

Editorial

Cite this article: Fisher EW, Fishman J. Unilateral Ménière's disease natural history, return to work after head and neck cancer treatment, and glottic carcinoma voice outcomes. *J Laryngol Otol* 2023;**137**:591–591. <https://doi.org/10.1017/S0022215123001019>

There are few disorders in ENT that are capable of stimulating interest and discussion among clinicians and researchers in the way that Ménière's syndrome/disease can do. The nature of the link with migraine and imaging studies have deepened this interest, and, whether clinicians are philosophically 'lumpers' or 'splitters', there is plenty to please both groups in current research. The natural history of the disease in different subgroups has been a topic of research over the years,^{1,2} and this issue of *The Journal of Laryngology & Otology* has a paper from Valencia (Spain) that focuses on unilateral Ménière's patients and proposes three subgroups, based on features and outcomes.³ The principal criterion used was the number of vertigo episodes per year in the first 10 years of the disease. Time will tell if this model proves to be helpful to clinicians in their management of this challenging group of patients.

Head and neck cancer patients who survive treatment may go on to live a longer life,⁴ but how good is their quality of life? The proportion of working age patients with head and neck cancer is rising, and the cure rates have improved significantly, but what does that actually mean in the long term for patients? Early retirement and unemployment are common outcomes, which is not ideal for the individual, their family or society as a whole. We know that social deprivation is already over-represented in this group of patients as a starting point, and that the physical, psychological and social consequences of the disease and its treatment can be profound. Returning to work has many benefits to patients, not just economic,^{5,6} and a qualitative study in this issue of *The Journal* from Nottingham (UK) investigates this group of patients in some detail.⁷ This is our 'paper of the month'. Given the limitations of qualitative studies, the messages here are very clear: there is a long way to go before this group of patients are given suitable opportunities for communication and advice, and this applies to all agencies with whom they are in contact (healthcare, employers, social support, for example). As the paper says: 'Nearly all participants reported that conversations about work and the psychosocial aspects of life were either not included in healthcare consultations or were covered in a cursory way'. One hopes that policy makers will take this into account when planning resource allocation; however, without the sort of open discussion about needs in papers such as this, the 'gap' in provision will remain.

A prospective study from Leiden (the Netherlands) in this issue⁸ investigates functional outcomes after radiotherapy for patients at the milder end of the head and neck spectrum, a group with good oncological outcomes – tumour-node stage T₂N₀ glottic carcinoma patients. Fourteen patients were included, with a median follow up of 42 months. These patients were evaluated using several general and focused quality of life questionnaires, and a detailed voice analysis. Previous work summarises the background.⁹ Predictably, the outcomes were good functionally, with voice impairment being worse if the tumour had infiltrated muscle (as judged by imaging). This very detailed study will help act as a benchmark for similar studies in other groups and after different treatments.

References

- 1 Thomas K, Harrison S. Long term follow-up of 610 cases of Ménière's disease. *Proc R Soc Med* 1971;**64**:856–7
- 2 Belinchon A, Perez-Garrigues H, Tenias JM. Evolution of symptoms in Ménière's disease. *Audiol Neurotol* 2012;**17**:126–32
- 3 Pérez-Carbonell T, Orts-Alborch M, Pérez-Guillén V, Tenías-Burillo J, Pla-Gil I, Marco-Algarra J *et al.* A longitudinal study of unilateral Ménière's disease and clinical evolutionary models. *J Laryngol Otol* 2023;**137**:629–36
- 4 Purkayastha M, McMahan AD, Gibson J, Conway DL. Trends of oral cavity, oropharyngeal and laryngeal cancer incidence in Scotland (1975–2012) – a socioeconomic perspective. *Oral Oncol* 2016;**61**:70–5
- 5 Broemer L, Friedrich M, Wichmann G, Müller J, Neumuth T, Dietz A *et al.* Exploratory study of functional and psychological factors associated with employment status in patients with head and neck cancer. *Head Neck* 2021;**43**:1229–41
- 6 Chen YJ, Lai YH, Lee YH, Tsai KY, Chen MK, Hsieh MY. Impact of illness perception, mental adjustment, and sociodemographic characteristics on return to work in patients with head and neck cancer. *Support Care Cancer* 2021;**29**:1519–26
- 7 Miller A, Wilson E, Diver C. Returning to work: a qualitative study of the experiences of head and neck cancer survivors. *J Laryngol Otol* 2023;**137**:691–96
- 8 Hendriksma M, Heijnen B, Verbist B, De Jong M, Langeveld A, Van Benthem P *et al.* Long-term functional outcomes in tumour stage T₂ glottic carcinoma after radiotherapy. *J Laryngol Otol* 2023;**137**:685–90
- 9 Bibby JRL, Cotton SM, Perry A, Corry JF. Voice outcomes after radiotherapy treatment for early glottic cancer: assessment using multidimensional tools. *Head Neck* 2008;**30**:600–10