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Abstract Selection

Implementation of guidelines for seasonal allergic rhinitis: a randomized controlled trial. Bousquet, J., Lund, V. J., van-Cauwenberg, P., Bremard-Oury, C., Mounedji, N., Stevens, M. T., El-Akkad, T. Service des Maladies Respiratoires, Hopital Arnaud de Villeneuve, Montpellier, France. *Allergy* (2003) August, Vol. 58 (8), pp. 733–41, ISSN: 0105-4538. Comment in: *Allergy* (2003) August; 58 (8): 724–6

BACKGROUND: Allergic rhinitis is a common disease altering quality of life. Its treatment is well established and guidelines have been proposed. However, their efficacy has never been tested. The aim of the study was to validate the guidelines of the International Consensus on Rhinitis in the treatment of seasonal allergic rhinitis. METHODS: A multicentre, multinational, open label, parallel, randomized study compared two therapeutic strategies in seasonal allergic rhinitis during a three-week treatment. General practitioners were randomized into two groups. In the first group of 224 patients, doctors followed guidelines from the International Consensus on Rhinitis. Depending on the severity of nasal and ocular symptoms defined using visual analogue scales, patients received ebastine (an oral antihistamine), triamcinolone acetonide (a topical corticosteroid) and/or ophthalmic nedocromil sodium (a topical ocular cromone). In the second group of 241 patients, general practitioners had a free choice of treatment. The primary efficacy end points were quality of life measured using the standardized rhinoconjunctivitis quality of life questionnaire (RQLQ) and the symptom-medication scores assessed daily with an electronic diary system. RESULTS: Adjusted mean total symptom scores over 21 days were 4.93 in the guidelines strategy group compared with 7.48 in the free-choice treatment ($p = 0.0001$). Mean total scores in the RQLQ decreased by 2.19 in the guidelines group compared with a decrease of 1.79 in the free-choice treatment group ($p = 0.0001$). At 21 days, the least square mean difference in improvement in overall scores for RQLQ in the guidelines group compared with the free-choice treatment group was 0.53, which was greater than the minimal important difference. CONCLUSIONS: Patients with seasonal allergic rhinitis often present severe symptoms which are not well recognized or controlled by physicians using their own criteria of severity and treatment. Using a simple method for the evaluation of the severity and a simple therapeutic scheme based on International Guidelines, patients with seasonal allergic rhinitis presented a significant improvement by comparison with those receiving a non-standardized treatment.

Myringoplasty: is it worth performing in children? Umpathy, N., Dekker, P. J. Department of Otolaryngology, City Hospital, Birmingham, England. umapathy3664@hotmail.com. *Archives of Otolaryngology – Head & Neck Surgery* (2003) October, Vol. 129 (10), pp. 1053–5, ISSN: 0886-4470.

OBJECTIVE: To evaluate the results of myringoplasty in children four to 14 years old at the time of surgery. DESIGN: Retrospective analysis of case notes for 100 consecutive children who had myringoplasty in a teaching hospital serving as a primary care and referral centre. METHODS: Between March 1994 and March 1999, patients 14 years or younger at the time of surgery were identified by the computer database. There were 118 procedures performed in 100 patients (18 had a second procedure performed in the contralateral ear at a later date). Twenty-three patients were excluded because they underwent concurrent mastoid exploration, and six others because of inadequate follow-up, leaving 89 cases for analysis. Data from revision procedures were not included. MAIN OUTCOME MEASURES: Graft success was defined as an intact eardrum at 12 months postoperatively and middle ear effusion signalled graft failure. Success in terms of hearing was defined as an improvement in perception of pure-tone thresholds of 10 dB or greater over two consecutive frequencies compared with the results of the preoperative audiogram. RESULTS: Closure of perforation was achieved in 90 per cent (80) of patients, but dropped to 88 per cent (78) as two patients developed glue ear. Hearing improved in 64 patients (72 per cent), deteriorated in seven (8 per cent), and remained unchanged in 18 (20 per cent). There was no case of profound hearing loss. CONCLUSIONS: The success rate of myringoplasty in children is comparable to that reported for adults. The incidence of middle ear effusion in grafted ears is not higher than that reported for nongrafted ears, and children who have had myringoplasty can be treated as safely with ventilation tubes as any other children.

