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From there he went  
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vate GP practice for  
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He commenced his  
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His special interests  
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## Community ENT

Otorhinolaryngology forms an integral part of the gateway to some of the most important systems in the human body.

The design of the nose as an air-conditioning unit is unsurpassed by any man-made device.

The inner ear, consisting of the vestibular labyrinth and cochlea, remains an anatomical and physiological wonder.

The effect of the singing voice continues to inspire the human spirit, whether it is Pavarotti or Bryan Adams, Sarah Brightman or Celine Dion.

The aim of this edition is to provide the clinician with a practical approach to managing the selected ENT topics in a sensible manner. The majority of patients seen by family physicians will present with ENT-related symptoms, such as nose bleeding, earache, sore throats, sinus-related symptoms and many more.

Allergy is an integral part of modern day life and the prevalence of allergy-associated conditions is on the increase worldwide.

Mike McDonogh provides us with a useful and updated review on allergic rhinosinusitis in such a way that we are encouraged to broaden our thinking on this important subject. We as health care providers (HCP) need to educate ourselves regarding the functioning of the immune system. Only when we have grasped the intricacies of the immune system will we be able to appreciate the effects that recurrent infection, repeated antibiotic use, inadequate diet and modern day stress have on our immune systems.

Marcelle Groenewald's article deals with the broad topic of paediatric food allergy. She has managed to condense her personal experience, studies done by prominent allergy specialists and practical advice for every HCP, into a unique manuscript. Tables featured in this article can be used as patient handouts to assist the HCP in managing food allergy in children.

Eln marie Burden discusses the subject of the running ear. She highlights other causes of otorrhoea where the failed oral antibiotic and eardrop treatment leaves

the HCP and parents very despondent. The current treatment recommendations proposed by the drug-resistant *Streptococcus pneumoniae* (DRSP) working group is presented. Every prescribing HCP should be cognisant of these recommendations.

Louis Hofmeyr points out the pitfalls in the approach to the dizzy child. Dizziness is a symptom often ignored in history taking, as the child is unable to verbalise this symptom accurately. This may result in misdiagnosis of the child with otitis media or even worse, medulloblastoma in a toddler.

Hearing impairment has a profound effect on a child and the family. The hearing impaired child is discussed by Derrick Wagenfeld, a well-known ENT specialist and head of the first cochlear implant unit in South Africa. As Derrick writes: 'Appropriate early intervention by a multidisciplinary team provides an excellent outcome for children with hearing loss'. This is a crucial fact for every HCP involved in the treatment of our paediatric patients.

Dawid Stolp describes the clinical presentation of bleeding in post-tonsillectomy patients and discusses the predisposing and precipitating factors involved. Marius Wium points out the compromising factors in a child presenting with post-tonsillectomy bleeding and looks at the specific anaesthetic techniques employed in these cases.

Deon Rossouw provides the relevant facts regarding ventilation tubes (grommets) in an interesting 'to do or not to do' debate form. His statement that 'to do or not to do' balances on a knife's edge is forever true.

Jacques Viljoen presents a practical and step-wise approach to the management of epistaxis. He reminds us to consider the less common but not so benign causes of epistaxis, e.g. nasopharyngeal carcinoma and juvenile angiofibroma in teenage boys.

We trust that this issue of *CME* will be met with the same enthusiasm that it has been written and compiled by the authors.