

Editorial

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Magnetic resonance imaging (MRI) of the internal auditory meatus (IAM) is the most common imaging requested for patients with audiovestibular symptoms to exclude a vestibular schwannoma.¹ The UK's National Institute for Health and Care Excellence (NICE) has recently produced guidelines recommending criteria for requesting MRI of the IAM (e.g. if there is an asymmetry on pure tone audiometry of 15 dB or more at any two adjacent test frequencies, using test frequencies of 0.5, 1, 2, 4 and 8 kHz; and if there are localising signs irrespective of audiogram results).² In a study in this month's issue of *The Journal of Laryngology & Otology*, a retrospective analysis of 1300 MRI scans of the IAM over two years was conducted and the findings were compared against NICE guidelines.³ The detection rate of new vestibular schwannomas was 1.23 per cent, comparable to previously published studies.^{4,5} In support of the use of the NICE guidelines, all positive cases of vestibular schwannoma fit the NICE guidelines criteria; three of these could have been missed using other criteria. In addition, of the imaging requests that did not meet the NICE guidelines criteria, 281 revealed no positive results. In a related article in this month's issue, initial tumour size and balance symptoms were identified as potential predictors of whether or not a vestibular schwannoma will grow.⁶

The presentation of unilateral nasal polyps traditionally necessitates histological evaluation for a neoplasm.^{7,8} A study by Edefe *et al.* in this month's issue sought to determine the rates of significant pathology in patients presenting with benign-appearing unilateral nasal polyps.⁹ A total of 77 patients were included over a 13-year period. Of the cases, 2.6 per cent were found to be malignant, thereby supporting routine histological assessment for patients presenting with benign-appearing unilateral nasal polyps.

Finally, there has been an increase in the utilisation of office-based procedures in laryngology and head and neck cancer in recent years. A systematic review by Lim *et al.* supports the practice of biopsying head and neck tumours.¹⁰ The findings revealed in-office biopsies to be safe and well tolerated. Furthermore, they helped certain patients avoid a general anaesthetic, significantly reduced time-to-diagnosis and time-to-treatment initiation, had high rates of sensitivity and specificity, and are likely to be cost-saving compared with operating theatre biopsies.

References

- 1 Saxby C, Koumpa F, Mohamed S, Singh A. The use of magnetic resonance imaging in the investigation of patients with unilateral non-pulsatile tinnitus without asymmetrical hearing loss. *J Laryngol Otol* 2021;**135**:680–3
- 2 National Institute for Health and Care Excellence. Hearing loss in adults: assessment and management. NICE guideline NG98. In: <https://www.nice.org.uk/guidance/ng98/resources/hearing-loss-in-adults-assessment-and-management-pdf-1837761878725> [26 August 2022]
- 3 Perera MB, Janjua N, Swaminathan R, Apthorp C, Al-Deerawi HB. Magnetic resonance imaging of the internal auditory meatus for vestibular schwannoma in ENT practice: a retrospective analysis with literature and guidelines review. *J Laryngol Otol* 2022;**136**:888–91
- 4 Basu S, Youngs R, Mitchell-Innes A. Screening for vestibular schwannoma in the context of an ageing population. *J Laryngol Otol* 2019;**133**:640–9
- 5 Gair J, Borsetto D, Donnelly N, Axon P, Bance M, Tysome JR. Comments on 'Screening for vestibular schwannoma in the context of an ageing population'. *J Laryngol Otol* 2020;**134**:275–6
- 6 Dardis A, Donghun K, Kontorinis G. Growing versus non-growing vestibular schwannomas: assessment of natural history. *J Laryngol Otol* 2022;**136**:934–8
- 7 Diamantopoulos II, Jones NS, Lowe J. All nasal polyps need histological examination: an audit-based appraisal of clinical practice. *J Laryngol Otol* 2000;**114**:755–9
- 8 Lund VJ, Stammberger H, Nicolai P, Castelnuovo P, Beal T, Beham A *et al.* European Rhinologic Society Advisory Board on Endoscopic Techniques in the Management of Nose, Paranasal Sinus and Skull Base Tumours. European position paper on endoscopic management of tumours of the nose, paranasal sinuses and skull base. *Rhinol Suppl* 2010;**22**:1–143
- 9 Edefe O, Weight G, Morsy M, Mirza S. The incidence of significant pathology in patients presenting with benign-appearing unilateral nasal polyps. *J Laryngol Otol* 2022;**136**:998–1001
- 10 Lim AE, Rogers ADG, Owusu-Ayim M, Ranjan S, Manickavasagam J, Montgomery J. A systematic review: impact of in-office biopsy on safety and waiting times in head and neck cancer. *J Laryngol Otol* 2022;**136**:909–16