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EDITORIAL

Editorial

This issue of *The Journal of Laryngology & Otology* Australian Supplement presents two practical reviews. Firstly, Jufas and Wood consider benzodiazepines as a potential treatment option in tinnitus.[1] This review has terrific clinical value, as tinnitus sufferers will often seek intervention to assist them in managing symptoms. Tinnitus represents a condition without a consistent and robust treatment pathway. Physicians will often trial multiple therapies, and patients act as willing recipients in seek of relief of their 'ringing'. However, the therapies for such chronic conditions often have variable evidence bases for their use. Despite the pathophysiological plausibility, the evidence upon which benzodiazepine treatment is based is limited, especially when the condition is common and the intervention is suitable to level 1 research. Although the variable results neither conclude ineffectiveness nor preclude use in clinical practice, they do assist in doctor and patient expectations from therapy. The second review is a fantastic example of a Cochrane style secondary research effort, with well-defined goals, a structured data search, and clear data synthesis and analysis. Snidvongs *et al*. are able to come to a clear conclusion about the benefit of using dexmedetomidine during endoscopic sinonasal surgery.[2] A consistent heart rate reduction of 10 beats per minute was seen across the included studies.

Rhinology is a focus in this issue. Radiological studies of the sphenopalatine artery anatomy give the surgeon a consistent guide to the location of the artery foramen from the posterior fontanelle, with a 1.5 cm distance before the artery is encountered.[3] This distance may be shorter in real life, however, as the membranous fontanelle is difficult to define, and most dissection occurs when the bony medial maxilla is already exposed. The original literature discussions on nasolacrimal duct injury from sinus surgery are challenged by Ali and colleagues' data, which suggest that 7 per cent of nasolacrimal ducts demonstrate bone dehiscence without surgery.[4] Hanson *et al*. present data to support the common view from skull base surgeons that the harvest of the nasoseptal flap has little or no long-term deleterious effect on sinonasal function.[5] They also support a conclusion from the literature that the nasoseptal flap enhances the perception of breathing on the harvested side.[6] In addition, a comprehensive review on inflammatory mechanisms in chronic rhinosinusitis is included that helps to push our specialty to better define the heterogeneous patient groups that present with chronic rhinosinusitis.[7]

Finally, the use of anatomical models for temporal bone training is further explored with three-dimensional printed models.[8] There will always be a push to use less real human tissue in training as this resource is limited and increasingly difficult to obtain. Pharyngeal pouch is revisited with a terrific audit of a busy head and neck surgeon's practice.[9] This is an example of how careful and critical self-analysis of one's own outcomes can provide a valuable contribution to the published literature and offer data-driven expertise for future generations of surgeons.

Once again, we are fortunate to have had such a broad contribution from Australian researchers to this issue. Australian otolaryngology research continues to thrive in 2015. With the annual scientific meeting recently held in Sydney, I encourage all researchers who had a successful submission to the conference to submit their work to *The Journal of Laryngology & Otology* Australian Supplement for publication.

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Editor
Australian Supplement of *The Journal of Laryngology & Otology*

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