DOI:10.4193/Rhin.25.903

## Rhinology – What else?

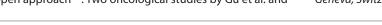
People often ask me why I have chosen to be rhinologist. It was not an active choice but I opted for otorhinolaryngology, since it was the only internship during medical school where time flew by. It is only years later, that I realized, and was able to put in words, what had attracted me as a medical student. In contrast to pure surgical disciplines where the techniques and indications are at the first plane, and internal medicine or neurology where the quest of the accurate diagnosis is the challenge, otorhinolaryngology had both of it, at an equal importance. We further have the privilege not to treat only a segment of the population, but children equally as very old patients, and pathologies range from mild nasal congestion to oncology. Research in rhinology goes from neuroscience to immunology, and in daily life, there is hardly a week without somebody from my private environment asking me a medical advice, which is related to our field. I often think by myself: "What a useful, rich in variety and wonderful job I have!"

This broad range of topics covered by our field is once more reflected in this issue of Rhinology. The current issue holds some very interesting articles with unexpected results, that will be recognized, discussed and probably debated. Jayed et al. provide a very comprehensive review on septoplasty, a supposedly easy procedure, with very telling illustrations. I can only warmly recommend this article to everybody who does septoplasty. Choulakis et al. come up with a systematic review, on a rather scarcely treated topic, that of herbal treatments in rhinology. Although the evidence is not overwhelming, this is an important contribution when we think about the vast amounts of patients requesting alternative treatments. The third review by Hirayama et al. will probably elicit vivid reactions. It is a systematic analysis of restenosis and revision rates in patients with Draf IIb versus Draf III procedures. Counterintuitively, Draf III seems to be worse in both outcome measures (1). Talking about children earlier in this review, Castellanos et al. provide a remarkable report on successful endonasal skull base repair in children below 8 years of age. This approach is not only safe but also associated to less complications than the open approach (2). Two oncological studies by Gu et al. and

Zheng et al. investigated successfully on prognostic factors for nasopharyngeal carcinoma and sinonasal melanoma. Both studies identify clinically useful parameters that should help clinicians dealing with these cancers to further stratify risks and plan adequate treatment (3,4). This very clinical issue holds one animal study by Sanchez-Montalvo et al. that may lay the bases for an animal model of non-type 2 CRS. This could potentially be very helpful in finding treatments for this yet poorly managed entity without exposing patient to unnecessary risks. We are looking forward to see the future work to come. Finally, there is no Rhinology issue without biologics and olfaction! However, the contributions this time will definitely attract the expert's attention. Viskens et al. report one of the rare direct comparisons between two biotherapies, that of mepolizumab and omalizumab, showing no superiority of either one (5). This real-life comparison was awaited for a while and we would love to see similar studies including dubilumab (6). The two studies on olfactory disorders related to COVID-19 infection, report contrasting results to what the literature suggested so far. Serrano et al. conducted a randomized double-blind controlled trial showing no superiority for olfactory training nor systemic steroids in COVID-19 patients (7,8), and van Dijk et al. draw a far more pessimistic picture about full recovery in these patients (9). Why did I finally go for rhinology within otorhinolaryngology? Because of mentors and role models! They often make the difference and I invite all of you/us established rhinologists to be those who inspire the next generation to become enthusiastic rhinologists!

I wish you a passionate reading of this new issue at the beach or mountains, wherever you spend your summer holidays. Have a nice summer!

by Basile N. Landis Geneva, Switzerland



## References

- Zhang L, et al., Long-term outcomes of different endoscopic sinus surgery in recurrent chronic rhinosinusitis with nasal polyps and asthma. Rhinology, 2020.58(2):126-135.
- Abiri A, et al., Clinical and technical factors in endoscopic skull base surgery associated with reconstructive success. Rhinology, 2024.62(3):330-341.
- Kimura S, et al., TRIM27 expression is associated with poor prognosis in sinonasal mucosal melanoma. Rhinology, 2023.61(3):263-271.
- Dai, Q., et al., Salvage endoscopic surgery for skull base osteoradionecrosis in nasopharyngeal carcinoma patients: A prospective, observational, single-arm clinical study. Rhinology, 2023.61(1):61-70.
- Kariyawasam HH, et al., Biologic treatment for severe chronic rhinosinusitis with nasal polyps: a systematic review and meta-analysis. Rhinology, 2023.61(2):98-107.
- Kiricsi A, et al., Real-life effectiveness of dupilumab in chronic rhinosinusitis with nasal polyps. Results from eight Hungarian centres with 12-month follow-up. Rhinology, 2024.62(4): 410-420.
- Boscolo-Rizzo P, et al., Adherence to olfactory training improves orthonasal and retronasal olfaction in post-COVID-19 olfactory loss. Rhinology, 2024.62(6):681-688.
- Heian, I.T., et al., Olfactory training in normosmic individuals: a randomised controlled trial. Rhinology, 2024.62(1):46-54.
- Jacobson PT, et al., COVID-19 olfactory dysfunction: associations between coping, quality of life, and mental health. Rhinology, 2024.62(5):526-536.