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Abstract Selection

Prediction and risk of dysphagia after uvulopalatopharyngoplasty and uvulopalatoplasty. Jaeghagen, E., L., Berggren, D., Dahlqvist, A., Isberg, A. Departments of Odontology, Oral and Maxillofacial Radiology, Umeaa University, Umeaa, Sweden. Eva.Levring.Jaghagen@odont.umn.se. *Acta oto-laryngologica* (2004) Dec, Vol. 124, pp. 1197–203, ISSN: 0001-6489.
OBJECTIVE: To test the hypothesis that preoperative asymptomatic pharyngeal swallowing dysfunction predisposes for the development of symptoms of dysphagia after uvulopalatopharyngoplasty (UPPP) and uvulopalatoplasty (UPP). MATERIAL AND METHODS: A total of 42 patients who snored were scheduled to undergo UPPP (n = 20) or UPP (n = 22). UPP was performed using either a CO_2 laser or a conventional steel scalpel. Preoperatively and 1 year postoperatively all patients were examined videoradiographically to assess pharyngeal swallowing function. They also completed a questionnaire pre- and post-operatively concerning their snoring problems and swallowing function as well as the outcome of surgery. RESULTS: Preoperatively, 7 (17%) patients reported dysphagia. Pharyngeal swallowing dysfunction was demonstrated in 6/7 patients with preoperative dysphagia while pharyngeal swallowing dysfunction was evident preoperatively in 18/35 non-dysphagic patients. Of the 35 patients without preoperative dysphagia, 10 (29%) developed dysphagia after surgery. There was no significant risk of development of postoperative dysphagia for patients with compared to patients without preoperative pharyngeal swallowing dysfunction. Only one of the seven patients with preoperative dysphagia experienced worsening of the problem. A total of 93% of the patients reported a decrease in snoring and 95% reported a decrease in daytime sleepiness. CONCLUSIONS: Preoperative pharyngeal swallowing dysfunction was not proven to predict the development of dysphagia after UPPP or UPP. The surgical method did not influence the frequency of postoperatively acquired dysphagia. The results do not indicate that patients with preoperative dysphagia should be excluded from treatment with UPPP or UPP.

Effectiveness of oral dexamethasone in the treatment of moderate to severe pharyngitis in children. Olympia, R., P., Khine, H., Avner, J., R. Section of Emergency Medicine, Department of Pediatrics, Children's Hospital at Montefiore, Albert Einstein College of Medicine, Bronx. NY, USA. Robert_p_olympia@yahoo.com. *Archives of pediatrics & adolescent medicine* (2005) Mar, Vol. 159, pp. 278–82, ISSN: 1072-4710.
OBJECTIVE: To determine the effectiveness of a single dose of oral dexamethasone in reducing the pain associated with moderate to severe pharyngitis in pediatric patients. DESIGN: Prospective, randomized, double-blind, placebo-controlled clinical trial. SETTING: Large, urban pediatric emergency department between March 2002 and November 2003. PATIENTS: Children aged 5 to 18 years with moderate to severe pharyngitis (odynophagia or dysphagia, moderate to severe pharyngeal erythema or swelling, and a McGrath Facial Affective Scale score of 0.75 or higher (scale 0.0-1.)). INTERVENTIONS: Study patients were randomly assigned to receive 1 dose of either oral dexamethasone suspension (0.6 mg/kg with a maximum of 10 mg) or placebo of the same volume. All participants were tested for group A beta-hemolytic streptococcal pharyngitis and treated accordingly. Daily telephone follow-up was conducted until complete resolution of sore throat. MAIN OUTCOME MEASURES: Primary outcome variables included hours to initial relief of sore throat and time to the complete resolution of pain. Secondary outcome variables included changes in the McGrath Facial Affective Scale score at 24 and 48 hours, persistence of associated symptoms, use of anti-inflammatory or antipyretic medication, and subsequent use of medical resources for dehydration or pain. RESULTS: A convenience sample of 150 patients was randomized to receive either dexamethasone (n = 75) or placebo (n = 75). Twenty-five patients were lost to follow-up, leaving 125 patients available for data analysis; 57 received dexamethasone and 68 received placebo. Patients who received dexamethasone reported earlier onset of pain relief (9.2 *vs* 18.2 hours; p<.001), fewer hours to complete resolution of sore throat (30.3 *vs* 43.8 hours; p = .04), and larger changes in the McGrath Facial Affective Scale score in the first 24 hours (-D.58 *vs* -0.43; p = .002). Children who tested negative for group A beta-hemolytic streptococci had greater pain relief with dexamethasone compared with placebo (onset of pain relief, 8.7 *vs* 24 hours; p = .001), less time to complete resolution of sore throat (37.9 *vs* 70.8 hours; p = .006), and greater changes in the McGrath Facial Affective Scale score in the first 24 hours (-D.50 I/S -0.21; p<.001). CONCLUSION: Children with moderate to severe pharyngitis had earlier onset of pain relief and shorter duration of sore throat when given oral dexamethasone.

