Highlights from the Current Issue: July 2018

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We are now fully immersed in the summer season and enjoying the long days and easy evenings with family and friends. Our grills are fired up. We are having long discussions about SPF values. We are watching multicolored fireworks in the dark skies. It is a time of being outdoors and feeling the freedom that summer days bring. It is in this spirit that I am happy to introduce several of the interesting papers from our July issue.

In our first important paper, Laury and associates performed a randomized controlled trial of the use of balloon sinus dilation in the treatment of “sinus headaches.” The manuscript is critical in that it addresses an ongoing question in our specialty by using a placebo-controlled methodology and validated outcome measures. In this study, the authors identified patients presenting to an otolaryngology practice with “sinus headaches,” and they confirmed with computed tomography scanning that there was no presence of inflammatory sinus disease in any individual (Lund-Mackay score of 0). They then randomized patients to undergo either balloon dilation of the sinus ostia (active treatment) or balloon inflation within the nasal cavity only (placebo treatment). Using this methodology, the authors demonstrated that clinical outcome measures changed with both active and placebo treatments but without any significant difference between the treatment arms. Given these results, Laury and colleagues determined that changes in symptoms were not significantly different between active and placebo arms and concluded that balloon dilation of the sinus ostia was no more effective than a placebo intervention in the treatment of “sinus headaches.”

In the second paper, Woodson and colleagues examine the effectiveness of a patient-reported assessment of swallowing, the Eating Assessment Tool—10 (EAT-10), in predicting the risk of aspiration in a population of patients with new-onset unilateral vocal fold immobility. The authors enrolled a sample of 35 patients who presented with vocal fold immobility; they administered both the EAT-10 and Rosenbek’s Penetration Aspiration Scale; and they examined the larynx with a flexible fiber-optic assessment of swallowing. With this methodology, the authors noted that patients with an EAT-10 score >9 had up to a fivefold greater risk of aspiration when compared with those having normal scores. Zuniga and colleagues suggest that routine use of the EAT-10 to assess swallowing may have utility among patients with new-onset vocal fold immobility in predicting their risk for aspiration. They discuss the need for further research in this area.

In the third paper, Zuniga and associates examine the effectiveness of a patient-reported assessment of swallowing, the Eating Assessment Tool—10 (EAT-10), in predicting the risk of aspiration in a population of patients with new-onset unilateral vocal fold immobility. The authors enrolled a sample of 35 patients who presented with vocal fold immobility; they administered both the EAT-10 and Rosenbek’s Penetration Aspiration Scale; and they examined the larynx with a flexible fiber-optic assessment of swallowing. With this methodology, the authors noted that patients with an EAT-10 score >9 had up to a fivefold greater risk of aspiration when compared with those having normal scores. Zuniga and colleagues suggest that routine use of the EAT-10 to assess swallowing may have utility among patients with new-onset vocal fold immobility in predicting their risk for aspiration. They discuss the need for further research in this area.

In the fourth manuscript, Veve and colleagues evaluate the use of antibiotic prophylaxis and the risk factors for surgical site infections (SSI) in patients undergoing microvascular reconstruction for head and neck cancer. The authors examined data from over 1300 patients at 10 academic medical centers and assessed the use of various antibiotic regimens in reducing 30-day SSIs. Using a case-control methodology, they noted that SSIs occurred in 187 (15%) patients, with a median time to infection of 11.5 days. The authors examined the types of organisms responsible for the SSIs and assessed their relationship with various prophylactic antibiotic regimens. Results of the study demonstrated that regimens without gram-negative bacterial coverage were associated with a significantly higher rate of SSIs, and that continuing antibiotics for 6 days or longer did not lessen the rate of SSIs. Veve

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and associates note that the use of antibiotics should be guided by these observations and align with appropriate principles of antibiotic stewardship.

In our fifth manuscript, Saggi and associates assess the determinants of survival among patients with squamous cell carcinoma of the floor of the mouth between 1973 and 2013. The authors utilized the SEER database (Surveillance, Epidemiology, and End Results) to calculate survival trends. They identified a cohort of 14,010 cases over this 40-year period, 69.5% of which were male, with a median age of 62 years at diagnosis. Using multivariate analysis to assess a number of important demographic and clinicopathologic characteristics, the authors determined that patient age, sex, race, primary site, treatment modalities, and tumor grade, size, and stage were all statistical determinants of both disease-specific and overall survival. The authors note the critical role of surgery in the treatment of these patients and discuss the implications of their large-scale SEER study.

Finally, in this July issue, we again present a focus section on patient safety/quality improvement (PS/QI) in otolaryngology–head and neck surgery. We have several interesting papers that will be useful as readers examine PS/QI initiatives in their present clinical and educational environments. In addition, Brenner and colleagues present their inaugural invited primer on PS/QI in otolaryngology, which will be the first in a series on this vital topic. In this first installment, the authors explore the history, goals, and development of performance measures for all involved in treating otolaryngology patients, and they highlight opportunities for integrating PS/QI into otolaryngology practice. We look forward to presenting papers in this area in upcoming issues of the journal.

Once again, we thank you for reading Otolaryngology–Head and Neck Surgery. Please enjoy our highlighted 5 papers as well as the focus section on PS/QI within this July issue. Have a great summer!

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References