

Oropharyngeal carcinoma, incidental findings on magnetic resonance imaging scans for audiovestibular symptoms, penetrating neck trauma and myringoplasty

Oropharyngeal carcinoma management has undergone a revolution in recent years with the improved understanding of the role of human papilloma virus in altering the demographics of this condition, with changes in treatment burden, the increasing use of less invasive techniques and a resulting change in treatment outcomes for this difficult condition. This is discussed in an exciting review in this issue of *The Journal of Laryngology & Otology*,¹ complementing a recent article in *The Journal* supplement on UK multidisciplinary guidelines and an outcome study reported in last year's main journal.^{2,3}

The wide range of audiovestibular symptoms leading to a request for magnetic resonance imaging (MRI) means that most ENT surgeons will find much of their time responding to investigation results and dealing with the fall-out from incidental findings and the ensuing diagnostic chase. The quantification of this aspect of clinical practice was well done in a paper from Blackpool,⁴ this study indicates that 40 per cent or so of scans show some incidental finding, which might be vascular (such as microvascular change with age: how much is too much?), and so raising questions in need of answers. The economics of MRI have been discussed in a recent *Journal of Laryngology & Otology* article,⁵ but when incidental findings are taken into account, the burden of this test is somewhat greater than is initially evident.

Penetrating neck trauma is a significant source of work in some centres, particularly those in inner cities, and we have much to learn from our military and US colleagues regarding how best to deal with these difficult injuries. In other small or rural centres, these are rarer events. This issue of *The Journal* has an article from Kasbekar *et al.* from Liverpool's trauma unit,⁶ which shows a decline in such injuries, many of which are self-inflicted, and the exploration rate is going down in that centre. The indications for intervention are discussed and related to published best practice.

The factors surrounding myringoplasty indications and outcomes continue to generate interest in our correspondence section, following the article from Bradford on factors influencing success.^{7–9} We

recently published an article that considered myringoplasty outcomes in younger versus older children.¹⁰ The article from Drs Ihsan and Menon in this issue takes the matter further;¹¹ they describe a good take rate from a contralateral 'push-through' myringoplasty in patients with bilateral perforations undergoing a traditional myringoplasty on the 'main' side, thus limiting overall morbidity and the need for surgery in a second sitting. This may be an unusual approach to bilateral disease in current UK practice, but undoubtedly has merit in some healthcare environments. Perhaps this approach should be considered in more cases.

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