

Abstract Selection

Aging and life quality: an otorhinolaryngological review. Ferreira, D., R., Silva, A., A. Hospital das Clínicas da UNICAMP/Ambulatorio de Otorrinogeriatría, Secretaria de Otorrinolaringologia e Cabeça e Pescoco, Service des Disturbes de la Communication, Caixa Postal 6111, CEP 13083-970 Campinas, Brazil. ad_ferreira@uol.com.br. *Revue de laryngologie - otologie - rhinologie* (2004), vol. 125, pp. 143–50, ISSN: 0035-1334. The increase in the number of people over the age of 65 and the current rise in the proportion of old people represents an important change in the demographic patterns in the world. Since some structural and physiological changes generally occur in elderly patients, maintaining function is surely an important goal. The most devastating disabilities affecting elderly patients are those that diminish the capacity to function independently and those that have a serious impact on the quality of life. Otolaryngologists play a major role within the broad field of geriatrics. Our involvement in caring for the elderly requires us to know how to improve their quality of life. This article provides an overview of many problems that arise within our specialties.

Denker operation is an effective surgical approach in managing juvenile nasopharyngeal angiofibroma. Hardillo, J., A., U., Vander, V., L., A., Knecht, P., P. Department of Otorhinolaryngology—Head and Neck Surgery, Erasmus Medical Center—University Medical Center Rotterdam, Rotterdam, The Netherlands. *The annals of otology rhinology and laryngology* (2004) Dec, vol. 113, pp. 946–50, ISSN: 0003-4894.

This article presents our experience with the various surgical approaches for angiofibroma and establishes the Denker procedure as an effective approach for removal of the tumor. The medical records of 29 patients treated between the years 1981 and 2001 were examined. The clinical extent of the tumor, the surgical approach, complications, and recurrences were evaluated. The surgical approaches used before 1992 consisted of the transnasal, transpalatal, and combined transnasal-transpalatal ones. Although no major recurrence or major morbidity was observed, late complications occurred, such as persistent palatal fistula in 3 patients who underwent operation via a transpalatal approach, and an unsightly scar with lacrimal duct stenosis in 2 patients who underwent operation via a combined transnasal-transpalatal approach. From 1992 onward, the above-mentioned surgical approaches were replaced with the Denker and midfacial degloving techniques, which proved to be just as effective in removing the tumor and did not produce late complications. According to our experience, the Denker approach is effective for angiofibromas confined to the nasal cavity and nasopharynx with small extensions in the infratemporal fossa. On the other hand, large tumor extension in the infratemporal fossa can be effectively approached in combination with a midfacial degloving technique.

Development and maturation of the pediatric human vocal fold lamina propria. Hartnick, C., J., Rehbar, R., Prasad, V. Department of Otolaryngology, MA Eye and Ear Infirmary, Harvard Medical School, Boston, MA 02114, USA. christopher_hartnick@meeih.harvard.edu. *The Laryngoscope* (2005) Jan, vol. 115, pp. 4–15, ISSN: 0023-852X.

OBJECTIVE: To identify characteristic patterns of maturation of the human vocal fold lamina propria as it develops into a mature structure. **METHODS:** Histologic evaluation of sectioned true vocal folds from 34 archived larynges ages 0 to 18 years using hematoxylin-eosin, trichrome, Alcian blue pH 2.5, Weigert reticular, and Miller's elastin stain. **LOCATION:** Pathology department at a tertiary care children's hospital. **RESULTS:** At birth and shortly thereafter, there exists a relative hypercellular monolayer of cells throughout the lamina propria. By 2 months of age, there are the first signs of differentiation into a bilaminar

