

Editorial

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Necrotising otitis externa (previously ‘malignant otitis externa’) has been the topic of several articles in *The Journal of Laryngology & Otology* in recent years,^{1–3} and in other ENT journals,⁴ as incidence seems to be increasing for a variety of reasons. Patients are usually older adults, diabetic or may have other reasons for immunosuppression, with severe ‘deep’ ear pain being a key feature and diagnostic delay all too common. This issue has a paper from Manchester, UK,⁵ by a group that has already published papers in *The Journal* on necrotising otitis externa. The paper describes a qualitative study that identified common themes based on interviews with patients; these themes come as no surprise, but are nonetheless interesting: ‘severe pain, mental health, quality of life and diagnostic delays’. This information can hopefully be used to improve patient pathways and guide research projects.

As a previous article in *The Journal* reminds us,⁶ in the management of epistaxis, it is often the ‘basics’ that are forgotten (assuming that they were known in the first place). Incorrect digital pinching position in epistaxis management is all too common, as are other basic aspects of first aid, such as head position, which can lead to more patients presenting to secondary care than might otherwise be the case. Published studies query the quality of some of the evidence for basic first aid measures, but publications have agreed on two measures in epistaxis management: digital compression and optimal head position.^{7,8} Ice application has been found to be more effective when administered in the mouth rather than on the exterior of the nose. This issue has a paper from The Royal London Hospital, UK,⁹ which examines knowledge of basic first aid for epistaxis in various healthcare workers in primary and secondary care, and in the general public, by means of a questionnaire. The knowledge was pitifully low in both groups, showing no real increase from previous similar studies, which would echo the experience of ENT doctors in managing this group of patients. It is very disappointing that only a quarter (24–25 per cent) of both healthcare workers and the general public know where to pinch the nose to help stop a nosebleed. Knowledge of optimal head tilt position was somewhat better for healthcare workers, but is hardly reassuring. Education has a long way to go for both groups.

The potential transmission of infectious disease via droplets and aerosols has been part of standard microbiology teaching, notably in relation to upper respiratory tract infection and tuberculosis. The details of this topic have become of enormous interest since the coronavirus disease 2019 pandemic in 2020.¹⁰ This issue of *The Journal* has a paper from Helsinki, Finland, in which aerosol production was measured in an operating theatre environment.¹¹ An intentional cough generated just as much aerosol as an unintentional cough, and there was a great variation of aerosol production between different individuals. The figures produced in this study can be used as a guide to aerosol transmission in this environment.

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