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EDITORIAL

Voice in T_{1b} glottic tumours, intratympanic steroids for salvage in sensorineural hearing loss, intranasal steroids for obstructive sleep apnoea and a new procedure for post-radiation nasal stenosis

Intratympanic drug injection is now a valid alternative to systemic administration and is being widely used for an increasing number of inner-ear disorders. Its importance was highlighted in a recent article published in *The Lancet*, which compared the outcome of two drugs administrated intratympanically for Ménière's disease.[1]

Intratympanic steroid administration has also been used as a first-line therapy for sudden sensorineural hearing loss,[2] sudden infective sensorineural hearing loss[3] and now as a salvage treatment for profound idiopathic sudden sensorineural hearing loss.[4] This paper by Dai *et al*. reports on patients with sudden sensorineural hearing loss in whom conventional treatment had failed.[4]

The management of nasal stenosis that may follow chemoradiation for nasopharyngeal carcinoma has long been a problem. Apart from patients' distress associated with this condition, the monitoring of any tumour recurrence may become less obvious. Wilmot and Hathorn describe their endoscopic technique for this difficult condition.[5] Their method holds promise, and may avoid the use of nasal stents and auricular grafts.[6] The procedure can be conducted as a day case.

Voice is not always the first consideration in the treatment outcomes for tumour (T) stage T_{1b} glottic cancer, and radiotherapy is widely used. In a useful paper with substantial long-term results, Song *et al*. evaluated the oncological and voice outcomes of transoral laser microsurgery for T_{1b} glottic cancer patients.[7] The study revealed relatively high rates of oncological control and acceptable voice outcomes, showing its utility as a primary treatment modality for T_{1b} glottic cancer.

Management of upper airway obstruction in Pierre Robin sequence has at times required a tracheostomy over glossopexy.[8] In this issue of *The Journal of Laryngology & Otology*, Camacho and colleagues show that tongue-lip adhesion and tongue repositioning can improve apnoea-hypopnoea index and oxygenation parameters in affected children.[9]

Intranasal steroids, by their anti-inflammatory effect of reducing cellular proliferation and the production of pro-inflammatory cytokines, may lead to a reduction in upper airway resistance, which would be of benefit in the management of obstructive sleep apnoea associated with adenotonsillar hypertrophy. This suggestion has been reviewed by Sakarya *el al*.[10] They report a decrease in the number of children requiring surgery for adenotonsillar hypertrophy.

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