

A medley of flavours

As I write this editorial, the summer is in full bloom. On holiday in California, at stops on Highway 1, the articles for the August issue of *The Journal of Laryngology & Otology* are set in order, and this is said to whet your appetite.

Quality of life and survival are the bedrock of cancer therapy. Morand *et al.* report on oropharyngeal cancer patients treated with primary chemoradiation.¹ The authors show that salivary gland transfer helps to reduce xerostomia and improve quality of life. They discuss the delay that this transfer may cause and consider whether it is detrimental to oncological outcomes.

That a trainee collaborative research network has developed to the level of a survey involving 42 secondary care centres² is to be welcomed. The survey shows the variation in practice in peritonsillar abscess management across the UK and the rate of adverse events at 30 days, and presents a case for the use of steroids and possible out-patient based management for milder cases. This network could provide a solid base for further collaborative audit and research. A previous paper investigating risk factors for recurrence of peritonsillar abscess adds to these findings.³

The contention that personal music systems used at high volume are harmful to hearing is corroborated by Kumar and Deepashree's experimental work involving 60 participants.⁴ The authors found that personal music systems used at high volumes led to: elevated high frequency thresholds, reduced frequency discrimination and temporal modulation detection, and poor speech perception. This puts in perspective university students' attitudes towards hearing loss caused by attendance at night clubs.⁵

Jervis and Skinner's paper on screening for arteriovenous malformation in hereditary haemorrhagic telangiectasia cases provides a useful update for the busy otolaryngologist.⁶ It evaluates the pros and cons of screening for congenital arteriovenous malformation, and considers the role of genetics. This adds to a previous paper on the subject, which cites the lack of a UK-wide guideline on the management of hereditary haemorrhagic telangiectasia.⁷

The stability of cochlear implant outcomes over time in elderly patients has been controversial. Neural plasticity and neurodegeneration have raised concerns about the benefits and costs of implanting. The paper by Hilly *et al.* on the subject is timely; in their patients, the outcomes were stable over six years.⁸

The irritating term 'seven-day working' for doctors has now become a part of political discourse. Patel *et al.* focus on current weekend work and consider whether weekend surgery is a risk factor in the management of post-operative haemorrhage.⁹ They show that it is not.

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