Highlights from the Current Issue: October 2019

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Welcome to our October issue. I hope that all of our readers returned safely from our exciting and memorable meeting in New Orleans. I know that I had some great Cajun cuisine and certainly ate too much! Hopefully, we can all settle back into our routines and enjoy our time home again with our families. Here are summaries of 5 interesting papers that will display some of the cutting-edge research featured in this October issue of the journal.

In our first article, Sorensen and colleagues evaluate the impact of postthyroidectomy paresis on disease-specific quality of life (DSQoL) in patients with benign nodular thyroid disease.\(^1\) The authors utilized a variety of measures to assess DSQoL and laryngeal function among 55 patients over a 6-month period following thyroid surgery. Blinded videolaryngeal evaluations demonstrated evidence of paresis in the recurrent laryngeal nerve or external branch of the superior laryngeal nerve in 13 patients (24%). These findings were associated with significant worsening in scores on the Voice Handicap Index and in adverse changes in many phonatory parameters of quality of phonation. Despite these changes, patients reported improvement in DSQoL by 6 months following thyroidectomy. Sorensen and associates discuss the implications of their findings and note that improvement in DSQoL following thyroid surgery may be adversely affected by postoperative paresis.

In our second paper, Bhushan and colleagues examine the impact of supraglottoplasty on polysomnographic parameters in children with laryngomalacia-related obstructive sleep apnea (OSA).\(^2\) The authors examined a historical cohort of 41 children with a mean age of 1.3 years who underwent supraglottoplasty. They noted that after surgery, the apnea-hypopnea index (AHI) was significantly reduced from 26.6 to 7.3 events per hour, which was accompanied by an overall improvement in sleep efficiency. Given their results, Bhushan and associates noted that supraglottoplasty resulted in a significant improvement in polysomnographic parameters of sleep, while most patients did continue to demonstrate evidence of persistent OSA. The authors suggest that OSA is multifactorial in this population and that additional research is necessary to better define the contributors to OSA in these young children.

In our third paper, Thong and colleagues examine the utilization of balloon sinuplasty (BS) in children through a national database.\(^3\) Using the Pediatric Health Information System, the authors evaluated >14,000 children ≤18 years of age during the 5-year period prior to and the 5-year period after the introduction of BS. They noted that traditional endoscopic sinus surgery (ESS) was conducted in 13,555 children and BS in 524 children. The authors did not note an increase in BS rates over this period, nor was there any significant difference in readmission rates between children treated with ESS and BS. BS was accompanied with a significantly higher total cost when compared with ESS. Given their findings, Thong and colleagues conclude that the present data do not demonstrate any significant difference in readmissions or increased volume between the procedures, and they suggest further research to better understand the role of BS in this population.

In the fourth manuscript, Withrow and colleagues evaluate the role of upper airway stimulation (UAS) surgery in older versus younger adults.\(^4\) The authors used the ADHERE database to examine patients who underwent UAS and compared 235 older adults (mean age, 71.1 years) with 365 younger adults (mean age, 52.7 years). While both age groups demonstrated significant improvement in AHI at 12 months, older patients showed a greater reduction in AHI than younger patients (11.9 vs 7.6). In addition, usage time of UAS was significantly greater in older adults (6.0 vs 5.4 hours nightly). Surgical time and complication rates were not different in the 2 groups. Given these data, Withrow and associates note that older adults demonstrated greater improvement in AHI than younger adults, with similar rates of adverse events. They discuss the implications of their findings for clinical practice.

Finally, in our fifth manuscript, Aylward and colleagues assess the prevalence of new dysphagia-related diagnoses among long-term survivors of head and neck cancer.\(^5\) The authors examined a cohort of 1901 adults diagnosed with head and neck cancer between 1997 and 2012 with at least 3 years of follow-up and compared them with 7796 matched

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controls at 2 to 5 years and >5 years following diagnosis. They noted that the rate of aspiration pneumonia increased from 3.13% at 2 to 5 years to 6.75% at >5 years. They also noted that the rate of gastrostomy tube placement increased from 2.82% to 3.32% over the same period. The overall rate of any dysphagia-related diagnoses increased from 14.9% to 26.0%. Treatment with radiation therapy and age >65 years were independently associated with increased risk of dysphagia-related diagnoses. Aylward and associates conclude that the rates of dysphagia-related diagnoses continue to increase over time among head and neck cancer survivors.

Thank you again for reading the journal. I hope that you will find these October papers useful to you and your practice.

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References