

Abstract Selection

Prognostic value of clinicopathological parameters in head and neck squamous cell carcinoma: a prospective analysis. Janot, F., Klijanienko, J., Russo, A., Mamet, J. P., de Braud, F., El-Naggar, A. K., Pignon, J. P., Lubinski, B., Cvitkovic, E. Department of Head and Neck Surgery, Institut Gustave Roussy, Villejuif, France. *British Journal of Cancer* (1996) February, Vol. 73 (4), pp. 531–8. The prognostic weight of histological and biological factors was compared with that of known clinical prognostic factors in a population of 108 consecutive previously untreated patients with head and neck squamous cell carcinoma. Parameters studied were: tumour vascularization, mitotic index, histological differentiation, nuclear grade, keratinization, desmoplasia, growth pattern, inflammation, tumour emboli in peripheral vessels, keratins 6, 13, 19 immunohistochemical expression, cytofluorometric ploidy and S-phase. In multivariate analysis (Cox), only age and nodal status had a significant impact on the overall survival, whereas T stage was the only significant factor associated with locoregional failure. The cumulative incidence of metastases was correlated not only with age, T and N stage, but also with histological differentiation. All the other histological and biological factors studied failed to provide further prognostic information. These findings may help to select patients with high metastatic risk. Author.

Do overall treatment time, field size, and treatment energy influence local control of T1-T2 squamous cell carcinomas of the glottic larynx? Fein, D. A., Lee, W. R., Hanlon, A. L., Ridge, J. A., Curran, W. J., Coia, L. R. Department of Radiation Oncology, Fox Chase Cancer Center, Philadelphia, PA 19111, USA. *International Journal of Radiation, Oncology, Biology, Physiology* (1996), March 1, Vol. 34 (4), pp. 823–31.

PURPOSE: To evaluate treatment and patient related prognostic factors that may influence local control in the treatment of T1-T2 squamous cell carcinoma of the glottic larynx. **METHODS AND MATERIALS:** 109 patients with invasive, previously untreated T1-T2 squamous cell carcinoma of the glottic larynx were treated with curative intent with radiotherapy at the Fox Chase Cancer Center between June 1980 and November 1991. Follow-up ranged from 26-165 months (mean 83 months). **RESULTS:** The two-year local control rates for patients with T1 and T2 lesions were 89 per cent and 80 per cent, respectively. The two-year local control rate for patients whose overall treatment time was <50 days was 92 per cent vs 82 per cent for patients whose overall treatment time was >50 days ($p = 0.07$). The two-year local control rate for patients treated with an irradiated area <36 cm² was 90 per cent compared to 86 per cent in patients who were treated to an area > or = 36 cm². The two-year local control rate for patients treated with 60Co was 83 per cent vs 92 per cent for patients treated with 6 MV x-ray. Cox proportional hazards regression analysis was performed using the following variables: treatment energy, irradiated area, gender, tobacco pack years, tumour differentiation, overall treatment time, total dose, dose per fraction, and T stage. Overall treatment time ($p = 0.05$) was the only variable that significantly influenced local control. **CONCLUSION:** Extending the overall treatment time was found to adversely influence local control. Neither the irradiated area nor treatment energy was found to influence local control in early stage vocal cord carcinoma. Author.

Head trauma: hearing loss and dizziness. Fitzgerald, D. C. Department of Otolaryngology and Neurology, Washington Hospital Centre, Washington, D.C. 20010, USA. *Journal of Trauma* (1996) March, Vol. 40 (3), pp. 488–96.

OBJECTIVE: Because the physicians who care for patients with head trauma may be family practitioners or internists, this article

provides these physicians some knowledge of the causes and pathophysiology of such trauma with respect to neurologic sequelae to aid in their decisions to seek consultation with neurologists and otoneurologists in diagnosis and management. **METHODS:** This article reviews the literature concerning differential diagnosis, appropriate evaluation, and possible treatments of patients who exhibit hearing loss and dizziness after head trauma, whiplash injuries, or both. I also relate those findings to my extensive experience with such neurologic problems. **FINDINGS:** The findings are grouped according to injuries that cause dizziness, including trauma to the brain stem-eighth nerve complex, the semicircular canals (labyrinthine concussion), benign paroxysmal positional vertigo, Meniere's syndrome-vestibular symptoms, perilymphatic fistula-vestibular symptoms, and cervical vertigo, and those that cause hearing loss, including trauma to the brain, eighth nerve, middle ear, cochlear concussion, Meniere's syndrome, and perilymphatic fistula. Author.

Criteria for managing audiometric data in occupational hearing conservation. Delaney, C. M. Department of Logopaedics, University Cape Town. *South African Journal for Communication Disorders* (1994), Vol. 41, pp. 33–6.

Hearing conservation programmes usually include hearing testing, although it is not always clear whether the aim of such testing is to identify individuals with a hearing disability, or those who show evidence of having been affected by noise. The requirements for hearing testing in both cases relate to three main considerations: the choice of frequencies at which hearing is assessed; the way in which this threshold data is quantified or otherwise managed; and whether this index is compared to some static limit, or to the individual's own baseline audiogram to assess hearing change. Central to the assessment of hearing for the purpose of identifying individuals at risk for noise-induced hearing loss is a measure that is both sensitive and specific to the effects of noise. A case is made for a choice of frequencies around 4000 Hz, the substitution of hearing loss configuration for the three-frequency average, and an emphasis on hearing change rather than status as a means of interpreting audiometric data for hearing conservation purposes. Author.

