

'You can never have too much of a good thing'

Many of you may be surprised to receive an August issue of 'Rhinology'. I hope this will be a pleasant surprise, as it will shortly be followed by an early October edition and regular December issue. The decision to do this was primarily motivated by the desire to reduce the increasing backlog of papers awaiting publication. Although we have increased the number of papers published significantly in recent years and have adopted a very rigorous review process, accepting only the best papers in their fields, the increasing number and quality of submissions makes this a continual challenge. We have been posting e-versions of accepted papers on the website for some time (www.rhinologyjournal.com) but authors are naturally impatient to see their work in print so we agreed a one-off 'summer' edition to expedite matters.

Those of you who kindly completed the electronic questionnaire will know that we have been considering whether we should go entirely electronic. However, for the time being, we will continue to produce a hard copy but will keep the situation under review.

This 'extraordinary' issue highlights as ever, the wide spectrum of rhinology from anatomy and physiology to basic and clinical research through a wide range of pathologies including allergy, inflammation, infection and neoplasia.

Despite the obvious importance of the nose in sleep-related problems, articles on this subject have been rather sparse in the rhinology literature so the review by Bhik Kotecha is timely⁽¹⁾. This area also highlights the need for a multidisciplinary approach and emphasises the concept of the 'united airways', also explored from a therapeutic perspective by Möller and colleagues⁽²⁾. The efficient delivery of topical medication is obviously an important factor in its effectiveness and this study builds on previous work from the same group⁽³⁾. A wide range of newer delivery systems is being investigated such as the OptiNose^(4,5) or Kurve (controlled particle dispersion)⁽⁶⁾ devices and innovative formulation technology using nanoparticles, mucoadhesives, various gels and cyclodextrins are being utilised⁽⁷⁾. Eluting stents also offer the promise of improved healing by delivering antibiotics, steroids and other agents such as mitomycin C directly to difficult sites such as the frontal recess and other sinus ostia^(8,9). Furthermore, the nose is increasingly being used for the delivery of other drugs, ranging from hormone replacement therapy and growth hormone to insulin and anti-migraine medication (sumatriptan). The ability to directly reach neuronal tissue in the olfactory niche and thence the brain makes this a very attractive proposition.

The olfactory system remains an area of considerable interest especially with the increasing recognition of hyposmia

as the presenting symptom in neurodegenerative disorders. Normative data in the older population is therefore fundamental to any attempts at screening⁽¹⁰⁾ as is the standardisation of tests such as olfactory thresholds⁽¹¹⁾. A reduction in the activation volume of olfactory brain structures and odour intensity perception has been shown with functional MRI in older subjects⁽¹²⁾. However, a meta-analysis of 43 papers on Alzheimer's and Parkinson's diseases versus controls, showed significant defects in odour identification, recognition and detection thresholds over and above that which might be expected due to ageing so interest has focussed on olfaction as a possible method of screening for these neurodegenerative disorders⁽¹³⁾. Olfactory loss is of course common in many rhinologic conditions and is known to have a significant effect on quality of life⁽¹⁴⁻¹⁶⁾. Better assessment tools and some innovative treatments are resulting in a less nihilistic approach by clinicians to these problems⁽¹⁷⁻²²⁾.

And finally, this issue carries important information on a number of Fellowships and research prizes available through the journal and the European Rhinologic Society, two of which are directly linked to the next ERS meeting in Toulouse, France (July 17-21, 2012). This congress promises to be an exciting and stimulating experience, both scientifically and socially. The charm, climate and gastronomic excellence of the south west of France are sure to stimulate the senses, in particular the olfactory and gustatory senses of all rhinologists – so make sure the date is in your diaries now!

