

Editorial

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Telehealth for tinnitus treatment, incidental findings on magnetic resonance imaging of the internal auditory meatus and predictive factors for recurrence following functional endoscopic sinus surgery

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Tinnitus is a common condition, with approximately 7 million people in the UK suffering from tinnitus, and a prevalence of approximately 10–15 per cent.^{1,2} Tinnitus has a detrimental effect on quality of life, and suicidal ideation may be more prevalent in tinnitus sufferers.³ In recent years, there has been growing interest in internet- and smartphone-based technologies in healthcare, so-called telemedicine. This was emphasised in the coronavirus disease 2019 pandemic, where there was a focus on limiting the number of face-to-face interactions with patients to limit the spread of the virus, and more recently to address long waiting times in the National Health Service as we emerged from the pandemic.

A study in this month's issue sought to review the literature on telemedicine in the management of primary subjective tinnitus compared to conventional in-person options, and analysed its impact on the burden of tinnitus, long-term anxiety, depression, insomnia and quality of life.⁴ Eleven randomised, controlled trials were included, of which nine studies investigated internet-based cognitive behavioural therapy. No randomised, controlled trials that looked at smartphones met the inclusion criteria, although some were excluded because they were unpublished.

The test for the overall effect favoured telemedicine approaches in reducing tinnitus burden when compared with controls. However, the data were heterogeneous, and further research will be needed to conclusively say that telemedicine is superior compared to face-to-face interventions in the long term. High dropout and non-compliance rates continue to be the major challenges of telemedicine-based randomised, controlled trials. The authors propose that future randomised, controlled trials should investigate smartphone-based treatments because they can offer patient-tailored methods that may be more readily accessible throughout the day.

Following their prize-winning 2021 paper, the same group have gone on to publish, in this month's issue, a systematic review of incidental findings on magnetic resonance imaging (MRI) of the internal auditory meatus (IAM).^{5,6} In their review, involving 10 666 patients, the overall detection rate of vestibular schwannoma was 0.87 per cent; 21 per cent of the study population had incidental findings on MRI of the IAM, and 9.56 per cent had clinically significant incidental findings. A similarly high rate of 'incidentalomas' was found in the MRI investigation of patients with unilateral non-pulsatile tinnitus (incidental finding rate of 24 per cent).⁷

Finally, a study in this month's issue sought to identify predictive factors for the recurrence of nasal polyps requiring further treatment following functional endoscopic sinus surgery.⁸ Patients aged less than 55 years of age, with a history of previous functional endoscopic sinus surgery, peripheral blood eosinophil counts of 300 cells/ μ l or higher, a Lund–Mackay score of more than 17 and concomitant aspirin-exacerbated respiratory disease had significantly increased odds for medical polypectomy, revision surgery and/or combined polypectomy. Knowing these predictive factors, it is felt that clinicians will be able to better identify those patients who have an increased likelihood of severe nasal polyp recurrence, and therefore closer follow up can be arranged to optimise therapy.

References

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