Efficacy of the Epley manoeuvre for posterior canal BPPV: a long-term, controlled study of 81 patients. Richard, W., Bruinljes, T., D., Oostenbrink, P., van-Leeuwen, R., B. Department of Otorhinolaryngology, Gelre Hospital, Apeldoom, The Netherlands. *Ear nose & throat journal* (2005) Jan, Vol. 84, pp. 22–5, ISSN: 0145-5613.
We assessed the efficacy of the Epley manoeuvre (canalith repositioning) in a study of 81 patients with posterior semicircular canal benign paroxysmal positional vertigo (BPPV). A group of 61 patients underwent the manoeuvre, while a control group of 20 patients received no therapy. All patients were evaluated at 1 and 6 months. The percentage of patients who experienced subjective improvement was significantly higher in the treatment group at both 1 month (89% *vs*.10%) and 6 months (92% *vs.* 50%). Three patients in the treatment group who did not improve after treatment underwent a second manoeuvre, and all achieved a positive result. In addition, 4 successfully treated patients experienced a recurrence between 1 and 6 months following treatment; 3 were retreated, and 2 of them responded well. We conclude that the Epley manoeuvre provides effective and long-term control of symptoms in patients with BPPV.

The effect of silver nitrate on nasal septal cartilage. Lloyd, S., Almeyda, J., Di-Cuffa, R., Shah, K. Department of Otolaryngology, Northwick Park Hospital, Watford Rd., Harrow, Middlesex HA1 3UJ, UK. skwlloyd@blueyyonder.co.uk. *Ear nose & throat journal* (2005) Jan, Vol. 84, pp. 41–4, ISSN: 0145-5613.
Epistaxis from the anterior septum is frequently treated with a topical application of silver nitrate, which cauterizes the bleeding vessel. However, this treatment causes a septal perforation in a small percentage of patients. We report our study of the histologic effect of topical silver nitrate on samples of septal tissue obtained from 11 patients. We found that 30 seconds of exposure allowed silver nitrate to penetrate to a depth of approximately 1 mm. Longer exposure (45 and 60 sec) resulted in no significant additional penetration. Similarly, the amount of silver nitrate deposition into the chondrocytic lacunae did not vary significantly with the length of exposure. On the other hand, the depth of deposition into the extracellular matrix was positively associated with the duration of exposure. We found no direct evidence that silver nitrate exerted any damaging effect on septal cartilage. Instead, the development of septal perforations in patients who receive topical silver nitrate may be attributable to necrosis of the septal cartilage following damage to the overlying perichondrium, from which it derives its blood supply.

