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Ménière's disease: 'a riddle wrapped in a mystery inside an enigma'. Has the key been found?

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Editorial

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Churchill's wartime comment on the Soviet Union (British Broadcasting Corporation broadcast, London, 1st October 1939) could equally be applied to Ménière's disease.[1] The cause of Ménière's disease still remains an enigma, despite some 157 years since Prosper Ménière's original observations in 1861. In this month's issue of *The Journal of Laryngology & Otology*, Jeremy Hornibrook postulates a saccular otoconial theory for Ménière's disease.[2,3] In that article, evidence that Ménière's disease is caused by detached saccular otoconia is presented. It is hoped that as the resolution of inner-ear imaging in human ears advances, further progress will be made in elucidating the exact pathophysiological mechanism of Ménière's disease.[4]

Also in this month's issue, Puttasiddaiah and Browning describe a novel technique of using piezo surgery to remove external auditory canal exostoses.[5] The authors propose that such a technique lessens the risk of injury to surrounding structures. The article follows the use of the ultrasonic bone aspirator for temporal bone dissection, which similarly reduces injury to surrounding structures and can be utilised endoscopically.[6] If the safety profile of this technique is indeed demonstrated over time, then it offers the potential for simultaneous bilateral surgery to be performed in the future, thereby reducing the recovery time for patients with bilateral exostoses.

A study by Siupsinskiene *et al.* in this month's issue of *The Journal* examines the relationship between intranasal *Helicobacter pylori* infection and nasal polyps.[7] This work follows their previous study published last year, which demonstrated an association between *H pylori* infection and chronic tonsillitis and laryngopharyngeal reflux.[8] In this latest study, the authors found a higher rate of *H pylori* carriage in the nasal polyp patients compared with controls (28.9 per cent *vs* 3.3 per cent; $p = 0.005$). Further work is required to determine whether *H pylori* is simply an 'innocent bystander' colonising the upper airway preferentially in nasal polyp patients (e.g. chronic inflammation of the sinonasal mucosa may create a more suitable environment for the bacterium to survive), or whether there is indeed a causal relationship between *H pylori* intranasal colonisation and sinonasal disease.

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