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Women in otorhinolaryngology

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Editorial

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Warm days in August and the journalistic silly season makes reading a welcome distraction. Appropriately, this month's issue of *The Journal of Laryngology & Otology* contains a bundle of interesting information and ideas.

Women in otorhinolaryngology is a topical subject. Konstantinidou and Adams' historical perceptive draws our attention to the Greek physician Antiochis, from Tlos (current day Turkey), who practised in the first century AD.[1] She was accomplished in many areas pertaining to rhinology, particularly epistaxis, and was honoured with the office of city physician. That sex disparity in medicine should become the norm for two thousand years shows the scale of the task that women surgeons face. Indeed, women surgeons were considered to have less scholarly productivity.[2] Interestingly, in the current top 10 worldwide otorhinolaryngology physicians in academic productivity, the one British entry is a woman. British otorhinolaryngology has come a long way.

Flexible laryngoscopy is a procedure in regular use by otorhinolaryngologists. Hence, Biggs and colleagues' idea of using visual distraction to improve tolerability is a useful one.[3] The authors studied flexible laryngoscopy with and without local anaesthetic and visual distraction, and found that discomfort scores were significantly reduced in the visual distraction groups, irrespective of the use of topical anaesthetic spray.

Benign tumours of the posterior parapharyngeal space have traditionally been removed via the neck.[4] As approaches requiring mandibulotomy became less popular, transparotid and cervical approaches were largely adopted. In this study, Liu *et al.* investigated the feasibility of a transoral approach in the surgical management of benign posterior parapharyngeal space tumours located in the medial portion of the carotid sheaths and extending toward the skull base.[5] Their transoral approach safely allowed for en bloc resection of most benign tumours in the posterior parapharyngeal space with extracapsular dissection.

We live in an age when the elderly population is on the increase, as is the incidence of cancer. Subramaniam *et al.* have raised the issue of peri-operative outcomes following major surgery in elderly patients with head and neck cancer.[6] These patients have been shown to receive suboptimum therapy, so the authors compared their outcomes with those in the younger patients with head and neck cancer. Clearly, the elderly have more illnesses and require a longer stay in hospital than their younger counterparts. However, elderly patients with a good performance status merit curative intent surgery, as their morbidity and mortality are comparable with younger patients.

McHale *et al.* investigated whether children who underwent myringotomy and grommet insertion benefitted from pre-operative analgesia.[7] This was a double-blind, randomised, placebo-controlled trail. The authors report no statistical difference between the two arms of the study, a finding that highlights the importance of negative results.

References

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