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p63 overexpression associates with poor prognosis in head and neck squamous cell carcinoma. Lo, M., L., Santarelli, A., Caltabiano, R., Rubini, C., Pieramici, T., Trevisiol, L., Carinci, F., Leonardi, R., De-Lillo, A., Lanzafame, S., Bufo, P., Piattelli, A. Department of Surgical Science, University of Foggia, Foggia 71100, Italy. lomuziol@tin,it. *Human pathology* (2005) Feb, Vol. 36, pp. 187–94, ISSN: 0046-8177.

p63 belongs to a protein family that includes 2 structurally related proteins, p53 and p73. The aim of this study was to investigate the biologic role of p63 in oral tumorigenesis and its possible role as prognostic marker in oral cancer. Ninety-four cases of oral squamous cell carcinoma and 10 cases of normal mucosa were analyzed for p63 expression by immunohistochemistry. Normal oral mucosa showed a basal and parabasal expression of p63. Five (5.3%) cases of oral cancer showed less than 10% of positive tumor cells; in 33 (35.1 %) cases the positive tumor cells comprised between 10% and less than 30%, in 36 (38.3%) cases the positive tumor cells comprised between 30% and less than 50%, and in 20 (21.3%) cases the positive tumor cells were more than 50%. There was also a statistically significant correlation between p63 expression and tumor differentiation: p63 expression was amplified in poorly differentiated tumors ($p < .05$). When analyzed for prognostic significance. patients with perineural infiltration had poorer survival rates than the group with no perineural infiltration ($p < .05$) and patients with increased p63 expression had poorer survival rates than the group with reduced p63 expression ($p < .05$). The statistical analysis showed no significant correlation between p63 expression, sex, age, tumor size, staging, recurrence, and metastasis. Cases with diffuse p63 expression were more aggressive and poorly differentiated and related to a poorer prognosis. These data suggest that p63 expression may be useful to identify cases of oral squamous cell carcinoma with more aggressive and invasive phenotype providing novel diagnostic and prognostic information on individual patient survival with oral cancers.

Treatment of nasal valve collapse with transcutaneous and intranasal electric stimulation. Vaiman, M., Shlamkovich, N., Eviatar, E., Segal, S. Department of Otolaryngology, Assaf Harofeh Medical Center, Sackler Faculty of Medicine, Tel Aviv University, Israel.Shteren20@hotmail.com. *Ear nose & throat journal* (2004) Nov, Vol. 83, pp. 757–62, 764, ISSN: 0145-5613.

We conducted a prospective, randomized, double-blind pilot study of patients presenting with symptoms of obstructed nasal breathing to determine whether electrotherapy could provide nonsurgical symptom relief. Forty patients were divided into an electrotherapy group (n =20) and a placebo group (n = 20). All selected patients demonstrated nasal valve stenosis with a positive Cottle maneuver and clinically evident nasal valve collapse. Treatment consisted of high-frequency transcutaneous and intranasal electric stimulation of nasal muscles for 15 minutes, 3 times a week for 10 weeks. Treated patients were followed for 10 to 12 months. Twelve patients in the electrotherapy group (60%) exhibited subjective improvement; in 8 cases (40%), the improvement was proved objectively. In the placebo group, 7 patients (35%) indicated subjective improvement; and in one case (50%), the improvement was proved objectively. Follow-up visits showed a rapid decline of positive results when treatment was discontinued. Therefore, we concluded that sure relief of nasal valve stenosis and collapse cannot be achieved with treatment by electric stimulation alone, and this method appears to have limited application. However, further studies are needed to determine whether electrotherapy used in combination with other treatments (e.g., biofeedback training or nasal springs) may provide more lasting relief for patients who want to avoid endonasal surgical intervention.

Prospective study of inner ear radiation dose and hearing loss in head-and-neck cancer patients. Pan, C., C., Eisbruch, A., Lee, J., S., Snorrason, R., M., Ten, H., R., K., Kileny, P., R. Department of Radiation Oncology, University of Michigan, Ann Arbor, MI, USA. *International journal of radiation oncology biology physics* (2005) Apr, Vol. 61, pp. 1393–402, ISSN: 0360-3016.