structure of distinct cellular population densities. Between 11 months and 5 years, two distinct patterns are seen: 1) this bilaminar structure and 2) a lamina propria where there exists a third more hypocellular region immediately adjacent to the vocalis muscle (this region is similar to the superficial hypocellular region found just deep to the surface epithelium). By 7 years of age, all of the specimens exhibit this transition between the middle and the deeper layers according to differential density of cell populations. A lamina propria structure defined by differential fiber composition (elastin and collagen fibers) is not present until 13 years of age and then is present throughout adolescence. **CONCLUSIONS:** Using the classic adult model of fiber composition and density to differentiate the layered structure of the lamina propria of the human vocal fold may not adequately allow for a thorough description of the process of maturation and development. Rather, distinct regions of cell density are seen as early as 2 months postpartum, and the model of cellular distribution may serve better to describe the lamina propria as it develops. Cell-signalling processes that shape the formation of the lamina propria appear to produce layered populations of differential cell density that in turn will later produce differential fiber compositions. Early development therefore can be followed by evaluating the maturation of these differing cell populations. Future studies are needed to quantify these cell distribution patterns, to study the cell signalling processes that trigger this maturation, and to correlate these findings with mechanical modelling.

Endoscopic surgery of the anterior skull base. Casler, J., D., Doolittle, A., M., Mair, E., A. Otolaryngology-Head and Neck Surgery Service, Department of Surgery, Walter Reed Army Medical Center, Washington, DC 20307, USA. john_casler@na.amedd.army.mil. *The Laryngoscope* (2005) Jan, Vol. 115, pp.16–24, ISSN: 0023-852X.

OBJECTIVES/HYPOTHESIS: Traditional surgical approaches to the anterior skull base often involve craniotomy, facial incisions, disruption of skeletal framework, tracheotomy, and an extended hospital stay. As experience with endoscopic sinus surgery has grown, the techniques and equipment have been found to be adaptable to treatment of lesions of the anterior and central skull base. A minimally invasive endoscopic approach theoretically offers the advantages of avoiding facial incisions, osteotomies, and tracheotomy; surgery should be less painful, recovery quicker, and hospital stays should be shorter. The study attempted to assess endoscopic approaches to the anterior and central skull base for its ability to achieve those goals. **STUDY DESIGN:** Retrospective review of 72 cases performed at a single institution from November 1996 to July 2003. A subgroup of 15 patients who underwent endoscopic approach to their pituitary tumors was compared with a similar group of 15 patients who underwent traditional open trans-sphenoidal surgery for their pituitary tumors. **METHODS:** Patient records were analyzed and information tabulated for age, sex, disease, location of lesion, operative time, use of image-guided surgical systems, blood loss, length of intensive care unit stay, duration of operative pain, length of postoperative hospitalization, complications, and completeness of resection. **RESULTS:** Of the cases, 86.1% were performed exclusively endoscopically, and 13.9% used a combination of endoscopic and open techniques. An image-guided surgical system was used in 83% of cases. Hospital length of stay was 2.3 days for the exclusively endoscopic group as opposed to 8 days for the combined group. With the patients with pituitary tumors, operative times were similar between the two groups (255.13 vs. 245.73 min), blood loss was less in the endoscopic group (125.33 vs. 243.33 mL), pain duration was shorter in the endoscopic group (10 of 15 patients pain free on

postoperative day 1 vs. 2 of 15 patients pain free in the open group), and intensive care unit stay and hospital length of stay were both shorter in the endoscopic group. Complication rates and completeness of resection was similar in both groups, although the open group had a higher rate of complications related to the approach to the sella. **CONCLUSION:** The study demonstrated the safety and efficacy of judicious endoscopic approaches to anterior skull base lesions. An outcomes assessment in pituitary surgery demonstrates advantages of an endoscopic approach in appropriate cases.

Osteosarcomas of the larynx. Athre, R., S., Vories, A., Mudrovich, S., Ducic, Y. Department of Otolaryngology-Head and Neck Surgery, University of Texas Southwestern Medical Center, Dallas, TX, USA. *The Laryngoscope* (2005) Jan, Vol. 115, pp. 74-7, ISSN: 0023-852X.

