and animals. The authors declare that the procedures followed were in accordance with the ethical standards of the responsible committee on human experimentation and with the World Medical Association and the Declaration of Helsinki. The procedures were authorized by the Institutional Ethics Committee.

Confidentiality, informed consent, and ethical approval. This study does not involve personal patient data, medical records, or biological samples, and does not require ethical approval. SAGER guidelines do not apply.

Declaration on the use of artificial intelligence. The authors declare that no generative artificial intelligence was used in the writing or creation of the content of this manuscript.