

Editorial

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Denton *et al.*'s multi-centre study into the learning curve of students undertaking myringotomy and ventilation tube insertion¹ compares the endoscopic to the microscopic technique. The study surprisingly does not support an assumption that the endoscopic technique is harder to learn, and may be easier than the standard microscope technique. This will be a boost for proponents of the endoscopic approach to ear surgery in the UK and beyond.^{2,3}

Patulous Eustachian tube syndrome is a difficult condition, and has been the subject of several recent papers in *The Journal of Laryngology & Otology* exploring various methods of treatment.^{4–6} This issue's contribution is from Korea,⁷ in which a large series of patients were managed with conservative measures or transtympanic catheter placement. The study focuses on the association of an anatomical defect in the anterolateral wall of the tubal valve with the likelihood of success of conservative measures versus surgery. They conclude that the presence of this defect is more likely to indicate a need for surgery.

The heterogeneity of content, fitness for purpose and timing of ENT undergraduate education in the UK have been topics of discussion in *The Journal* and other journals for many years.^{8–11} With an evidence-based guideline for the ENT curriculum being published in 2014, after applying a Delphi method,¹² it might be reasonable to have hoped that much of the angst surrounding this subject, one close to the heart of ENT surgeons and general practitioners, would have dissipated. Mayer *et al.*'s survey of UK medical schools¹³ suggests that such hopes are premature and that there are still significant deviations from a suggested curriculum, including the omission of important topics such as tracheostomy. A frequent theme in recent relevant educational articles,^{14–16} echoed here, has been encouraging supplementary ENT teaching opportunities. These include an introductory or emergency-focused course at a later stage, sometimes using simulation, to limit potential adverse effects on patient safety from undergraduate ENT provision that is perceived to be inadequate. Getting things right at undergraduate level seems preferable, with later courses giving 'added value', rather than being essential for safe working.

Necrotising (formerly 'malignant') otitis externa continues to pose a challenge for the otologist. Previous work has highlighted changes over time based on hospital statistics, with a radical increase in incidence over the past decade and more, some of which can be explained by an increasing prevalence of diabetes mellitus and an increasingly ageing population.^{17,18} A recent *Journal of Laryngology & Otology* article discussed the role of diffusion-weighted magnetic resonance imaging in predicting severity.¹⁹ This issue contains a review of the subject,²⁰ based on experience in NHS Lothian of 20 cases, and proposes evidence-based guidelines for management, including a useful algorithm. Defining high-risk cases early in management is the crux of these guidelines, and may lead to better patient outcomes for this dangerous disease.

Finally, we send our heartfelt congratulations to Robin Youngs, Emeritus Editor, who was recently appointed to an Associate Professorship at the London School of Hygiene and Tropical Medicine in recognition of his work in World Medicine, which is richly deserved.

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