



**Reader Digest**  
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**1. Skull Base Anatomy.**

[Patel CR1, Fernandez-Miranda JC2, Wang WH3, Wang EW4.](#)

**Abstract**

The anatomy of the skull base is complex with multiple neurovascular structures in a small space. Understanding all of the intricate relationships begins with understanding the anatomy of the sphenoid bone. The cavernous sinus contains the carotid artery and some of its branches; cranial nerves III, IV, VI, and V1; and transmits venous blood from multiple sources. The anterior skull base extends to the frontal sinus and is important to understand for sinus surgery and sinonasal malignancies. The clivus protects the brainstem and posterior cranial fossa. A thorough appreciation of the anatomy of these various areas allows for endoscopic endonasal approaches to the skull base

Otolaryngol Clin North Am. 2016 Feb;49(1):9-20.

**2. The effect of vibrissae on subjective and objective measures of nasal obstruction.**

[Stoddard DG1, Pallanch JF, Hamilton GS.](#)

**Abstract**

**BACKGROUND:**

Nasal congestion and/or obstruction represents a prevalent and extensively studied problem. No published research exists that describes the impact of nasal hair (vibrissae) on nasal obstruction.



## **OBJECTIVE:**

To assess the impact of nasal vibrissae on subjective and objective measurements of nasal obstruction.

## **METHODS:**

In this prospective study, 30 healthy participants without nasal symptoms were assessed for baseline vibrissae density and were treated with a topical decongestant. The subjects were then asked to subjectively assess nasal breathing by using four questions from the Nasal Obstruction Symptom Evaluation instrument before undergoing rhinomanometry. Nasal vibrissae were then trimmed, and the participants repeated the subjective and objective assessments. Pre- and postintervention outcomes, including symptom scores, nasal airflow, and resistance, were compared by using statistical analysis.

## **RESULTS:**

Statistically significant improvement was noted in subjects' nasal airway specific symptom scores and in objective measurements of their nasal airway. Patients with moderate or many vibrissae at baseline were noted to have greater likelihood of improvement in subjective and objective obstruction assessments than patients rated with few.

## **CONCLUSION:**

In these 30 subjects, statistically significant improvement occurred in both subjective and objective assessments of nasal obstruction, particularly in patients with greater density of vibrissae. These findings support further study of the potential benefit of the reduction of vibrissae density in some patients with nasal obstruction.

Am J Rhinol Allergy. 2015 Sep-Oct;29(5):373-7.



### **3. Electrocauterization and no packing may be comparable with nasal packing for postoperative hemorrhage after endoscopic sinus surgery.**

[Kim DK1, Rhee CS, Kim JW.](#)

#### **Abstract**

#### **BACKGROUND:**

Nasal packing is commonly performed after functional endoscopic sinus surgery (FESS). However, nasal packing is associated with higher cost (owing to the cost of packing materials), patient discomfort, delayed wound healing, and concern about toxic shock syndrome. Some surgeons have been performing FESS without packing, but there are few studies that show its safety.

#### **OBJECTIVE:**

The purpose of this study was to evaluate the safety of electrocauterization and no packing.

#### **METHODS:**

A total of 490 patients who underwent bilateral FESS for chronic rhinosinusitis were included in this retrospective study, 242 in the nasal packing group and 248 in the electrocauterization and no-packing group. Electrocauterization was performed by using a suction coagulator. Rates of immediate (first 24 hours after surgery) and delayed postoperative bleeding were compared. Patient characteristics, including concomitant disease and medication history, and Lund-Mackay computed tomography score were also assessed. Results: There were no significant differences in age; sex; Lund-Mackay score; use of anticoagulant drugs; or prevalence of hypertension, diabetes, or asthma between the two groups. In the electrocauterization and no-packing group, there were fewer patients with allergic rhinitis and more smokers. Primary bleeding did not occur in the nasal packing group, but 11 patients (4.4%) had delayed bleeding. Primary bleeding occurred in four patients (1.7%) in the electrocauterization and no-packing group, and five patients (2.1%) had delayed bleeding. There were no significant differences in primary ( $p = 0.058$ ) and secondary bleeding ( $p = 0.142$ ) between the two groups. All bleeding was minor and easily controlled. Multivariate logistic regression analysis ruled out significant correlation between no packing and postoperative bleeding.



## **CONCLUSION:**

This study provided evidence that, in terms of postoperative hemorrhage, the safety of the electrocauterization and no-packing technique after FESS was comparable with that of nasal packing

Am J Rhinol Allergy. 2016 May;30(3):91-4

## **4. Allergic rhinitis severity can be assessed using a visual analogue scale in mild, moderate and severe.**

[Del Cuvillo A1](#), [Santos V2](#), [Montoro J3](#), [Bartra J4](#), [Davila I5](#), [Ferrer M6](#), [Jauregui I7](#), [Sastre J8](#), [Mullol J9](#), [Valero A4](#).