OBJECTIVES/HYPOTHESIS: The objective was to review the etiology, presentation, treatment, and prognosis in patients with osteosarcoma of the larynx using an illustrative case example. **STUDY DESIGN:** Case report and literature review. **METHODS:** A case is reported, and a review of all available published cases of osteosarcoma of the larynx is presented. **RESULTS:** Osteosarcoma of the larynx may be a difficult clinical diagnosis. To be able to reach the correct diagnosis, a high index of suspicion and due diligence in obtaining deep biopsy specimens are important. Treatment is primarily surgical. Outcomes for this disease are generally poor, with most patients dying of the disease as a result of pulmonary metastasis. **CONCLUSION:** Osteosarcoma of the larynx is a rare entity, with only 14 cases reported to date. Pathological confirmation of osteoid is required for diagnosis. It is likely that aggressive surgical intervention directed at complete tumor extirpation is the treatment of choice, although long-term prognosis is poor.

Function of the laryngeal mechanoreceptors during vocalization. Gozaine, T., C., Clark, K., F. Department of Otorhinolaryngology, the Oklahoma University Medical Center, Oklahoma City, OK, USA. *The Laryngoscope* (2005) Jan, Vol. 115, pp. 81-8, ISSN: 0023-852X.

OBJECTIVES/HYPOTHESIS: The objective was to compare the activity of superior laryngeal nerve mechanoreceptors based on a respiration-based classification protocol with activities found using a vocalization-based classification protocol in adult cats. **STUDY DESIGN:** Animal study. **METHODS:** In the first part of the experiment, single fiber action potentials from the internal branch of the superior laryngeal nerve were recorded in decerebrated cats using a respiration-based classification protocol to identify laryngeal mechanoreceptors as pressure, flow, and drive receptors, as described in the literature. A tracheal T-tube and a laryngeal mask airway were necessary modifications to perform this protocol. In the second part of the experiment, a vocalization-based classification protocol, as described in the literature, was used to classify the activity of the same fiber into the following groups: peak prephonatory, frequency-following, frequency-nonfollowing, inspiratory-modulated, or mixed. Vocalization was evoked by electrical stimulation of the midbrain in the region of the periaqueductal gray. **RESULTS:** In all, eight cats were used for the experiment. Data were obtained from only three cats for a total of five single fibers. Results from five cats were not obtained because of inability to phonate (in three cats) and inability to record from the superior laryngeal nerve (in two cats). We identified two flow receptors, a drive receptor, a frequency-following receptor, and a frequency-nonfollowing receptor. Both flow receptor fibers were almost silent during the phonation phase and reached the maximum activity after vocalization during the inspiratory phase. The drive receptor was active during all four airway manoeuvres and was most active during tracheal occlusion. It also kept a high level of activity during the phonatory phase, suggesting a role in the modulation of vocalization and respiration. The next two receptors, a frequency-following and a frequency-nonfollowing receptor, were active only during the phonatory phase and were totally inactive during the airway manoeuvres, suggesting a role only during the vocalization behavior. **CONCLUSION:** Because vocalization is an important stimulus for the activation of certain superior laryngeal nerve receptors, a classification protocol based on respiration alone is incomplete. Classification into pressure, flow, and drive receptors alone is not appropriate for the study of laryngeal

receptors during vocalization. Some frequency-following and frequency-nonfollowing receptors may be active only during phonation and would otherwise be missed without vocalization stimuli.

Design and implementation of an ambulatory pH monitoring protocol in patients with suspected laryngopharyngeal reflux. Harrell, S., Evans, B., Goudy, S., Winstead, W., Lentsch, E., Koopman, J., Wo, J., M. Division of Gastroenterology/Hepatology, University of Louisville School of Medicine, Louisville, KY 40202, USA. *The Laryngoscope* (2005) Jan, Vol. 115, pp.89-92, ISSN: 0023-852X.