A scheduled protocol for the treatment of juvenile recurrent respiratory papillomatosis with intralesional cidofovir. Chhetri, D. K., Shapiro, N. L. Division of Head and Neck Surgery, UCLA School of Medicine, Los Angeles, CA 90095, USA. *Archives of Otolaryngology – Head & Neck Surgery* (2003) October, Vol. 129 (10), pp. 1081–5, ISSN: 0886-4470.

OBJECTIVE: To assess the efficacy of treating juvenile recurrent respiratory papillomas with intralesional cidofovir using a scheduled treatment protocol. DESIGN: Prospective case series. SETTING: Tertiary care academic medical centre. PATIENTS: Of five paediatric patients with recurrent respiratory papillomas, two had severe recurrent papillomatosis requiring long-term therapy of laser ablations every two weeks prior to cidofovir treatments. The three other patients were newly diagnosed or had milder disease. INTERVENTION: Intralesional cidofovir (1 mg/kg) was administered during each scheduled visit. The first four treatments were at two-week intervals (week 0, 2, 4, and 6). Subsequent treatment intervals were each increased by one week (treatments took place at week 9, 13, 18, 24, etc). Concomitant laser ablation was used only for bulky lesions. MAIN OUTCOME MEASURES: Papilloma stage and need for laser ablation at each scheduled visit. RESULTS: The mean follow-up time was 66 weeks. The mean (SD) papilloma stage decreased from 9.2 (5.5) at initial presentation to 3.4 (2.6) within two weeks of the first injection ($p<.05$), and continued to decrease for the remaining of the follow-up period. Papilloma stage 0 was achieved in four of the five patients. The need for laser ablation of papillomas also decreased within four weeks of treatment initiation ($p<.05$). At nine weeks, no patients required laser therapy. One patient was removed from the protocol after 58 weeks. CONCLUSION: An intralesional treatment protocol with cidofovir and increasing intervals between scheduled treatment was successful for the long-term management of juvenile respiratory papillomatosis.

Evaluation of topical povidone-iodine in chronic suppurative otitis media. Jaya, C., Job, A., Mathai, E., Antonisamy, B. Department of Otorhinolaryngology and Head and Neck Surgery, Christian Medical College, Vellore, India. *Archives of Otolaryngology – Head & Neck Surgery* (2003), October, Vol. 129 (10), pp. 1098–100, ISSN: 0886-4470.

OBJECTIVES: To evaluate if povidone-iodine (PVP-I) can be used topically in the treatment of chronic suppurative otitis media-tubotympanic disease and to compare it with ciprofloxacin hydrochloride ear drops. DESIGN: Prospective double-blind randomized study. SETTING: Academic tertiary medical centre. PATIENTS: Forty patients with chronic suppurative otitis media were randomized into two groups. INTERVENTION: One group (19 patients) received five per cent PVP-I ear drops, while the other group (21 patients) received 0.3 per cent ciprofloxacin ear drops. Both were administered topically, three drops three times daily for 10 days. These patients were followed up at weekly intervals for up to four weeks after commencing therapy. RESULTS: Clinical improvement at the end of study was 88 per cent in the PVP-I group and 90 per cent in the ciprofloxacin group.

The most commonly isolated organism was *Pseudomonas aeruginosa.* In vitro resistance to ciprofloxacin was seen in 17 per cent of organisms, while no resistance was seen for PVP-I. CONCLUSIONS: To our knowledge, this is the first study to evaluate the efficacy of PVP-I as a topical agent in the treatment of chronic suppurative otitis media. The results show that clinically, topical PVP-I is as effective as topical ciprofloxacin, with a superior advantage of having no in vitro drug resistance. Also, there is an added benefit of reduced cost of therapy.

