

The nasal cycle 122 years on – are we any wiser?

The nasal cycle was first described by Kayser as far back as 1895.¹ In the latest of a recent series of articles on nasal airflow in *The Journal of Laryngology & Otology*, Price *et al.* challenge a previously held view concerning a relationship between hand dominance and nasal airflow laterality.^{2–4} In this most recent study, no correlation between nasal airflow dominance and handedness was identified.² Their results argue against the existence of a dominant nasal passage.

In a prospective randomised controlled trial involving 290 children, aged 2–11 years, with bilateral otitis media with effusion (OME), Hussein *et al.* conclude that the use of oral steroids leads to higher rates of early complete resolution of OME at 6 weeks.⁵ However, no long-term benefit of using oral steroids, or intranasal steroids, was demonstrated. A randomised controlled trial assessing the use of oral steroids in OME (the Oral Steroids for the Resolution of Otitis Media with Effusion in Children ('OSTRICH') study) is ongoing and the results are eagerly awaited.⁶ Also in relation to OME, another study in this month's issue investigated the relationship between OME and childhood obesity.⁷ The authors found a higher prevalence of obesity in the chronic OME group, highlighting a possible association that warrants further investigation.

Recent guidelines recommend a 'watch and wait' policy for neck management in patients with early lip carcinoma in the absence of clinically suspicious cervical lymph nodes.^{8,9} A study by Eskiizmir *et al.* in this month's issue concludes that tumour stage is an important determining factor affecting prognosis in surgically treated patients with early-stage lip cancer for whom a 'watch and wait' policy for neck status has been implemented.¹⁰

Finally, two articles in this month's issue report on the successes and complications of paediatric cochlear implantation. Mulwafu *et al.* report on the first four cases of cochlear implantation in Malawi. The challenges of establishing a cochlear implant service in the developing world are discussed, and in particular the need for collaboration, support and exchange of expertise are deservedly emphasised.¹¹

Schwartz *et al.* report on inadvertent intra-operative hyperthermic events in paediatric patients undergoing cochlear implantation, and explore possible mechanisms and predisposing factors.¹²

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