OBJECTIVE/HYPOTHESIS: Adding a hypopharyngeal sensor to esophageal pH monitoring has been advocated for laryngopharyngeal reflux (LPR). However, selecting the proper pH catheter is problematic because esophageal lengths are variable among individuals. **OBJECTIVE:** To design and implement a new pH monitoring protocol for LPR. **STUDY DESIGN/METHODS:** Design parameters were defined prospectively: single-probe, triple-sensor pH catheter with sensors located in the hypopharynx (1-3 cm above upper esophageal sphincter) and in proximal and distal esophagus (20 cm and 5 cm above lower esophageal sphincter, respectively). Esophageal lengths were determined in a study population undergoing esophageal manometry. Optimal pH sensor spacings were determined using the least number of catheters to satisfy the design parameters. The protocol was implemented in consecutive subjects with suspected LPR. **RESULTS:** Distribution of esophageal lengths was determined in 1,043 subjects. In 92% of the study population, three pH catheters (3-15, 6-15, and 9-15 sensor-spacings) would satisfy the design criteria. Forty-one subjects with suspected LPR underwent the pH protocol. An abnormal pH test was found in 40 subjects (98%) with triple-sensor combination compared with 29 subjects (71%) if only dual esophageal sensors were used. **CONCLUSIONS:** Single-probe pH monitoring of the hypopharynx and esophagus was feasible. Adding a hypopharyngeal pH sensor increased the detection of abnormal acid reflux more often than traditional dual-sensor esophageal pH monitoring.

Acoustic neuromas after failed radiation therapy: challenges of surgical salvage. Limb, C., J., Long, D., M., Niparko, J., K. Department of Otolaryngology-Head and Neck Surgery, Johns Hopkins Hospital, Baltimore, MD 21287, USA. *The Laryngoscope* (2005) Jan, Vol. 115, pp. 93-8, ISSN: 0023-852X.

OBJECTIVES: As stereotactic radiation has emerged as a treatment option for acoustic neuromas, cases that require surgical salvage after unsuccessful radiation have emerged. We present a comparison of the technical challenges faced by the surgeons in the treatment of irradiated versus non irradiated acoustic neuromas. **STUDY DESIGN:** Matched case-control series. **METHODS:** We identified nine patients with acoustic neuromas that required surgical resection after radiation therapy. Cases were performed with suboccipital and translabyrinthine approaches. Nine non irradiated case-control subjects matched for age, sex, tumor size, and surgical approach were identified for purposes of general comparison. Operative, findings and outcomes were compared for the two groups. **RESULTS:** Surgical removal was found to be significantly more difficult after radiation therapy because of increased fibrosis and adhesion to adjacent nervous structures, particularly at the porus acousticus. Excessive scarring hindered identification of the facial nerve and added uncertainty as to the completeness of tumor removal. Decompression of the internal auditory canal (IAC) dura and resection of neoplasm in the IAC before cerebellopontine angle dissection was required for facial nerve identification. Operative time was significantly longer for irradiated cases, and facial nerve outcomes tended to be poorer, particularly when facial nerve dysfunction prompted the salvage procedure. **CONCLUSIONS:** Surgical salvage of acoustic neuromas after radiation therapy is feasible, but it presents technical challenges beyond that associated with primary surgical therapy. Poorer outcomes of postoperative cranial nerve status were caused primarily by anatomic changes at the nerve/tumor interface. As surgical experience with the irradiated acoustic neuroma grows, operative observations should be incorporated into the counsel provided to patients with acoustic neuromas as they weigh different management options.

Overnight hospital stay is not always necessary after uvulopalatopharyngoplasty. Spiegel, J., H., Raval, T., H. Department of Otolaryngology-Head and Neck Surgery~ Boston University Medical Center, Boston, MA 02118, USA. Jeffrey.Spiegel@bmc.org. *The Laryngoscope* (2005) Jan, Vol. 115, pp.167-71, ISSN: 0023-852X.

