



PARS *Reader's Digest*

Reader Digest

Digested by Dr. Tarek Kandil, MD. Consultant, students Hospital,
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1. Operative management of choanal atresia: a 15-year experience.

Newman JR, Harmon P, Shirley WP, Hill JS, Woolley AL, Wiatrak BJ.

Abstract

OBJECTIVE To analyze factors affecting 15-year surgical outcomes of choanal atresia repair. **DESIGN** Case series. **SETTING** Tertiary care pediatric hospital. **PATIENTS** Between April 17, 1996, and March 23, 2010, a total of 42 patients aged 3 days to 15 years underwent endoscopic or transpalatal choanal atresia repair by our pediatric otolaryngology faculty. **MAIN OUTCOME MEASURES** Reoperation and restenosis rates, with consideration of effects of mitomycin C therapy, stenting, and postoperative dilation. **RESULTS** Three of 42 patients were excluded because of inadequate follow-up data; the follow-up time for the remaining 39 patients averaged 6.3 years (range, 1-14.9 years). Excluding 6 patients whose initial repair was performed by other physicians, 31 of 33 patients in whom we performed initial repair had a total of 43 endoscopic surgical procedures (19 patients had unilateral procedures, and 12 patients had bilateral procedures), and the other 2 underwent bilateral transpalatal repair. Of the total 43 sides we operated on endoscopically, 9 sides (21%) required revision surgery, including excision of scar tissue or additional drilling of persistent bony stenosis. No significant difference was observed in the rate of restenosis among cases treated endoscopically with mitomycin C (22 of 43 operative sides, $P = .13$), with stenting (36 of 43 operative sides, $P = .99$), or with subsequent dilation ($P = .45$). When we used stents, they were usually (in 28 of 36 patients) left in place for 15 days or longer. **CONCLUSION** Our revision rate after initial endoscopic repair of choanal atresia was low and was unaffected by adjuvant mitomycin C therapy or stenting.

JAMA Otolaryngol Head Neck Surg. 2013 Jan 1;139(1):71-5.



2. The Treatment of Spontaneous Epistaxis: Conservative vs Cautery.

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Abstract

AIM:

To find the best treatment for spontaneous epistaxis by a conservative approach or by an intervention with silver nitrate cautery.

STUDY DESIGN:

A prospective study with two groups which were randomly selected for the conservative management or cautery.

MATERIALS AND METHODS:

94 patients are studied in two groups of 42 patients who were treated conservatively and 52 patients who were treated with silver nitrate cautery. The patients were followed up for 1 week and the results were tabulated with regards to the recurrence of the bleeding.

RESULTS:

Both the groups of patients who were treated conservatively or with cautery showed minimal recurrent bleeding with rates of 30% and 26% respectively. Statistically, there was no significant difference in the outcome. The pain was more in the cases which were treated with cautery.

CONCLUSION:

Both the groups of patients who were treated conservatively or with cautery showed equal rates of the outcome, with the pain being slightly more in the group which was treated with cautery.



3. New horizons: current and potential future self-treatments for acute upper respiratory tract conditions.

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Abstract

Acute upper respiratory tract conditions (URTCs), including the common cold, allergic rhinitis (AR), and acute sinusitis, are among the most common afflictions worldwide, affecting millions of individuals annually in the United States alone. A common theme among these conditions is that they share similar symptomatology and are often inadequately treated. These conditions typically cause mild, albeit bothersome, symptoms for a typical duration of 7 to 10 days in the case of the common cold, ≥ 2 weeks for AR exacerbations, and > 4 weeks for acute sinusitis. The common cold and AR elicit localized (upper airway) and systemic inflammatory cascades responsible for symptoms such as cough, nasal congestion, rhinorrhea, watery eyes, sneezing, headache, and general malaise. Acute sinusitis typically occurs because of a secondary bacterial or fungal infection of mucus-clogged nasal and sinus cavities and has symptoms similar to those previously listed, with the addition of increased facial and ear pressure/pain. Acute URTC symptoms are frequently managed with over-the-counter (OTC) products. Currently available OTC options can have limited efficacy in treating the broad array of symptoms associated with acute URTCs, and some have unwanted side effects. There is an unmet need for OTC therapies that have broad clinical activity, can reduce the severity and duration of illness when taken at the first sign of symptoms, and/or provide prophylaxis. This review article examines the available evidence supporting emerging and potentially new OTC pharmacologic, nutraceutical, and nonpharmacologic therapies on the horizon for the treatment of acute URTCs. This review is not intended to be a comprehensive evaluation of all potential URTC therapies, and the approvability of many of the agents discussed for OTC use in the United States may be subject to debate.

