Highlights from the Current Issue: July 2019

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We have reached the midpoint of 2019! I hope that you are moving smoothly through the year and enjoying the summer months. Here are a few papers to preview in this July issue.

In our first paper, Al-Qurayshi and colleagues examine trends, prevalence, and outcomes of surgical site infection (SSI) in head and neck surgeries. In this paper, the authors performed an analysis of the Nationwide Readmission Database from 2010 to 2014, comparing patients with SSI to control patients. They identified 427 cases of SSI in the database and compared them with 116,921 controls. They noted that the prevalence of SSI in head and neck surgery was 0.37%, of which 41% were reported during the patient’s initial hospitalization. Higher risk was noted among most head and neck procedures, with the exception of thyroid and parathyroid surgery. Specific factors associated with higher risk of SSI were multiple comorbidities, smoking, cancer diagnosis, concomitant neck dissection, and tracheotomy. They also noted that SSI of the head and neck was associated with an increased risk of mortality, an additional length of hospital stay of 8.1 days, and an incremental cost of over $20,000.00. Al-Qurayshi and associates caution about the risk of SSI in head and neck surgery and discuss the implications of their findings.

In our second paper, Wood and colleagues examine the long-term hearing outcomes of patients undergoing ossicular reconstruction using a titanium prosthesis. In this study, the authors reviewed 153 patients who underwent reconstruction using the titanium prosthesis over a 10-year period from 2005 to 2015. Preoperatively, the air-bone gap (ABG) for the group had a mean value of 36 dB, while following surgery, it decreased significantly to 26 dB. Of the group, 12 patients (8%) required replacement of the prosthesis, and 2 revisions were performed due to prosthesis extrusion (<1%). Based on these results, the authors concluded that many patients who undergo ossicular reconstruction using a titanium prosthesis have significant improvement in hearing following surgery and that these improvements can be maintained for periods greater than 5 years. Wood and associates further discuss the implications of their findings for clinical practice.

In our third paper, Wu and associates perform a systematic review and meta-analysis to assess epistaxis risk among patients using topical corticosteroid nasal sprays for allergic rhinitis. Using a broad search of several databases, the authors selected 72 papers that met inclusion criteria out of a pool of 949 identified studies. Meta-analysis of these findings demonstrated an overall relative risk to placebo of 1.48 (95% confidence interval, 1.32-1.67) for all steroid sprays. Higher risks were associated with beclomethasone hydrofluoroalkane (HFA), fluticasone propionate, mometasone furoate, and fluticasone furoate. Lower risks were associated with ciclesonide HFA, beclomethasone aqueous, and ciclesonide aqueous. Wu and colleagues confirm that there is an overall increased risk of epistaxis with the use of inhaled corticosteroids, although heterogeneity among trials limits the ability to differentiate among specific agents. They further discuss the implications of their conclusions.

In the fourth manuscript, Schwartz and colleagues compare the use of a transmastoid approach (TMA) to a middle fossa craniotomy approach (MFCA) for the repair of superior semicircular canal dehiscence (SSCD). They identified 68 patients who underwent surgery at 1 of 3 tertiary referral centers and examined the outcome measures of symptom resolution, hearing, operative time, hospital stay, complications, and revision rates. In their sample, 21 patients underwent MFCA repair and 47 patients underwent TMA repair. There were no differences in age or sex distribution in the 2 groups. The authors reported that TMA was associated with a significantly shorter hospital stay and a lower recurrence rate than MFCA. They noted that there were no differences in degree of symptom resolution in the 2 groups, nor was there any difference in audiometric outcomes. Based on these findings, Schwartz and colleagues note that similar outcomes can be achieved with TMA and MFCA repairs for SSCD, although TMA is associated with shorter hospital stay and lower recurrence rate. The authors discuss the implications of their findings for future surgery in SSCD.

Finally, in our fifth manuscript, Salazar and colleagues perform a systematic review of depression among patients with tinnitus. The authors examined papers in PubMed and the Web of Science databases over a 10-year period from 2006 to 2016. They identified 28 studies that met their inclusion criteria, accounting for an accrued patient sample of 9979 individuals with tinnitus. The primary outcome of their systematic review was a 33% median prevalence of...
depression among patients with tinnitus, with an interquartile range of 19% to 49%. Studies were overall rated as high quality, and 89% of papers used a validated, standardized assessment of depression. Salazar and associates\(^5\) note this substantial prevalence of depression among patients with tinnitus and recommend that all patients with tinnitus be screened for depression and appropriately treated if present.

Thank you once again for reading this July issue of *Otolaryngology–Head and Neck Surgery*.

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**References**