Penicillin for acute sore throat in children: randomised, double blind trial. Zwart, S., Rovers, M. M., de-Melker, R. A., Hoes, A. W. Julius Centre for Health Sciences and Primary Care, University Medical Centre Utrecht, Stratenum 6.131, PO Box 85060, 3508 AB Utrecht, Netherlands. S. Zwart@med.uu.nl. *BMJ* (2003) December 6; 327 (7427), pp. 1324, ISSN: 1468–5833. *BMJ* (2003) December 6, 327 (7427): 1327–8.
OBJECTIVE: To assess the effectiveness of penicillin for three days and treatment for seven days compared with placebo in resolving symptoms in children with sore throat. DESIGN: Randomised, double blind, placebo controlled trial. SETTING: 43 family practices in the Netherlands. PARTICIPANTS: 156 children aged four to 15 who had a sore throat for less than seven days and at least two of the four Centor criteria (history of fever, absence of cough, swollen tender anterior cervical lymph nodes, and tonsillar exudate). Interventions Patients were randomly assigned to penicillin for seven days, penicillin for three days followed by placebo for four days, or placebo for seven days. MAIN OUTCOME MEASURES: Duration of symptoms, mean consumption of analgesics, number of days of absence from school, occurrence of streptococcal sequelae, eradication of the initial pathogen, and recurrences of sore throat after six months. RESULTS: Penicillin treatment was not more beneficial than placebo in resolving symptoms of sore throat, neither in the total group nor in the 96 children with group A streptococci. In the groups randomised to seven days of penicillin, three days of penicillin, or placebo, one, two, and eight children, respectively, experienced a streptococcal sequela. CONCLUSION: Penicillin treatment had no beneficial effect in children with sore throat on the average duration of symptoms. Penicillin may, however, reduce streptococcal sequelae.

Clinical efficacy of three common treatments in acute otitis externa in primary care: randomised controlled trial. van-Balen, F. A. M., Smit, W. M., Zuithoff, N. P. A., Verheij, T. J. M. Julius Centre for Health Sciences and Primary Care, PO Box 80560, 3508 AB Utrecht, Netherlands, f.a.m.vanbalen@med.uu.nl. *BMJ* (2003) November 22, Vol. 327 (7425), pp. 1201–5, ISSN: 1468-5833.
OBJECTIVE: To compare the clinical efficacy of ear drops containing acetic acid, corticosteroid and acetic acid, and steroid and antibiotic in acute otitis externa in primary care. DESIGN: Randomised controlled trial. SETTING: 79 general practices. Netherlands. PARTICIPANTS: 213 adults with acute otitis externa. MAIN OUTCOME MEASURES: Primary outcome: duration of symptoms (days) according to patient diaries. Secondary outcome: cure rate according to general practitioner completed questionnaires and recurrence of symptoms between days 21 and 42. RESULTS: Symptoms lasted for a median of 8.0 days (95 per cent confidence interval 7.0 to 9.0) in the acetic acid group, 7.0 days (5.8 to 8.3) in the steroid and acetic acid group, and 6.0 days (5.1 to 6.9) in the steroid and antibiotic group. The overall cure rates at seven, 14, and 21 days were 38 per cent, 68 per cent, and 75 per cent, respectively. Compared with the acetic acid group, significantly more patients were cured in the steroid and acetic acid group and steroid and antibiotic group at day 14 (odds ratio 2.4, 1.1 to 5.3, and 3.5, 1.6 to 7.7, respectively) and day 21 (5.3, 2.0 to 13.7, and 3.9, 1.7 to 9.1, respectively). Recurrence of symptoms between days 21 and 42 occurred in 29 per cent (50/172) of patients and was seen significantly less in the steroid and acetic acid group (0.3, 0.1 to 0.7) and steroid and antibiotic group (0.4, 0.2 to 1.0) than in the acetic acid group. CONCLUSIONS: Ear drops containing corticosteroids are more effective than acetic acid ear drops in the treatment of acute otitis externa in primary care. Steroid and acetic acid or steroid and antibiotic ear drops are equally effective.

Should patients with asymmetrical noise-induced hearing loss be screened for vestibular schwannomas? Baker, R., Stevens, K. A., Bhat, N., Leong, P. Department of ENT Surgery, Edith Cavell Hospital, Peterborough, UK. rhjb2@doctors.org.uk. *Clinical Otolaryngology and Allied Sciences* (2003) August, Vol. 28 (4), pp. 346–51, ISSN: 0307-7772.
The Peterborough ENT department receives many referrals for MoD personnel who have suffered hearing loss from occupational noise exposure. Those patients with asymmetrical sensorineural hearing loss are routinely screened for vestibular schwannomas by MRI scanning. Scan reports from the past five years have been reviewed and out of 152 scans, four revealed vestibular schwannomas giving a pick-up rate of 2.5 per cent, which compares favourably with other published pick-up rates. Review of the audiograms in these cases suggests that they can be misleading in this context. The conclusion is that patients with noise-induced asymmetrical hearing loss should be screened for acoustic neuromas.

