editor's choice

Liam Flood

This paper stood out as the Editor's choice. Any randomised controlled trial appeals, publishers cannot help but favour those with a positive outcome and this is a novel approach to an old problem. I even felt a referral to NICE Interventional Procedures panel coming on, but they tend to see such innovations as drug related rather than a new surgical approach, unfortunately. The real appeal of this paper is that it appears in the first issue of a brand new journal, edited by David Kennedy, past president of the AAO-HNS, and published by Wiley-Blackwell. It is the official voice of *The American Academy of Otolaryngologic Allergy* and the *American Rhinologic Society.* When all are predicting the demise of the paper journal, how refreshing to see this neophyte in what was once the Cinderella speciality of rhinology.

Thanks as always to all our reviewers. We hope this forum continues to be of educational value and helps you navigate the world's ENT and audiology literary output (now increased by one more publication!)

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INTERNATIONAL FORUM OF ALLERGY & RHINOLOGY

Steroid-eluting ethmoid stents for sinusitis

Topical nasal steroids are prescribed after surgery for chronic rhinosinusitis (CRS), in the hope of controlling mucosal inflammation and preventing recurrent disease and symptoms. As the underlying cause of the inflammation remains unclear, long-term treatment is usually needed. The authors suggest that a steroid-eluting stent placed into the ethmoid sinus cavity at the time of endoscopic sinus surgery (ESS) could improve surgical outcomes by preventing postoperative adhesions and middle turbinate medialisation, as well as deliver high concentrations of steroid to the local tissues. The stent used has previously been tested in rabbits only and is not yet licensed for use in humans. It is made of pollactide-co-glycolide and elutes mometasone furoate. This was a prospective multicentre randomised double-blind trial of 43 patients. One group of 38 patients had a control (non-eluting) stent placed in the contralateral ethmoid cavity to determine efficacy, and a second group (five patients) received bilateral drug-eluting stents to assess the safety profile. All patients underwent 'standard' ESS after failing medical treatment of CRS. At the end of the procedure their sinus cavities were randomised to receive the drug-eluting stent or control stent. At follow-up assessments (until 60 days), the cavities were examined endoscopically and findings recorded. All 86 stents were successfully deployed, and the drug-eluting stent led to a statistically significant reduction in inflammation when compared to the control stent. Polyp recurrence and adhesion formation was also significantly reduced. There were no adverse events and no evidence of systemic absorption of the steroid. The authors conclude that this bioabsorbable steroid-eluting stent is safe and effective in reducing inflammation in CRS, but how long the effects last has not been quantified. As less than 10% of the stent remains by 30 days, presumably the need for topical steroid treatment returns soon after that point? ***– JR***

Safety and efficacy of a novel bioabsorbable, steroid-eluting sinus stent.
Murr AH, Smith TL, Hwang PH, Bhattacharyya N, Lanier BJ, Stambaugh JW, Mugglin AS.
INTERNATIONAL FORUM OF ALLERGY & RHINOLOGY
2011;1(1):23-32.

ACTA PAEDIATRICA

Is paracetamol that safe?

Paracetamol is used extensively during pregnancy and early childhood due to its safety profile. The authors investigated whether paracetamol exposure in pregnancy and until six months of age was associated with allergic disease in school children. They found that maternal paracetamol use in the first trimester increased the risk for allergic rhinitis at 10 years in boys and girls. Paracetamol use until six months in girls increased the risk for allergic sensitisation and a history of asthma, even considering concomitant airway infections. This raises serious questions on the use of this drug during pregnancy and in children with allergic airway diseases (NSAIDS are contraindicated and the only option as a pain killer / antipyretic is paracetamol). More studies must be conducted to confirm these findings as this will leave us bare handed in the face of fever and pain in these kids. ***– BEM***

Paracetamol in early infancy: the risk of childhood allergy and asthma.
Bakkeheim E, Mowinckel P, Carlsen KH, Håland G, Carlsen KC.
ACTA PAEDIATRICA
2011;100(1):90-6.

AESTHETIC PLASTIC SURGERY

Spreader flap modification with asymmetric mattress suture

There is a trend to make rhinoplasty surgery more conservative and reversible. In this vein, the spreader flap was described which allowed for the medial edges of the upper lateral cartilages to be folded downwards and sutured to the septum rather than placing spreader grafts. This paper describes a variation on the theme by using an asymmetrical mattress suture to secure the upper lateral to the septum. Apparently, this allows the width of the dorsum to be controlled and increased according to the placement of the sutures. It is almost impossible to describe the technique so I was thankful for the inclusion of some diagrams. However, judging by the patient