# Treatment advances in rhinology

The new issue of Rhinology reflects the large range of very diverse topics that are covered by our wonderful specialty. It ranges from psychology in rhinoplasty and why its indication is not retained (De Greve et al.) over olfactory (Miyake et al.) and trigeminal sensory perception (Migneault-Bouchard et al.) to chronic inflammation (Alanzi et al.) and oncological treatment recommendations (You et al.).

The table of contents also recalls that many rhinologists not only work at the bedside but spent many hours at the bench, trying to better understand the basis of chronic rhinosinusitis, one of the most prevalent diseases worldwide. New basic insights are brought up by Li et al., Passos et al. and Szaleniec et al. proposing new tissue biomarkers and interesting microbiome findings in chronic rhinosinusitis.

A special focus is given to thorough analysis of treatment procedures in rhinology, such as improving the surgical field by means of dexmedetomidine use (Giffoni et al.) or the robustness of patient related outcome measures (Yang et al.). Astonishingly scores of established questionnaires such as Sino-Nasal Outcomes Test (SNOT-22), Rhinosinusitis Disability Index (RSDI) and mini-Rhinoconjunctivitis Quality of Life Questionnaire (MiniRQLQ) seem very sensitive to the context in which they have been filled in. This contextual frailty, raises questions about the value of what questionnaire related PROMs really reflect.

We should keep in mind that clinical medicine cannot be broken down to metrics and questionnaires only, but recall that obviously psychological factors also play a role and influence our therapies [1, 2]. Adherence to treatments we give is typically influenced by many factors, and not done as regularly as we would hope or like it. Two studies in this issue underline that, reporting surprisingly low compliance rates of smell training (Pieniak et al. and Haas et al.). Heian et al. show that training has only limited effects on subjects without any olfactory dysfunction and is best performed with short training sessions. Although olfactory training seems efficient in postinfectious disorders [3, 4], the current data points out its limits and the urgent need for new treatment options for olfactory disorders [5-7].

Finally, Tsai et al. claim that high serum eosinophil cationic protein (ECP) levels are a predictor of postoperative uncontrolled chronic rhinosinusitis. In light of a currently ongoing effort to define and monitor surgical completeness [8] and disease control in chronic rhinosinusitis [9], this appears potentially very interesting.

I wish you an enjoyable reading and a happy new year.



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## References

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