The dysphonic voice heard by me, you and it: differential associations with personality and psychological distress. Deary, I. J., Wilson, J. A., Carding, P. N. Mackenzie, K. Department of Psychology, University of Edinburgh, Edinburgh, UK. I.Deary@ed.ac.uk. *Clinical Otolaryngology and Allied Sciences* (2003) August, Vol. 28 (4), pp. 374–8, ISSN: 0307-7772.
Voice production is subject to and indicative of psychological status. The precise relationships of voice disorders and psychological variables remain unclear. We compared the correlations of self-reported and more objective measures of voice quality in dysphonic patients with personality, coping, affect and somatization. Two hundred and four subjects participating in a randomized, controlled trial of speech therapy underwent self-report, observer rating and computer acoustic analysis of voice quality. These three indices of voice quality were compared with regard to their correlations with individual differences in neuroticism, alexithymia, negative emotion coping, anxiety, depression, neurotic symptoms, medically unexplained symptoms and quality of life. Significant correlations were observed between self-reported voice problems and all of the personality/coping and clinical psychological distress measures. People who reported more voice problems had: higher neuroticism and alexithymia; a tendency to use emotion-oriented coping; more psychological distress; poorer quality of life; and more past medically unexplained symptoms. Expert voice rating correlated weakly with neurotic disturbance, quality of life and previous medically unexplained symptoms. Objective voice assessment (amplitude pertubation) showed no significant associations with any psychological measure. The strongest associations of psychological variables and voice measures are with self-report measures. This suggests that it is in part the patients' perception of their own voice quality which accounts for the association of voice production and psychological factors in subjects presenting to voice clinics.

Phylogeny and embryology of the facial nerve and related structures. Part II: Embryology. Sataloff, R. T., Selber, J. C. Department of Otolaryngolgy – Head and Neck Surgery, Graduate Hospital, Thomas Jefferson University, Philadelphia, PA, USA. rtsataloff@phillyent.com. *Ear, Nose & Throat Journal* (2003) October, Vol. 82 (10), pp. 764–6, 769–72, 774 passim. ISSN: 0145-5613.
A precise description of the developmental anatomy of the facial nerve and associated ear structures, augmented by an appreciation of phylogenic history, has proven extremely helpful intraoperatively. Predictions of facial nerve position can be made with reasonable accuracy when they are based on a proper analysis of developmental anomalies of other ear structures. In cases in which the facial nerve canal has not developed, it may be impossible to obtain accurate localization of the facial nerve radiographically prior to surgery. In such cases, judgment based on an understanding of embryology may be the surgeon's only guide to the position of the facial nerve. Although these principles have proven valid and reliable so far, it is not prudent for the surgeon to consider them gospel, of course. Extreme caution must always be exercised when operating on an ear with congenitally abnormal anatomy. Nevertheless, it is not necessary for the surgeon to approach a congenitally malformed ear with the fear that 'You

never know where the facial nerve is going to be.' Understanding embryology allows otologic surgery to be planned with reasonable accuracy and carried out safely and expeditiously.

Effect of round window membrane application of nitric oxide on hearing and nitric oxide concentration in perilymph. Hanson, J. B., Russell, P. T., Chung, A. T. A., Kaura, C. S., Kaura, S. H., John, E. O., Jung, T. T. K. Department of Surgery, Division of Otolaryngology – Head and Neck Surgery, Loma Linda University School of Medicine Jerry L. Pettis Memorial Veterans Medical Centre, Loma Linda, CA 92354, USA. *International Journal of Pediatric Otorhinolaryngology* (2003) June, Vol. 67 (6), pp. 585–90, ISSN: 0165-5876.
Nitric oxide (NO), a free radical, has been found to be important in the development of middle ear effusions. However, the effect of NO in the middle ear effusion on cochlear function and on perilymph concentrations of NO has not been reported. We placed S-nitroso-N-acetylpenicillamine (SNAP), a NO donor compound, on the round window membrane (RWM) of adult chinchillas. Auditory brainstem response (ABR) thresholds were measured before and after the placement of SNAP on the RWM and hourly for 8 h after SNAP placement. Samples of perilymph were collected 2 h after application of SNAP and were assayed for total nitrate and nitrite, the end products of NO. Experimental ears demonstrated significant ABR thresholds elevations after 5 h and elevated nitrate/nitrite in the perilymph. These findings suggest that NO present in the middle ear passes through the RWM into the inner ear and can cause significant hearing loss.

