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Improving routine clinical practice - a daily challenge

Physicians tend to be conservative when it comes to the way how, the reason why, and when they do things, whether this is surgery or medical treatment. We are probably influenced by our teachers, anecdotic patients experiences and our own ease with techniques, indications or medications, more than by evidence based medicine. As a consequence, only few articles we read, really change our daily treatment habits. Continuous scrutinizing our daily routine practice and seeking to improve it, is however, the motor not only of medicine or science but also of our own routine way to approach patient related issues. Experience is, errors or complications that are analyzed, one of my mentors used to say. This implies that we are only able to move forward if things do not always work out as they were expected and we are forced to think about why this is the case.
In this issue of Rhinology, several articles grabbed my attention since they bring new data on questions that rhinologists face regularly and may potentially change our clinical practice.
Septoplasty as a cornerstone surgical activity for rhinologists worldwide, contributes substantially to the treatment of mechanical nasal obstruction [1]. However, the debate about reliable prediction for patients satisfaction after septoplasty goes on [2]and discussions about concomitant turbinoplasty remain [3]. Bin Lajdam et al. suggest unilateral turbinoplasty together with septoplasty to be superior to septoplasty alone. Comparing surgical procedures, Fischer et al. results emphasize the routine use of a pedicled flap when performing Draf III drillout to improve outcome and Dallan et al. analyzed one of the most feared intraoperative complication, which is intraorbital bleeding and propose a modified algorithm to face it with success.
Medical treatment in rhinology has tremendously been modified in recent years with the use of biologics [4]. Their introduction has definitely changed our clinical practice but many open questions remain [5] and the need for real-life and clinical data is huge. Haxel et al. and Bachert et al. complement the knowledge on biological treatments by confirming their beneficial effects with supplementary real-life data.
Recurrence rates and ways to diminish them, is a goal of practically all medical disciplines. Mendez del Castro et al. and Birkenbeutel et al. contribute important information on inverted papilloma, which is still one of the most frequent, and not always easy to treat, pathology in our field [6].
Covid-19 had undesirable effects on olfaction [7] but it is a bit less known that during the pandemics hospitals faced more cases of mucormycis. Cherian et al. report a large series of this usually rare invasive disease related to covid-19 infection. Juratli et al. further show that ACE2 receptor expression, which played an important role in the covid-19 mechanism, is gender-dependently differently expressed in the nasal mucosa.
Finally, in two very interesting papers, which I warmly recommend, Backaert et al. and Sedaghat et al. point out that the so far used instruments [6] to diagnose and analyze inflammatory upper airway diseases show some space for perfection.

Wishing you a unhurried end of the year, I hope that the reading of this December issue is enjoyable and gives many you new ideas how to further improve our routine clinical practice.

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