Welcome to summer! We’ve been working our way to this moment, and now we can unapologetically head to the beach, dust off the bathing suits, and tote our umbrellas and chairs back down to the warm sand. It’s always important to take some reading material with you to enjoy after you apply your SPF-laden sunscreen of choice to your exposed skin. It is our hope here at the journal that you find these 5 brief summaries enticing to carry the issue (or your tablet) to the beach to read the interesting articles that we present in this month of June.

In our first paper, Gane and colleagues compare neck and shoulder motor function between patients undergoing nerve-sparing unilateral neck dissection and healthy volunteers. The authors compared 57 patients and 34 healthy volunteers on a range of clinical assessments of motor function and strength. While surgical patients were generally older than healthy controls, there were no motor differences among various types of neck dissections performed. There were differences, however, among surgical patients and healthy controls, with patients demonstrating age-adjusted decreased range of motion and isometric strength than their healthy counterparts. Gane and colleagues discuss the common decrease in motor function among patients who undergo neck dissection and review the importance of interventions that might assist with its retention following surgery.

In our second paper, Rehman and colleagues examine the outcomes of laryngotracheal reconstruction (LTR) in a cohort of patients aged ≥60 years. In this study, the authors examined patient characteristics, operative course, and postoperative outcomes among 29 patients who underwent LTR. In this cohort, 21 patients (72.4%) were able to maintain prosthesis-free airways at 3 months following decannulation. Patient factors that were predictive of long-term success were low McCaffrey grade and absence of hypertension, diabetes, or chronic pulmonary disease. Given the results of this study, Rehman and colleagues note that with meticulous surgical technique and postoperative care, adults aged ≥60 years can have excellent postoperative outcomes following LTR.

In our third paper, McCoul and associates examine national resource utilization in the treatment of chronic eustachian tube dysfunction (ETD). Using the Truven Health MarketScan Database from 2010 to 2014, the authors examined the treatment of patients with ETD, otitis media with effusion, and tympanic membrane retraction over this 5-year period. They included almost 1.3 million patient encounters treated by a range of health practitioners, noting that several classes of medications were commonly used for treatment: intranasal corticosteroids (22%), antibiotics (22%), oral corticosteroids (13%), and analgesics (6%). They estimated that the total medication costs for the treatment of patients with ETD exceeded $8.5 million annually. McCoul and colleagues stress the need for physicians and health care stakeholders to examine these usage patterns in the context of evidence-based treatment recommendations for patients with ETD.

In the fourth manuscript, Marinelli and colleagues examine the question of whether the use of aspirin or other nonsteroidal anti-inflammatory drugs (NSAIDs) will decrease the volumetric and linear growth of tumors in patients with vestibular schwannoma (VS). The current 361 patients being followed with imaging studies for VS: 186 taking NSAID medications daily and 174 nonusers. Those also examined type and dosage of NSAID used, and followed patients for a median period of 3 years. With nonusers as the reference group, individuals taking aspirin or other NSAIDs did not demonstrate significant reduction in linear or volumetric growth over the period of examination. In addition, the study did not demonstrate a differential effect as a function of patient age, nor did the use of NSAIDs decrease the length of time to definitive treatment of patients with VS. Given these results and in alignment with other research studies, Marinelli and colleagues state that the preponderance of the evidence suggests that there is no significant benefit in tumor reduction among patients using aspirin or other NSAIDs to treat VS.

Finally, in our fifth manuscript, Ziegler and colleagues evaluate the role of postoperative tachycardia as a predictor of complications among patients treated with microvascular free flap reconstruction for head and neck defects. Their study included 344 patients treated at a single institution from 2013 to 2017. In their sample, patients with a maximum heart rate >100 beats per minute were 19 times more likely to experience a significant vascular complication.
such as myocardial infarction or pulmonary embolism, in the postoperative period. Ziegler and associates note a significant association between postoperative tachycardia and the incidence of vascular events and suggest that increased heart rate not be considered a normal variant or insignificant postoperative finding for this group of patients. They discuss the need for appropriate workup in this patient cohort.

Thank you once again for reading Otolaryngology–Head and Neck Surgery. Enjoy the summer!

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References