OBJECTIVES: To determine whether patients with obstructive sleep apnea who undergo uvulopalatopharyngoplasty (UPPP) have a significant incidence of postoperative complications that would justify overnight postoperative observation in the hospital. **STUDY DESIGN:** Part 1: review of published medical literature to determine incidence of postoperative complications. Part 2: retrospective review of 117 patients undergoing UPPP with or without additional procedures. **METHODS:** A literature search for existing studies describing the postoperative complications after UPPP for obstructive sleep apnea was conducted. After this, the records of 117 patients who had undergone UPPP at a university-based medical center, during a 5-year span were reviewed. **RESULTS:** Respiratory events occur in 2% to 11% of cases. These include airway obstruction (e.g., laryngospasm), postobstructive pulmonary edema (POPE), and desaturation. Airway obstruction occurred in the immediate postoperative setting. POPE was rare and usually occurred within minutes after the conclusion of the surgical procedure. Desaturation could occur at any time, but the severity was usually equivalent to that found on preoperative sleep study. Hemorrhage occurred in 2% to 14% of cases and had a biphasic incidence, occurring either immediately postoperatively or several days after surgery. Depending on definition, hypertension was observed in between 2% and 70% of patients postoperatively. This was most commonly diagnosed and treated in the immediate postoperative setting. In most reports, arrhythmia and angina occurred in less than 1% of cases. **CONCLUSIONS:** The majority of complications after UPPP with or without additional procedures occur within 1 to 2 hours after surgery. Postoperative oxygen desaturation is usually no worse than that that was observed on preoperative polysomnography findings. A 2 to 3 hour observation period may be suitable for patient after UPPP; if a patient experiences no complications and is maintaining adequate oxygenation and analgesia, same-day discharge from recovery room may be considered.

The biology and management of subglottic hemangioma: past, present, future. Rahbar, R., Nicollas, R., Roger, G., Triglia, J., M., Garabedian, E., N., McGill, T., J., Healy, G., B. Department of Otolaryngology and Communication Disorders, Children's Hospital, Harvard Medical School, Boston, Massachusetts 02155, USA. reza.rahbar@childrens.harvard.edu. *The Laryngoscope* (2004) Nov, Vol. 114, pp.1880-91, ISSN: 0023-852X.

OBJECTIVES/HYPOTHESIS: Objectives were 1) to review the presentation, natural history, and management of subglottic hemangioma; 2) to assess the effect of five variables (age, gender, degree of subglottic narrowing, location and extent of subglottic hemangioma, and lack or presence of other hemangioma) and the outcome of six different treatment modalities (conservative monitoring, corticosteroid, laser surgery, tracheotomy, laryngotracheoplasty, and interferon) in the management of subglottic hemangioma; and 3) to present specific guidelines to help determine the best possible treatment modality at the time of initial presentation. **STUDY DESIGN:** Retrospective review in the setting of three tertiary care pediatric medical centers. **METHODS:** Methods included 1) extensive review of the literature; 2) a systematic review with respect to age, gender, presentation, associated medical problems, location and degree of subglottic narrowing, initial treatment, need for subsequent treatments, outcome, complications, and prognosis; and 3) statistical analysis to determine the effect of five variables (age; gender, degree of subglottic narrowing, location and extent of subglottic hemangioma, and lack or presence of other hemangioma) and the outcome of six different treatment modalities (conservative monitoring, corticosteroid, laser surgery, tracheotomy, laryngotracheoplasty, and interferon). **RESULTS:** In all, 116 patients with a mean age of 4.7 months were treated. The most common location of subglottic hemangioma was the left side. The range of subglottic narrowing was 10% to 99% (mean percentage, 65%). Twenty-six patients (22%) were managed with a single treatment modality, which included conservative monitoring ($n = 13$), corticosteroid ($n = 11$), and tracheotomy ($n =$

2). Ninety patients (78%) required multimodality treatments. Overall, the treatments included conservative monitoring ($n = 13$), corticosteroid ($n = 100$), tracheotomy ($n = 32$), CO2 laser ($n = 66$), interferon ($n = 5$), and laryngotracheoplasty ($n = 25$). Complication rates included the following: conservative monitoring (none), corticosteroid (18%), tracheotomy (none), CO2 laser (12%), interferon (20%), and laryngotracheoplasty (20%). The following variables showed statistical significance in the outcome of different treatment modality: 1) degree of subglottic narrowing ($p < 0.001$), 2) location of subglottic hemangioma ($p < .01$), and 3) presence of hemangioma in other areas ($p < .005$). Gender ($p > .05$) and age at the time of presentation ($p > .06$) did not show any statistical significance on the outcome of the treatments. **CONCLUSION:** Each patient should be assessed comprehensively, and treatment should be individualized based on symptoms, clinical findings, and experience of the surgeon. The authors presented treatment guidelines in an attempt to rationalize the management of subglottic hemangioma and to help determine the best possible treatment modality at the time of initial presentation.

