"Diversity" in rhinology

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When going through the table of contents for this issue of Rhinology, I noticed a few things that are worth mentioning -- contrary to what the title might suggest to some, this editorial is not covering the concept of diversity in a social or cultural context, but closer to its literal meaning (as in: variety).

First of all, the research presented in this issue is very diverse and describes neurological, immunological, epidemiological, or surgical topics within the field of rhinology. Next, the study methods vary greatly: from basic science approaches (proteomics, transcriptomics, advanced microscopy etc.) to retrospective chart reviews, post-hoc analyses, narrative review, systematic review with meta-analysis, and population-based questionnaires. The patients or diseases of interest also cover a broad spectrum: chronic rhinosinusitis (primary diffuse type 2 and non-type 2), septal deviation, paediatric mouth breathers, olfactory dysfunction, pituitary tumours, and even healthy controls. The papers originate from different parts of the world including America, Asia, and Europe; they cover work from single institutes to large international collaborations. We also present an update on chronic rhinosinusitis written by the Editor and Associate Editors of our journal. This makes the current issue an interesting and entertaining read!

Between all this diversity, I was drawn to two Letters to the Editor circling around the same theme but from a different perspective: leakage of cerebrospinal fluid (CSF) as rhinorrhoea, either after sellar surgery, or in a variety of cases as determined by the presence of beta trace protein in nasal fluid. Both studies describe a challenging phenomenon in general: what to do when one source of information is not in support of another one? Kshirsagar et al. thus describe sellar surgery cases that had no (apparent) CSF leak at the end of the procedure, but did develop it afterwards (or: it became apparent afterwards). Habenbacher et al. describe cases that had positive beta trace protein tests, but no identifiable leak during surgery when using intrathecal fluorescein evaluation. As has been published in this journal previously, there is a wide variety in patient and doctor factors when skull base surgery and subsequent reconstruction is evaluated [1]. Still, success rates of CSF leak surgery are never 100% at first try and depend on the underlying pathology, patient characteristics, and surgical choices [2,3]. We now learn that successful sellar surgery might lead to delayed CSF leaks in about 1% of cases, and that intermittent CSF leaks can pose a diagnostic and therapeutic challenge. A final item that caught my eye was the author list of the Habenbacher paper with a small † marking the name of the last author, prof. Tomazic. It might well be (one of) his last publications in our journal. His previous ones attest to his collaborative nature, and his ability to bring together people and ideas [4-6]. We as a community will dearly miss this great rhinologist, doctor, scientist, and above all warm and encouraging person.

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