

What is in this issue

Rhinomanometry still has to find its clinical role

As an otologist with access to pure-tone audiometry that correlates well with a patient's hearing, rhinologists have always been strongly encouraged to develop a test that is equally useful to them. The main contender for such a test has been rhinometry as a surrogate measure of the symptom of 'nasal obstruction'. If a good correlation had been shown between patient report of nasal obstruction and rhinomanometry, its use in the clinics would now be routine. Likewise, rhinomanometry would also be used to audit surgery, where the patient expectation of benefit can bias their report of symptoms.

So it comes as no surprise that in the systematic review of 'the correlation between subjective and objective evaluation of the nasal airway' [pg 518] found no correlation. Table 1 on page 521 and 522 lists the 16 paper the authors characterise as level II studies. Six of these studies used patients with obstructive nasal symptoms and found that their rhinometric results were not different from individuals that did not have nasal obstructive symptoms. All the other 10 studies were mainly before and after vasoconstriction, pharmacological or surgical interventions. Clinically the symptoms were most frequently assessed on a Visual Analogue Scale and again a total lack of correlation was found.

Surprisingly no study used a validated nasal symptom questionnaire such as SNOT 22. So until such a study has been reported, we cannot say for certain that rhinometry is not the test rhinologists want, but the odds are not good for it being that test.

More efficient follow-up of head and neck cancer patients

In a world where clinical resources are stretched, it is always wise for a speciality to come up with suggestions as to how the services could be modified to increase the through put of patients. So an analysis of data that identifies patients that no longer require secondary care follow-up can release slots for other patients. The study on page 546 reported on a large 10 year cohort of head and

neck cancer patients, with a minimum follow-up time of 6 years and a maximum of 15 years. The primary purpose of reviewing such patients at secondary care is to detect tumour recurrence so that action can be taken speedily. A secondary purpose is to detect early, second primary tumours in the upper respiratory and aero-digestive tracts to which these patients are prone. To have knowledge of the time distribution of occurrence of the second tumours would appear not to be previously have been reported.

Table 1 on page 584 contains the most important results from this study. Laryngeal cancer is the commonest primary tumour and the recurrence rate was ~10% (46 of 430). From this it was calculated that 95% of recurrences would occur within 5 years. Surprisingly this time to recurrence was not influenced by the stage of the tumour at presentation. In tumours of the oro- and hypopharynx, the recurrence rate was higher 24% (59 of 246) but the time to recurrence was shorter; 95% recurrence by ~3 years. 95% of new primaries in laryngeal cancer patients occurred within 7 years, with the corresponding timing for pharyngeal tumours being the same 3 year follow-up period required for recurrence.

So their conclusions are clear. Seven years follow-up for laryngeal tumours and 3 years follow-up for pharyngeal patients should be trialled to confirm their predictions.

A meta-analysis that could reduce the role of tonsillectomy for sore throats

On page 557 a systematic review and meta-analysis on 'Corticosteroids for pain relief in sore throats' is reproduced in its entirety from the BMJ. This review has the potential to profoundly affect the number of children referred for tonsillectomy and should be recognised as such by the ENT fraternity.

The editorial commentary [pg 564] goes into more detail why it is so relevant to otolaryngologists.

The Editor