DOI:10.4193/Rhin.26.902

Targeting outcomes with precision

Sir William Osler once said, «Treat the patient, not the disease», already touching on the principles of precision or personalised medicine, realising that the one-size-fits all approach does not work. Obviously, the same is true in rhinology. We strive to achieve better results [1] by tailoring diagnostics and therapy to the individual patterns of diseases and patients' requirements. Welcome to the current issue of Rhinology, which has a strong focus on linking biological mechanisms and biomarkers with clinical expression [2], predicting treatment response and analysing real-world impact, while questioning resource utilisation. Various articles focus on sensory dysfunction: MRI has a well-established role in the evaluation of post-traumatic cases [3]. Identifying central and peripheral neural alterations in CRS-related olfactory dysfunction (OD) is decisive, where MRI seems to provide novel insights into this pathophysiology (current issue). In gustatory dysfunction, MRI seems less useful, as estimated costs outweigh the likelihood of clinically relevant findings (current issue). A far rarer and under-recognised form of OD was identified in a systematic review of CHARGE patients, with its prevalence exceeding 80% (current issue). Lastly, the importance of the trigeminal system as a predictor of satisfaction in surgery for nasal obstruction was identified (current issue), just as in previous works; however, with some controversial results [4-6].

Chronic rhinosinusitis is the other focus of this issue. Transcriptomic analysis links COVID-19 and CRSwNP, identifying CD163 as a novel therapeutic target for both entities, and multi-omics detect different microbial and metabolic signatures in different endotypes of CRSwNP (current issue). There still seems to be a relevant role for steroid nasal sprays in the treatment of CRS, particularly in non-operated CRSwNP and CCAD patients, as shown in a randomised trial comparing them to steroid-rinses (current issue). This is quite a surprising finding when viewed in the context of current evidence on steroid rinses [7]. On the other hand, surgery also provides excellent and sustained control, particularly in extensively operated eosinophilic CRSwNP patients (current issue). Unfortunately, using the operating theatre for such procedures does not come without a burden on the environment, producing excessive waste, contributing to global warming, and consuming large amounts of energy (current issue). Should all these options not achieve control in CRSwNP, real-world evidence and big data highlight the positive impact of biologicals on disease burden and healthcare efficiency in CRSwNP patients (current issue). We should balance all these new findings [8], treatments, and techniques against their costs and maintain sustainability for future generations.

I hope you enjoy reading these and all other – well-chosen- articles in this issue, which improve our understanding of rhinologic disorders and their management both clinically and scientifically.



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