Diagnosis and management of type 1 laryngeal cleft. Watters, K, Russell J. Department of Paediatric Otorhinolaryngology, Our Lady's Hospital for Sick Children, Crumlin, Dublin, Ireland. karwatters@hotmail.com. *International Journal of Pediatric Otorhinolaryngology* (2003) June, Vol. 67 (6), pp. 591–6, ISSN: 0165-5876.
Posterior laryngeal clefts have been reported as exceptionally rare congenital anomalies. We demonstrate that type 1 posterior laryngeal clefts are more common than previously described, by reporting a series of 12 type one posterior laryngeal clefts diagnosed at our institution over a 12-month period. Typically, type one posterior laryngeal clefts are managed conservatively. In our series, 75 per cent of the clefts were treated successfully with endoscopic repair, following failure of conservative management. This suggests surgical repair may be warranted in a greater number of type one posterior laryngeal clefts in an attempt to prevent associated morbidity, secondary to aspiration, pneumonia and respiratory distress. We highlight the importance of educating other paediatric specialities in maintaining a high index of suspicion for the presence of a posterior laryngeal cleft when treating patients with suggestive symptoms. This leads to early referral and diagnosis.

The endoscopic treatment of postintubation laryngeal stenosis in children, using argon plasma coagulation. Zawadzka, G. L., Chmielik, M., Gabryszewska, A. Department of Paediatric Otorhinolaryngology, The Medical University of Warsaw, Poland. *International Journal of Pediatric Otorhinolaryngology* (2003) June, Vol. 67 (6), pp. 609–12, Refs: 17, ISSN: 0165-5876.
Laryngeal stenosis of the larynx in children is becoming a more frequent problem. Endoscopic dilation of the lumen of the larynx is one of the many methods of treatment. The authors present their own method for the treatment of postintubation laryngeal stenosis by argon plasma coagulation (APC). The investigation was based on 10 children with postintubation laryngeal stenosis from I to IV degrees according to the Myer-Cotton grading system. The method of treatment, and the advantages and disadvantages of the new method of endoscopic treatment of postintubation laryngeal stenosis, are discussed in the article.

Optimizing the diagnosis of gastroesophageal reflux in children with otolaryngologic symptoms. Rabinowitz, S. S., Piecuch, S., Jibaly, R., Goldsmith, A., Schwarz, S. M. Department of Pediatrics, Long Island College Hospital, Brooklyn, NY 11201, USA. srabinmd@optonline.net *International Journal of Pediatric Otorhinolaryngology* (2003) June, Vol. 67 (6), p. 621–6, ISSN: 0165-5876.
OBJECTIVES: Although many children with otolaryngologic (ENT) symptoms are being treated for gastroesophageal reflux (GER), how to diagnose GER in children with primarily or exclusively ENT symptoms has yet to be determined. This study compares the incidences of pathologic GER in the upper versus the lower esophagus in a cohort of children with ENT symptoms that were screened for GER. METHODS: The results of extended dual channel intraesophageal pH probe monitoring obtained from 14 infants and 14 children with ENT symptoms were retrospectively analyzed. The percent of total monitoring time that the pH was less than four, reflux index (RI) was determined. The upper limits of normal distal and proximal esophageal RI were based on published data. To evaluate our results, upper esophageal reflux (UER) was also determined in 27 infants and children without ENT or pulmonary symptoms, who had normal lower esophageal reflux (LER) values. RESULTS: Mean upper esophageal RIs in the infants and children with normal LER were similar to previously published values for control infants and adults. Four (29 per cent) of the ENT infants, 11 (79 per cent) of the older ENT children and 54 per cent of the entire cohort had increased esophageal acid exposure. However, nine (60 per cent) of the 15 pediatric ENT patients with GER had pH abnormalities limited to the upper esophagus. CONCLUSIONS: Standard distal pH probe monitoring alone gives a false negative result in a substantial proportion of the infants and children with ENT symptoms being evaluated for GER. Beyond its value in clinical practice, UER testing should be employed in research studies that evaluate the impact of GER therapy on ENT symptoms.

