

Ear, nose and throat

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He is currently involved in research in the area of sudden sensorineural hearing loss, computer-assisted diagnosis in otology and telemedicine for ENT and cancer patients.

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There are many controversial management issues in every aspect of ENT. The articles in this edition attempt to deal with these issues based on the best evidence that is available in peer-reviewed literature. This edition has a range of both common and less discussed topics with a practical management focus.

An ENT update would not be complete without the usual 'frequent fliers' – otitis media and sinusitis – and this edition is no different. As our allergy season is just beginning, it's appropriate to discuss the question of whether an accurate diagnosis of allergy is even necessary or beneficial. Dysphagia is mostly under-diagnosed and is an overlooked topic that is not often featured in an ENT CME. Head and neck tumours are not managed by general practitioners but parotid tumours are often diagnosed first in general practice. In our paediatric practice dangling a set of keys in front of a baby no longer suffices to test hearing, which can now be done from birth. Brief overviews on a busy GP's 5-minute approach to a dizzy patient's diagnosis and realising that a 'simple' blocked ear can be an emergency are presented.

In the article 'An approach to chronic otitis media with effusion, the pros and cons of grommets', Duane Mol differentiates between the different types of otitis media and explodes some of the myths about grommets. The management and treatment of common problems following grommet insertion such as ongoing otorrhoea, blockage of the grommet and granulation tissue are discussed.

The European Position Paper on Rhinosinusitis (EPOS) provides guidelines on treatment of rhinosinusitis and this forms part of Darlene Lubbe's article. She discusses the importance of a simple and uniform classification, diagnosis, imaging and medical and surgical management.

Gloria Davis discusses the different allergy diseases or syndromes and justifies why we should adopt a different attitude when treating atopic as opposed to non-atopic rhinitis. The evidence for various diagnostic tests is presented, including the 'gold standard' skin prick test. The controversy of food allergy and its testing is discussed, as well as management.

The dysphagia patients in our practices are often overlooked. Dysphagia occurs not only in stroke and cancer patients but covertly in several of our elderly population. Many patients present

subclinically with subtle signs and symptoms. Be careful not to miss this diagnosis in a patient with recurrent episodes of pneumonia, dehydration and weight loss. Alan McCullough describes the importance of understanding the pathophysiology of the different stages of swallowing. Alan emphasises that the chief purpose of a clinical swallowing evaluation is to identify those patients at risk for dysphagia and that all cases should be managed in a multidisciplinary team.

General practitioners play a key role in making an initial diagnosis of a parotid tumour and, more importantly, referring these patients to a specialist with expertise in parotid surgery. This leads to the correct management and surgery and avoids the various pitfalls involved. Johan Fagan gives a South African perspective of these neoplasms and a pragmatic clinical approach.

Undetected hearing loss in infants and children has devastating effects on patients and their families. If hearing loss is detected before 6 months of age and basic intervention with various means is introduced early, these children can be mainstreamed by age 6. In 'Never too early but often too late', De Wet Swanepoel outlines the vital importance of early hearing screening and intervention in South Africa. The general practitioner plays a fundamental and critical frontline role in ensuring that these infants are screened and not missed.

I have included a short and hopefully useful practical approach to two clinical problems that are frequently poorly understood and managed. The 5-minute diagnosis of a dizzy patient differentiates the four main balance centre inputs and hence the aetiology and understanding of dizziness. The diagnosis is most often made on careful history alone. Sudden sensorineural hearing loss is under-recognised, with dreadful consequences of permanent hearing loss and tinnitus. Often a sensation of a 'blocked ear' is the only symptom of this ENT emergency.

I want to thank my co-contributors, all recognised as experts in their field in South Africa, for their efforts and enthusiasm. We attempted to provide concise but useful updates for your day-to-day practice and patient care.

Enjoy your reading!