

In this Issue: otology in focus

By virtue of its history, the JLO is almost by definition a general otolaryngology journal, with its aim to provide articles of use and interest to practising otolaryngologists of all sub-specialties. The Editors attempt to maintain this ethos when planning the composition of each issue. Nevertheless, on occasion an issue can appear to lean towards one particular area, and in the current issue the emphasis is very much on otology.

Whether antibiotics should be given for acute otitis media has always been fiercely debated. In their review article, Toll and Nunez¹ evaluate the evidence for the use of antibiotics to treat this condition. In mild and moderate cases, antibiotics should be avoided. However, there is level 1A evidence supporting antibiotic use in children less than two years of age with acute otitis media.

Two articles in this issue address the two most surgically challenging conditions affecting the external auditory canal: osteoradionecrosis and chronic obliterative otitis externa. Veneman and colleagues² report encouraging results for the use of a transposed split temporalis muscle flap to cover external auditory canal bone in osteoradionecrosis. Having a vascularised flap seems to be the key to success in this condition. Potter and Bottrill³ present a case series of patients with chronic obliterative otitis externa undergoing surgical treatment. They attribute their success with this condition to meticulous surgical technique and intensive post-operative care. They also demonstrate, using a quality of life index, that this type of surgery can significantly improve the well-being of patients with chronic obliterative otitis externa, if they are prepared to submit to the necessary long-term follow up.

This editorial is being composed at the height of the UK holiday season, with many choosing to fly away to

holiday destinations. Most of us will have experienced episodes of otitic barotrauma during air travel. Very few, however, will have experienced facial paralysis resulting from air travel. Ah-See and colleagues⁴ suggest that this occurrence has been under-reported. They report three cases of air travel related facial paralysis and speculate on its cause. Fortunately, these cases are usually self-limiting, although no less frightening for patients when they do occur.

Finally, for those non-otologists despairing of the content of this issue, there are a number of other key papers. Two of these once again highlight the value of innovative techniques in the management of difficult rhinological conditions, in this case pituitary tumours⁵ and nasal sarcoidosis.⁶

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- 5 Kumar S, Darr A, Hobbs CG, Carlin WV. Endoscopic, endonasal, trans-sphenoidal hypophysectomy: retrospective analysis of 171 procedures. *J Laryngol Otol* 2012;**126**:1033–1040
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