### **Abstract**

### **BACKGROUND:**

Allergic rhinitis is a global healthcare problem due to its high prevalence, impact on individuals and socioeconomic burden for the nations. Allergic rhinitis severity evaluation is the key to a correct treatment, prevention of comorbidities and improving the quality of life of patients. This evaluation should be made with a simple, easy, fast but accurate and reliable methodology, both in a primary care and specialist setting. The visual analogue scale (VAS) meets all requirements to be the ideal tool to assess allergic rhinitis severity and has already been validated by using a single cut-off point, but this classification in two degrees of severity suffer from not allocating the patients uniformly and from giving a blind interval to classify the patients when the score is between 5 to 6 cm.

### **METHODOLOGY:**

The main objective of our study is to describe the optimal cut-off points by using a VAS to discriminate between three degrees of allergic rhinitis severity (mild, moderate, and severe) following the ARIA modified severity criteria that has been previously validated. Sensitivity, specificity, positive and negative predictive values just like receiver operating characteristic curves were used to select the best cut-off values.

### **RESULTS:**



In a cross-sectional multicentre study with 3,572 patients included we have found that VAS has a significant correlation with nasal symptom score and quality of life and that the best cut-off points to differentiate between mild, moderate and severe allergic rhinitis are a VAS score of 4 and 7, respectively.

## **CONCLUSIONS:**

Allergic rhinitis severity could be assessed in three degrees by using VAS in a simple, easy, and accurate method.

Rhinology. 2016 Dec 26

## **5. Pathology of Fungal Rhinosinusitis: A Review.**

[Montone KT1.](#)

### **Abstract**

Fungal rhinosinusitis (FRS) comprises a spectrum of disease processes that vary in clinical presentation, histologic appearances, and biological significance. FRS can be acute or chronic and is most commonly classified as non-invasive or invasive based on whether fungi have invaded into tissue. This manuscript will review the pathologic classification of FRS.

Head Neck Pathol. 2016 Mar;10(1):40-6.

## **6. The Possible Role of Endoscopy in Diagnosis of Benign Tumors of the Nasal Cavity.**

[Min HJ1, Mun SK, Lee SY, Kim KS.](#)

### **Abstract**

### **BACKGROUND:**

Benign tumors of the nasal cavity represent a large variety of different histopathological entities. Although advances in nasal endoscopy over the past couple of decades have made it possible to



detect the vast majority of these lesions, accurate diagnosis and proper management can be delayed since they are misdiagnosed as inflammatory paranasal sinus disease or simple epistaxis.

### **OBJECTIVES:**

The aims of the present study are to determine the relative incidence of benign tumor of the nasal cavity and to provide typical endoscopic features of common tumors. This information can potentially improve clinicians' comprehension of benign tumors of the nasal cavity and be helpful in making provisional diagnosis.

### **RESULTS:**

The present study included 32 patients (25 males, 7 females) with benign tumor of the nasal cavity, which was pathologically confirmed. The most common symptom was nasal obstruction (12/37.5%), followed by recurrent epistaxis (7/21.9%). The most common involving site was anterior nasal septum (17/53.1%), followed by nasal vestibule (7/18.8%) and inferior turbinate (4/12.5%). The most common pathology was squamous papilloma (12/37.5%), followed by lobular capillary hemangioma (7/21.9%). The provisional diagnosis was easily made by nasal endoscopy in 19 (59.4%) patients with typical endoscopic features, especially squamous papilloma, lobular capillary hemangioma, and verruca vulgaris.

### **CONCLUSIONS:**

Clinicians should keep in mind that benign tumors of the nasal cavity are included in the differential diagnosis of unilateral nonspecific nasal symptoms such as nasal obstruction and epistaxis. Also, clinicians should be familiar with the endoscopic findings of various benign tumors and perform the diagnostic approaches with the provisional diagnosis on the basis of those findings

J Craniofac Surg. 2017 Feb 6.



## 7. Management of inverted papilloma: review.

[Attlmayr B](#)<sup>1</sup>, [Derbyshire SG](#)<sup>1</sup>, [Kasbekar AV](#)<sup>1</sup>, [Swift AC](#)<sup>1</sup>.

### Abstract

#### BACKGROUND:

Inverted papilloma is the most common benign tumour affecting the nose. There is a high rate of recurrence and a potential of malignant transformation. This review article aimed to identify the best available management of this pathology today.

#### METHOD:

A systematic review of the current English-language literature was performed. Only original articles with a minimum follow up of one year and an average follow up of two years were included.

#### RESULTS:

A total of 1385 patients from 16 case series were identified. The total recurrence rate for all patients was 11.5 per cent. Significantly lower recurrence rates were found for procedures using an attachment-oriented excision (recurrence of 6.9 per cent;  $p = 0.0001$ ) and utilising frozen sections (recurrence of 7.0 per cent;  $p = 0.0001$ ).

#### CONCLUSION:

There is a general trend towards endoscopic surgery. There may be some benefit to the use of attachment-oriented surgery and frozen sections. Multi-centred randomised controlled trials are required.

