

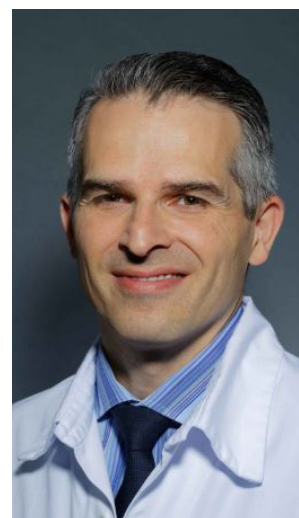
## The sweet smell of rhinology

The new issue of *Rhinology* hosts again plenty of interesting contributions that nicely illustrate the multifaceted discipline rhinology is. Two very instructive reviews, one on surgical concepts how to close efficiently the skull base and to avoid CSF leakage, and another on intranasal insulin and its effect on olfactory function, underline the wide span of rhinological activities. Çelebi and colleagues provide promising animal data suggesting that N-Acetyl cysteine therapy may prevent mucositis after radiotherapy. Hultman Dennison and colleagues give us new insight about the infectious profile of complicated sinusitis in children and finally the five remaining articles relate to different aspects of olfactory function. Mai et al. and Chao et al. investigated the circadian and menstrual cycle, respectively, showing that both physiological processes have an impact on olfactory function in humans. Mackers and colleagues confirm the previous finding of the positive effect septal and turbinate surgery has on olfactory function<sup>(1)</sup>. Li et al. provides the electrophysiological correlate of a clinical phenomenon seen in patients with olfactory dysfunction, that of smelling something at the first sniff but disappearance of that percept at the second or third sniff. Eo and colleagues confirm and further characterize the high prevalence of parosmia and phantosmia in patients with olfactory dysfunction<sup>(2)</sup>.

The table of content nicely reflects that rhinologists work is not restricted to esthetics<sup>(3)</sup>, sinus surgery and topical treatment<sup>(4)</sup> of a small organ but concerns all aspects of the nose, an organ with manifold functions. Besides serving breathing and conditioning of the inspired air, the nasal mucosa is a key player in the airway defense system<sup>(5)</sup>. A bit less well known by the larger public and most medical colleagues; the nose is also a sensory organ. More precisely it is a double sensory organ supplying humans with the capacity to smell a sheer amount of odors and secondly sense almost every chemical, thermal or mechanical

compound such as menthol, dust or pepper in the inhaled air, via a powerful intranasal trigeminal nerve perception<sup>(6)</sup>. For those who still doubt, have a look to the shelf when paying next time at the petrol station. Half of the products displayed are menthol or eucalyptol derivatives to chew or eat to increase your well breathing sensation or emit a positive odor of freshness. These both chemical senses, olfaction and trigeminal function, do not only fill store-shelves but also many pages in *Rhinology* and other specialized journals. Seen it this way, the sensory nose is a story of success and we rhinologists have the privilege caring about it. Like our colleagues the otologists, we should be proud and conscious that, besides cure and relief of infectious<sup>(7)</sup>, inflammatory<sup>(8)</sup> or malformation disorders<sup>(9)</sup>, we also work on a sensory organ and serve humans to smell, taste and sense better their daily life and appreciate its sweetness.

I wish you an enjoyable reading of this new issue.



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