Postgrad Med. 2013 Jan;125(1):82-96



4. Three-dimensional endoscopy in sinus surgery.

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Abstract

PURPOSE OF REVIEW:

Surgical endoscopy revolutionized the management of disease in nearly every surgical field, including rhinology. Endoscopy offered several advantages for the surgical management of rhinologic disease. However, it had a distinct disadvantage compared to direct vision, namely loss of binocular vision. Two-dimensional (2D) endoscopy limited depth perception, widely regarded as an important parameter for accurate and efficient movements during surgery. Three-dimensional (3D) endoscopic visualization has been actively pursued for decades by endoscopic surgeons in multiple surgical specialties. However, its clinical role has been limited due to technical limitations as well as successful adaptation by endoscopic surgeons to monocular cues offered by 2D technology.

RECENT FINDINGS:

Until recently, stereoscopic technology included variations of dual channel video, dual chip-on-the-tip, and shutter mechanism, as well as various 3D displays. Over the past decade a novel 3D endoscopic technology was introduced. This technology used a lenticular array of lenses in front of a single video chip at the distal end of an endoscope to generate a stereoscopic view of the surgical field. Also known as the 'insect eye' technology since it mimics the compound eye of arthropods, this endoscope has reinvigorated the field of 3D endoscopic surgery.



SUMMARY:

Recent developments in 3D endoscopy hold much promise for all surgical subspecialties, particularly endoscopic sinus and skull-base surgery.

Curr Opin Otolaryngol Head Neck Surg. 2013 Feb;21(1):3-10

5. Multimodality topical therapy for refractory chronic rhinosinusitis: Our experience in thirteen patients with and twelve patients without nasal polyposis.

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Abstract

The management of refractory chronic rhinosinusitis with and without nasal polyps is a challenge, as this entity is associated with a high rate of disease recurrence. This prospective controlled clinical study compared multimodality topical therapy to oral therapy in refractory chronic rhinosinusitis with and without nasal polyps. The primary outcome measures consisted of Lund-Kennedy symptoms and endoscopic appearance scores, and the secondary outcome measures included hematoxylin and eosin histology of the treated mucosa, before and after therapy. The impact of topical therapy was more favorable and more sustained than oral therapy, especially in the refractory chronic rhinosinusitis with nasal polyps group. While topical therapy is not a panacea, it can, because of its safety profile, be repeated and/or sustained over extended periods hence avoiding the risks of prolonged oral corticosteroids, IV antibiotics and/or repeat surgery.

Clin Otolaryngol. 2013 Feb 7



6. [Vascular tumors of the nasal cavities: a retrospective study of 10 cases].

Fassih M, Taali L, Abada A, Rouadi S, Roubal M, Mahtar M, Essaadi M, El Kadiri F.

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Abstract

Vascular tumors of the sinus cavities are rarely documented in the literature. They are characterized by a histological diversity. They can be benign or malignant. The most common histologic type is the hemangioma. Their management is not well codified, it benefited from advances in modern imaging and endoscopic surgery. The objective of the work is to study anatomical and clinical characteristics, therapeutic and outcome.

PATIENTS AND METHODS:

The observations of 10 vascular tumors of the nasal cavities collected between January 2009 and July 2011 were studied retrospectively. The management of these tumors was based on nasal endoscopy, imaging, biopsy, and some angiography for embolization. The epidemiological parameters, histopathological, clinical, therapeutic and outcome were studied.

RESULTS:

The average age was 25.4 years, male was marked with a sex ratio of 4. Epistaxis was the revealing sign. All tumors were benign, with a predominance of the hemangioma (4 cases), followed by angiofibroma of the septum (3 cases) and nasopharyngeal angiofibroma (3 cases). All patients were operated, by endonasal technique in 7 cas/10 and transfacial road in 3 cases. Embolization was performed in 5 patients, there were two



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hemangiomas and 3 nasopharyngeal fibromas. No case of recurrence has been noted so far.

CONCLUSION:

The vascular tumors of the nasal cavities are difficult to treat, especially when they reach a large volume and at an extension to adjacent areas, which makes the surgical procedure difficult and bloody. The use of selective embolization in these cases is required.

Rev Laryngol Otol Rhinol (Bord). 2012;133(2):87-92

7. In-office functional endoscopic sinus surgery for chronic rhinosinusitis utilizing balloon catheter dilation technology.

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Abstract

PURPOSE OF REVIEW:

Balloon catheter dilation (BCD) technology was introduced in 2005 as a device employed to dilate maxillary, sphenoid, and frontal sinus outflow tracts in patients with chronic sinus disease. With the evolution of the technology, BCD has been utilized in the office setting. The purpose of this review is to discuss the safety, tolerability, and technical success of this change of venue and to consider the possible significant cost savings in the current healthcare environment.

