Highlights from the Current Issue: August 2019

John H. Krouse, MD, PhD, MBA

Happy August! It’s “back to school” time for many of our readers’ families, so the summer is winding down. Hopefully, you have had the opportunity to enjoy time outdoors at the beach or in the mountains and are refreshed and ready for the fall months just ahead. Here are a few papers for you to peruse as you relish those warm but shortening nights.

In our first paper, Di Santo and colleagues examine the frequency of aspiration and pulmonary complications and assess the quality of life among patients following supracricoid laryngectomy.1 The authors evaluated a cohort of 39 patients who had recovered swallowing function following supracricoid laryngectomy, using endoscopic assessments of swallowing and patient symptom and quality-of-life scales. They noted that aspiration occurred in one-third of patients and that its prevalence increased with increasing patient age at the time of surgery. Pulmonary complications, however, were seen in only 5 of the 13 aspirating patients, suggesting that oral intake can be safely tolerated by the majority of individuals. The presence of retained laryngeal sensation was associated with a lower incidence of pulmonary complications. Aspiration, however, was significantly associated with decreased quality of life. Di Santo and associates discuss the impact of their findings for patient care and postoperative rehabilitation after supracricoid laryngectomy.

In our second paper, Morse and colleagues examine payments to otolaryngologists from drug and device manufacturers in 2017.2 Using the Open Payment Database, they noted that 8131 otolaryngologists received payments totaling $11.2 million during, decreasing from $14.2 million in 2016. The mean payment to otolaryngologists was $1383, and the median payment was $159. The authors noted that 85% of industry payments were received by only 10% of these 8131 otolaryngologists. The greatest cumulative compensation was seen in the southern United States, and the highest proportion of industry payments (34%) was made to rhinologists. While Morse and associates do not discuss the implications of their findings, they note a reduction in total compensation from 2016. They further note that otolaryngologists should remain aware of industry funding patterns as they consider acceptance of these industry payments.

In our third paper, Ohki and associates compare outcomes after tympanoplasty without ossiculoplasty for chronic otitis media between transcanal endoscopic ear surgery (TEES) and postauricular microscopic ear surgery (PAMES).3 The authors reviewed the outcomes of 122 patients: 47 who had undergone TEES and 55 who underwent PAMES. Using a definition of surgical success as closure of the air-bone gap to <20 dB, the authors noted success in 95.7% of the TEES group and 84.0% of the PAMES group. In patients considered to have higher middle ear risks, TEES resulted in greater reductions in the air-bone gap than did PAMES. In addition, there was no significant difference in operative time or closure rates of tympanic membrane perforations between the treatments. Given their observations, Ohki and colleagues discuss the implications of their findings and their recommendations for surgical treatment of the middle ear in patients with chronic otitis media.

In the fourth manuscript, Meyer and colleagues seek to better understand how women in academic otolaryngology achieve work-life balance while negotiating competing obligations in career and family.4 They performed a research study in which they recruited 13 women in academic otolaryngology to participate in a semistructured qualitative interview to discuss work-life balance. They then chose 7 of these women to participate in focus groups to validate critical topics and themes. Four broad categories emerged from the study: (1) participants’ strong commitment to academic medicine, (2) the fluid/elusive nature of work-life balance, (3) specific approaches to successfully managing home life, and (4) insights to achieving psychomotorial health. Meyer and colleagues discuss their findings and conclude that fostering a better environment for work-life balance is critical in promoting the advancement of women in academic otolaryngology and leadership.

Finally, in our fifth manuscript, Schwartz and colleagues present data from their study that assesses the accuracy of parathyroid computed tomography angiography (PCTA) and calculates mean radiation dose from PCTA use.5 The authors reviewed the results from 108 studies performed among consecutive patients from 2005 to 2017. Among these 108 studies, 22 were read as nonlocalizing or equivocal. In these 22 studies, the use of PCTA demonstrated 100% sensitivity and 57% specificity in demonstrating the location of parathyroid adenomas. In addition, the mean radiation dose was measured as 5.15 mSv, with ideal...
imaging time at 20 to 30 seconds following contrast administration. Schwartz and associates discuss the excellent accuracy of PTCA for localization of parathyroid adenomas, especially for those that have traditionally been difficult to visualize.

I hope that you will enjoy reading these 5 papers in our August issue, as well as the other excellent studies published this month. Good reading!

John H. Krouse, MD, PhD, MBA  
Editor in Chief,  
Otolaryngology–Head and Neck Surgery  
Dean, School of Medicine,  
University of Texas Rio Grande Valley  
Edinburg, Texas, USA

References