

Editorial

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Two articles deserve special mention in this month's issue of *The Journal of Laryngology & Otology*.

Many of us are familiar with the commonly reported and incidental finding of T2-weighted white matter hyperintensities on magnetic resonance imaging of the internal auditory meatus and brain in the setting of asymmetrical sensorineural hearing loss. However, their clinical significance is contentious. A study by Huang *et al.* in this month's issue investigated the association between these incidental findings and the future risk of vascular events, namely stroke, transient ischaemic attacks and myocardial infarcts.¹ Of 6978 patients, 309 (4.4 per cent) had incidental white matter hyperintensities. Of these, 6.5 per cent had a stroke or transient ischaemic attack within five years, and 1.7 per cent had a myocardial infarction. In addition, the number of cardiovascular risk factors predicted the likelihood of vascular events. The authors conclude that appropriate risk factor management is recommended for patients with incidental white matter hyperintensities of presumed vascular origin. The findings of this study are in agreement with previously published studies.²

In a second article in this month's issue, Abou-Foul *et al.* investigate cervical lymphadenopathy following coronavirus disease 2019 (Covid-19) vaccination.³ Vaccination-associated adenopathy is a frequent imaging finding after Covid-19 vaccine administration, which may lead to a diagnostic and management conundrum in patients with manifest or suspected cancer, in whom it may be indistinguishable from malignant nodal involvement.^{4,5} This work is the first to report on the incidence, characteristics, clinical course and imaging features of Covid-19 vaccine associated cervical lymphadenopathy (defined as cervical lymphadenopathy first noticed within two weeks after vaccine injection in the ipsilateral deltoid muscle), with special emphasis on the implications for head and neck cancer services. In their study, all identified lymph nodes were in cervical levels IV and V. Full clinical resolution was reported within an average of 3.1 weeks from symptom onset in more than half of the cohort, and partial improvement was reported within an average of 8.4 weeks in 40 per cent of patients. Thus, Covid-19 vaccine related lymphadenopathy should be considered in the differential diagnosis of low-neck nodes if they occur shortly after vaccination, although it is nonetheless still important to exclude sinister disease using ultrasound and other investigations, as necessary.

References

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