Highlights from the Current Issue: April 2018

John H. Krouse, MD, PhD, MBA

Spring is here, the weather is moderating, and the days are getting longer. We continue to move further into 2018. I hope it has been a good year for you, our readers. Here are 5 summaries of papers published in this April issue that represent the range of topics for your enjoyment this month.

In our first paper, Tarabichi and colleagues examine the utility of ultrasound in determining the margins of resection in the surgical treatment of oral tongue cancer. Using ultrasound in a pilot sample of 12 patients, the authors assessed the accuracy of the technique in determining the deep margin of resection, comparing ultrasound guidance with manual palpation and final histopathology. They were able to demonstrate that through the use of ultrasound, they accurately identified the deep margin in all 12 cases. Tarabichi and associates note that the procedure will require additional study to demonstrate its efficacy and safety, and they discuss the implications for the use of ultrasound guidance in the treatment of patients with oral tongue cancer.

In our second paper, Day and colleagues examine the important topic of surgical fires in otolaryngology. The authors performed a comprehensive systematic review of surgical fires in otolaryngology and found 72 papers that reported on 87 unique surgical fires. They noted that fires were more frequently reported in endoscopic cases and tracheostomies and were accompanied by the use of oxygen levels >30% in 97% of individual cases. They also noted that laser-safe tubes were used in only 12% of laser cases. Their pattern of fires demonstrated that, in the majority of cases, routine safety guidelines for fire prevention were not followed intraoperatively. Given their review, Day and associates advocate for improved institutional fire safety practices for all otolaryngology surgical cases.

In our third manuscript, Wilcox and associates assess the natural growth pattern of unrepaired complete tracheal rings in a pediatric population. In this study, the authors reviewed a sample of 149 patients with complete tracheal rings, 25 of whom did not undergo repair. Of this group, 19 patients were followed without surgery and treated with serial microlaryngoscopies and bronchoscopies to determine adequacy of the tracheal airway over time. The authors noted progressive growth in the diameter of the airway over time and that, in this select group, nonsurgical management could be effectively and safely employed. Wilcox and colleagues discuss the implications of this conservative strategy and indicate that the observation of continued growth allows a better discussion with parents about management strategies for these patients.

In the fourth paper, Hartke and colleagues examine the effect of continuous positive airway pressure (CPAP) treatment of obstructive sleep apnea on voice outcomes and symptoms of reflux. In this study, the authors followed a sample of 11 patients who were treated with CPAP, and they serially assessed reflux symptoms and patient-reported voice outcomes using standardized validated indices. They noted that over a 6-month follow-up period, patients did not report any worsening of voice quality but did not show improvement in reflux symptoms with CPAP treatment. Hartke and associates discuss the implications of their observations and stress the need for further research in larger populations of patients treated with CPAP.

In our final paper, Ellis and associates examine primary surgery versus radiotherapy in the treatment of patients with early-stage oral cavity cancers. The authors queried the National Cancer Database for index cases of stage I-II oral cavity squamous cell carcinoma treated between 2004 and 2014. They identified 20,779 patients for evaluation, with 95.4% undergoing primary surgery and 4.6% undergoing primary radiotherapy. After adjusting for covariates, a regression model demonstrated an increased risk of mortality among patients treated with radiotherapy. The authors also noted that factors associated with the use of primary radiotherapy included black race, advanced age, and public insurance. Ellis and colleagues discuss the implications of their findings for treatment of early-stage oral cavity cancers.

Once again, thank you for reading this April issue of *Otolaryngology—Head and Neck Surgery*. I hope that you find these articles interesting and useful.

---

1University of Texas Rio Grande Valley, Edinburg, Texas, USA

Corresponding Author:
John H. Krouse, MD, PhD, MBA, University of Texas Rio Grande Valley, 1201 W University Drive, Edinburg, TX 78539, USA.
Email: john.krouse@utrgv.edu
References