PURPOSE: To determine the relationship between the radiation dose to the inner ear and long-term hearing loss. METHODS AND MATERIALS: Eligible patients included those receiving curative radiotherapy (RT) for head-and-neck cancer. After enrolment, patients underwent three-dimensional conformal RT planning and delivery (180-200 cGy/fraction) appropriate for their disease site and stage. The inner ear was contoured on axial CT planning images. Dose-volume histograms, as well as the mean and maximal dose for each structure, were calculated. Patients underwent pure tone audiometry at baseline (before treatment) and 1, 6, 12, 24, and 36 months after RT. The threshold level (the greater the value, the more hearing loss) in decibels was recorded for 250, 500, 1000, 2000, 4000, and 8000 Hz. For patients receiving predominantly unilateral RT, the contralateral ear served as the de facto control. The differences in threshold level between the ipsilateral and contralateral ears were calculated and the temporal pattern and dose-response relation of hearing loss were analyzed using statistical methods that take into account the correlation between two ears in the same subject and repeated, sequential measurements of each subject. RESULTS: Of the 40 patients enrolled in this study, 35 qualified for analysis. Four patients who received concurrent chemotherapy and RT were analyzed separately. The 31 unilaterally treated patients received a median dose of 47.4 Gy (range, 14.1–68.8 Gy) to the ipsilateral inner ear and 4.2 Gy (range, 0.5–31.3 Gy) to the contralateral inner ear. Hearing loss was associated with the radiation dose received by the inner ear (loss of 210dB was observed in ears receiving >/=45 Gy) and was most appreciable in the higher frequencies (>/=2000 Hz). For a 60-year-old patient with no previous hearing loss in either ear, after receiving 45 Gy, the ipsilateral ear, according to our clinical model, would have a 19.3 dB (95% confidence interval (Cl), 15.5–23.0) and 5.4 dB (95% Cl, 3.5–7.5) hearing decrement compared with the contralateral ear for 8000 Hz and 1000 Hz, respectively. Age and an initial hearing difference within an ear pair also affected hearing loss. The baseline hearing threshold was inversely related to radiation-induced hearing loss. The degree of hearing loss was dependent on the frequency tested, age, baseline hearing, and baseline difference in hearing between a patient's two ears. CONCLUSION: High-frequency (>/=2000 Hz) hearing acuity worsens significantly after RT in a dose-dependent fashion. A larger number of patients needs to be studied to validate these results. This knowledge can be applied to create guidelines regarding future dose limits to the auditory apparatus for patients undergoing head-and-neck RT.

Inspiratory flow in the nose: a model coupling flow and vasoerectile tissue distensibility. Fodil, R., Brugel, R., L., Croce, C., Sbirlea, A., G., Larger, C., Papon, J., F., Delclaux, C., Coste, A., Isabey, D., Louis, B. Physiopathologie et Therapeutique Respiratoires, INSERM UMR 492, Faculte de Medecine, Centre Hospitalier Inter-Communal de Creteil, 8 Rue du General Sarrail, 94010 Creteil Cedex, France. *Journal of applied physiology* (2005) Jan, Vol. 98, pp. 288–95, ISSN: 8750-7587.

We have developed a discrete multisegmental model describing the coupling between inspiratory flow and nasal wall distensibility. This model is composed of 14 individualized compliant elements, each with its own relationship between cross-sectional area and transmural pressure. Conceptually, this model is based on flow limitation induced by the narrowing of duct due to collapsing pressure. For a given inspiratory pressure and for a given compliance distribution, this model predicts the area profile and inspiratory flow. Acoustic rhinometry and posterior rhinomanometry were used to determine the initial geometric area and mechanical characteristics of each element. The proposed model, used under steady-state conditions, is able to simulate the pressure-flow relationship observed *in vivo* under normal conditions (4 subjects) and under pathological conditions (4 vasomotor rhinitis and 3 valve syndrome subjects). Our results suggest that nasal wall compliance is an essential parameter to understand the nasal inspiratory flow limitation phenomenon and the associated increase of resistance that is well known to physiologists. By predicting the functional pressure-flow relationship, this model could be a useful tool for the clinician to evaluate the potential effects of treatments.

