

February
1999

The Journal of

Laryngology & Otology

Founded in 1887
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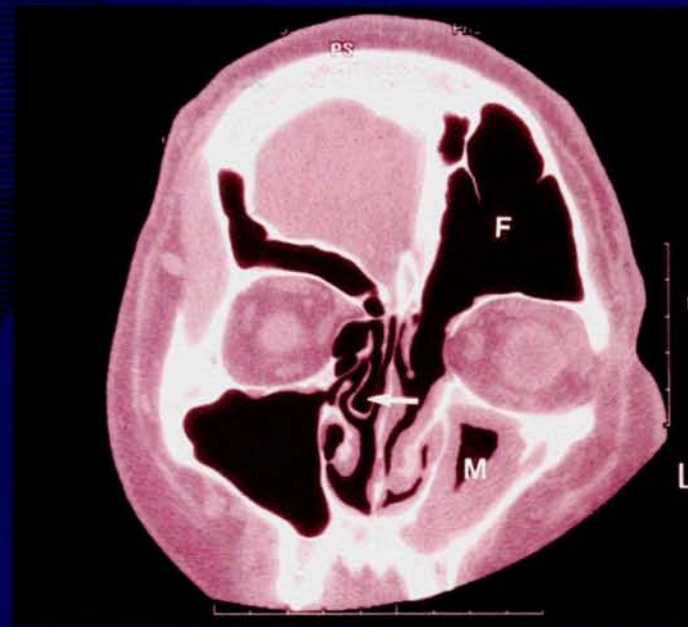
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Vol

113

No 2



features:

Minimizing complications in neck
dissection

Endoscopic anatomy of the
sphenoid sinus

Juvenile angiofibroma: the lessons of
20 years of modern imaging

Surgical simulation for training in
bronchoscopy



INSTRUCTIONS FOR AUTHORS

1. Original Articles which have not been published elsewhere are invited and should be sent to the Editors. Articles should not normally exceed 7,500 words. Audit articles must demonstrate that the 'audit cycle' has been completed. Articles concerning medico-legal matters are also welcome. Longer articles or theses will be considered for publication as Supplements but, in such instances, the costs of publication must be met by the authors or their employing authorities.

2. Review Articles, preferably not exceeding 3,000 words, will be considered but the authors are expected to be recognized authorities on the subject.

3. Historical articles of well known characters or events should provide some new information or interpretation: those from within a Hospital's own department highlighting a hitherto less well known contribution are also welcome.

4. Short reports where radiology, pathology or medical oncology have been critical in diagnosis or management will be published on a monthly or bimonthly basis under the headings Radiology, Pathology or Oncology in Focus. Such articles should not normally be longer than 4 pages of A4 text (excluding title page and references) and must emphasise a problem of particular clinical interest. The pathologist, radiologist or oncologist who has been involved will normally be expected to be a co-author and will be expected to sign the covering letter submitted with the paper.

5. Clinical Records (Case Reports) should be brief (as with short reports, no more than 4 pages of A4 text) and should be confined to single cases without precedent in the world literature or to cases which illustrate some entirely new facet in management or investigation. Reports of relative rarities are only welcome when they add to our understanding of a clinical issue.

6. All manuscripts are considered on the understanding that they have been submitted solely to this Journal and that, if accepted, subsequent reproduction in whole or in part will not be permitted without the explicit written consent of the principal Author and Editors. In all cases where such permission is granted the customary acknowledgements must be made.

7. All papers must be accompanied by a covering letter. This should contain a declaration, to be signed by each author, to confirm that they have read and approved the contribution bearing their name. Authors should also individually indicate the part they have played in data collection, analysis or authorship. The principal investigator (who should normally be the first author) should also indicate that he or she is prepared to take total responsibility for the integrity of the content of the manuscript.

In the same letter the authors must list any potential or actual conflicts of interest: where none have occurred this should be clearly stated. Competing interests include affiliations with, or financial involvement in, organizations or entities described in the manuscript and include grant monies, honoraria, fees or gifts related to the work as well as indirect financial support where equipment or drugs have been supplied.

8. Manuscripts must be typewritten in duplicate on one side of the paper only (A4 297 × 210 mm). Double spacing with wide margins (5 cm for the header and 2.5 cm for the remainder) should be used throughout. The pages should be sequentially numbered.

Begin each section on a new page in the following sequence: title page, abstract, text, acknowledgements, references, tables and legends. The following details should apply to each of these sections:

(a) **Title Page**—This should contain a succinct title for the paper and the names of the authors together with their principal higher degree(s). Below this should be the details of the departments in which the authors work and the name of their affiliated institution(s). An address for correspondence and the name of the author who is to receive this should be typed at the foot of the title page: this will ultimately appear beneath the list of references.

If the paper was presented at a meeting, the details must be given and will be inserted at the foot of the first page of printed text.

