New beginnings and old concepts refined

The selection of articles for this November issue of The Journal of Laryngology & Otology illustrates some of the exciting advances and latest developments in cutting-edge otolaryngological research.

Narrow band imaging has recently gathered support for the endoscopic evaluation and detection of benign laryngeal diseases, such as laryngeal papillomatosis, as well as the early detection of pre-cancerous and malignant lesions. In a prospective study evaluating narrow band imaging for malignant laryngopharyngeal squamous cell carcinomas (SCCs), Ni et al. report improved specificity and sensitivity of narrow band imaging compared with conventional white light imaging (specificity 85 per cent vs 67 per cent; sensitivity 95 per cent vs 74 per cent). More evidence is therefore emerging to support the widespread use of narrow band imaging within the clinical arena.

Although research on the efficacy of neuromuscular electrical stimulation for the treatment of voice disorders is still in its infancy, its use as an adjuvant treatment for muscle tension dysphonia is explored and reported here in a paper by Gorham-Rowan and Morris. The authors found that a short session of laryngeal neuromuscular electrical stimulation may be beneficial in reducing muscle fatigue for some individuals. Further investigation is warranted in order to determine the applicability of laryngeal neuromuscular electrical stimulation in voice therapy.

The human papilloma virus (HPV) and oropharyngeal squamous cell carcinoma story gathers further stimulation in voice therapy. An investigation is warranted in order to determine the reducing muscle fatigue for some individuals. Further authors found that a short session of laryngeal neuro-muscular electrical stimulation on voice.

Older treatment paradigms are also revisited in this issue. In a randomised, single-blind study by Hitchcock et al., the authors conclude that manual disinfection has equivalent microbiological efficacy and superior cost-effectiveness compared with immersion and automated processes for the high-level disinfection of flexible nasendoscopes. The authors propose that this may improve turnaround times in busy ENT clinics.

The evidence basis for adenoectomy alone in the treatment of paediatric obstructive sleep apnoea (OSA) is further substantiated by a systematic review and meta-analysis in this month’s issue by Reckley et al. This builds on previous work demonstrating the effectiveness of adentonsillectomy in the treatment of paediatric OSA. Use of the T14 tool may further assist in the future evaluation of isolated adenoectomy for the treatment of paediatric OSA.

References


8 Reckley LK, Song SA, Chang ET, Cable BB, Certal V, Camacho M. Adenoidectomy can improve obstructive sleep apnoea in young children: systematic review and meta-analysis. *J Laryngol Otol* 2016;130:990–4
