

## Voice in T<sub>1b</sub> 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 administered intratympanically for Ménière's disease.<sup>1</sup>

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

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.<sup>5</sup> Their method holds promise, and may avoid the use of nasal stents and auricular grafts.<sup>6</sup> 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<sub>1b</sub> 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<sub>1b</sub> glottic cancer patients.<sup>7</sup> The study revealed relatively high rates of oncological control and acceptable voice outcomes, showing its utility as a primary treatment modality for T<sub>1b</sub> glottic cancer.

Management of upper airway obstruction in Pierre Robin sequence has at times required a tracheostomy over glossopexy.<sup>8</sup> 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.<sup>9</sup>

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 *et al.*<sup>10</sup> They report a decrease in the number of children requiring surgery for adenotonsillar hypertrophy.

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