(b) **Abstract and Key Words**—The abstract should be no longer than 150 words and should include a statement of the problem, the method of study, the results obtained and the conclusions drawn. A separate 'summary' section in the main manuscript is not permitted.

Following the abstract should be those key words which can be used to index the article. Only the words appearing as Medical Subject Headings (MeSH) in the supplement to *Index Medicus* may ordinarily be used: in exceptional circumstances, and where no appropriate word(s) are listed, those dictated by common usage should be supplied.

No paper will be accepted without an abstract and appropriate key words.

(c) **Text**—The text should normally follow the common outlines, i.e., introduction, materials and methods, results and analysis, discussion, conclusion(s). The latter sections should clearly indicate how this work fits with the current body of world literature.

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Photographic illustrations should be unmounted, should not exceed 80 mm in width and should be high quality black and white prints: reproduction of coloured prints will normally be charged to the authors. Two sets of photographic illustrations, one with each copy of the manuscript, should be supplied and each should be clearly identified on the back with the figure number and the first authors name. Where any ambiguity might result the top edge should be identified with an arrow to aid orientation. Colour illustrations from papers are occasionally selected by the editor for use on the front cover of the journal at no cost to the authors. If appropriate a colour version of one of the black and white photographs submitted can be included for this purpose.

Photomicrographs of histopathological specimens must be accompanied by details of the staining method and the magnification used.

Photographs which could result in the person illustrated being identified must be accompanied by a signed release giving specific consent to publication. For minors signed parental permission is required.

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(f) **References**—The Harvard system should be used. Other systems are not permissible.

In the list of references all authors should be included and references should be in alphabetical order (by name of first author). The following format should be used:

For papers the names of the authors, the year of publication, the title and the journal name in full should be given followed by the volume and page numbers, e.g., Green, C., Brown, D. (1951) The tonsil problem. *Journal of Laryngology and Otology* 65: 33–38.

For single author books the style used should be Green, C. (1951) The tonsil problem. 2nd Edition. vol. 1, Headley Brothers Ltd., Ashford, Kent, pp 33–38.

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The authors should personally verify the accuracy of every reference before submitting a paper for publication.

(g) **Drugs**—The proper names of drugs should be used. One reference to a proprietary name may be given if this is felt to be important to the study.

9. **Submission of manuscripts**—Manuscripts should be sent to the Editors, The Journal of Laryngology and Otology, 2 West Road, Guildford, Surrey GU1 2AU (Fax: +44(0)1483-451874). All authors should send a facsimile number where possible to speed communication. Material submitted on floppy disk or sent by e-mail is not acceptable.

Page proofs sent to authors should be corrected and returned within 5 working days. No extra material should be added to the manuscript at this stage. Orders for reprints must be made on the form provided at the time of returning the proofs.

10. **Rejection of manuscripts**—All manuscripts that are rejected will no longer be returned to the authors and those submitting papers should, therefore, ensure that they retain at least one copy. The exception will be manuscripts containing coloured illustrations where the illustrations only will normally be returned automatically by Surface Mail.

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HEADLEY BROTHERS LTD, THE INVICTA PRESS, ASHFORD, KENT, GREAT BRITAIN

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Periodicals Postage Paid at Rahway N.J.

Postmaster: Send address corrections to The Journal of Laryngology and Otology, c/o Mercury

Airfreight International Ltd. Inc., 365 Blair Road, Avenel, N.J. 07001. Frequency of Publication: Monthly.

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Applications are invited for the **fifth** *Journal of Laryngology and Otology (JLO)* Travelling Fellowship.

Applicants must have **been** Fellows of **one** of the **Royal College of Surgeons** for at least two years and hold an appointment as a Specialist Registrar **recognized** for Higher Surgical Training in the United Kingdom or the **Republic of Ireland**. They are **expected to be**, or to become, subscribers to the *Journal of Laryngology and Otology*.

Applicants are asked to submit a **current CV** and write up to 1000 words describing where they wish to travel and which **aspects** of the **specialty of otolaryngology** they wish to **study**. It is anticipated that the Fellowship of £2500 will **enable the holder to travel for a period of up to two months**. A report of the Fellowship will be published **in the Journal**. Please submit applications to:

The Editors

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2 West Road

Guildford

Surrey GU1 2AU

The closing date for applications will be Saturday 13th February 1999.

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TWELFTH FUNCTIONAL ENDOSCOPIC SINUS SURGERY COURSE

AND

KTP/532 WORKSHOP

CME Accredited by BAO-NHS (23 Points)
Approved by European Laser Association (ELA)

Tyrone County Hospital, Omagh, N. Ireland
13th-16th April 1999

A two day course in *Functional Endoscopic Sinus Surgery* with hands on nose-sinus endoscopy will instruct the participant with an in-depth account of both morbid and endoscopic anatomy, pathophysiology, diagnosis including imaging techniques and surgical approach with post operative care. Complications and how to prevent them will be discussed in detail.

