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Editorial

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Cancer diagnosis and anosmia recovery in the pandemic update, cholesteatoma diagnosis, otosclerosis in pregnancy, and no renaissance of maxillary sinus irrigation

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The latest coronavirus disease 2019 (Covid-19) related articles in *The Journal of Laryngology* & *Otology* include an update on head and neck cancer referrals and diagnosis during the pandemic from Wolverhampton.¹ We have covered the topic previously in *The Journal*,^{2,3} and have articles from before the pandemic for comparison.⁴ The 62 per cent reduction in fast-track referrals in early 2020 (compared to 2019) during the study period is of the same order of magnitude that has been experienced elsewhere. The authors highlight that this major change in patient illness related behaviour forms part of the hidden cost of the pandemic. A similar detection rate in the two time periods suggests that there is a cohort of undiagnosed patients in the community, which is worrying, despite the acknowledged limitations of the 'two-week wait' system of cancer diagnosis.⁵

The anosmia story during the pandemic is updated this month by a study from Italy,⁶ which found that over one-third of anosmic Covid-19 patients still had symptoms after over five months, and those who had a complete recovery tended to have a shorter duration of symptoms. A long duration of symptomatic anosmia predicted incomplete recovery.⁶ An earlier (small) study from Milan found that 91 per cent of patients had some degree of recovery, with 53 per cent showing total recovery at eight months.⁷

Cholesteatoma diagnosis by special sequences of magnetic resonance imaging (MRI) has allowed many patients to avoid costly and inconvenient second- or third-look tympanoplasty operations,^{8,9} as the technique has a high predictive value. Equivocal cases might lead to a negative exploration. This issue's study of MRI diagnosis of cholesteatoma, from Newcastle upon Tyne, found that, in equivocal cases, when the lesion in the middle-ear cleft has higher signal intensity compared with the ipsilateral temporal lobe, there is high statistical probability of cholesteatoma diagnosis.¹⁰

Human papilloma virus (HPV) and its relevance to head and neck tumours continue to stimulate interest; previous work has investigated the prevalence in paediatric tonsils, which has been low.¹¹ The paper in this issue, from London, Ontario (Canada), examined paediatric tonsillectomy specimens in 102 children aged 0–18 years, and found that none contained relevant viral subtypes as determined by a quantitative polymerase chain reaction test.¹² This suggests no vertical transmission of the virus in this population, unless the virus is latent, as would be expected from a primarily sexually-transmitted disease, and strengthens the push for HPV vaccination prior to the age of sexual activity.

The growing interest in biofilms in inflammatory disorders, and the efficacy of saline douches in the management of chronic rhinosinusitis,¹³ has made many rhinologists wonder if the old-fashioned maxillary sinus washout ('antral lavage') had some merit and might reappear. This issue has a study from Haifa, Israel, in which patients with chronic rhinosinusitis were treated medically, with or without maxillary sinus irrigation.¹⁴ The irrigation added nothing, as judged by a careful outcomes assessment, so it seems that the Tilley Lichtwitz trocar and cannula will not experience a manufacturing renaissance just yet.

Otosclerosis has a female bias in presentation and its association with pregnancy has been known for a long time,¹⁵ but how real is the association? This issue's study from Verona, Italy, reviews the topic, but finds that hard and fast answers are hard to come by.¹⁶ The authors conclude that a fair proportion of women (probably over 40 per cent) with a definite diagnosis of otosclerosis experience a deterioration in hearing during or after pregnancy.

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