CO_2 laser surgery: a larynx preservation alternative for selected hypopharyngeal carcinomas. Vilaseca, I., Blanch, J., L., Bemal, S., M., Moragas, M. Department of Otorhinolaryngology, Hospital Clinic i Universitari, C/ Villarroel 170, Barcelona 08036, Spain. 28422ivg@comb.es. *Head & neck* (2004) Nov, Vol. 26, pp. 953–9, ISSN:1043-3074.

BACKGROUND: Transoral CO_2 laser surgery (TLS) has demonstrated good oncologic results and low morbidity in the treatment of selected laryngeal carcinomas, but experience in

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hypopharyngeal carcinomas (HC) is limited. The aim of this study was to evaluate the usefulness of TLS in the treatment of selected HC. METHODS: Twenty-eight patients with HC were treated with TLS and neck dissection. Tumors with preoperative invasion of thyroid cartilage at CT, deep growth into the cervical space or tongue base, and tumors crossing the posterior midline or involving the cervical oesophagus were excluded. Postoperative radiation to the neck was administered when more than one lymph node was involved, when the metastasis diameter was greater than 2 cm, or when extranodal spread was found at the pathologic study. RESULTS: The sample included two T1, 16 T2, nine T3, and one T4 tumors. Stage classification was: II, 21.4%; III, 28.6%; and IV, 50%. Four-year overall and disease-specific survival rates were 43.4% and 59.4%, respectively, with 78.5% function preservation. Nine patients (32.1%) did not need a nasogastric feeding tube. The mean duration of the feeding tube in the remaining patients was 15.27 +/- 27.3 days. We had two postoperative bleeding episodes that required endoscopic coagulation and three postoperative pneumonias caused by aspiration. CONCLUSIONS: TLS is an alternative for the treatment of selected HC associated with a high larynx preservation rate.

Simplifying head and neck microvascular reconstruction. Rosenthal, E., Carroll, W., Dobbs, M., Scott, M., J., Wax, M., Peters, G. Department of Surgery, Division of Otolaryngology-Head and Neck Surgery, University of Alabama at Birmingham, 1501 5th Avenue South, Birmingham, AL 35249, USA. oto@uab.edu. *Head & neck* (2004) Nov, Vol. 26, pp. 930–6, ISSN: 1043-3074.
BACKGROUND: Free-tissue transfer has become the preferred method of head and neck reconstruction but is a technique that is considered to use excessive hospital resources. METHODS: This study is a retrospective review of 125 consecutive free flaps in 117 patients over a 16-month period at a tertiary care university hospital. RESULTS: Defects of the oral cavity/oropharynx (60%), midface (9%), hypopharynx (15%), or cervical and facial skin (16%) were reconstructed from three donor sites: forearm (70%), rectus (11 %), and fibula (19%). Microvascular anastomoses were performed with a continuous suture technique or an anastomotic coupling device for end-to-end venous anastomoses. A single vein was anastomosed in 97% of tissue transfers. There were five flaps (4%) requiring exploration for vascular compromise, and the overall success rate was 97.6%. The major complication rate was 13%. Mean hospital stay was 7 days for all patients and 5 days for those with cutaneous defects. Combined ablative and reconstructive operative times were 6 hours 42 minutes, 7 hours 40 minutes, and 8 hours 32 minutes for forearm, rectus, and fibular free grafts, respectively. A subset of this patient series with oral cavity and oropharynx defects (76 patients; 58%) available for follow-up (74 patients) was assessed for deglutition. Forty-three patients (58%) had a regular diet, 22 patients (30%) had a limited diet or required supplemental tube feedings, and nine patients (12%) were dependent on tube feedings with a severely limited diet. CONCLUSIONS: This series suggests that most head and neck defects can be reconstructed by use of a simplified microvascular technique and a limited number of donor sites. Analysis of operative times and length of stay suggest improved efficiency with this approach to microvascular reconstruction. Complications and functional results are comparable to previously published results.

