

Pharmacology in ENT

This issue of *The Journal of Laryngology & Otology* is introduced by two review articles that highlight aspects of pharmacology and its utility in ENT. Bleeding, particularly epistaxis and post-tonsillectomy bleeding, forms a major part of the emergency work of any ENT department. Robb focuses on the possible role of tranexamic acid, with two recently published pilot studies looking at primary haemorrhage in children and secondary haemorrhage in adults following tonsillectomy suggesting that larger, randomised studies should explore the efficacy of tranexamic acid in routine ENT surgery.¹ In a second review article, Sakallioğlu and colleagues discuss the potential antibacterial properties of xylitol.² Xylitol inhibits the growth of a number of micro-organisms, particularly *Streptococcus pneumoniae* and *Haemophilus influenzae*. With antimicrobial resistance being a major issue worldwide, the potential for development of new agents that can be used to treat common conditions such as acute otitis media and rhinosinusitis is exciting.

In the previous issue, a number of articles discussed pressure-related otological topics, including air traveller's awareness of the preventability of otic barotraumas.³ In the current issue, Hussein and Abousetta investigate the value of the nine-step inflation/deflation test as a predictor of middle-ear barotrauma in aircrew members.⁴ They found that this test was a reliable predictor of fitness to fly, and far better than the

assessment of resting middle-ear pressure by tympanometry.

Finally, readers may notice that this issue has no Clinical Records (case reports). This is a result of a deliberate editorial policy that has taken two years to work its way through. The *Journal* will still consider publishing case reports, but such articles must have an important clinical message.⁵ Articles that merely report rare pathology that have little relevance to the practising clinician will not be considered for publication.

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References

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