Highlights from the Current Issue: February 2018

John H. Krouse, MD, PhD, MBA

I hope that the start of the year has been successful and rewarding to all of our readers. The holidays unfortunately seem like a distant memory, and we are back again fully engaged in our busy lives. Work at the journal never stops, and our editorial staff in Alexandria, Virginia, have been continuing to receive a steady stream of manuscripts to process for review. The 5 papers that we highlight here are examples of the outstanding quality that we are able to continue publishing for the benefit of the otolaryngology community and its broader audience.

In our first paper, Goel and colleagues assess the characteristics of patients with carcinomas of the oropharynx. Using the National Cancer Institute’s Surveillance, Epidemiology, and End Results database, the authors examined a pool of 1426 individuals over a 25-year period from 1988 to 2013. This analysis demonstrated a mean age of 58 years and an equal male:female representation among patients with oropharyngeal cancers. In addition, the review noted that the soft palate and tongue base were the most commonly noted anatomic sites, with the most common pathologic subtypes being mucoepidermoid carcinoma (32.1%), adenocarcinoma (25.9%), and adenoid cystic carcinoma (23.3%). The authors reported 5- and 10-year survival in their cohort of 75.1% and 61.6%, respectively. On the basis of their analysis, Goel and associates discuss the implications of these results.

In the second paper, Friedman and associates examine the safety and efficacy of a single dose of intravenous acetaminophen on postoperative pain management among children undergoing adenotonsillectomy. In their study, the authors compared 260 patients who were randomly assigned to receive a single dose of acetaminophen and those children who did not. They then assessed nursing pain scores and other indices of postoperative recovery over the 24-hour period following surgery. On analyzing their data, the authors noted no significant difference in pain scores between those patients who did and did not receive acetaminophen, but they did note a significantly higher incidence of postoperative nausea among those receiving acetaminophen. The authors conclude that this single dose of acetaminophen did not facilitate any incremental benefit in pain control over standard analgesic regimens after adenotonsillectomy. The authors discuss the implications of their findings.

In the third paper, Wolber and associates assess the value of transcatheter aortic valve replacement (TAVR) as compared with open surgery (OS) for early-stage atrial fibrillation. They performed a cross-sectional analysis of 350 patients with atrial fibrillation (AF) and compared patients’ ratings of nighttime symptoms of OSA with objectively assessed polysomnographic evaluations among 113 children with DS. On analysis of their data, they noted that parents were not successful in detecting the presence or absence of OSA using observed nighttime symptoms alone. The authors discuss the implication of this observation for assessment and treatment strategies for OSA among children with DS.

In our third manuscript, Wolber and associates assess the value of transcatheter aortic valve replacement (TAVR) as compared with open surgery (OS) for early-stage squamous cell carcinoma of the glottis with and without involvement of the anterior commissure. The authors reviewed clinicopathologic data on 49 patients treated with TLM and 28 patients treated with OS over a 10-year period. They noted local recurrence rates of 20.4% with TLM and 10.7% with OS, with a significantly higher rate of recurrence among patients with involvement of the anterior commissure. Overall survival in both groups was not significantly different. The authors discuss their findings in the context of overall morbidity and caution that recurrence rates are higher when involvement of the anterior commissure is present. They further discuss the implications of these results.

Finally, Campbell and colleagues examine the role of the presence of asthma on quality of life (QOL) among patients with chronic rhinosinusitis (CRS). Using QOL measures, they performed a cross-sectional analysis of 350 patients with CRS, 28.3% of whom were asthmatic by history. They then examined the association between 2 QOL measures and asthma, while controlling for level of asthma control. The authors noted that CRS-related QOL was not independently

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

1 University of Texas Rio Grande Valley, Edinburg, Texas, USA
associated with the presence of asthma but was significantly correlated with the level of asthma control. The authors discuss the implications of their findings on further understanding the relationship between CRS and asthma and the importance of achieving adequate asthma control to improve QOL among patients with CRS.

Thank you again for your interest in these 5 papers, as well as in the many other excellent articles that we feature in this February issue of Otolaryngology–Head and Neck Surgery. Enjoy these winter months and stay warm!

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