Various causes and clinical characteristics in vertigo in children with normal eardrums. Choung, Y. H., Park, K., Moon, S. K., Kim, C. H., Ryu, S. J. Department of Otolaryngology, Ajou University School of Medicine, 5 Woncheon-Dong, Paldal-Gu, Suwon 442-721, South Korea. yhc@ajou.ac.kr. *International Journal of Pediatric Otorhinolaryngology* (2003) August, Vol. 67 (8), pp. 889–94, ISSN: 0165-5876.
OBJECTIVE: The differential diagnosis of vertigo in children is extensive. Otitis media and middle ear effusion could be the most common causes of vertigo in children, but there are some problems in detecting the other causes for vertigo because they are one of most frequent diseases of childhood. The purpose of this study is to review the clinical characteristics and both the audiological and vestibular findings of vertigo in children with normal eardrums, who do not show otitis media or middle ear effusion, and to assist in making a differential diagnosis of vertigo. METHODS: The fifty-five children (<16 years old) with vertigo, who visited the Department of Otolaryngology, Ajou University Hospital, Suwon, South Korea between January 1995 and December 2001 were selected for this study. These excluded the patients with abnormal eardrums/tympanograms or those that did not perform questionnaires, audiological, or vestibular evaluations. They were retrospectively analyzed for clinical symptoms, vestibular functions, and differential diagnosis. RESULTS: The most common causes for vertigo in children were migraine in 17 (30.9 per cent) and benign paroxysmal vertigo of childhood (BPVC) in 14 (25.5 per cent). Other less frequent causes included four cases of trauma, two cases each of Meniere's disease, delayed endolymphatic hydrops, benign positional vertigo, and one case only for cerebellopontine angle tumor, seizure, acute vestibular neuritis, juvenile rheumatoid arthritis, leaving 10 cases (18.2 per cent) as unclassified. Abnormal findings were noted in 13 (23.6 per cent) in pure tone audiogram, three (5.5 per cent) in positioning test, six (10.9 per cent) in bithermal caloric test, and 36 (65.5 per cent) in rotation chair test. CONCLUSIONS: The vertigo in children with normal eardrums, who did not show otitis media or middle ear effusion, was most commonly caused by migraine and BPVC. These findings have shown to be very different from those with adult vertigo. The evaluation of vertigo in children requires a questionnaire for extensive and complete history taking, audiograms and vestibular function tests. And in selected cases, electroencephalography, hematological evaluation, imaging of the brain or temporal bone should be performed.

Videonasopharyngoscopy in patients with 22q11.2 deletion syndrome (Shprintzen syndrome). Ysunza, A., Pamplona, M. C., Ramirez, E., Canun, S., Sierra, M. C., Silva, R. A. Cleft Palate Clinic, Hospital Gea Gonzalez, 4800 Calzada Tlalpan, Mexico City, D.F. 14000, Mexico. amysunza@terra.com.mx. *International Journal of Pediatric Otorhinolaryngology* (2003) August, Vol. 67 (8), pp. 911–5, ISSN: 0165-5876.
INTRODUCTION: Velo-cardio-facial syndrome (VCFS) (also

known as Di George sequence, conotruncal anomaly face syndrome, 22q11.2 deletion syndrome among other labels) is now recognized as the most common syndrome associated with cleft palate and velopharyngeal insufficiency. VCFS has been associated with medially positioned internal carotid arteries. This anomaly has been associated with obvious posterior pharyngeal pulsations seen on videonasopharyngoscopy. The purpose of this paper is to study the role of videonasopharyngoscopy for the evaluation of patients with VCFS and submucous cleft palate. MATERIALS AND METHODS: Twenty patients with submucous cleft palate, velopharyngeal insufficiency, and 22q11.2 deletion as demonstrated by fluorescence in situ hybridization (FISH) were studied. Also, 20 patients with submucous cleft palate, and without abnormalities in the FISH procedure, were studied as controls. All patients from both groups underwent videonasopharyngoscopy. A double-blind procedure was utilized whereby all videonasopharyngoscopies were independently revised by the two examiners. RESULTS: Both examiners coincided that 17 patients with VCFS demonstrated obvious posterior pharyngeal pulsations seen on videonasopharyngoscopy. In contrast, both examiners agreed that none of the patients from the control group showed posterior pharyngeal pulsations. CONCLUSIONS: Videonasopharyngoscopy seems to be a safe and reliable procedure for evaluating patients with VCFS. The observations of posterior pharyngeal wall pulsations on videonasopharyngoscopy should alert clinicians to the diagnosis of VCFS. Also, the findings of videonasopharyngoscopy can be useful for preventing the risk of damage to the carotid arteries during velopharyngeal surgery. This indicates another important role of videonasopharyngoscopy in the preoperative assessment of children for palatopharyngoplasty.

