

## Editorial

The year 2015 promises to bring a greater contribution of Australian researchers to *The Journal of Laryngology & Otology*. We are now on our third issue of Australian-only based content. This emphasises the confidence that established research groups have in *The Journal* for publication, and highlights an increased awareness of research and its integration into otolaryngology training.

This issue brings to light the importance of well performed secondary research efforts to ensure that summaries of current evidence are disseminated amongst clinicians. Tuckett and Cervin demonstrate convincing evidence that computed tomography offers great diagnostic value in assessing for airway foreign bodies.<sup>1</sup> The days of routine bronchoscopy, in light of the safety and low radiation exposure (2 mSv) associated with the study, are likely to be behind us.

Sleep and airway surgery gain a focus in this issue. Professor Mackay's group explore the depth of trainee understanding of current indications and appropriateness for sleep intervention.<sup>2</sup> Their study highlights the deficiencies that exist in training and the application of sleep surgery in Australia. Such investigations will act as a platform for reform, and there are efforts underway to address the way sleep surgery is delivered in Australia.

Two articles address management of the airway. Dowthwaite *et al.* focus on avoiding complications and stenosis when using composite nasal septal grafts to reconstruct defects resulting from thyroid malignancy management.<sup>3</sup> Chan *et al.* highlight the advantages of low temperature ablation in managing short segment tracheal stenosis.<sup>4</sup> This is an area in which many options exist (compared with long segments), and coblation, in their hands, offers a simple alternative.

An audit of Professor Carney's group's use of coblation in tonsillectomy demonstrates that rates of complications and bleeding are very similar to those in published reports on alternative techniques.<sup>5</sup> Their outcome differs to that of a UK audit which suggested coblation tonsillectomy was associated with a higher secondary bleed rate. The importance of surgical technique and correct use of coblation are thought to be significant factors in this discrepancy.

In the early days of rhinology, betadine and other agents were often irrigated through the sinuses in attempts to 'purge' them of bacteria, in the hope that this would settle down the chronic inflammation observed. Such practice is uncommon now, but betadine is a ciliotoxic agent, as demonstrated by Kim *et al.*, and should be avoided inside sinus cavities unless absolutely

necessary.<sup>6</sup> Nasal dilator strips are very commonly used devices, but common sense on appropriate use should prevail with regard to clinical suspicion and appropriateness of the nose. Kam *et al.* highlights the racial differences and their impact on the collapsibility of the nasal valve.<sup>7</sup> The Caucasian nose is more at risk of valve dysfunction, which should be of interest to those screening for causes of nasal obstruction and those performing interventions for valve disorders.

Mohammadi *et al.* highlight the importance of further investigation into causes of unilateral auditory neuropathy.<sup>8</sup> The effort in organising a magnetic resonance imaging study of the young children affected was productive in determining a diagnosis in 82 per cent of the patients.

Australian otolaryngology research continues to thrive in 2015. With the upcoming annual scientific meeting to be held in Sydney, 7–9th March, I encourage all researchers who have a successful submission to the conference to submit their work to *The Journal of Laryngology & Otology Australian Supplement* for publication.

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### References

- 1 Tuckett P, Cervin A. Reducing the number of rigid bronchoscopies performed in suspected foreign body aspiration cases via the use of chest computed tomography: is it safe? A literature review. *J Laryngol Otol* 2015;**129**(suppl 1):S1–7
- 2 Mackay S, Holmes S, Jones A. Australian training for contemporary airway management of obstructive sleep apnoea in ENT surgery: current status and future recommendations. *J Laryngol Otol* 2015;**129**(suppl 1):S8–15
- 3 Dowthwaite S, Friel M, Coman S. Tracheal reconstruction using composite nasal septal graft in patients with invasive thyroid carcinoma. *J Laryngol Otol* 2015;**129**(suppl 1):S16–20
- 4 Chan CL, Frauenfelder CA, Foreman A, Anthanasiadis T, Ooi E, Carney AS. Surgical management of airway stenosis by radiofrequency coblation. *J Laryngol Otol* 2015;**129**(suppl 1):S21–26
- 5 Rodger MA, Frauenfelder C, Woods C, Wee C, Carney AS. Bleeding following coblation tonsillectomy: a 10-year, single-surgeon audit and modified grading system. *J Laryngol Otol* 2015;**129**(suppl 1):S32–37
- 6 Kim JH, Rimmer J, Mrad N, Ahmadzade S, Harvey RJ. Betadine has a ciliotoxic effect on ciliated human respiratory cells. *J Laryngol Otol* 2015;**129**(suppl 1):S45–50
- 7 Kam AW, Pratt E, Harvey RJ. Comparing the effectiveness of nasal dilator strips: does race play a role? *J Laryngol Otol* 2015;**129**(suppl 1):S51–56
- 8 Mohammadi A, Walker P, Gardner-Berry K. Unilateral auditory neuropathy spectrum disorder: retrocochlear lesion in disguise? *J Laryngol Otol* 2015;**129**(suppl 1):S38–44