



Editorial: Clinics in Surgery-Otolaryngology

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Editorial

In the first Esteban-Sanchez and Martin-Sanz from Spain have investigated the use of vestibular myogenic potentials (VEMPs) and electrocochleography (EcoHG) as adjunctive tests to the radiological diagnosis of superior canal dehiscence (SCD) or inner third window syndrome, a condition first recognized by Lloyd minor in 1998. CT scanning of the superior canal can over diagnose it. An abnormally low threshold cervical (cVEMP) or ocular (oVEMPs) VEMP provide confirmation that the patient has an abnormal pathway for bone-conducted sound, and this should be a requirement for consideration of an operation. The authors studied 39 ears in 30 patients with a possible radiological SCD in whom 19 had symptoms and 20 no symptoms. They confirm a significantly lower threshold 0.5 kHz and 1 kHz tone burst VEMPs in the symptomatic ears. For extratympanic EcoHG with a click stimulus an appropriately high SP/AP ratio of >0.5 did not separate the two groups, which likely means that endolymphatic hydrops, even if were present, is not a characteristic feature of SCD. So EcoHG is not required as a routine test for SCD. Dhillon and Akst from Johns Hopkins University USA present a case of tracheobronchopathia osteo chondro palstica found incidentally on bronchoscopy. The nodular calcium and bone deposits are associated with the tracheal rings and therefore spare the posterior trachea. About 50% are asymptomatic They discussed the differential diagnosis and management of more symptomatic and difficult cases.

An unusual presentation of a temporal bone lytic lesion from Ferri and colleagues in Italy reminds us that metastases should be in the differential diagnosis with patients presenting with otological symptoms and facial palsy, as the petrous apex is usually the first site involved. Daraei and Moor from the USA provide an interesting discussion on E-cigarettes based on Pubmed/MEDLINE search. These were initially promoted as a device to assist abstinence from tobacco smoking, but there is now an increasing trend in their use by younger people, some of whom did not smoke tobacco. There have been claims that they are being promoted by traditional tobacco companies, and the authors bemoan a lack of contemporary legislation regarding E-cigarette promotion and use. Huang and colleagues from Taiwan review their management over ten years of orbital subperiosteal abscesses in children. Non-response to antibiotics necessitates a surgical approach which has traditionally been external. A transnasal endoscopic approach will usually afford drainage via the ethmoid which are invariably involved, with the additional advantage of access to the maxillary, frontal and sphenoid sinuses. In 22 patients 12 required an external approach or combined approach, but 10 were successfully managed by an endoscopic approach alone. A rare parotid presentation of a Maltoma (MALT= mucosa-associated lymphoid tissue) which is an extra nodal lymphoma was managed by Dokuzlar and colleagues from Turkey. The patient, with a prior breast cancer history, refused any prior imaging or tissue sampling investigations, but remains symptom free after a parotidectomy. Ear candling for removal or ear wax has been and remains (despite much evidence for their inefficacy and dangers) a promoted self-treatment by adults who even use them in their children. Nee and Athar from Malaysia describe removal of impacted candle wax in the deep ear canal on the tympanic membrane for a sixteen year-old male ear candle user. In this case there was no damage to the tympanic membrane but they review instances of significant damage and emphasise the illogic and dangers of the practice. The evidence that children with hearing aids and cochlear implants may not be reaching optimal spoken language outcomes. Douglas from Vanderbilt University USA reviews the literature on emerging features of interventions that may improve performance. A patient presenting with a conductive hearing loss and pulsatile tinnitus from a rare middle ear meningioma from ectopic arachnoid cells is presented by Chiena and colleagues from Johns Hopkins University USA. In the last paper in this issue Berolini and colleagues from Italy discuss the etiology and management of a lingual abscess in a patient requiring tracheostomy for airway control. While needle aspiration for lingual abscess may sometimes be adequate, such a presentation necessitates a formal surgical drainage. I hope you enjoy reading these articles and that you and others will be inspired to submit for future editions.

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