Once daily fluticasone propionate aqueous nasal spray controls symptoms of most patients with seasonal allergic rhinitis. Pedersen, B., Dahl, R., Richards, D. H., Jacques, L. A., Larsen, B. B., Pichler, W., Nykanen, K. N. Department of Respiratory Diseases, University Hospital of Aarhus, Denmark. *Allergy* (1995) October, Vol. 50 (10), pp. 794–9.

This multicentre, randomized, double-blind, parallel-group study was designed to compare the efficacy and tolerability of fluticasone propionate aqueous nasal spray 200 micrograms once daily (FPANS 200 mg od) with FPANS 200 mg twice daily (bd) in patients whose seasonal rhinitis symptoms were not completely controlled with FPANS 200 mg od. A total of 549 patients initially received FPANS 200 mg od during the open-treatment phase of the study. After two weeks, 65 per cent of patients had their symptoms well controlled by FPANS 200 mg od and continued with this treatment for a further two weeks. The remainder received either FPANS 200 mg od or FPANS 200 mg bd for a further two weeks. Efficacy was evaluated by the analysis of symptom-free days. In the uncontrolled group, there was a significant increase in the percentage of symptom-free days in the FPANS 200 mg bd group over the FPANS 200 mg od group for nasal blockage on waking ($p < 0.05$) and nasal blockage during the day ($p < 0.05$). Similar trends were observed for sneezing, rhinorrhoea, nasal itching, and eye symptoms. There was a significant

increase in the percentage of days with a symptom score of less than two in FPANS 200 mg bd group for nasal blockage during the day ($p < 0.05$). Adverse events are similar in nature and frequency in each treatment group. It is concluded that in the majority of patients symptoms of seasonal rhinitis are well controlled by FPANS 200 mg od. In the minority of patients whose symptoms are not adequately controlled by a once daily dose, FPANS 200 mg bd provides additional relief, particularly from nasal blockage. Author.

A comparison of ultrasound and plain radiography in the diagnosis of maxillary sinusitis. Dobson, M. J., Fields, J., Woodford, T. Department of Diagnostic Radiology, Hope Hospital, Salford, UK. *Clinical Radiology* (1996), March, Vol. 51 (3), pp. 170–2.

The diagnosis of maxillary sinusitis can be difficult, with clinical signs and symptoms leading to a correct diagnosis in only approximately half of cases. This study compared ultrasound and plain radiography of 50 maxillary antra (25 patients) with clinically suspected maxillary sinusitis. Ultrasound showed 100 per cent concordance with plain radiographs reported as normal, and was abnormal in all cases where plain films were reported as showing complete opacification or an air fluid level, the only reliable plain film indicators of an inflamed antrum. We conclude that ultrasound can provide an alternative to plain radiography in the initial investigation of maxillary sinusitis. Author.

Globus sensation: value of static radiography combined with videofluoroscopy of the pharynx and oesophagus. Schima, W., Pokieser, P., Schober, E., Denk, D. M., Moser, G., Uranitsch, K., Eibenberger, K., Herold, C. J., Stacher, G. Department of

Radiology, University of Vienna, Austria. *Clinical Radiology* (1996) March, Vol. 51 (3), pp. 177–85.

Pharyngo-oesophageal abnormalities are found in a high proportion of patients with globus sensation. This study compares the diagnostic value of static single- and double-contrast radiography of the pharynx and oesophagus with videofluoroscopy and with videofluoroscopy combined with static radiography in these patients. Pharyngeal and oesophageal morphology and motor function were studied in 130 consecutive patients with globus sensation (46 males, 84 females; mean age, 47 years) by means of static single and double-contrast radiography and by videofluoroscopy. Videofluoroscopy revealed significantly more functional and structural abnormalities compared to static radiography. Pharyngeal and/or oesophageal disorders were found in 89 vs 47 patients ($\chi^2 (1) = 19.82, p = 0.0001$), pharyngeal abnormalities in 54 vs 27 patients ($\chi^2 (1) = 13.5, p < 0.0002$), and oesophageal abnormalities in 72 vs 27 patients ($\chi^2 (1) = 28.13, p < 0.0001$). Videofluoroscopy combined with static radiography revealed significantly more abnormalities than videofluoroscopy alone ($\chi^2 (1) = 4.23, p < 0.05$), and assessed mucosal details more reliably than videofluoroscopy alone. The most frequent abnormalities found were nonspecific oesophageal motor disorders, pharyngo-oesophageal sphincter dysfunction, pharyngeal stasis, achalasia, and laryngeal penetration or aspiration of barium. In most patients with globus sensation, pharyngeal and/or oesophageal abnormalities can be detected radiographically. Videofluoroscopy revealed significantly more functional but not morphological abnormalities than did static radiography. Videofluoroscopic studies combined with static radiography had a higher diagnostic value than videofluoroscopic studies alone. Author.