Pathology of the temporomandibular joint of patients with rheumatoid arthritis–case reports of secondary amyloidosis and macrophage populations. Ueno, T., Kagawa, T., Kanou, M., Ishida, N., Fujii, T., Fukunaga, J., Mizukawa, N., Sugahara, T. Department of Oral and Maxilofacial Reconstructive Surgery, Okayama University, Graduate School of Medicine and Dentistry, Shikata, Okayama, Japan. ueno@md.okayama-u.ac.jp. *Journal of craniomaxillo-facial surgery* (2003) August, Vol. 31 (4), pp. 252–6, ISSN: 1010-5182.

INTRODUCTION: The pathogenetic features of rheumatoid arthritis of the temporomandibular joint (TMJ) are not well defined. In this paper the histological features of TMJs affected by rheumatoid arthritis, and the detection of secondary amyloidosis and macrophage populations in the TMJs of two patients with progressive rheumatoid arthritis are described. METHODS: In two patients (64-year-old man and 61-year-old woman) with rheumatoid arthritis total TMJ replacement were performed. The surgical specimens were studied histologically. RESULTS: It was found that the articular cartilage had been completely replaced by proliferating fibrous tissue. Congo red staining and polarizing microscopy revealed amyloid deposition in the connective tissue of the joint space. Immunohistochemical staining showed CD 68 positive macrophages around the amyloid deposition in the proliferating soft tissue. CONCLUSION: TMJ involvement in rheumatoid arthritis followed the same destructive pathway as in other joints. Amyloid deposition and macrophage populations were detected in two TMJs affected by rheumatoid arthritis.

Gamma knife sterotactic radiosurgery for unilateral acoustic neuromas. Rowe, J. G., Radatz, M. W. R., Walton, L., Hampshire, A., Seaman, S., Kemeny, A. A. Department of Stereotactic Radiosurgery, Royal Hallamshire Hospital, Sheffield, UK. jeremy.rowe@sth.nhs.uk. *Journal of Neurology, Neurosurgery, and Psychiatry* (2003) November, Vol. 74 (11), pp. 1536–42, ISSN: 0022-3050.

OBJECTIVE: To evaluate the clinical results achievable using current techniques of gamma knife stereotactic radiosurgery to treat sporadic unilateral acoustic neuromas. METHODS: A retrospective review of 234 consecutive patients treated for unilateral acoustic neuromas between 1996 and 1999, with a mean (SD) follow up of 35 (16) months. Tumour control was assessed with serial radiological imaging and by the need for surgical intervention. Hearing preservation was assessed using Gardner-Robertson grades. Details of complications including cranial neuropathies and non-specific vestibulo-cochlear symptoms are included. RESULTS: A tumour control rate in excess of 92 per cent was achieved, with only three per cent of patients undergoing surgery after radiosurgery. Results were less good for larger tumours, but control rates of 75 per cent were achieved for 35–45 mm diameter lesions. Of patients with discernible hearing, Gardner-Robertson grades were unchanged in 75 per cent. Facial nerve function was adversely affected in 4.5 per cent, but fewer than one per cent of patients had persistent weakness. Trigeminal symptoms improved in three per cent, but developed in five per cent of patients, being persistent in less than 1.5 per cent. Transient non-specific vestibulo-cochlear symptoms were reported by 13 per cent of patients. CONCLUSIONS: Tumour control rates, while difficult to define, are comparable after radiosurgery with those experienced after surgery. The complications and morbidity after radiosurgery are far less frequent than those encountered after surgery. This, combined with its minimally invasive nature, may make radiosurgery increasingly the treatment of choice for small and medium sized acoustic neuromas.