The Journal of Laryngology & Otology

cambridge.org/jlo

Anti-biofilm topical therapy in rhinosinusitis, coronavirus in India, anosmia prognosis, fish bones and flexible laryngoscopy

Edward W Fisher and Jonathan Fishman, Senior Editors

Editorial

Cite this article: Fisher EW, Fishman J. Anti-biofilm topical therapy in rhinosinusitis, coronavirus in India, anosmia prognosis, fish bones and flexible laryngoscopy. *J Laryngol Otol* 2021;**135**:189–190. https://doi.org/10.1017/S0022215121000761

Last month we included an historical article on nasal douching,[1] and although it has become established practice in the post-operative and conservative management of inflammatory nose and sinus disease (e.g. chronic rhinosinusitis), the mechanism of action, in relation to biofilms in particular, is unclear. This month we have a systematic review of anti-biofilm topical therapy from Sydney, which looks at many topical agents (such as honey, xylitol and bacteriophages). The authors conclude, somewhat disappointingly, that '… some treatments showed improved outcomes, no therapy was identified as confidently efficacious beyond placebo'.[2] We also have a paper on the efficiency of the douching technique, from a cadaver study, which encourages high volume methods and a vertex-down position.[3] The discussion of how exactly douches help in chronic rhinosinusitis, and how this relates, if at all, to the role of biofilms in chronic rhinosinusitis[4] and in ENT disorders in general, will continue, as we are now wedded to this re-discovered traditional therapy.

Coronavirus disease 2019 (Covid-19) pandemic related papers continue to flow in to *The Journal of Laryngology & Otology*. This issue has a paper from Pune, India, from Spring to Summer 2020, which evaluates 600 cases presenting to secondary ENT care,[5] and allows some comparison with other geographical series.[6] Many patients had non-specific upper respiratory symptoms (sore throat, nasal discharge, sneezing and blockage), as well as more specific indicators such as breathlessness (19 per cent) and smell and taste disturbances (64 per cent and 63 per cent). Intensive care was required in around 13 per cent of cases and the mortality rate was 2.2 per cent. Surprisingly, no otological manifestations were apparent in this case series. A follow-up study from Milan, Italy, of the first 55 patients presenting to ENT with olfactory disturbance gives prognosis data for this first European cohort of Covid-19 patients.[7] At 8 months, the majority of patients had partial or total recovery of sense of smell, with greater recovery in those aged under 50 years (almost all these patients recovered some olfactory function).

We also include an article from Cork, Ireland, on the risks of coronavirus transmission from the clinical use of flexible nasendoscopy.[8] The results are broadly reassuring, with the risk of failing to perform the procedure probably outweighing the risk to either the patient or staff member, providing adequate personal protective equipment is used. A systematic review from the US literature is cited in that paper.[9] Management of ENT emergencies during the pandemic has been the subject of many articles in the past year.[10] A further article in this issue, from the Royal London Hospital, focuses on guidelines for the management of ingested fish bones during the pandemic,[11] which attempt to minimise the use of flexible endoscopy in clinic in order to reduce the risk of coronavirus transmission. By ensuring an adequate oral examination, often successful, and reserving flexible endoscopy for high risk fish bone cases, in line with ENT-UK guidelines, there seem to be acceptable outcomes.

References

1 Fandino A, Douglas R. A historical review of the evolution of nasal lavage systems. *J Laryngol Otol* 2021. Epub 2021 Feb 10
2 Taylor A, Fuzi J, Sideris A, Banks C, Havas TE. Non-steroid, non-antibiotic antibiofilm therapy for the treatment of chronic rhinosinusitis: a systematic review. *J Laryngol Otol* 2021;**135**:196–205
3 Mozzanica F, Preti A, Bandi F, Fazio E, Cardella A, Gallo S *et al.* Effect of surgery, delivery device and head position on sinus irrigant penetration in a cadaver model. *J Laryngol Otol* 2021;**135**:234–240
4 Ramakrishnan Y, Shields RC, Elbadawey MR, Wilson JA. Biofilms in chronic rhinosinusitis: what is new and where next? *J Laryngol Otol* 2015;**129**:744–51
5 Bhatta S, Gandhi S, Saindani SJ, Ganesuni D, Ghanpur AD. Otorhinolaryngological manifestations of coronavirus disease 2019: a prospective review of 600 patients. *J Laryngol Otol* 2021;**135**:206–211
6 Speth MM, Singer-Cornelius T, Oberle M, Gengler I, Brockmeier SJ, Sedaghat AR. Olfactory dysfunction and sinonasal symptomatology in COVID-19: prevalence, severity, timing, and associated characteristics. *Otolaryngol Head Neck Surg* 2020;**163**:114–20
7 Capelli M, Gatti P. Anosmia in the first coronavirus disease 2019 outbreak in Europe: functional recovery after eight months. *J Laryngol Otol* 2021;**135**:224–228

8 Kavanagh FG, Connolly C, Farrell E, Callanan D, Brinkman D, Affendi A *et al*. Risk of disease transmission from flexible nasoendoscopy during the coronavirus disease 2019 pandemic. *J Laryngol Otol* 2021;**135**:246–249
9 Kay JK, Parsel SM, Marsh JJ, McWhorter AJ, Friedlander PL. Risk of SARS-CoV-2 transmission during flexible laryngoscopy: a systematic review. *JAMA Otolaryngol Head Neck Surg* 2020;**146**:851–6
10 Stansfield J, Dobbs S, Harrison R, Lee K, Sharma S, Okour K *et al*. Management of ENT emergencies during the coronavirus disease 2019 pandemic. *J Laryngol Otol* 2021;**135**:191–195
11 Michaels J, Orji C, Green F, Nogueira C. Investigative strategies for fish bone foreign bodies during the coronavirus disease 2019 pandemic: an analysis of ENT UK guidelines. *J Laryngol Otol* 2021;**135**:250–254

https://doi.org/10.1017/S0022215121000761 Published online by Cambridge University Press