EDITORIAL

The measurement of nasal airway and other things

This issue as usual covers a number of themes, notably infection and airway.

In a potentially landmark paper, Raza and colleagues ⁽¹⁾ consider the role of *Staphylococcus aureus* in persistent rhinosinusitis and its eradication. Proposals for a unifying theory for the aetiology for rhinosinusitis have raged long and hard ⁽²⁻⁴⁾. However, unlike the 'Hitchhiker's Guide to the Galaxy', it seems unlikely that there will be one universal answer to everything though in selected patient populations particular organisms may be of importance. Whilst many sophisticated strategies have been used for the eradication of bacteria, a more pragmatic approach has been used by the group in Geneva in attempting to define a treatment that would be globally available i.e. the use of sodium hypochlorite which at a concentration of 0.05% appears to be a good alternative to lavage with saline alone. This would obviously be cheap and readily available as compared to more expensive antibacterial treatments.

A number of papers in this issue consider the management of nasal airflow and its objective measurement. It is interesting to reflect that no otological procedure, not even a grommet insertion, would be undertaken without basic audiometry and yet in the nose, we are reluctant for a variety of reasons to apply objective measures pre-operatively, let alone following surgery. There are many reasons for this reluctance, notably problems with the retest reliability of objective tests and their limited availability. Notwithstanding this, Erdem and Ozturan ⁽⁵⁾ have objectively demonstrated improvement following correction of a nasal deviation whilst in a study by Bourolias et al. ⁽⁶⁾ the use of an Erbium doped glass fibre laser in septal reshaping was objectively assessed by rhinomanometry. The use of both rhinomanometry and acoustic rhinometry have

REFERENCES

- Raza T, Elsherif HS, Zulianello L, Plouin-Gaudon I, Landis BN, Lacroix JS. Nasal lavage with sodium hypochlorite solution in Staphylococcus aureus persistent rhinosinusitis. Rhinology 2008; 46: 15-22.
- Zhang N, Gevaert P, van Zele T, Perez-Novo C, Patou J, Holtappels G, van Cauwenberge P, Bachert C. An update on the impact of Staphylococcus aureus enterotoxins in chronic sinusitis with nasal polyposis. Rhinology 2005; 43:162-168.
- Harvey RJ, Lund VJ. Biofilms and chronic rhinosinusitis: systematic review of evidence, current concepts and direction for research. Rhinology 2007; 45: 3-13.
- Ebbens FA, Georgalas C, Rinia AB, van Drunen CM, Lund VJ, Fokkens WJ. The fungal debate: where do we stand today? Rhinology 2007; 45: 178-189.
- Erdem T, Ozturan O. Objective measurement of the deviated nose and a review of surgical techniques for correction. Rhinology 2008; 46: 56-61.
- Bourolias C, Prokopakis E, Sobol E, Moschandreas J, Velegrakis GA, Helidonis E. Septal cartilage reshaping with the use of an Erbium doped glass fiber laser. Preliminary results. Rhinology 2008; 46: 62-65.

been well-documented in this area ^(7:9). As expected, nasal airway resistance was shown to be largely determined in the nasal valve and vestibule region and it is surgery on this area which is assessed by Andre and Vuyk ⁽¹⁰⁾, also in this issue. Their prospective study considering nasal valve suspension shows some benefit on subjective assessment by the patients but with sufficient collateral morbidity not to recommend the technique as first line treatment for nasal valve insufficiency and unfortunately they did not substantiate their results with objective measures.

There is no one ideal clinical test of nasal patency given the dynamic nature of the nose ^(11,12) and there are many factors which contribute to the sensation of nasal 'congestion' but it is perhaps regrettable that more attention is not paid to the objective assessment of airway especially as some simple techniques exist such as nasal inspiratory peak flow that might assist the decision making process even though they have their limitations ^(13,14).

Finally, the somewhat neglected though important subject of nasal foreign bodies is considered in a large European survey by Gregori et al.⁽¹⁵⁾ confirming both the frequency and long-term morbidity associated with under-diagnosis. Unfortunately perhaps we are preaching to the converted when this paper draws attention to the importance of unilateral foul smelling discharge in a child!

Readers should be aware that these and all our other accepted papers for future issues are available on line in the 'View Upcoming Articles' section of our website (www.rhinologyjournal.com) in full pdf to ERS members and subscribers.

- Jessen M, Ivarson A, Malm L. Nasal airway resistance and symptoms after functional septoplasty: comparison of findings at 9 months and 9 years. Clin Otolaryngol 1989; 14: 231-234.
- Hilberg O, Jackson AC, Swift DL, Pedersen OF. Acoustic rhinometry: evaluation of nasal cavity geometry by acoustic reflection. J Applied Physiol 1989; 66: 295-303.
- 9. Eccles R. Nasal airflow in health and disease. Acta Otolaryngologica 2000; 120: 580-595.
- André RF, Vuyk HD. Nasal valve surgery; our experience with the valve suspension technique. Rhinology 2008; 46: 66-69.
- 11. Quine SM, Aitken PM, Eccles R. Effect of submucosal diathermy to the inferior turbinates on unilateral an total nasal airflow in patients with rhinitis. Acta Oto-Laryngologica (Stockholm). 1999; 119: 911-915.
- 12. Clarke JD, Hopkins ML, Eccles R. Evidence for correlation of objective and subjective measures of nasal airflow in patients with common cold. Clin Otolaryngol 2005; 30: 35-38.
- Holmstrom M, Scadding GK, Lund VJ, Darby YC. Assessment of nasal obstruction. A comparison between rhinomanometry and nasal inspiratory peak flow. Rhinology 1990; 28: 191-196.
- Clarke RW, Jones AS. The limitations of peak nasal flow measurement. Clin Otolaryngol 1994; 19: 502-504.

15. Gregori D, Salerni L, Scarinzi C, Morra B, Berchialla P, Snidero S, Corradetti R, Passali D and the ESFBI Study Group. Foreign bodies in the nose causing complications and requiring hospitalization in children 0-14 age: results from the European survey of foreign bodies injuries study. Rhinology 2008; 46: 28-33.

Valerie J. Lund Editor in Chief



SOCIETY NEWS



European Rhinologic Society

The 22st Congress of the European Rhinologic Society will be held in combination with the 27th International Symposium on Infection and Allergy of the Nose (ISIAN) in Crete, Greece, June 15-19, 2008. The congress is organized by the next President of the Society, Dr. Anthony G. Papavassiliou. For more information please contact the congress secretariat by e-mail: ers2008isian@frei.gr or visit the website: www.ers2008isian.com. You will also find details on the ERS-website www.europeanrhinologicsociety.org.

All ERS-members are invited to take part in the **General Assembly** that will take place in Crete during the congress. For date and location please see the program of the congress.

	Preliminary Agenda of the ERS-General Assembly in Crete, June 2008	
1.	Opening remarks	M. Rautiainen
2.	Approval of the minutes of the General Assembly in Tampere 2006.	
	These minutes were published in the September 2006 issue of the journal "Rhinology"	G. Rettinger
3.	Report of the Congress-President	A. Papavassiliou
4.	Report of the General Secretary	G. Rettinger
5.	Report of the Treasurer	S. Lacroix
6.	Report of the Editor-in-Chief of "Rhinology"	V. Lund
7.	Courses under ERS-auspices, research-prizes and fellowships	G. Rettinger
8.	Future meetings	G. Rettinger
10.	Any other business	
11.	Closing remarks	M. Rautiainen