

The future of British otorhinolaryngology is in safe hands

One of the most exciting developments in British otorhinolaryngology is the setting up of trainee networks to enhance research and audit. Mehta and colleagues have asked themselves whether they can design and deliver a national audit of how epistaxis is managed, given the perceived wide variations and lack of data.¹ They confirm that they can and that there is variation in the management of epistaxis. Regional trainee collectives have been mobilised towards national projects, and high-quality data have been recorded through web-based interfaces. This work, along with a previous collaboration on peritonsillar abscess management,² across the UK, confirms the viability of the endeavour. The future of British otorhinolaryngology is in safe hands.

Mindfulness is all the rage in today's world. An excellent randomised controlled study of mindfulness meditation versus relaxation therapy in the management of tinnitus, by Arif and colleagues from the Welsh Hearing Institute and University Hospital of Wales, shows an improvement in outcomes for both these modalities, and reveals that mindfulness meditation performed better as compared to relaxation therapy.³ This is likely to lead to a change in therapy for patients who are appropriate for this modality and it adds to the armamentarium of therapies for tinnitus.⁴

The long-held notion that the fascia graft used for tympanoplasty ought to be dry and parchment-like is brought into question by Jiang and Lou.⁵ These authors report that using dry or wet temporalis fascia graft does not affect the outcome of a type I underlay graft, and suggest that a wet graft may shorten the duration of surgery for tympanoplasty. This adds to the earlier report from Shanker *et al.*, which reported that the success rate for type I tympanoplasty is the same in wet and dry mucosal otitis media.⁶

The question of race as a factor in thyroid cancer has been considered by Keane and colleagues, in a retrospective analysis of 8 studies involving over 600 000

adult patients.⁷ They show that variations exist in racial groups, which are also dependent on gender. Black and white people have a higher proportion of follicular cancer. This is in contrast to papillary thyroid cancer; Megwalu and Saini previously reported that black patients had significantly worse overall survival after adjusting for sex, marital status, age, year of diagnosis, multifocal disease and type of surgery.⁸

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