

Editorial

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In this month's issue we have chosen to focus on the systematic review and meta-analysis of randomised controlled trials by Nibhanupudy *et al.*, assessing the role of topical intranasal corticosteroids in Eustachian tube dysfunction.¹

Eustachian tube dysfunction is prevalent in both paediatric and adults and topical intranasal corticosteroids are frequently prescribed in Eustachian tube dysfunction management, although their use remains controversial. The authors of this study systematically reviewed randomised, controlled trials (RCTs) assessing topical intranasal corticosteroid efficacy in Eustachian tube dysfunction, and analysed their impact through tympanometric normalisation. Eight RCTs met their inclusion criteria and a meta-analysis of tympanometry data from four eligible trials ($n = 512$ ears) revealed no significant difference in tympanometric normalisation between intranasal corticosteroids and control groups.

The authors conclude that the results of this particular study do not strongly support intranasal corticosteroids for Eustachian tube dysfunction. However the well-known adage “absence of evidence is not evidence of absence” applies and larger, higher-quality RCTs are required in the future to fully address this research question. Tympanometry is not the only outcome measure used to study Eustachian tube dysfunction and future studies should look to include additional parameters, including patient-reported outcome measures (e.g. Eustachian tube dysfunction-7 questionnaires), as well as physiological assessments of Eustachian tube function. In addition, in two of the four studies which reported intranasal corticosteroids to be an effective treatment, a significant proportion of paediatric patients had the additional comorbidity of adenoidal hypertrophy and intranasal corticosteroids may be more effective in paediatric Eustachian tube dysfunction with a primarily adenoidal pathogenesis. Eustachian tube balloon dilatation techniques are also adding to our armamentarium of treatment options available for the treatment of this challenging condition.^{2,3}

We would also like to take this opportunity to apologise to our readers for any disruption caused and delays to the publication of recent issues, as a result of a cybersecurity incident at our publishers, Cambridge University Press, in June of this year. The issue has now been resolved and we are on track to deliver on schedule by the end of this year.

Thank you for your ongoing support.

References

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