REFERENCES

1. Kotecha B. The nose, snoring and obstructive sleep apnoea. *Rhinology*. 2011; 49: 259-263.
2. Möller W, Saba GK, Häussinger K, Becker S, Keller M, Schuschnig U. Nasally inhaled pulsating aerosols: lung, sinus and nose deposition. *Rhinology*. 2011; 49: 286-291.
3. Moller W, Schuschnig U, Meyer G et al. Ventilation and aerosolized drug delivery to the paranasal sinuses using pulsating airflow, "a preliminary study". *Rhinology*. 2009; 47: 405-412.
4. Djupesland P, Skretting A, Winderen M, Holand T. Breath actuated device improves delivery to target sites beyond the nasal valve. *Laryngoscope* 2006; 116: 466-472.
5. Vlckova I, Navratil P, Kana R, Pavlicek, Chrbolka P, Djupesland P. Effective treatment of mild to moderate nasal polyposis with fluticasone delivered by a novel device. *Rhinology*. 2009; 47: 419-426.
6. Giroux M, Hwang P, Prasad A. Controlled particle deposition applying vertical flow to optimize nasal drug deposition. *Drug Delivery Technology*; 2005; 5: 44-49.
7. Illum L. Nasal drug delivery: new developments and strategies. *Drug Discovery Today* 2002; 7: 1184-1189.
8. Huvne W, Zhang N, Tijmsa E, et al. Pilot study using doxycycline-releasing stents to ameliorate postoperative healing quality after sinus surgery. *Wound Repair Regen*. 2008; 16: 757-767.
9. Beule A, Scharf C, Biebler K-E, et al. Effects of topically applied dexamethasone on wound healing using a drug-releasing stent. *Laryngoscope*. 2008; 118: 2073-2077.
10. Boesveldt S, Lindau S, McClintock M, Hummel T, Lundström JN. Gustatory and olfactory dysfunction in older adults: a national probability study. *Rhinology*. 2011; 49: 324-330.
11. Zernecke R, Frank T, Haegler K, Albrecht J, Brückmann H, Wiesmann M. Correlation analyses of detection thresholds of four

- different odorants. *Rhinology*. 2011; 49: 331-336.
12. Wang J, Eslinger P, Smith M, Yang Q. Functional magnetic resonance imaging study of human olfaction and normal aging. *J Gerontol A Biol Sci Med Sci*. 2005; 60: 510-514.
 13. Meshulam R, Moberg P, Mahr R. Olfaction in neurodegenerative disease: a meta-analysis of olfactory functioning in Alzheimer's and Parkinson's diseases. *Arch Neurol*. 1998; 55: 84-90.
 14. Brämerson A, Nordin S, Bende M. Clinical experience with patients with olfactory complaints and their quality of life. *Acta Otolaryngol*. 2007; 127: 167-174.
 15. Landis B, Stow N, Lacroix J-S, Hugentobler M, Hummel T. Olfactory disorders: the patients' view. *Rhinology*. 2009; 47: 454-459.
 16. Shu CH, Lee PO, Lan MY, Lee YL. Factors affecting the impact of olfactory loss on the quality of life and emotional coping ability. *Rhinology*. 2011; 49: 337-341.
 17. Kern R, Conley D, Haines G, Robinson A. Treatment of olfactory dysfunction, II: Studies with minocycline. *Laryngoscope*. 2004; 114: 2200-2204.
 18. Anzinger A, Albrecht J, Kopietz R, et al. Effects of laser needle acupuncture on olfactory sensitivity of healthy human subjects: a placebo-controlled double-blinded randomized trial. *Rhinology*. 2009; 47: 153-159.
 19. Philpott C, Gaskin J, McClelland L, et al. The Leicester semi-automated olfactory threshold test- a psychological olfactory test for the 21st century. *Rhinology*. 2009; 47: 248-253.
 20. Rombaux P, Mouraux A, Collet S, Eloy P, Bertrand B. Usefulness and feasibility of psychophysical and electrophysiological olfactory testing in the rhinology clinic. *Rhinology*. 2009; 47: 28-35.
 21. Olsson P, Stjarne P. Endoscopic sinus surgery improves olfaction in nasal polyposis: a multi-center study. *Rhinology*. 2010; 48: 150-155.
 22. Reden J, El-Hifnawi D, Zahnert T, Hummel T. The effect of a herbal combination of primrose, gentian root, vervain, elder flowers, and sorrel on olfactory function in patients with a sinonasal olfactory dysfunction. *Rhinology*. 2011; 49: 342-346.



©Robert Clayton

Valerie J. Lund, Editor in Chief
London, United Kingdom

ADVERTISEMENT

The advertisement features a background image of the illuminated facade of the Capitole de Toulouse at night. The text is overlaid on a blue and orange background with a grid pattern.

ERS
European Rhinologic Society

24th
Congress of the European
Rhinologic Society

31st
International Symposium
of Infection & Allergy
of the Nose

Toulouse, France
June 17-21, 2012

europa organisation

regist-ers-isian@europa-organisation.com
www.ers-isian2012.com

CALL FOR PAPERS