

Editorial

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Bang in the middle of the summer with the August sun at its prime and holidays to enjoy we publish in this issue a paper that puts together evidence for what many of us already know but may have felt unable to act upon. Learning through custom and practice is of course no longer enough, the level of evidence now rightly makes for what can be accepted. Basu, Youngs and Mitchell-Innes¹ have done a systematic review on screening for vestibular schwannoma in the context of an ageing population and show that while the weighted yield of MRI in diagnosis of vestibular schwannoma in all ages is 1.18 percent that is to say approximately 85 scans are required to make one diagnosis; the nature of the disease may be different past the age of 70 so that a more nuanced policy on the use of MRI would be more appropriate. The authors show that these tumours in patients over 70 are slower growing and tend to be of smaller size than those in younger patients so that with considerations of life expectancy and the improbability of active treatment in the form of stereotactic radiotherapy or even surgery a rational approach on the use of MRI as a screening tool is required. One accepts that non-imaging screening protocols for vestibular schwannoma are inadequate^{2,3} and that cost effectiveness of a non-contrast screening MRI protocol for vestibular schwannoma for all ages in patients with asymmetrical sensorineural hearing loss may be appropriate.⁴

Chronic rhinosinusitis is a common disease and occasionally requires endoscopic sinus surgery. Tsuzuki *et al*⁵ look at predictors of disease progression after endoscopic sinus surgery and show that eosinophilic cases deteriorate over time and that frontal sinus polyp recurred early in these cases, so that the young adult with asthma, a high computer tomography score and frontal sinus polyp signify adverse outcomes. The three most recommended papers on outcomes of endoscopic sinus surgery show that although removal of polyps improves olfaction, the long-term results are hard to predict,⁶ that the long-term quality of life outcomes are good⁷ and the impact of surgery on sleep outcomes show both statistical and clinical improvement.⁸

References

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