

## Editorial

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Necrotising (‘malignant’) otitis externa has been the topic of many articles published in *The Journal of Laryngology & Otology*, with recent years seeing more publications as the incidence of necrotising otitis externa increases.<sup>1–3</sup> An article in this month’s issue from Leicester, UK,<sup>4</sup> looks retrospectively at prognosis and the application of a scoring system to help predict outcomes. In one year of study, 26 patients were seen, with a 19 per cent mortality at one year. A high score using the Charlson Comorbidity Index predicted a poor prognosis at one year.<sup>5</sup> This scoring system uses inherent patient factors rather than the usual disease severity related assessments, so might help raise vigilance in patients who could otherwise be seen as relatively low risk based on disease status alone. Eweiss and colleagues from Essex, UK,<sup>6</sup> found that the incidence of necrotising otitis externa in their geographical area had increased dramatically in recent years, with cases sometimes and surprisingly involving immunocompetent patients.

Inferior turbinate surgery has been a topic of articles in *The Journal* since the early days of the twentieth century,<sup>7</sup> when *The Journal* had a slightly different name. Since then, traditional radical surgery has been superseded by more conservative techniques (or avoidance altogether, using medical therapy, if possible), and a wide variety of resection methods have been tried, including laser, cryotherapy and various partial resection techniques.<sup>8</sup> Arguments continue, with avoidance of bleeding or ‘empty nose syndrome’ usually playing a part in discussions. This issue of *The Journal* has a paper from Israel,<sup>9</sup> which has a very high throughput of isolated turbinate surgery cases (1035 cases in just under two years), and compares bleeding rates from three conservative turbinate surgery techniques: traditional partial turbinectomy, submucosal turbinate resection, and endoscopic turbinoplasty using a micro-debrider. All techniques involved bayonet bipolar forceps for the electrocautery of potential bleeding vessels. The bleeding rate was lowest in the endoscopic turbinoplasty group (3 per cent), but the other techniques had similar bleeding rates (8.4 per cent and 10.7 per cent).

Tonsillectomy (with or without adenoidectomy) has been the mainstay of surgical treatment of paediatric obstructive sleep apnoea for many years.<sup>10</sup> Recent years have seen a rise in intracapsular tonsillectomy or tonsillotomy procedures, with lower bleeding rates than traditional surgery and usually faster recovery periods,<sup>11,12</sup> which are great advantages for children who may often be lower in weight compared to the average candidate for tonsillectomy for recurrent infections. Many studies have shown quality of life and cost benefits from tonsil surgery in children and adolescents.<sup>13</sup> This issue includes a paper from Helsinki,<sup>14</sup> which examines quality of life and the healthcare costs as outcome measures for tonsillotomy surgery in children aged 5–11 years, followed for 12 months, and compares these results with a previous cohort of patients who underwent traditional tonsillectomy. They found that both techniques led to similar improvements in quality of life and an overall reduction in healthcare costs. This is our ‘paper of the month’.

The elderly population is growing world-wide, and patients who are very elderly with head and neck cancer often receive different care than younger patients. A study from Newcastle upon Tyne, UK,<sup>15</sup> included in this issue, examines the patterns of care for patients aged over 80 years, in order to inform future studies and discussions on care for this group, who are usually under-represented in clinical trials.<sup>16</sup>

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