J Laryngol Otol. 2017 Feb 9:1-6.



## **8. Endoscopic Management of Vascular Sinonasal Tumors, Including Angiofibroma.**

[Snyderman CH1, Pant H2.](#)

### **Abstract**

The greatest challenge in the surgical treatment of angiofibromas is dealing with the hypervascularity of these tumors. Staging systems that take into account the vascularity of the tumor may be more prognostic. A variety of treatment strategies are used to deal with the vascularity of angiofibromas, including preoperative embolization, segmentation of the tumor into vascular territories, use of hemostatic tools, and staging of surgery. Even large angiofibromas with intracranial extension and residual vascularity can be successfully managed by a skull base team using endoscopic techniques.

Otolaryngol Clin North Am. 2016 Jun;49(3):791-807

## **9. Olfactory cleft computed tomography analysis and olfaction in chronic rhinosinusitis.**

[Kohli P1, Schlosser RJ, Storck K, Soler ZM.](#)

### **Abstract**

#### **BACKGROUND:**

Volumetric analysis of the olfactory cleft by using computed tomography has been associated with olfaction in patients with chronic rhinosinusitis (CRS). However, existing studies have not comprehensively measured olfaction, and it thus remains unknown whether correlations differ across specific dimensions of odor perception.

#### **OBJECTIVE:**

To use comprehensive measures of patient-reported and objective olfaction to evaluate the relationship between volumetric olfactory cleft opacification and olfaction.



## **METHODS:**

Olfaction in patients with CRS was evaluated by using "Sniffin' Sticks" tests and a modified version of the Questionnaire of Olfactory Disorders. Olfactory cleft opacification was quantified by using two- and three-dimensional, computerized volumetric analysis. Correlations between olfactory metrics and olfactory cleft opacification were then calculated.

## **RESULTS:**

The overall CRS cohort included 26 patients without nasal polyposis (CRSsNP) (68.4%) and 12 patients with nasal polyposis (CRSwNP) (31.6%). Across the entire cohort, total olfactory cleft opacification was 82.8%, with greater opacification in the CRSwNP subgroup compared with CRSsNP (92.3 versus 78.4%,  $p < 0.001$ ). The percent total volume opacification correlated with the total Sniffin' Sticks score ( $r = -0.568$ ,  $p < 0.001$ ) as well as individual threshold, discrimination, and identification scores ( $p < 0.001$  for all). Within the CRSwNP subgroup, threshold ( $r = -0.616$ ,  $p = 0.033$ ) and identification ( $r = -0.647$ ,  $p = 0.023$ ) remained highly correlated with total volume opacification. In patients with CRSsNP, the threshold correlated with total volume scores ( $r = -0.457$ ,  $p = 0.019$ ), with weaker and nonsignificant correlations for discrimination and identification. Correlations between total volume opacification and the Questionnaire of Olfactory Disorders were qualitatively similar to objective olfactory findings in both CRSwNP ( $r = -0.566$ ,  $p = 0.070$ ) and CRSsNP ( $r = -0.310$ ,  $p = 0.141$ ) subgroups, although neither reached significance. When examined by two-dimensional planes, the percent opacification of the anterior plane had the strongest correlations with objective olfaction.

## **CONCLUSION:**

Olfactory cleft opacification correlated with objective measures of olfaction in patients with CRS, which correlated with threshold values in patients with CRSsNP and all dimensions of olfaction in those with CRSwNP

Am J Rhinol Allergy. 2016 Nov 1;30(6):402-406.

## **10. High-definition video telescopic rhinoplasty.**



[Tasca I1, Ceroni Compadretti G1, Romano C1.](#)

## **Abstract**

L'ingrandimento ottico è diventato uno strumento essenziale nella pratica rinologica, soprattutto in seguito alla divulgazione delle procedure endoscopiche per la chirurgia dei seni paranasali. Descriviamo l'uso della tecnologia VITOM® nella rinoplastica, un utilizzo non ancora trattato nella letteratura internazionale fino a oggi. Questo approccio alla rinoplastica migliora notevolmente la visualizzazione del campo operatorio, agevolando così la comprensione delle procedure, anche a scopo didattico. Dal momento che la tecnologia VITOM® funziona combinando il telescopio con una telecamera standard, tale approccio alla rinoplastica può essere di facile introduzione senza costi aggiuntivi in qualsiasi reparto ORL dotato di tale strumentazione.

Optical magnification has become an essential tool in rhinologic practice, especially following the popularisation of endoscopic procedures for nasal sinus surgery. We describe the use of VITOM® technology in rhinoplasty, which to our knowledge has not been reported in the international literature to date. This approach to rhinoplasty markedly improves visualisation of the surgical field, thereby improving the understanding of the procedures and enhancing the teaching environment. Since VITOM® technology works by combining the telescope with a standard endoscopic setting, video telescopic rhinoplasty may be easily and inexpensively performed in any ENT department provided with this instrumentation.

Acta Otorhinolaryngol Ital. 2016 Dec;36(6):496-498.