EDITORIAL Rhinology, 47, 225-226, 2009

Something for everyone!

Rather than having a specific theme, this issue covers the whole range of rhinology, from experimental basic science in an animal model to practical solutions for everyday problems as well as extended applications of endoscopic techniques. Olfaction continues to be a rich source of interest ⁽¹⁻³⁾, and in this the authors are to be commended as for too long, smell has received relatively little attention from the ENT community whilst it remains a cause of considerable distress to patients with olfactory loss or distortion ⁽⁴⁻⁶⁾.

Whilst conventional anatomical dissection is rapidly disappearing from the medical student curriculum (7), the continued importance of surgical anatomy is exemplified by Chiu's (8) paper demonstrating the marked asymmetry which can be encountered in the major arterial supply to the nose. In the management of epistaxis, the recognition that there may be up to 10 branches of the sphenopalatine artery is pertinent to any endoscopic ligation (9). Epistaxis is a certainly common occurrence in the normal population (10) and in the past was often thought to be related to hypertension. However, large population cohorts have shown this to be untrue (11) and this message is reinforced in the prospective study by Theodosis et al. (12) reiterating work published nearly 35 years ago by Shaheen (13) who showed that the explanation more likely lies with the underlying arteriopathy in vessels no longer capable of optimum vasoconstriction rather that hypertension per se which should be considered a secondary phenomenon of this

No issue would be complete without consideration of some aspects of chronic rhinosinusitis. In this issue the roles of both pre-operative radiology and post-operative medication for endoscopic surgery are examined ^(14,15). Leo et al. ⁽¹⁴⁾ suggest that in a paediatric population at least, plain x-rays may still have a screening role whilst Jorissen and Bachert ⁽¹⁵⁾ reinforce the importance of active post-operative treatment with topical corticosteroids as recommended in EPOS ⁽¹⁶⁾.

Finally surgical technique within the nasal cavity, sinuses and at the sino-orbital interface complete our contents. Of particular note are the reviews considering the evidence for turbinate reduction and the impact of such surgery on the physiological function of the nose (17,18). Reduction of the inferior turbinates has been undertaken since 1845 or earlier and there are at least 13 different techniques described, several of which have become popular since a previous review in 2000 (19) including coblation, laser reduction and powered turbinoplasty. These procedures have primarily been advocated in perennial non-allergic rhinitis and to a lesser extent in perennial allergic rhinitis (PAR) for nasal obstruction when medical treatment fails. It

has even been shown in PAR that other symptoms such as nasal discharge and sneezing can be reduced in the longer term (20). However, there are few randomised trials and generally the studies have relatively short follow-up and few objective outcome measures except in the most recent publications. In summary one might conclude that those techniques removing the most tissue have the longest duration of effect but also the greatest morbidity, notably epistaxis and crusting. Perhaps the most important factors are to consider the cause of the symptom(s) and to have adequately explored medical therapies.

The journal has gone from strength to strength in recent years with its most recent Impact Factor of 1.845 placing it high in the pecking order of peer review ENT journals. For this I most gratefully acknowledge the contribution of my editorial team, in particular the reviewers who deal admirably with an increasing number of submissions. By maintaining a wide rhinological perspective of interest to basic researchers and clinicians alike, I am optimistic that we can maintain a high quality product on behalf of the societies which we serve.

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226 Editorial

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