

Vocal fold paralysis, vaping among adults attending otolaryngology clinics and post-operative management following functional endoscopic sinus surgery

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Editorial

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Several articles in this month's issue address the issue of vocal fold immobility, a common condition seen in the ENT clinic that can significantly impact patients, both occupationally and socially. Cross-sectional imaging is required on diagnosis of vocal fold paralysis to exclude any underlying malignancy. In the study published by Philipsen *et al.* in this month's issue, 27 per cent of patients with vocal fold paralysis were found to have an underlying malignancy, broadly in keeping with previous studies.^{1,2} In their study, computed tomography (CT) of the neck and upper chest and positron emission tomography CT (PET-CT) demonstrated comparable diagnostic yields in detecting underlying extra-laryngeal pathology. While their data did not reveal an advantage, magnetic resonance imaging (MRI) remains a suitable modality for identifying lesions within the central nervous system responsible for vocal fold paralysis. Based on their study findings, the authors also conclude that patients with initial normal findings on CT, PET-CT or MRI be monitored without subsequent imaging unless new relevant symptoms manifest, in line with previously published studies.³

The study by Hirunpat *et al.* in this month's issue also identified a high diagnostic yield of CT of up to 67 per cent for identifying the aetiology of unexplained vocal fold motion impairment.⁴ The leading cause of vocal fold motion impairment was found to be malignancy in such cases, followed by idiopathic cases.

There has been a sharp rise in vaping among young adults within the UK.⁵ A study by Dakri *et al.* in this month's issue studied vaping prevalence, motivations and risk perceptions among 284 adults attending ENT clinics in the East of England.⁶ A total of 24 per cent reported vaping, the highest rates seen in those aged 18–25 years and the unemployed. The main motivation was smoking cessation (49 per cent), followed by stress relief and social factors. Vapers viewed vaping as less harmful compared with non-vapers. The authors propose a need for targeted educational campaigns on the risks of vaping, as well as stricter regulations to address the potential impact of vaping on ENT health.

Finally, a study in this month's issue highlights the variation in post-operative practices following functional endoscopic sinus surgery among ENT surgeons in the UK.⁷ The authors of the study conclude that high-quality evidence is required to provide more standardised care and to inform the most effective post-endoscopic sinus surgery management. Recently published studies have begun to produce meaningful results in this area.^{8–10}

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