Comparison of 2 preferred methods used for frontal sinus obliteration. Fattahi, T., Johnson, C., Steinberg, B. Division of Maxillofacial Surgery, Department of Surgery, University of Florida, Jacksonville, FL 32209, USA. Tirbod.Fattahi@jax.ufl.edu. *Journal of oral and maxillofacial surgery* (2005) Apr, Vol. 63, pp. 487–91, ISSN: 0278-2391.
PURPOSE: This study was undertaken to compare total operating room cost, total operating time, and potential complications in frontal sinus obliteration using 2 different techniques. PATIENTS AND METHODS: Hospital records of all patients with frontal sinus fractures treated by the Division of Maxillofacial Surgery at the University of Florida, Jacksonville between October 1998 and December 2003 were reviewed. Twelve patients required frontal sinus obliteration based on the severity and location of injury. All cases were caused by traumatic aetiology. Patients were divided into group A or B. Six patients (group A) were treated using autogenous abdominal fat for obliteration purposes, while the other 6 patients (group B) underwent frontal sinus obliteration using a hydroxyapatite cement. Total operating cost, total operating time, and any complications were recorded and analyzed for each group and then statistically evaluated using a *t*-test. RESULTS: Follow-up ranged from 2 weeks to 6 months. Patients in group A had a lower total operating cost compared with group B. This cost difference was statistically significant. Total operating time was slightly greater in group A versus group B, although this was not statistically significant. CONCLUSION: Frontal sinus obliteration using autogenous abdominal fat appears to be more cost effective compared with hydroxyapatite cement. The slight difference in total operating time was not statistically significant and this factor alone should not be a deterrent from performing this surgical procedure.

Repair of intractable cerebrospinal fluid rhinorrhea with mucosal flaps and recombinant human basic fibroblast growth factor: technical case report. Kubo, S., Inui, T., Hasegawa, H., Yoshimine, T. Department of Neurosurgery, Tominaga Hospital, Osaka, Japan. sig-kubo@momo.so-net.ne.jp. *Neurosurgery* (2005) Mar, Vol. 56, pp. E627; discussion E627.
OBJECTIVE AND IMPORTANCE: Repair of a cerebrospinal fluid leak is not always easy, especially when a large fistula, with concomitant infection and injured mucosa, has developed from repeated transsphenoidal operations. We repaired such a sellar floor defect with mucosal flaps via the endonasal endoscopic approach and finally obliterated the fistula by promoting granulation-like tissue formation with recombinant human basic fibroblast growth factor (bFGF). CLINICAL PRESENTATION: A 27-year-old woman with intractable cerebrospinal fluid rhinorrhea was referred to our department after repeated operations for a relapsing Rathke's cleft cyst. Endonasal endoscopic examination revealed a large bone defect on the sellar floor through which previously packed fat and fascia were exposed to the nasal cavity. INTERVENTION: Mucosal flaps were harvested endoscopically from the nasal septum and the superior and middle turbinates. These pedicled flaps were transposed to the sellar defect. The flaps survived but did not cover the whole area, resulting in gaps between the flaps through which cerebrospinal fluid still leaked. Recombinant bFGF was repeatedly applied endoscopically to the mucosal flaps. The flaps turned into granulation-like tissue, and complete mucosal covering was finally achieved. CONCLUSION: bFGF has a wide range of biological effects, including stimulation of fibroblast growth and promotion of angiogenesis. It accelerates wound healing and is used clinically to treat dermal ulcers. The method presented here to treat an intractable fistula with mucosal flap and recombinant bFGF may suggest a new clinical application of bFGF. This possibility should be examined in a large number of patients in the future.