RECENT FINDINGS:

Recent studies have shown that BCD technology can be safely and successfully used in the office setting with high patient satisfaction and symptom improvement similar to that achieved in the operating room.



SUMMARY:

In select patients with chronic sinus disease, BCD can be safely and effectively utilized to open compromised outflow tracts from the peripheral sinuses including the maxillary, sphenoid, and frontal sinuses. This has the potential to reduce the overall costs related to the surgical treatment of medically refractory sinus disease.

Curr Opin Otolaryngol Head Neck Surg. 2013 Feb;21(1):17-22

8. Different endoscopic strategies in the management of recurrent sinonasal inverted papilloma.

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Abstract

Sinonasal inverted papilloma (IP) is noted for its high rate of recurrence. Although many clinical studies have demonstrated the effectiveness of the endoscopic approach for IP, only a few published reports have studied the efficacy of endoscopic surgery for recurrent IP, and the surgical approach has been the subject of much debate. In this study, our objective was to demonstrate the effectiveness and limitations of 3 different endoscopic procedures used for the treatment of recurrent IP. From January 2001 to June 2008, 26 patients with recurrent IP were treated with endoscopic surgery. Previous surgeries included 5 cases of lateral rhinotomy and 21 cases of endoscopic endonasal surgery. With preoperative computed tomography or magnetic resonance imaging, we attempted to identify the sites of origin and attachment of IP. Three types of resection were used: basically, purely endoscopic endonasal resection was used for tumors arising from lateral nasal wall, ethmoid sinus, and frontal sinus; endoscope-assisted medial maxillectomy was used for tumors originating from the medial wall of the maxillary sinus; and the combination of the endoscopic and Caldwell-Luc procedure was used for tumors involving the anterior,



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inferior, superior, or lateral portion of the maxillary sinus. Efficacy was evaluated strictly by endoscopic examination or computed tomography in a mean follow-up of 28.2 months (range, 13-42 mo). Three types of procedure were performed in 6, 10, and 10 patients, respectively. Three patients had residual recurrence within 2 months after the resection. One tumor was confirmed malignant. There were no major complications encountered in the patients. In conclusion, different endoscopic strategies are modulated in relation to the attachment of recurrent tumor. The purely endoscopic endonasal procedure is suited for the treatment of recurrent IP limited to the nasal cavity, the ethmoid sinus, and the frontal sinus. As to tumors arising from the maxillary sinus, medial maxillectomy or an additional Caldwell-Luc surgery should be performed.

J Craniofac Surg. 2012 Jan;23(1):e44-8.

9. Long-term efficacy of allergen immunotherapy: what do we expect?

Frati F, Dell'albani I, Incorvaia C.

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Abstract

Evaluation of: Stelmach I, Sobocinska A, Majak P, Smejda C, Jerzynska J, Stelmach W. Comparison of the long-term efficacy of 3- and 5-year house dust mite allergen immunotherapy. *Ann. Allergy Asthma Immunol.* 109, 274-278 (2012). Allergen-specific immunotherapy (SIT) is the only treatment of allergic diseases able to maintain its efficacy after discontinuation of treatment. The available literature suggests that a 3-year duration of treatment maintains the efficacy on allergic symptoms for at least an equivalent period of time. The current paper compares the 3- and 5-year duration in children with dust mite-induced asthma, and confirms that 3 years of SIT maintains its effectiveness for a further 3 years after stopping, with no significant difference compared with 5 years. Thus, 3 years is likely to be an adequate duration of SIT; however, studies with



more prolonged follow-up periods are needed to investigate the persistence of the clinical benefit over time.

Immunotherapy. 2013 Feb;5(2):131-3

10. Death after adenotonsillectomy secondary to massive pulmonary embolism.

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Abstract

Tonsillectomy is one of the most common surgical procedures performed in the United States. Although relatively safe, there is a small risk of post-operative mortality. The majority of deaths come from airway compromise or hemorrhage. The authors present a case of a 32-month-old child who underwent routine adenotonsillectomy for sleep disordered breathing and chronic pharyngitis who was found unresponsive and pulseless in his bed on the morning of postoperative day 2. The cause of death determined by post mortem autopsy was massive pulmonary embolism (PE). PE is a rare event in children and has never been reported as the cause of death following adenotonsillectomy in a child. This case is reviewed in addition to recent literature regarding obstructive sleep apnea (OSA) as a risk factor for venous thrombosis and PE.

Int J Pediatr Otorhinolaryngol. 2013 Feb 15. pii: S0165-5876(13)00031-1