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Letters to the Editor

Re: Supplement No. 26 (Vol 114, April 2000)

Dear Sirs,

By chance whilst researching material for another project, I found a reference which I had unknowingly omitted from my supplement on Fenestration, which you kindly published last year. May I be allowed to correct this oversight, which fortunately others seem not to have noticed, or been too polite to say so?!

In 1900, Charles Balance reported a case of a 54-year-old female who had been operated on two years before for a 'large masto-squamous abscess'. At the second stage of a revision operation, 11 days later, an 'epithelial graft of the labyrinth after partial destruction of the semi circular canals and the back of the vestibule opened,' was performed. Five days later, 'the plug' was removed and the 'patient at once said she could hear well'. This was maintained when seen one month later.

Dr Milligan had seen the case and later attempted the procedure.

Sir Charles Balance in a further report, nearly 20 years later, stated '.... it seems possible that aerial conduction might be restored by making an artificial opening in the capsule of the cochlea'. He had 'done this in a few selected cases, but only in one with any success'. (He did his first operation of this kind in 1897). His operation was to remove the stapes and 'the little wedge-shaped portion of bone between the fenestra is cut away with a gauge of corresponding width..... The opening is immediately covered with an epithelial graft just large enough to overlap its margins'.

Thank you for allowing me to correct this important omission.

J. B. Booth

References

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Most patients overdose on topical nasal corticosteroid drops: an accurate delivery device is required

Dear Sirs,

With reference to the paper by Patel and McGarry[1] concerning over-dosage on Betnesol nose drops published in the August journal, there is an error in line 4 of the results section where 2 mg should read 0.2 mg. This is a low dose, even translated into the equivalent dose of Prednisolone so it may well be the patients were increasing the dosage to an effective level.

As dosage in droplets is inaccurate and as steroids have long-acting effects, is it not more reasonable to calculate the required dosage weekly, to ask the patients to start on a daily schedule which should meet that requirement and to ask them to adjust their daily dosage so that a 5 ml bottle of Betnesol lasts the required length of time? For example, to match the dosage prescribed by Patel and McGarry the patient should be told that a 5 ml bottle should last 25 days.

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Reference

1 Patel RS, McGarry GW. Most patients overdose on topical nasal corticosteroid drops: an accurate delivery device is required. *J Laryngol Otol* 2001;**115**:633–6

Authors' reply

Thanks to Dr Jones for drawing our attention to the typographical error in line 4 of the results section, obviously 2 mg should read 0.2 mg.

The main point made by Dr Jones is that patients should be advised of the length of time that a bottle of Betnesol should last when correctly administered. The rationale assumes that patients would adjust the daily dosage accordingly, which relies on patients being able to judge the volume of medication remaining in the bottle. This is highly unlikely due to the small volumes involved and the fact that Betnesol is dispensed in opaque plastic bottles. We believe that the present delivery system makes it impossible to accurately judge doses administered. Although not mentioned in the article, we routinely advise patients that correct daily administration of a 5 ml bottle of Betnesol will provide treatment for approximately four weeks. Despite this advice patients continue to administer incorrect doses.

Our article has shown that patients self-administer erratic and widely varying doses of Betnesol drops. This problem arises because patients are unable to monitor the volume of medicine administered. Although not formally studied on this occasion, a further contributory factor may be patients deliberately altering the dose administered according to the level of symptomatic response obtained.

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