Highlights from the Current Issue: November 2019

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November is upon us. Many of us are noting a change in the air and are well immersed in another season of football! Thanksgiving is around the corner. We will be getting together with family and friends at the end of the month to celebrate and reconnect over good food and relationships. Before you get too heavily engaged in carving that turkey, however, please take the opportunity to review summaries of a few articles that we are featuring in our November issue of the journal.

In our first article, Stokes and colleagues1 perform a systematic review and meta-analysis in an attempt to better understand the effects of ibuprofen on posttonsillar hemorrhage (PTH). This topic has been discussed in a number of venues recently and remains of some controversy for many otolaryngologists. The Academy recently updated its guidelines for tonsillectomy in children and evaluated appropriate analgesia as one of its primary discussion topics.2 In this current article, the authors reviewed 151 studies, 12 of which were deemed eligible for analysis based on specific criteria. Pooled analysis of the 12 studies revealed a statistically significant increase in PTH among patients taking ibuprofen. The authors note that this finding differs from those reported in other analyses of nonsteroidal anti-inflammatory medications (NSAIDs), which they attribute to heterogeneity of NSAID use and low sample sizes. Based on their study, Stokes and associates3 state that there may be a significant increase in bleeding among posttonsillectomy patients who take ibuprofen for pain control. They further note that their analysis is limited given the lack of specific randomized controlled trials and that additional research is necessary to further contribute to our understanding of this important topic.

In our second article, Casazza and colleagues3 assess variation in the cost and operative times of patients undergoing stapes surgery by surgeons in a large multihospital network. In this study, they examined 176 stapedotomies performed by 23 surgeons across 10 hospitals. The authors noted that significant factors that were associated with increased total encounter cost included increased mean cut-to-close time, increased use of surgical supplies, and use of the operative laser. The highest laser costs were associated with the CO2 surgical laser. Based on this analysis, Casazza and associates3 determine that there was broad variability in surgical encounters among patients undergoing stapes surgery and that a high proportion of this cost variability is associated with laser use. The authors discuss further the potential implications of their observations in this study.

Finally, in our third article, Nilsen and colleagues4 study caloric function, postural sway, and the development of dizziness during long-term observation of untreated vestibular schwannoma (VS) patients. In this study, the authors followed 114 individuals out of a group of 433 consecutive VS patients who did not require treatment during a minimum follow-up of 1 year. Among this cohort, the median length of follow-up was 10.2 years, with a mean age of 59 years. All patients were assessed for the prevalence of severe dizziness, postural unsteadiness, and canal paresis. In addition, tumor volume was assessed radiologically. In this specific cohort of nontreated patients, there was no change in subjective dizziness, as well as no change in measure postural sway or caloric response. In addition, there was no significant increase in tumor volume in this cohort. The authors state that a group of patients with VS did not require any treatment at a median follow-up of 10.2 years and did not have any appreciable worsening of symptoms or function over time. Nilsen and colleagues4 present their findings and discuss the implications for observation in the management of patients with VS.

Thank you again for reading this November issue of Otolaryngology–Head and Neck Surgery. Have a wonderful Thanksgiving.

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