

## Editorial

**Cite this article:** Fishman J, Fisher E. Evidence-based post-tonsillectomy advice, quantifying laser laryngeal specimen shrinkage and an abundance of other festive treats. *J Laryngol Otol* 2022;**136**:1139–1139. <https://doi.org/10.1017/S0022215122002328>

As the end of 2022 draws nigh, we complete this year's *The Journal of Laryngology & Otolology*, volume 136, with a truly bumper issue, containing over 200 pages of articles. Several articles in this month's issue deserve special mention.

Gabrawi *et al.* provide an evidence basis for advice given to patients post tonsillectomy.<sup>1</sup> Crucially, following a review of the literature, an evidence-based post-tonsillectomy patient advice sheet has been generated (and is included within the article), which can form the basis of future National Health Service Trust patient information leaflets for both adult and paediatric patients undergoing tonsillectomy.

It is hypothesised that heat from transoral laser microsurgery may result in specimen shrinkage and tissue artefact, impacting the reported surgical margin.<sup>2</sup> A study by Halliday and George in this month's issue quantified the amount of shrinkage of a laryngeal excision specimen, comparing shrinkage between cold steel and carbon dioxide laser resection.<sup>3</sup> The authors found that laser resection resulted in significantly more tissue shrinkage compared to cold steel resection (average shrinkage of 35–45 per cent for laser vs 8–14 per cent with cold steel resection). These results have important implications for surgical practice. Assuming average shrinkage of 40 per cent for laser resection, a 1 mm margin recorded at the time of surgery will measure only 0.6 mm when reported by the histopathologist, and will be described as a close margin, potentially prompting discussions about further treatment. Awareness of this shrinkage is important to help inform management plans. The authors should be commended for applying scientific rigour to examine this common clinical problem.

A paper by Ulusoy *et al.* in this month's issue is the first study to evaluate primary Sjögren's syndrome in terms of vestibular involvement using vestibular-evoked myogenic potentials and video head impulse tests.<sup>4</sup> It shows that primary Sjögren's syndrome is not only a disease that negatively affects the auditory system, but also results in subclinical vestibular involvement.<sup>5</sup>

This year has been a busy year for *The Journal*, and we look forward to the updated UK national multidisciplinary management guidelines for head and neck cancer, which are due to be published shortly in *The Journal*. The Senior Editors would like to take this opportunity to thank all those who have contributed to this year's journal, including all the authors, Assistant Editors, reviewers, advisers, production staff, our publishing partners at Cambridge University Press and all other colleagues at *The Journal*. Finally, we wish all of our readers a happy and successful 2023.

## References

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- 2 Makki FM, Rigby MH, Bullock M, Brown T, Hart RD, Trites J *et al.* CO(2) laser versus cold steel margin analysis following endoscopic excision of glottic cancer. *J Otolaryngol Head Neck Surg* 2014;**43**:6
- 3 Halliday E, George A. Quantifying the shrinkage of laryngeal laser excisions: a case-control study. *J Laryngol Otol* 2022;**136**:1265–1270
- 4 Ulusoy B, Limon M, Yılmaz S, Çolpan B, Aygün AA, Körez MK *et al.* Effects of primary Sjögren's syndrome on hearing and vestibular systems. *J Laryngol Otol* 2022;**136**:1254–1258
- 5 Boki KA, Ioannidis JP, Segas JV, Maragkoudakis PV, Petrou D, Adamopoulos GK *et al.* How significant is sensorineural hearing loss in primary Sjögren's syndrome? An individually matched case-control study. *J Rheumatol* 2001;**28**:798–801