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Editorial

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Necrotising otitis externa is an aggressive infection of the external ear, the incidence of which is increasing.^{1–4} The optimal strategy for the diagnosis and management of necrotising otitis externa remains uncertain, and there is considerable variability in how the condition is managed.^{5,6} Several articles in this month's issue of *The Journal of Laryngology & Otology* address this condition.^{7–9}

In a scoping review of necrotising otitis externa by Stapleton and Watson, the literature from 2011 to 2020 is reviewed and recommendations made for future research.⁷ A total of 217 studies were identified, with 60 being filtered into the final scoping review. Forty-three out of 60 studies (72 per cent) were retrospective case series, with no current level 1, 2 or 3 evidence for the diagnosis and management of necrotising otitis externa. The authors conclude that without an agreed framework of definitions and a standardised reporting dataset, published work remains heterogeneous, with a paucity of scientific analysis. This conclusion is supported by a further article by Hodgson *et al.* in this month's issue, who also conclude that a standardised case definition of necrotising otitis externa is needed to optimise diagnosis, management and research.⁸ The UK Necrotising Otitis Externa Collaborative aims to establish consensus definitions to facilitate the diagnosis, management and outcomes of necrotising otitis externa in order to support clinical practice. In addition, a UK, multicentre, prospective observational study focused on improving necrotising otitis externa outcomes is currently underway (the Improving Outcomes of Necrotising Otitis Externa ('IONOE') study).

Telephone consultations and triage have rapidly increased in the out-patient setting because of the coronavirus pandemic.^{10–13} Two further studies in this month's issue report the positive effects of telephone clinics as a method of service delivery.^{14,15}

Chronic eczematous external otitis can be challenging to manage. Nemeth *et al.*, in a randomised, controlled trial in this month's issue, compare the effects of pimecrolimus against a moderate-potency topical steroid.¹⁶ The authors conclude that pimecrolimus is an effective treatment for eczematous external otitis and has a more favourable safety profile than topical steroids. A larger, high-powered study is required to explore further the full potential of pimecrolimus in eczematous external otitis cases.

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