Molecular and cellular staging for the severity of chronic rhinosinusitis. Kountakis, S., E., Arango, P., Bradley, D., Wade, Z., K., Borish, L. Department of Otolaryngology-Head and Neck Surgery, Medical College of Georgia, Augusta, GA 30912, USA. skoutakis@mcg.edu. *The Laryngoscope* (2004) Nov, Vol. 114, pp.1895-905, ISSN: 0023-852X.

OBJECTIVES: To correlate objective and subjective clinical parameters with molecular, cellular, and histologic markers and to acknowledge the importance of these basic science parameters in a severity classification system for chronic rhinosinusitis (CRS). **STUDY DESIGN:** Retrospective analysis of prospectively collected data of consecutive patients undergoing endoscopic sinus surgery for CRS in an academic institution. **METHODS:** The preoperative computed tomography (CT) scans of all patients with CRS scheduled for surgery were graded according to Lund and Mackay. The patients completed a Sino-Nasal Outcome Test (SNOT)-20 questionnaire and had a preoperative nasal endoscopy performed, which was graded by assigning an endoscopy score according to Lanza and Kennedy. Subjects had a medical questionnaire regarding presence of aspirin sensitivity, allergic rhinitis, asthma, and medication usage. Subjects also underwent pulmonary function testing and had skin tests for allergies. At the time of surgery, blood was drawn to determine the level of peripheral eosinophilia and the degree of polymorphisms of the leukotriene C4 synthase gene. Sinus mucosal and polyp tissue was examined pathologically for the number of eosinophils per high-powered field (HPF) and was stained for EG2 to determine the portion of activated eosinophils. Leukotriene C4 levels (pg/g of tissue) were determined using a sensitive competitive enzyme immunoassay. Endoscopy and SNOT-20 scores were reevaluated 1 year after surgery. Data were analyzed for disease-severity correlation to recommend a severity classification system for CRS that incorporates the contribution of clinical, molecular, cellular and histologic parameters. **RESULTS:** The presence of polyps resulted in higher preoperative CT scores and higher preoperative and postoperative symptom scores. Average preoperative CT scores were significantly higher in asthmatics and allergy patients and correlated with endoscopy scores. Patients with more than five eosinophils/HPF of sinus tissue had higher frequency of polyps and asthma and higher CT and endoscopy scores than patients without sinus tissue eosinophilia (less than or equal to 5 cells/HPF sinus tissue). The subgroup of patients with eosinophilic nasal polyps eosinophilic hyperplastic rhinosinusitis) had more severe disease by CT and endoscopy than the subgroup of patients with nasal polyps (hyperplastic rhinosinusitis) but without eosinophilia. Similarly, patients without polyps but with tissue eosinophilia had more severe disease than patients without polyps and without eosinophilia. Leukotriene C4 levels were elevated in all patient groups. Symptom scores did not correlate with any of the parameters. **CONCLUSION:** We suggest the following severity classification system for CRS: 1) eosinophilic chronic hyperplastic rhinosinusitis (ECHR): patients with polyps and sinus tissue eosinophilia; 2) noneosinophilic chronic hyperplastic rhinosinusitis (NECHR): patients with polyps but without sinus tissue eosinophilia; 3) eosinophilic chronic rhinosinusitis (ECRS): patients without polyps but with sinus tissue eosinophilia; 4)

noneosinophilic chronic rhinosinusitis (NECRS): patients without polyps and without sinus tissue eosinophilia.

Intratympanic injections of dexamethasone for long-term control of vertigo. Barrs, D., M. Carolina Ear and Hearing Clinic, Raleigh, North Carolina, USA. *The Laryngoscope* (2004) Nov, Vol. 114, pp.1910–4, ISSN: 0023-852X.