Intratympanic steroid perfusion for refractory sudden sensorineural hearing loss. Herr, B., D., Marzo, S., J. Department of Otolaryngology–Head and Neck Surgery, Loyola University Medical Center, IL 60153, USA. *Otolaryngology–head and neck surgery* (2005) Apr, Vol. 132, pp. 527–31, ISSN: 0194-5998.
OBJECTIVE: Patients with sudden sensorineural hearing loss (SSHL) can benefit from systemic steroid therapy. Unfortunately, some patients are not candidates for steroid therapy due to concern over possible complications. Furthermore, not all patients will benefit from steroid administration. This study evaluates the potential benefits and safety of treating patients with SSHL refractory to oral steroids with intratympanic steroid therapy. METHODS: A retrospective case review was performed on all patients who presented with sudden sensorineural hearing loss refractory to oral steroid therapy during the past year. Seventeen patients were identified. All patients underwent intratympanic steroid administration, via MicroWick placement and/or round window catheter placement. RESULTS: Nine patients with sudden sensorineural hearing loss showed an improvement with intratympanic steroid therapy, consisting of MicroWick placement with dexamethasone drop (Decadron) administration for 1–2 weeks and/or round window catheter placement with steroid perfusion. Only one of the patients presenting with hearing loss present for greater than 8 weeks benefited from intratympanic therapy. Complications were few and included tympanic membrane perforation, chronic otitis media, dysequilibrium, and

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dysguesia. CONCLUSIONS: Intratympanic steroid therapy can be beneficial in treating patients with sudden sensorineural hearing loss refractory to oral steroid use.

Management of post traumatic vertigo. Ernst, A., Basta, D., Seidl, R., O., Todt, I., Scherer, H., Clarke, A. Department of Otolaryngology at UKB Medical Center, Berlin, Germany. AmeborgE@ukb.de. *Otolaryngology–head and neck surgery* (2005) Apr, Vol. 132, pp. 554–8, ISSN: 0194-5998.
OBJECTIVE: To evaluate patients after blunt trauma of the head, neck, and craniocervical junction (without fractures) with vertigo and to report the results of treatment after extensive diagnostics. STUDY DESIGN: Prospective study of consecutive new cases with vertigo after trauma at different periods of onset. During 2000–2002, 63 patients were examined and treated. SETTING: Regional trauma medical center for the greater Berlin Area, tertiary referral unit. RESULTS: The primary disorders included labyrinthine concussion (18), rupture of the round window membrane (6), and cervicogenic vertigo (12). The secondary disorders included otolith disorders (5), delayed endolymphatic hydrops (12), and canalolithiasis (9). The patients were free of vertigo symptoms (except cervicogenic and otolith disorder) after treatment, which consisted of habituation training, medical and surgical therapy options. The follow-up was 1 year. CONCLUSION: Post traumatic vertigo can be treated with a high success rate once the underlying disorder has been identified. The extent of the neurotological test battery determines the precision and quality of diagnostics. Surgical measures should be an integral part of treatment modalities if conservative treatment is not effective. SIGNIFICANCE: Minor trauma of the head, neck, and craniocervical junction can have major impact on the vestibular system at different sites. Patients need to be carefully diagnosed, even if the onset of vertigo occurs a few weeks or months after the initial trauma.

Expression of interleukins in patients with nasal polyposis. Voegels, R., L., de-Melo, P., F., G. Division of Otorhinolaryngological Clinic at Clinical Hospital of the University of Sao Paulo, Brazil. rvoegels@attglobal.net. *Otolaryngology–head and neck surgery* (2005) Apr, Vol. 132, pp. 613–9, ISSN: 0194-5998.
OBJECTIVE: To correlate the levels of interleukins 1beta, 3, 4, and 5 before and after surgery and compare the levels between patients with and without recurrence of nasal polyposis. STUDY DESIGN AND SETTING: Thirty-nine patients with NP were selected, 13 of them allergic and 26 nonallergic. A control group of 11 individuals was also studied. The concentrations of interleukins were measured by enzyme-linked immunosorbent assay. RESULTS: There was a higher incidence of NP after the fourth decade of life and among men. The clinical symptoms were similar in both groups of patients with nasal polyposis and characterized by nasal obstruction and anosmia. A significant reduction of all interleukins studied was observed after surgical treatment. CONCLUSION: Levels of interleukins 1beta, 3, 4, and 5 were significantly reduced after surgery and the levels of interleukins 1beta and 5 were significantly lower in patients without recurrence of nasal polyposis after surgery when compared to those with recurrence.

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