

Topical aural antibiotic use in the UK – time for a change of policy?

Practitioners in the UK can be excused for being confused when it comes to the appropriate use of topical antibiotics for discharging ears. The two groups of antibiotics used topically in the ear are aminoglycosides and quinolones. Confusion over their use arises from two points of contention. Firstly, is the fact that because of potential ototoxicity the data sheets for topical aminoglycosides advise against their use in the presence of a non-intact tympanic membrane. Secondly, quinolones are not licensed for aural topical use in the UK. These issues are discussed in detail in a review article by Harris and colleagues.¹ The authors review the effectiveness of topical quinolones in chronic suppurative otitis media, and conclude that they are equal or more effective in treating chronic suppurative otitis media than aminoglycosides. The potential development of antibiotic resistance to quinolones is cited as a theoretical disadvantage in their use, although in practice there does not appear to be any evidence for this. It seems that, possibly as a result of the licensing anomaly, the ENT-UK guidelines concerning the use of topical antibiotics² are out of step with those currently in place in the USA, Canada, Australia and New Zealand.

Otolaryngologists the world over will be familiar with their patients having a high level of psychiatric morbidity. Otolological complaints are particularly likely to be associated with depression and anxiety, with tinnitus being perhaps the most frequently associated symptom.³ Two articles in this issue address this association. Yilmaz and colleagues examined patients with isolated itching of the external auditory canal and found a very high level of type D personality, characterised by depression, negative affect and social inhibition.⁴ The occurrence of depressive disorders in patients with sudden sensorineural hearing loss is perhaps more of a surprise.⁵ Lin and colleagues, however, in a large population-based study, found a 1.45 times higher level of sudden sensorineural hearing loss in patients with depression compared to those without.⁶ Co-morbidities such as diabetes mellitus, chronic renal disease and hyperlipidaemia also significantly increased the risk of sudden hearing loss.

Early diagnosis of head and neck cancer is accepted to be the principle behind good patient outcomes and survival in these conditions. In the UK, the process of referral for suspected cancer is acknowledged to

have scope for improvement.⁷ Gogarty and colleagues investigate the possibility of designing a national head and neck cancer screening programme.⁸ They recommend tailored screening programmes for specific populations known to be at risk of developing head and neck cancer, rather than mass population screening.

Finally, the Editors and staff of *The Journal of Laryngology & Otology* welcome readers to this new 2016 volume. To the Senior Editorial staff, we welcome Musheer Hussain and Jonathan Fishman. It is also with sadness that we mention the passing away of Sue Perkins. Sue was our main journal production contact at Cambridge University Press; she worked closely with *The Journal* staff to ensure the timely and effective publication of *The Journal*. She will be very much missed by all who had the privilege of working with her.

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