Editorial

There has been a major advancement in managing chronic sinusitis and other sinonasal diseases. In this changing scenario of indications for endoscopic sinus surgeries, detailed knowledge of sinonasal anatomy is of paramount importance. It is of utmost importance to master the relevant anatomy and its variations before one embarks upon endoscopic sinus surgery. So, we have tried to cover the anatomy and its variations for endoscopic sinus surgery in brief for the young and budding rhinologists in this supplement of the journal.

Invasive fungal sinusitis is one of the most challenging forms of sinonasal pathology to manage, most commonly presenting in immunocompromised individuals. Recently, chronic invasive sinus aspergillosis (CISA) is being reported in immunocompetent patients at an increasing rate especially being reported from Indian subcontinent and middle east, but cases are being increasingly encountered from North America and elsewhere. In North India, there are a huge number of patients with invasive fungal sinusitis as this disease is endemic in this part of the country. It is affecting immunocompetent young and middle-aged population causing a great morbidity and mortality. Early suspicion, prompt workup and treatment is the need of the hour in these patients. Amphotericin B therapy used to be the gold standard treatment for invasive sinus aspergillosis in spite of its poor prognosis. New antifungal agents have recently been developed with lesser side effects, like voriconazole. There are many studies shedding light on the different aspects of treatment of invasive fungal sinusitis with voriconazole. The second chapter in this supplement is a review on this dreaded entity.

There have been not many diseases more controversial for rhinologists than allergic fungal rhinosinusitis (AFRS). Since, Safirstein identified *Aspergillus* species in sinus cultures of a patient with allergic bronchopulmonary aspergillosis, AFRS has caused much discussion and controversy regarding its definition, etiology, presentation, management and follow-up. It is estimated that approximately 5 to 10% of those patients suffering from chronic rhinosinusitis actually carries a diagnosis of AFRS. Since fungus thrives in hot and humid climate, AFRS is commonly seen in tropical countries like ours. However, even after carrying the major share of the burden of the disease, it is unpleasant truth that we still do not have a unified protocol for the approach and management of the disease.

Moreover, further studies showed that preoperative steroids reduced the disease burden and reduced recurrences. But, these are again individual studies and not yet proposed as definite protocol. There are also observations that preoperative steroids made the disease to completely disappear and the role of surgery as a management is further questioned.

Our country being in a region with high prevalence of this disease entity requires a unified protocol for its management and treatment. It is this thought for better understanding and management of AFRS which prompted us to bring forward this supplement. It is with immense pride and pleasure that we present this unified protocol for the management of AFRS which is the first of its kind. This protocol is the result of a panel discussion conducted during the first ENT Update–Live Surgical Workshop, 2011. The panel included experts in this field like, Dr Nishit Shah, Dr Davinder Rai, Dr Mohan Kameswaran, Dr Ravi Nayar, Dr Arvind Soni, Dr Hemant Chopra, Dr NK Mohindroo, Dr Jankiram. We have focused mainly on the practical aspects of management, rather than splitting our hairs on theoretical data. The main beneficiaries of this protocol would be not only high volume surgeons, but also young surgeons who are eager to manage these patients in the ideal way. We thank the entire team of panelists and the delegates of the workshop who enriched the protocol with their experience and observations.

Our primary aim of this issue is to allay all the confusions regarding the management of AFRS along with invasive fungal sinusitis and do hope that this becomes a milestone for many who strive to provide better quality of service to their patients. We have left no stone unturned in making this supplement practical, problem oriented and hope that this would help the surgeons, both national and international, to provide better management for invasive fungal sinusitis.

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