DOI:10.4193/Rhin23.902

"Co(o)horts" in rhinology

I remember well a lecture we had on epidemiology and statistics when I was still studying medicine. It was early morning. The teacher loudly closed the doors of the hall. Then, he explained to us that from that moment onward, we would all forever be part of the cohort of people that was present during that specific lecture on that specific day. No person could ever be added to it, nor could any of us ever leave this cohort. It was bound to our lives into infinity. Although I generally believe that "the Truth shall set you free", this epidemiological truth seemed rather confining. I personally felt that my fellow students and me had somehow transformed into a group of prisoners, forevermore convicted to being part of this cohort. The teacher went on to explain how our cohort could be described, defined, and characterised by factors such as age and gender. I remember well that the most obvious common denominator was not mentioned, namely the ability to get out of bed early despite getting in really late….

According to Merriam-Webster's dictionary, a cohort is "a group of individuals having a statistical factor (such as age or class membership) in common in a demographic study". All animals that coo, should be in the co(o)hort of pigeons, right? As I have described in my previous editorials [1,2], the fun of rhinology really is being a detective and using various clues to discover what cohort a specific patient belongs to. This often requires a broader view than using only 'umbrella-term-diagnoses' such as chronic rhinosinusitis (CRS) or non-allergic rhinitis. What are common traits or factors linking patients? What clues can you find to predict outcomes?
Naturally, the answers to such questions evolve continuously as new evidence is gathered. And so, in this issue of Rhinology, we proudly help you to get even better in this respect, by shedding light on the relationship of CRS with Sjögren's syndrome, systemic lupus erythematosus, and ankylosing spondylitis, and the dose-dependent influence of nocturnal gastro-oesophageal reflux on CRS. Also, identifying cases with a sphenoid sinus fungal ball (a form of localized secondary CRS) is made easier using the nomogram from Fan et al. Interesting to see how these findings differ from those of patients with a fungal ball in the maxillary sinus [3]. And new data concerning biologicals for severe CRS with nasal polyps can of course not be missing!

Interestingly, our patients are not only linked by their overlapping intrinsic factors. There is also a clear role for the interaction between the host (a patient) and the environment in the aetiology and severity of disease [4-6]. Here, you will also become wiser from this issue of Rhinology. You can read how weather conditions influence epistaxis frequency, how rhinologic procedures influence the environment (or not) through aerosol generation, and how the new reality of SARS-CoV-2 in our environment influences epithelial permeability and what to do about it.

Back to my epidemiology and statistics lecture. Some twenty minutes after the lecture had started, the doors were suddenly opened. A fellow student came in, overly apologising for being so late. The teacher was kind enough to let him in and went on with his lecture. This question has kept me busy ever since: was this particular student also convicted to a life-long membership to our 'epidemiology-and-statistics-lecture-cohort', or did he escape this doom simply by being late? I still don't know!

Sietze Reitsma, Associate Editor
Amsterdam, the Netherlands

References

1. Reitsma S. 'Whodunnit' in rhinology. Rhinology. 2021 Dec 1;59(6):489.
2. Reitsma S. "Who is it?" in rhinology. Rhinology. 2022 Aug 1;60(4):241.
3. Doo JG, Min HK, Choi GW, Kim SW, Min JY. Analysis of predisposing factors in unilateral maxillary sinus fungal ball: the predictive role of odontogenic and anatomical factors. Rhinology. 2022 Oct 1;60(5):377-383.
4. Dietz de Loos DAE, Ronsmans S, Cornet ME, et al. Occupational exposure influences control of disease in patients with chronic rhinosinusitis. Rhinology. 2021 Aug 1;59(4):380-386.
5. Wee JH, Min C, Jung HJ, Park MW, Park B, Choi HG. Association between air pollution and chronic rhinosinusitis: a nested case-control study using meteorological data and national health screening cohort data. Rhinology. 2021 Oct 1;59(5):451-459.
6. Kim BY, Park JY, Cho KJ, Bae JH. The potential cytotoxic effects of urban particle matter on olfaction. Rhinology. 2021 Dec 1;59(6):528-537.