Highlights from the Current Issue: October 2018

Welcome to Atlanta! It is again time for otolaryngologist–head and neck surgeons to convene at our AAO-HNSF Annual Meeting and OTO Experience. I am sure that many of our readers from around the world will be joining together in the Peach State to learn the newest clinical information to assist their practices, to participate in a discussion of cutting-edge research developments, and to network with friends and colleagues. As you travel to Atlanta this month, please grab your copy of the journal and read it on the plane to stimulate your mind for the meeting. Here are 5 papers that will help to whet your appetite!

In our first paper, Chan and colleagues examine the incidence and determinants of survival among patients diagnosed with squamous cell carcinoma of the soft palate. Using the Surveillance, Epidemiology, and End Results database, the authors surveyed the registry from 1973 to 2015 to conduct their research. After identifying 4366 cases from the database, the authors noted that the average overall survival (OS) and disease-specific survival (DSS) were 68.7 and 161.3 months, respectively. Specifically, in a multivariate statistical analysis, the authors determined that stage and type of treatment were associated with differential OS and DSS. For stages I to III, there appeared to be equivalent OS between surgery and radiotherapy, while for stage IV disease, combined surgery and radiotherapy improved OS. The authors also noted wide variation in the length of survival, which they attributed to the many comorbidities noted among the patients. Chan and associates discuss how these data can be useful in helping to direct treatment decisions and advantageously affect both OS and DSS.

In our second paper, Speth and colleagues examined the relationship among chronic rhinosinusitis (CRS) symptom severity, frequency of acute exacerbations of CRS (AECRS), and endoscopic examination scores and whether independent use of ≥1 of these measures might be predictive for presence of CRS. In their study, the authors performed a cross-sectional analysis of 241 patients presenting to a tertiary rhinology clinic with complaints of CRS. These patients then completed the SNOT-22 and underwent a nasal endoscopic evaluation. They also reported the number of sinus infections and the use of antibiotics and corticosteroid medications over the preceding 3 months. Upon statistical analysis of the data, the authors noted a significant relationship between the SNOT-22 score and both the frequency of sinus infections and the use of both medications, while there was no significant relationship with endoscopic examination scores. The authors determined that SNOT-22 scores and AECRS were predictive of each other, but AECRS and endoscopic examination scores were not. Given their findings, Speth and colleagues suggest that a SNOT-22 score >40 can be used as a general threshold for triggering further evaluation of and consideration for AECRS. They discuss the implications of their findings for clinical practice.

In our third manuscript, Attra and associates report the successful culture of human papilloma virus–infected cell lines in patients with recurrent respiratory papillomatosis. In this study, the authors discuss a specific methodology that they utilized to achieve a 70% success rate in primary cell culture from patient biopsy specimens of recurrent respiratory papillomatosis. Attra and colleagues discuss the use of their method and its application in directing therapeutic trials to guide clinical practice.

In the fourth paper, Manning and colleagues examine the use of predictive modeling during hospitalization in identifying patients with head and neck cancer most at risk for unplanned admissions within 30 days following discharge. In this study, the authors prospectively collected data on 174 head and neck cancer admissions over a 2-year period to build predictive models for readmission within 30 days. Utilizing full data on 142 patients and employing several statistical modeling techniques, the authors developed a regression model that predicted 30-day readmissions with a sensitivity of 94%, a specificity of 47%, and negative and positive predictive values of 90% and 62%, respectively. This significant outcome was successful in identifying patients who would likely be readmitted within 30 days. Manning and associates discuss the value of their model and support the use of these techniques to identify and assist those patients at greatest risk for hospital readmission.

In our final paper, Ettyreddy and colleagues examine the presentation, management, and outcomes associated with

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pediatric esophageal food impaction (EFI) and identify key clinical features in this population that are associated with a diagnosis of eosinophilic esophagitis (EoE), advanced age, and public insurance. The authors identified 35 children with EFI treated at a single tertiary care institution over a 7-year period. After thorough diagnostic evaluation of these children, they identified 26 cases (74%) that were associated with EoE, with the remaining cases attributed to a variety of neurologic and postsurgical events. They also noted that EFI was the presenting diagnosis among 81% of patients with EoE, with common presenting symptoms of dysphagia, choking, and vomiting. Patients with EoE were noted to have linear furrowing on endoscopic esophageal examination. Given these findings, Ettyreddy and associates suggest that the majority of cases of pediatric EFI are due to EoE, many of which are undiagnosed prior to this episode. They further state that EoE must be considered for all patients presenting with EFI and esophageal biopsy should be strongly considered for these patients at the time of endoscopic management.

Once again, thank you for reading this October issue of *Otolaryngology–Head and Neck Surgery*. Travel safely, and I look forward to seeing you in Atlanta this month!

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**References**