

Editorial

Endoscopic sinus surgery plays an integral role in the management of CRS. There are well-documented benefits in both symptoms and quality of life. The local complications such as synechiae formation, middle turbinate lateralization, and mucosal edema can impede postoperative healing and ultimately compromise long-term surgical outcomes are reported to be less than 5%. Hobson et al evaluated the utility of middle meatal packing in reducing the risk of scarring. A meta-analysis of pooled data from 18 randomized controlled trials was performed, which demonstrated a nonsignificant trend toward decreased adhesions in patients in whom middle meatal packing was done. Like endoscopic sinus surgery, endonasal endoscopic skull base surgery can also lead to significant changes in intranasal anatomy. Utilizing three-dimensional computational fluid dynamic simulations and virtual surgery models, Frank-Ito et al has illustrated the effects of endonasal endoscopic skull base surgery on sinonasal physiologies.



Similar to surgery, radiation therapy can also lead to long-term adverse local effects. Radiated subjects exhibited a significantly higher percentage of rhinorrhea, nasal obstruction, and nasopharyngeal secretions than healthy controls. A greater proportion of treated patients also show neutrophilic inflammation and squamous cell metaplasia on histopathology, implying that radiation-induced mucosal changes that can contribute to symptoms of rhinitis.

With continual advances in endoscopic transnasal surgical approaches, indications for such procedures have broadened considerably to encompass increasingly more novel applications. There are challenges of formulating drug-targeting strategies to bypass the blood-brain barrier and deliver therapeutics to the central nervous system. Nasal mucosal surgical flaps are created for skull base reconstruction. As more advanced endoscopic skull base procedures are developed, it is important to assess the clinical outcomes of such surgeries. Concurrent use of multiple validated instruments elucidated significant changes in quality of life metrics following surgery and enabled identification of various factors (malignant histopathology, advanced tumor staging, etc.) associated with worsened postoperative quality of life are important.

In addition to CRS, this issue also includes studies investigating the pathogenesis and management of other allergic and other airway diseases. As sensitization has been shown to occur early in life, Tokunaga et al conducted an epidemiologic survey of high school students in Japan to identify factors influencing development and remission of a spectrum of allergic processes, including rhinitis and asthma. Their findings lend further support to the hygiene hypothesis and the potential effects of intestinal flora on the clinical course of allergic airway disease. Significantly lower plasma vitamin D measurements may contribute to development of ARC.

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