Editorial

It has been a great pleasure to browse The Journal of Laryngology & Otoology in order to compile a freely accessible special ‘rhinology anthology’ (‘rhinolanth’ for short) issue centred around sinus disease and the evolution of endoscopic sinus surgery. We would like to dedicate it to Professor Nick Jones; our long list had at least another 10 of his original articles, and we were reminded of his enormous contribution to rhinology. He has already inspired a generation of rhinologists, but we hope that some trainees who did not have the fortune to work with him will have the opportunity to learn from the selected papers. His paper on septal correction, while not strictly linked to our theme, is essential reading for any ENT surgeon, and could not be overlooked.

We start with some excellent papers on the microbiology of acute sinusitis. We have failed to heed the warnings of antibiotic overuse, as described in a 2005 paper by Brook, but fortunately the recent paper by Miah et al. shows that in most cases of complicated allergic rhinitis, the isolated organisms are still sensitive to the majority of common antibiotics. An updated study conducted 20 years from now is less likely to reveal the same results. Thunberg and colleagues’ study, simple yet elegant, shows that anterior rhinoscopy and culture is comparable to sinus puncture, and therefore may allow more selective use of antibiotics in primary care. In chronic sinus disease, attention has turned to the immunomodulatory effects of antibiotics, as highlighted in Fan and colleagues’ study. Negative findings are as valuable in print as those studies that show benefit, but so much more difficult to publish – The Journal should be commended for disseminating such findings. The current Guest Editors can personally vouch for the merits of Wormald and McDonogh’s ‘bath plug technique’ in the event of unexpected skull base injury during endoscopic sinus surgery, and every surgeon performing functional endoscopic sinus surgery should take note!

Of course, any compilation on chronic rhinosinusitis must include some treatment results, and we have included a number of papers investigating outcomes of medical and surgical treatment for chronic rhinosinusitis. We can be reassured that our treatment is largely effective, both in terms of patient-rated outcomes and biological endpoints. The heterogeneity of outcomes in chronic rhinosinusitis studies, however, continues to hinder effective meta-analysis, and the
development of a core outcome set is needed to help reduce research waste. As endoscopic techniques have evolved, the scope of conditions has widened, and the boundaries continue to be extended. Many sinonasal and skull base malignancies can now be managed effectively endoscopically, but it is important to ensure the outcomes remain comparable to open approaches.\textsuperscript{20,21}

Looking through the Digital Archive, it has been fascinating to see both the transition from short case reports, personal opinions, through case series, to methodologically rigorous systematic reviews and randomised controlled trials. It has become extremely difficult to publish single cases; however, small series of outcomes form the subject of randomised trials. We have picked some of our favourites from a 100 years of archives\textsuperscript{22–24} – from the lethal midline granuloma, now thought to be a T-cell lymphoma, to the relatively novel immunoglobulin G4 diseases. We also enjoyed the description of the dynamic changes following surgery for silent syndrome; even if we can’t understand why the orbital floor remodels, it is great to see it happen radiologically.

So, we hope that you enjoy our ‘rhinolanth’ issue, a retrospective review of what we consider to be some of the best sinus-related papers from The Journal. We suspect that a future volume will look quite different. There is about to be an explosion of humanised monoclonal antibodies available, and as their role in the management of chronic rhinosinusitis with nasal polyposis becomes established, we suspect the role of surgery in this group will decline significantly. As we gain a better understanding of the sinus microbiome, it is likely that we will move away from antibiotics for chronic rhinosinusitis without nasal polyps, and instead look to restore the natural balance of flora. Perhaps probiotics are the future? It is almost impossible to predict where skull base surgery will go, what new surgical corridors will be described, and what instrumentation will get us there – but if one door to surgery for polyposis closes, there is no doubt that the challenges to sinus surgery will continue and other doors will open. There’s never been a better time to be a SNOT doctor!

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