

Editorial

The diversity of Australian head and neck surgery is well represented in this issue. Parotid gland neoplasia, and especially malignancy, has a unique skew in the Australian population, with metastatic squamous cell carcinoma over-represented compared to pathologies seen in other geographical areas of the world. This teaching dictum is well supported by the work from Coombe and colleagues.¹ Similar experience with solar-related squamous cell carcinoma of the lip is likewise presented by Pastuszek *et al.*² Such local data are critical when treating Australian patients, as the findings presented emphasise the need to ensure that clinical practice is based on Australian population experience.

Very practical neck surgery approaches are presented by Jackson *et al.*³ and Perera *et al.*⁴ Jackson and colleagues' experience compliments last issue's manuscript by Prof Veivers on techniques in managing the pharyngeal pouch.⁵ The knowledge here from two surgeons with extensive experience in this area is invaluable. The risk factors for post-thyroidectomy haematoma are important when considering appropriate patients for short-stay thyroid surgery.⁴

Tinnitus remains a common and poorly understood clinical presentation in general otolaryngology. Two excellent reviews are presented in the main *Journal of Laryngology & Otology* issue that complement the review by Jufus and Wood from our last issue on the use of benzodiazepines.⁶ The first focuses on the association between psychiatric disorders, especially anxiety and depression, and tinnitus, and reports that the presence of these disorders correlates with tinnitus severity and annoyance.⁷ However, the problem of 'the chicken and the egg' exists in interpreting the association here. The second review demonstrates that both cognitive behavioural therapy and tinnitus retraining therapy are effective in the treatment of tinnitus, with neither therapy demonstrably superior; however,

enormous heterogeneity exists in how these therapies are delivered.⁸

Once again, we are fortunate to have had such broad contribution from Australian researchers to this issue. Australian otolaryngology research needs to build in 2016, with this journal being the main submission for indexed research. With the annual scientific meeting coming up in Melbourne in March 2016, I encourage all researchers who have had successful submissions to the conference to submit their work to *The Journal Australian Supplement* for publication.

RICHARD J HARVEY
Editor

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