Well, summer is winding down, and we are starting to plan for another academic year ahead. The days are getting shorter, and we are completing those last few days of our summer vacations before the school year begins again. I hope that all of you have had a wonderful time with friends and family and are ready to head into the autumn months with renewed energy and spirit. We have a few papers that will allow you to enjoy those last few evenings out on the porch watching the sunset with your beverage of choice!

In our first paper, Worley and colleagues examine swallowing outcomes among elderly patients undergoing microvascular reconstruction for lesions of the head and neck. The authors performed a review of 66 patients aged ≥70 years and assessed swallowing proficiency using the Functional Oral Intake Scale. The most common site of lesion was the oral cavity (67%). They noted that about half of patients were able to achieve good swallowing function within 6 months of surgery. By 3 years approximately 75% of patients had good swallowing function. The worst outcomes were among elderly patients with glossectomy, who were at high risk of long-term poor swallowing outcomes. Worley and associates discuss the implications of their findings and the need for preoperative counseling among elderly patients undergoing head and neck reconstruction following tumor extirpation.

In our second paper, Fernandez and colleagues evaluate the time to diagnosis and treatment of immunocompromised patients with acute invasive fungal rhinosinusitis (AIFRS). The authors examined 19 patients with AIFRS over a 16-year period from 2001 to 2017 and variables such as time to treatment and the pathologic extent of the disease. Upon patient review, the authors noted that a time to treatment >4 days, the presence of *Mucor*, and the extent of disease were all significantly associated with poor prognosis. The authors then applied a protocol for early diagnosis and treatment and were able to improve the overall prognosis among these patients by reducing the time to definitive intervention. Fernandez and associates discuss the importance of rapid diagnosis and treatment of patients with AIFRS and stress the need for discrete protocols in approaching the evaluation of individuals at risk for AIFRS.

In our third article, Eadie and associates examine the contribution of psychosocial factors, including social support and depression, to communicative participation among adult survivors of head and neck cancer. In it, the authors studied 88 patients who were at least 2 years posttreatment for head and neck cancer, using patient-reported outcome measures to examine the role of psychosocial factors in predicting the likelihood that patients were participative in communication with others. Using a multiple linear regression model, the authors noted that variables such as self-rated speech severity, cognitive function, resilience, social support, and depression were significantly associated with participatory communication after treatment for head and neck cancer. Eadie and colleagues discuss how understanding these contributory variables can be useful in counseling patients before they undergo treatment for head and neck cancer.

In the fourth paper, Quinn and associates examine factors that influence cost variability in septoplasty with inferior turbinate reduction. In this study of 116 patients with a mean age of 38 years, the authors assessed surgical costs and evaluated their association with variables such as operative time, room time, and resident involvement. They noted that total cost was primarily driven by operative time, with supply costs playing a somewhat lower role. They also noted that cases performed with junior residents were associated with greater total operative time. Quinn and colleagues discuss the implications of their findings but do note that resident involvement is associated with increased operative time and total cost.

These 4 papers are examples of the excellent studies published in this month’s issue of *Otolaryngology–Head and Neck Surgery*. Please enjoy this August issue, and take full advantage of the final days of summer!

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

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

1School of Medicine, University of Texas Rio Grande Valley, Edinburg, Texas, USA
References


