Highlights from the Current Issue: March 2018

John H. Krouse, MD, PhD, MBA

It has definitely been a cold winter here in most of the United States, but with March we can begin to feel some of the enthusiasm that spring will bring later this month. One of the highlights of this month’s issue of the journal is the publication of the revised Clinical Practice Guideline on Hoarseness.1 I would encourage you to read our full supplement, the executive summary, and the plain language summary on this important topic that you will find published here in this March issue.

In addition to these guideline articles, we are pleased to present 5 additional articles from March that will represent the excellent research that we have the honor to publish this month. In our first article, Namin and Zitsch2 assess the type of biopsy excellent research that we have the honor to publish this month. based on the results of a staging neck dissection. The authors studied 17 patients with clinically and radiographically N0 necks who each underwent a selective neck dissection. Those patients with pathologically N2/3 disease or extranodal extension were treated with definitive chemoradiation, and those patients with pathologically N0/1 disease were treated by primary surgical intervention using transoral robotic surgery, all with negative margins. At a mean/median follow-up of 28 months, there were no recurrences among these 17 patients. Spellman and associates present the utility of the algorithm-based treated using staging neck dissection and further discuss the implications of these findings for care of patients with tonsil SCC.

In the second article, Farzal and associates3 examine the presence of abnormal electrocardiograms (ECGs) among pediatric patients with congenital sensorineural hearing loss (SNHL). The goal of the study was to assess the prevalence of abnormal ECGs in this cohort of patients with SNHL. The authors evaluated 772 patients diagnosed with SNHL, with a mean age of 4.4 years with ECGs, and noted that 215 children had abnormal findings, for an overall prevalence of 27.8%. Given the frequency of ECG abnormalities among children with SNHL, Farzal and colleagues suggest that ECG screening may be indicated in all children with congenital unilateral or bilateral SNHL, regardless of severity. The authors further discuss the implication of these observations for future management of children with congenital SNHL.

In our third article, Spellman and colleagues4 present a treatment algorithm that can be used to guide therapy in patients with palatine tonsil squamous cell carcinoma (SCC) based on the results of a staging neck dissection. The authors studied 17 patients with clinically and radiographically N0 necks who each underwent a selective neck dissection. Those patients with pathologically N2/3 disease or extranodal extension were treated with definitive chemoradiation, and those patients with pathologically N0/1 disease were treated by primary surgical intervention using transoral robotic surgery, all with negative margins. At a mean/median follow-up of 28 months, there were no recurrences among these 17 patients. Spellman and associates present the utility of the algorithm-based treated using staging neck dissection and further discuss the implications of these findings for care of patients with tonsil SCC.

In the fourth article, Felton and colleagues5 examine the value of early placement of tympanostomy tubes in infants with cleft lip and palate. Through a systematic review of the literature, the authors identified 6 studies that met inclusion criteria to be evaluated using speech and language outcomes over time. In these 6 articles, the authors noted that otitis media with effusion (OME) was almost universally present among infants prior to the age of 4 months. They noted that with early placement of ventilation tubes, between the ages of 3 and 6 months, children with cleft lip and palate demonstrated similar speech and language outcomes in later childhood to those children without cleft lip and palate. They further demonstrated that children with cleft lip and palate who underwent early placement of tubes had superior speech and language scores in childhood compared with children with cleft lip and palate who underwent later ventilation tube placement. Based on their systematic review, Felton and colleagues argue that early placement of tympanostomy tubes in infants with cleft lip and palate appears to be associated with

1School 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
improved speech and language outcomes in childhood. The authors further discuss the implications of their findings for treatment of children with cleft lip and palate.

In our final article, Britt and associates\(^6\) examine the frequency of incidental findings in patients evaluated for head and neck tumors using 18F-fluoro-deoxy-glucose positron emission tomography (FDG PET/CT). The authors note the increasingly common use of this imaging modality for the workup of unknown primaries and for following patients for residual or recurrent disease after treatment. In examining their patient sample of 293 individuals with head and neck cancer, the authors noted that 103 patients (35.2\%) had at least 1 incidental finding on FDG PET/CT, and about one-third of these were suspicious for malignancy. On workup, 25.5\% of these suspicious findings were found to actually be malignant. Britt and colleagues discuss the role of these incidental findings in both directing further diagnostic studies and procedures and in their impact on the cost of health care. The authors discuss the implications of their findings and suggest that additional evaluation is necessary to better understand their overall impact.

Once again, I hope you find the articles published in this March issue of *Otolaryngology–Head and Neck Surgery* to be both interesting and useful. Thank you again for continuing to be a reader of the journal.

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**


