The Journal of Laryngology & Otology

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Post-tonsillectomy gargles, imaging in Ménière's disease, lateral cystic neck masses and digital medical records

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Editorial

Cite this article: Fisher EW, Fishman J. Post-tonsillectomy gargles, imaging in Ménière's disease, lateral cystic neck masses and digital medical records. *J Laryngol Otol* 2023;**137**: 237–238. https://doi.org/10.1017/S0022215123000269

Adult tonsillectomy is commonly performed, and the post-operative morbidity is sufficiently troublesome and variable that ENT surgeons have tried many treatments, including antibiotics, to try to minimise problems, and they have acknowledged a variety of factors that can influence wound healing.[1,2] This issue has a paper from Melbourne, Australia,[3] describing a pilot study investigating the effect of probiotic gargles on post-tonsillectomy patient progress (pain, analgesic use and adverse events), as it would seem reasonable to link problems arising in the tonsillar fossa to the microbiology of the oropharynx (the 'microbiome'). Disappointingly, there seems to be no difference between a probiotic and a simple saline gargle, which supports the frequently stated 'truism' that it is the mechanical effect of the gargle which is likely to produce any resulting benefit.

Ménière's disease has interested both specialist neuro-otologists and general ENT surgeons ever since it was first described. Few disorders have generated so many hypotheses, tests and treatments. Endolymphatic hydrops as a mechanism involved in the pathophysiology of this disease has been a topic of discussion, controversy and debate for many decades, with adherents and sceptics expending a great deal of 'emotional investment' and energy on the matter.[4] Recent advances in magnetic resonance imaging (MRI) (delayed acquisition MRI after gadolinium injection) have supported the reality of Ménière's disease as a phenomenon by producing startling and compelling imaging scans. The imaging has usually been performed with a high-powered (3 Tesla (3T)) scanner and is time-consuming, and is therefore comparatively expensive. Because of the large number of potential patients who are considered as possibly suffering from this condition, the question arises as to whether the technique is good enough at diagnosing the condition? A linked question is whether a large resource investment in more sophisticated imaging is justified as a routine measure in the otology clinic. This issue of *The Journal of Laryngology & Otology* has a paper from Glasgow (UK), which reviews evidence so far on the matter.[5] It concludes that although the potential wider applications are becoming clear, the time has not quite arrived for advocating more routine uses of the technique, with the limited and variable availability of 3T scanners being one limiting factor.

Lateral cystic neck masses in adults are often diagnosed as branchial cysts, but the differential diagnosis is rather wider than that.[6,7] *The Journal* 'paper of the month' for March 2023 is a large study of lateral neck masses from Liverpool (UK), which includes 157 cases over 10 years in a large tertiary head and neck centre.[8] Twenty-five of these cases turned out to be malignant on histology (23 squamous carcinoma and 2 differentiated thyroid cancer). The ipsilateral tonsil was the commonest site of an occult primary tumour in patients with neck metastasis. The most helpful tests in confirming suspicions of malignancy were MRI and ultrasound-guided fine needle aspiration cytology. Because traditional risk factors for head and neck malignancy have been less useful since the advent of human papillomavirus related tumours, the authors propose an algorithm for risk stratification in these cases to minimise the chance of late or misdiagnosis. They recommended panendoscopy and biopsy of suspicious lesions at the time of open excision biopsy in high-risk individuals.

There can be few ENT departments that have not yet had to deal with the matter of electronic patient records in clinics, replacing paper and pen records; the latter of which, despite some real and potential imperfections (not least of which is connectivity), have served the medical profession well for centuries. Many doctors and professional bodies have expressed concerns formally and informally on the matter, as software is rarely perfect, and clinical data may be lost, stolen or corrupted, which has the potential for adverse effects on patient care.[9,10] This month has a paper from Galway, Ireland,[11] which examines local ENT electronic patient records. The authors found that important data are often missing, and they expressed concern, concluding: 'delayed scanning, misfiling of scanned records and missing records may lead to significant delays in treatment and potential patient safety issues'.

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https://doi.org/10.1017/S0022215123000269 Published online by Cambridge University Press