The course is aided by profuse illustrations, video presentations and live surgery.

The two day *KTP/532 workshop* aims to instruct the surgeons in both basic concepts and the varied applications in ENT and Head and Neck surgery including tissue interactions of various lasers. The latest techniques with KTP Laser in Tonsillectomy, Functional Endoscopic Sinus Surgery, UP3 and microlaryngeal surgery are discussed by didactic lectures and video presentations.

Live Tonsillectomy surgery will be performed with KTP/532 laser on several patients. The delegates will have 'hands on' training with KTP/532 Laser system with various animal tissue and pig's larynx with micromanipulator.

The course has a limited number of places and these will be allocated on a first come first served basis.

Course Director: Mr S. K. Kaluskar, M.S., F.R.C.S., D.L.O.(Eng.)

Further information from: Mrs. Martina Corrigan, Tyrone County Hospital, OMAGH, Co. Tyrone, N. Ireland BT79 0AP.
Telephone: (01662) 245211 Ext 2100, Fax: (01662) 246293,
Mobile: 0378 880 9876

Temporal Bone Surgical Dissection Course

INTERNATIONAL CENTER FOR OTOLOGIC TRAINING (ICOT)

- Designed for practicing otolaryngologists and senior residents
- Temporal bone dissection morning and afternoon
- Lectures and surgical videotape

1999

February 27 - March 3 • April 17 - 21
September 18 - 22 • November 13 - 17

2000

February 26 - March 1 • April 15 - 19
September 16 - 20 • November 18 - 22

Fees: Physicians - \$925 • Residents \$450
46 hours CME credit

COURSE DIRECTORS:

M. MILES GOLDSMITH, MD, FACS
MALCOLM D. GRAHAM, MD, FACS

Contact Shirley Johnson, RN, MSA
email: JohnsSh1@memorialmed.com
912-350-7365 • Fax 912-350-8998

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COURSES 1999

Percutaneous Tracheostomy under Endoscopic Control

27th May 1999 and 9th November 1999.

One-day practical course aimed at Intensivists and Otolaryngologists who wish an introduction to the skills necessary to practise this procedure using a safe technique. The course offers small group tuition and laboratory tissue models.

Endonasal and Endoscopic Sinus Surgery for Registrars and SHOs

11th-12th May 1999.

A two-day practical course designed for Junior Registrars and SHOs in ORL, who wish to extend their skills in the nasendoscope and sinuscope. This is a laboratory based practical course which concentrates on the skills required for procedures such as nasendoscopy, sinuscopy, endoscopic turbinate surgery, septal surgery, endoscopic middle meatal antrostomy. Faculty will include Mr Q Gardiner, Mr P White (Dundee), Mr G McGarry (Glasgow), Mr B Bingham (Glasgow). MATTUS approved.

5th Foundation Course in Middle Ear Surgery

20th-21st September 1999.

A two-day course aimed Specialist Registrar year 1-4. The course will cover the principles and practices of stapedectomy and tympanoplasty supported by tutorials, discussions, videos and practical sessions. The participants will be given "hands on" training on specially designed and temporal bone models during the practical sessions. Faculty will include Mr R Mills (Edinburgh), Mr B O'Reilly (Glasgow) and Mr W McKerrow (Inverness), Mr J Crowther (Glasgow), Mr A Kerr (Edinburgh). MATTUS approved.

Practical Bronchoscopy and Oesophagoscopy with foreign body removal

8th November 1999.

One-day practical course for specialist registrars and SHOs who wish to advance their skills in rigid endoscopy. This is a laboratory based course which concentrates on skills required for rigid and flexible bronchoscopy, oesophagoscopy and foreign body removal.

Tutors: Robin L Blair, Paul S White, Rodney E Mountain

This course can be attended solely or in conjunction with:

Percutaneous Tracheostomy under Endoscopic Control

9th November 1999.

One-day practical course aimed at Intensivists and Otolaryngologists

Practical Total Laryngectomy Course

10th November 1998.

One-day practical course for Junior Otolaryngology trainees to develop practical skills in laryngectomy surgery. All courses offer small group tuition and laboratory tissue models.

Anatomical workshop for Laryngeal Framework Surgery

12th November 1999.

A one-day practical course for Senior Otolaryngology trainees and Consultants who wish to develop and extend their surgical skills in Laryngeal Framework Surgery. Extensive faculty to include tutors from the University of Iowa.

Further details and registration form are available from Julie Struthers, Unit Co-ordinator, Surgical Skills Unit, Ninewells Hospital and Medical School, Dundee DD9 1SY.

Tel: 01382 645857, Fax: 01382 646042.

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