OBJECTIVE: To examine whether intratympanic injection of dexamethasone is effective in long-term control of vertigo for patients with Meniere disease whose dietary and diuretic therapy has proved unsuccessful. **STUDY DESIGN:** Retrospective chart review performed at Carolina Ear and Hearing Clinic, Raleigh, North Carolina. **METHODS:** Thirty-four patients with intractable Meniere disease were given intratympanic injections of corticosteroids using dexamethasone 10 mg/mL for 4 weeks. The control of vertigo was documented in the 2-year period after completion of the course of injections. All patients were continued on a diet and a diuretic during the study period. **RESULTS:** Only 24% (8 of 34) of patients had control of vertigo with a single course of injections. Three patients had control of vertigo for 12 months and responded to a repeat series of injections with good control. Five patients who had recurrent vertigo at 6 months or earlier responded to repeat injections, for a total of 16 patients (47%) whose vertigo was controlled with a single course or multiple courses of intratympanic injections of corticosteroids. **CONCLUSIONS:** Approximately one-half of patients (47%) with intractable Meniere disease achieved control of vertigo with one or more courses of intratympanic injections of corticosteroids. A single course of treatment alone can be expected to produce long-term control of vertigo in only one-fourth (24%) of patients. This study indicates that intratympanic injections of corticosteroids should not be expected to give long-term control of vertigo in patients with Meniere disease. Multiple courses of intratympanic injections of corticosteroids, in conjunction with other treatments, are necessary in most patients with Meniere disease who have intractable vertigo.

Endoscopic management of hypopharyngeal stenosis after organ sparing therapy for head and neck cancer. Sullivan, C., A., Jaklitsch, M., T., Haddad, R., Goguen, L., A., Gagne, A., Wirth, L., J., Posner, M., R., Tishler, R., B., Norris, C., M. Division of Otolaryngology, Head and Neck surgery, Brigham and Women's Hospital, Dana Farber Cancer Institute, Boston, Massachusetts 02115, USA. *The Laryngoscope* (2004) Nov, Vol. 114, pp.1924–31, ISSN: 0023-852X.

OBJECTIVES: The objective of this study was to describe and evaluate the efficacy of an endoscopic technique for the management of postchemoradiation hypopharyngeal stenosis in head and neck cancer patients. **STUDY DESIGN:** Retrospective review. **METHODS:** Patients with postchemoradiation hypopharyngeal stenoses were identified from the Dana Farber Cancer Institute head and neck database. Patients who had undergone extirpative surgery and reconstruction were excluded. All patients underwent either anterograde dilatation (AD) by the lead author (C.A.S) or transgastric retrograde esophagoscopy with anterograde dilatation (TREAD) (C.A.S, M.T.J). Chemoradiation records, clinic notes, operative reports, and swallowing test data were reviewed. Removal of the gastric feeding tube was considered the end point of rehabilitation. **RESULTS:** Seventeen patients had postcricoid stenoses identified by modified barium swallow. Endoscopy confirmed 15 postcricoid stenoses and 2 proximal esophageal stenoses. Nine (53%) patients had partial stenoses, and eight (47%) had complete stenoses. Eight partial stenosis patients underwent 10 AD procedures and 3 TREAD procedures. Eight complete stenosis patients underwent 9 TREAD procedures and 26 subsequent AD procedures. Fifteen of 16 (93%) patients resumed swallowing after dilatation. Thirteen (81%) patients maintained their weight on an oral diet and had their gastric feeding tubes removed. Complications included hypopharyngeal perforation (13%), abdominal wall infection (6%), stomach wall dehiscence (6%), and chondroradionecrosis of the cricoid cartilage (6%). **CONCLUSIONS:** Postcricoid hypopharyngeal stenosis may be partial or complete after organ sparing chemoradiation for head and neck cancer. Using the TREAD technique, successful rehabilitation of swallowing can be achieved with a low incidence of complications.

