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Editorial

This end-of-2014 issue brings together a clinically relevant collection of Australasian-based research efforts. Insights into acoustic injury and the medical ambiguities it presents are insightfully described from a medicolegal perspective.[1] The other review focuses on the uncommon but increasingly recognised inflammatory disorder of IgG4 related fibrosis.[2] While this condition has been well described in the head and neck, the paranasal sinus presentation and the features distinguishing it from traditional sinus inflammation are unique.

Treatment of paediatric chronic sinonasal conditions always raises much debate. The article by Bitar *et al*. highlights the benefit of surgical management of the inferior turbinate in paediatric rhinitis.[3] Modern approaches such as coblation clearly offer a minimally invasive, low-complication approach that should be balanced with medical intervention. The era of over-diathermised or resected turbinate surgery in children has ended, and the evolution of effective but conservative interventions is well described here. Although sinus surgery has a limited role, the occasional surgical intervention is still required. However, Barakate and Havas demonstrate that the approach to children is still very conservative in Australia, as only 82 maxillary antrostomies were performed over a decade, highlighting the limited need for paediatric sinus surgery for chronic disease, even from an active paediatric centre.[4]

The frequency of common conditions such as benign positional paroxysmal vertigo and vestibular migraine is again highlighted in a Thai patient population. Tungvachirakul *et al*., in collaboration with O'Leary's Melbourne group, highlight the infrequent diagnosis of Ménière's disease, despite this condition being high on a general practitioner's differential diagnosis list. The diagnostic algorithm presented helps to unravel the complexities of differential diagnoses in this patient population.[5] Interventions for sudden sensorineural hearing loss remain controversial. The initial publications on corticosteroid use and attempts to define a 'responder' that is different from natural recovery continue. The pilot study by Oue *et al*. provides some reassuring evidence that the simple treatment of more steroids given locally is not necessarily the answer.[6] There may yet be a path for the optimal management of sudden sensorineural hearing loss, but non-recovery will still be a feature in this condition.

The swallowing status of post-laryngectomy patients is described by Anderson *et al*. with the post-surgical phenomenon of the anterior pharyngeal pouch.[7] The authors postulate on the potential factors leading to the development of this condition and the range of treatment options. Unfortunately, the numbers in these studies are limited, with no control group; thus, management strategies continue to be both wisdom- and evidence-based. Controversy still clearly exists as to the causes and aetiology of post-laryngectomy dysphagia.

Finally, as we move into the sixth edition of the Australian Supplement to *The Journal of Laryngology & Otology*, the Editorial Board acknowledges the enormous contribution from Simon Carney who had served as Editor for almost seven years. He stepped down in 2013 to apply himself to other academic endeavours. Richard Gallagher (head and neck), Raymond Sacks (rhinology), Shyan Vijayasekaran (paediatrics) and Rob Briggs (otology) have agreed to assist as section editors, and Alkis Psaltis has joined the Editorial Board. From the Editorial Board, we implore all Australasian researchers to consider publication in *The Journal* as it offers local trainees and surgeons an excellent pathway to publication for their hard-earned research efforts.

RICHARD HARVEY
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