

SUBSCRIPTIONS, LICENSING, ADVERTISING AND REPRINTS

The Journal of Laryngology & Otology (ISSN 0022-2151) is published monthly in both print and electronic form and distributed on behalf of the proprietors, JLO (1984) Ltd, by Cambridge University Press.

Subscriptions: Volume 129, 2014 (Monthly)

Both Standard and Online-only subscription prices entitle subscribers to access all of the archival online content, which dates back to Volume 1 (1887). For further details please go to Cambridge University Press.

Periodicals postage paid at Rahway, NJ. US Postmaster: send address changes to *The Journal of Laryngology & Otology*, c/o Mercury Airfreight International Ltd, 365 Blair Road, Avenel, NJ 07001, USA.

Other business correspondence

All business correspondence, should be sent to: Daniel Edwards dedwards@cambridge.org

© 2015 JLO (1984) Limited

Apart from any fair dealing for the purposes of research or private study, or criticism or review, as permitted under the UK Copyright, Designs and Patents Act, 1988, no part of this publication may be reproduced, stored, or transmitted, in any form or by any means, without the prior permission in writing of the Editors, or in the case of reprographic reproduction in accordance with the terms of licences issued by the Copyright Licensing Agency in the UK, or in accordance with the terms of licences issued by the appropriate Reproduction Rights Organization outside the UK. Enquiries concerning reproduction outside the terms stated here should be sent to the publishers at the above address. Contributors and advertisers are responsible for the scientific content and the views expressed, which are not necessarily those of the Editors or of Cambridge University Press.

Typeset by Techset and printed in Great Britain by Latimer Trend



This Journal issue has been printed on FSC-certified paper and cover board. FSC is an independent, non-governmental, not-for-profit organization established to promote the responsible management of the world's forests. Please see www.fsc.org for information.

SUMMARY GUIDANCE FOR AUTHORS

When preparing their manuscripts, authors must consult and comply with the full Instructions for Authors on the *JLO* website at <http://www.jlo.co.uk/docs/submittingarticles.htm> Adherence to these will speed up the editorial process.

Specific Sinus Irrigation Solutions for Specific Pathologies

Chronic Rhino Sinusitis

Irrigation solution contains 3.5% Xylitol

- ✓ Isotonic
- ✓ Very low Ionic strength 26m Moles

Indications

- Post operative care for Endoscopic Sinus Surgery for CRS
 - Ongoing sinus irrigation for CRS⁴
 - Delivery of topical steroid for CRS with Nasal Polyps
- Xylitol hydrates Airway Surface Liquid for up to 3 hours³ after application - Improving ciliary beat and innate immune peptide function
 - Low ionic strength does not interfere with Lysozyme activity^{1,2}
 - Topical Steroids dissolved in irrigation solution⁵ should remain in contact with ASL for up to 3 hours improving efficacy⁴

References: 1. Fungicidal activity of lysozyme is inhibited in vitro by commercial sinus irrigation solutions. Woods C et al *American Journal of Rhinology and Allergy* (2012) Vol 26 298-301 2. Synergistic and additive killing by antimicrobial factors found in human airway surface liquid. Singh PK et al. *American Journal of Physiol Lung Cell Molecular Physiology* 2000. Vol 279 L799-L805 3. Bronchoscopic assessment of airway retention time of aerosolised xylitol. Durairaj L et al. *Respiratory Research* 2006 Vol 7:27 4. Xylitol nasal irrigation in the management of chronic rhinosinusitis. A pilot study. Weissman J D et al. *The Laryngoscope* Vol 121(2011) pp 2468-2472 5. Sinus surgery and delivery method influence the effectiveness of topical corticosteroids for chronic rhinosinusitis: Systematic review and meta-analysis. Snidvongs K et al. *American J of Rhinology and Allergy* (2013) Vol 27 pp 221-233



Other surgical procedures and A. Rhinitis

Irrigation solution formulated to be very similar to isotonic Ringers Lactate solution

- ✓ More physiological than Isotonic Saline Solutions
- ✓ Shown to have superior post-operative symptom reduction when compared to Isotonic and Hypertonic saline solutions¹
- ✓ Shown to generate improved ciliary activity when compared to isotonic saline solution post operatively²

Indications

- Skull base surgery
- Tumour surgery
- Septoplasty
- Enhancing Allergic Rhinitis management with topical nasal steroids³

References: 1. A double blind randomised controlled trial of normal saline, lactated Ringer's and hypertonic saline nasal irrigation solution after endoscopic sinus surgery. Low H et al *American J of Rhinology and Allergy* Vol 28(2014) pp 225-231. 2. Ringer lactate solution versus isotonic saline solution on mucociliary function after nasal septal surgery. Unal M et al. *J of Laryngology and Otology* 2001 Vol 115 pp 796-7 3. Isotonic saline nasal irrigation is an effective adjunctive therapy to intranasal corticosteroid spray in allergic rhinitis. *American J of Rhinology and Allergy* Vol 28(2014) p1-4



Editorial

ii

Review Article

- Reducing the number of rigid bronchoscopies performed in suspected foreign body aspiration cases via the use of chest computed tomography: is it safe? A literature review: *P Tuckett, A Cervin* 1

Main Articles

- Australian training for contemporary airway management of obstructive sleep apnoea in ENT surgery: current status and future recommendations: *S Mackay, S Holmes, A Jones* 8
- Tracheal reconstruction using composite nasal septal graft in patients with invasive thyroid carcinoma: *S Dowthwaite, M Friel, S Coman* 16
- Surgical management of airway stenosis by radiofrequency coblation: *CL Chan, CA Frauenfelder, A Foreman, T Athanasiadis, E Ooi, AS Carney* 21
- A role for panendoscopy? Second primary tumour in early stage squamous cell carcinoma of the oral tongue: *K Koo, R Harris, D Wiesenfeld, TA Iseli* 27
- Bleeding following coblation tonsillectomy: a 10-year, single-surgeon audit and modified grading system: *MA Rogers, C Frauenfelder, C Woods, C Wee, AS Carney* 32
- Unilateral auditory neuropathy spectrum disorder: retrocochlear lesion in disguise?: *A Mohammadi, P Walker, K Gardner-Berry* 38
- Betadine has a ciliotoxic effect on ciliated human respiratory cells: *JH Kim, J Rimmer, N Mrad, S Ahmadzada, RJ Harvey* 45
- Comparing the effectiveness of nasal dilator strips: does race play a role?: *AW Kam, E Pratt, RJ Harvey* 51

Clinical Records

- Immunoglobulin G4 related disease isolated to the nasal cavity: a rare cause of nasal obstruction: *C Morris, T Ng, P Kevin, N Singh* 57
- Lemierre's syndrome – an unusual complication of otitis externa in a young, healthy female: *N Davidoss, JF Ha, JR Anderson, S Rodrigues* 60

Cambridge Journals Online

For further information about this journal please go to the journal website at journals.cambridge.org/jlo



www.jlo.co.uk

Published for JLO (1984) Ltd by Cambridge University Press.
Printed in Great Britain by Latimer Trend.

CAMBRIDGE
UNIVERSITY PRESS