Prevalence of Helicobacter pylori in patients with nasal polyps: a preliminary report. Koc, C., Arıkan, O., K., Atasoy, P., Aksoy, I. Department of Otorhinolaryngology-Head and Neck Surgery, School of Medicine, Kirikkale University, Kirikkale, Turkey. *The Laryngoscope* (2004) Nov, Vol 114, pp.1941–4, ISSN: 0023-852X. **OBJECTIVES:** The aim of the study is to determine the presence of H.pylori in nasal polyps by both immunohistochemical staining with H.pylori antibody of biopsy specimens and enzyme-linked immunoadsorbent assay (ELISA) of sera. **STUDY DESIGN:** A prospective, controlled, clinical trial. **METHODS:** We enrolled 30 patients with nasal polyps and 20 controls with middle concha bullosa undergoing endoscopic sinus surgery (ESS). Blood samples of both the study and control groups were evaluated for anti-H.pylori specific immunoglobulin (Ig) G antibodies by ELISA. In addition, biopsy specimens of the removed polyps and the mucosal part of middle conchas were examined by the immunohistochemical analysis with H.pylori antibody. **RESULTS:** In the blood samples, specific IgG antibodies to H.pylori were found in 26 (86.7%) of 30 polyp patients and 17 (85%) of 20 controls. In 6 (20%) of the 30 patients, H.pylori was identified in the nasal polyp tissue, but it was not detected in the mucosal part of the middle concha specimens. No significant statistical difference was observed for H.pylori antibodies by ELISA among the patients with nasal polyps and the control group (Fisher's exact test, $p = .59$). However, there was a statistical difference between the polyp biopsy specimens and the control biopsy specimens by immunohistochemical staining (Fisher's exact test, $p = .037$). **CONCLUSIONS:** This study indicates that H.pylori was found in increased prevalence in the nasal polyps. However, further controlled epidemiologic studies would be necessary to confirm our results and clarify the potential underlying pathogenetic mechanisms.

Diffuse nasal polyposis and endonasal endoscopic surgery: long-term results, a 65-case study. Dufour, X., Bedier, A., Ferrie, J., C., Gohler, C., Klossek, J., M. Department of Otorhinolaryngology—Head & Neck Surgery, Centre Hospitalo-Universitaire, Poitiers, France. *The Laryngoscope* (2004) Nov, Vol. 114, pp.1982–7, ISSN: 0023-852X.

OBJECTIVE: To analyze the efficacy of a standardized surgical procedure in patients with nasal polyposis. **STUDY DESIGN:** Prospective study of nonrandomized cases from a single institution. **METHODS:** An inception cohort of 65 consecutive patients with nasal polyposis observed from January 1994 to December 1997. Presence of asthma, allergies, or aspirin intolerance, duration of nasal polyposis, previous surgery, and medical treatment were noted. Clinical symptoms were evaluated with a visual analogue scale (VAS), and a preoperative computed tomography scan was performed before the surgical procedure. At the end of the study, an evaluation was performed to collect all information concerning nasal symptoms, asthma conditions, quality of life, and patient's opinion about this type of surgery. **RESULTS:** Sixty patients have completed the study. Polyposis was isolated in 29 patients (group A), asthma was present in 21 patients (group B), and aspirin intolerance in 10 patients (group C). Nasal obstruction ($n = 53/60$, 88.3%) and olfactory disturbances ($n = 54/56$, 96.4%) were the main preoperative complaints, according to the VAS, with a high degree of severity. No significant difference for nasal symptomatology was found between the three groups. Nasal obstruction and olfactory dysfunction was improved in 37 and 42 patients, respectively, without a statistical significance between the groups. A reduction of the antiasthmatic treatment was observed in 24 of 31 patients. A massive and anteriorly localized recurrence as noted in 3 and 19 patients, respectively. **CONCLUSIONS:** Endoscopic sphenoidectomy is indicated for nasal polyposis refractory to intensive medical management with a good improvement of patient's quality of life.

Open supraglottic laryngectomy. Rinaldo, A., Ferlito, A. Department of Surgical Sciences, ENT Clinic University of Udine, Udine, Italy. *Acta oto-laryngologica* (2004) Sep, Vol: 124, pp. 768–71, ISSN: 0001-6489.

Open supraglottic laryngectomy is an oncologically sound surgical procedure for selected cases of laryngeal cancer which maintains physiologic speech and swallowing without the need for a permanent tracheostoma. The oncologic principles, techniques for resection and reconstruction, postoperative management and complications are discussed.