

The 25th European Rhinologic Society Congress 2014

In three months, June 22-26th, we will celebrate the 50th birthday of the European Rhinologic Society and the 25th congress of the ERS.

The years 1963/1964 were very important years for Rhinology in Europe. Prof. Ewout Van Dishoeck first decided to have a journal to enable to publish important congress proceedings in Rhinology in 1963 (for further details please read the society news by Prof. Huizing in the Rhinology website and on page 94 of this issue). In 1964, the 1st congress of the European Rhinologic Society at Leiden was organized and the papers presented were published in the second issue of Rhinology.

After successful congresses in Geneva (2010) and Toulouse (2012), now we are looking forward to the special anniversary edition in Amsterdam. The theme of the congress is: "The nose as an interface". An interface is a point where two systems, subjects, organizations, etc. meet and interact. The time that rhinologists were mainly active in rhinosurgery has long passed. The 25th European Rhinologic Society Congress 2014 will certainly contain a lot of important and new information on the typical rhinology subjects that has also received a lot of interest in our journal like rhinitis⁽¹⁻⁴⁾, rhinosinusitis with and without nasal polyps⁽⁵⁻⁹⁾, smell^(10,11) and epistaxis^(12,13). But, Rhinology is much more. There will be a lot of sessions on facial plastic surgery⁽¹⁴⁻¹⁶⁾ and a combined session with the European Academy of Facial Plastic Surgery (EAFPS). Intensive attention to the every year broadening subject of endoscopic tumour surgery⁽¹⁷⁻¹⁹⁾, in recent years not only benign⁽²⁰⁾, but also malignant tumours have been shown to be better of being operated endoscopically^(21,22). Combined sessions will be organized with the European Academy of Allergy and Clinical Immunology with emphasis on new treatment options in allergic disease^(23,24), but there will also be sessions on other aspects of allergic and non-allergic rhinitis⁽²⁵⁻²⁸⁾ and the relationship between upper and lower airways^(29,30).

In this issue of the journal, two interesting review papers can be found. One is a meta-analysis on the treatment of Allergic

fungal rhinosinusitis (AFS)⁽³¹⁾, Mistry). The authors conclude that as in CRS^(32,33) there is limited evidence to support the use of topical or oral antifungal agents in patients with AFS⁽³¹⁾. The other review paper discusses the important concept of Severe Chronic Upper Airway Disease (SCUAD)⁽³⁴⁾. This term, introduced by Jean Bousquet in 2009⁽³⁵⁾, highlights that also in the upper airways a relevant part of the patients has serious disease, often combined with lower airway disease. Earlier the term "recalcitrant CRS" was used⁽⁷⁾, and in EPOS2012⁽⁵⁾ we introduced the term "difficult to treat CRS". It is important that we try to be clear in our definitions. A good thing of the term SCUAD is that it points to being a serious disease, and that the disease is multifactorial with rhinitis and (rhino)sinusitis both contributing to the impact on quality of life. In this review, the different factors that may contribute to SCUAD are discussed. We might need a taskforce on nomenclature of rhinitis and rhinosinusitis as has been done recently on sinonasal anatomy⁽³⁶⁾. As a supplement to this issue you will find the product of the taskforce on sinonasal anatomy. We hope that it will be helpful in your discussions among colleagues.

In this very interesting issue, two more papers especially caught my eye: First the paper of the group of Walter Canonica⁽³⁷⁾ on illness perception, mood and coping strategies in allergic rhinitis showing that the patient's perspective about allergic rhinitis is independent of persistence and severity of symptoms. Pointing to the possibility that this is an explanation AR remains underdiagnosed and under-treated, even in its most severe forms. Finally, the paper of Snidvongs and colleagues⁽³⁸⁾ who point to an often-experienced difficulty in doing research in postoperative sinus surgery patient: a good scoring system to report your findings. Although there are several endoscopy scoring systems proposed, they seem to be imprecise and not correlating with patient perspectives on their disease. The authors show that their proposed Modified Lund Mackay Postoperative Endoscopy Score can be considered to represent the cumulative inflammatory burden of all sinuses and to correlate with patient reported outcome measures. Something I am definitely going to try in my next study.

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