

## Editorial

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Otitis media with effusion (OME and many other synonyms) is responsible for a very significant proportion of paediatric otology and audiology activity. Although the pathophysiology and scientific basis is far from fully understood, to a large extent, this is frustrating but somewhat academic, as the outcomes are heavily mitigated by its resolution over time, in most cases. With adult OME, there is no such reliance on “maturity” solving the problem for us, at least in those cases where OME persists after initial medical measures, as by definition the patient is already mature. Despite an increasing proportion of adult OME cases being due to well-defined underlying pathology, this does not apply for many cases. Therefore, the management is often dependent on pragmatism and *primum non nocere* (“first do no harm”) rather than hard evidence and science. Robert Mills (Khon Kaen, Thailand, previously Dundee and Edinburgh, UK) reviews the topic in this issue,<sup>1</sup> in our Paper of the Month. Professor Mills has contributed greatly to our increased understanding of this topic in previous JLO and other journal papers, his view being that the proportion of “idiopathic” cases has diminished over the past few decades as our understanding has increased, and many features of childhood OME are also applicable to adults.<sup>2,3</sup> Experience with ventilation tubes is often disappointing, more so than in children. Ventilation tube complications, particularly relentless, intractable otorrhoea, has led to a move away from this option for many patients, but the precise role of alternative management strategies (Eustachian tube balloon dilatation, cortical mastoidectomy, intratympanic steroids, for example) is still uncertain.<sup>4</sup>

Non-tuberculous mycobacterial infections crop up regularly in children with lymphadenitis, and this has been the topic of previous JLO papers, but none recently,<sup>5,6</sup> and the authors of this month’s paper from Middlesbrough, UK, highlight the variability of management strategies discovered in a survey of UK specialists.<sup>7</sup> Twenty-one UK tertiary paediatric ENT centres were surveyed with a high response rate, with surgery being the favoured treatment in most cases (69 per cent), and medication (such as rifampicin and clarithromycin for three months) was favoured in a minority of respondents. Observation alone was favoured if the skin was not involved or the mass close to the facial nerve. There was a high degree of agreement between centres and a plea made for national guidelines on the topic.

Olfaction has been a Cinderella special sense in medical research, despite the efforts of Doty and his colleagues in the United States over many decades and good evidence that it is an important sense for maintaining good quality of life and has interesting links to many important conditions (not least of which are coronavirus disease 2019 [Covid-19] and dementia). Investigations in routine use are dominated by subjective methods, such as questionnaires or smell tests (UPSIT and Sniffin’ Sticks, for example), with the prospect of routine objective testing continuing to seem far beyond the horizon.<sup>8</sup> This matter has been given additional impetus by the severe acute respiratory syndrome coronavirus-2 (SARS-Cov-2) pandemic, with a resurgence in interest in olfaction. Therefore, it is timely that the JLO includes an article on this topic by Baranwal and colleagues from the Department of Physiology in Jodhpur, India.<sup>9</sup> We include in this month’s issue their review of olfactory evoked potential testing and its possible roles in clinical and research situations, evaluating the (numerous) obstacles and potential benefits of such investigations.

## References

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