

# EDITOR'S COMMENT

## *Ears, noses and throats*



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ENT — never really thought of as a 'sexy' part of medicine, but one that is very necessary nonetheless. And the sheer scope of topics covered in this edition of CME attests to that. ENT is a broad and interesting topic. But, as Johan Fagan points out, ENT services have suffered serious cutbacks over the past few years. The results of this are not unimportant, as serious ENT infections can lead to deafness with all its subsequent costs in human and economic terms. That aside, the management of these conditions is not trivial, and this issue goes a long way towards helping GPs make decisions about treatment of otitis media in children, particularly the vexed question of whether or not to give antibiotics.

A patient with a neck mass is always a daunting prospect, but one which should be somewhat easier to deal with after reading Mohammed Thandar's excellent article. Thandar points out that understanding the anatomy of the neck is vital to any approach to diagnosis and the necessity for subsequent referral, and does this simply and efficiently. The flow diagrams in the article are particularly useful.

'Doctor, I feel dizzy.' Along with 'I have a headache', probably the opener which leads to the most heartsink in any consultation! Fortunately, benign positional vertigo is a condition that is relatively easy to distinguish clinically from the myriad causes of dizziness and, contrary to what many believe, amenable to treatment. Again, understanding the anatomy of the inner ear is important, particularly to understanding the way in which the condition can be treated, and this is again dealt with simply.

Sinusitis is a very common condition in general practice and one in which the difference between bacterial and viral infection needs to be distinguished. There are fairly reliable clinical signs of bacterial infection, which are outlined in detail in the article 'Current approach to sinusitis'. Once a bacterial aetiology is established as probable, then the correct antibiotic is important, or treatment failure is inevitable. This article lead the reader through the common causes of bacterial sinusitis and suggests the correct antibiotics to use.

An ear discharge has many different causes, and the cause can usually be established with a good history and thorough clinical examination. Dr Seedat offers a clear outline of the most important points in taking a history and a good description of the type of clinical examination necessary for diagnosis. Treatment is based on the cause, and clearly outlined in the article.

Seventh nerve palsy is a distressing condition for a patient and it is important to know when there is a reversible cause — the assumption that all are idiopathic is dangerous since there are many reversible causes that need to be dealt with early enough for correction. This article should allow any GP to know what s/he is dealing with early on.

The high prevalence of HIV will have its impact on ENT services, since 70 - 90% of patients will at some stage have an ENT manifestation of their disease. This is particularly important to the GP since s/he is usually the first port of call. Dr Lubbe's comprehensive article offers practical advice on diagnosis and management of these patients.

Grommets have transformed the management of certain middle ear conditions

and the main indication for their use is in a child with persistent hearing loss of more than 20 dB. I must admit that I was one of the many who assumed that grommets work by 'draining the middle ear', when in fact they equalise middle ear pressure with atmospheric pressure. Karen Lehman's article is full of detailed information on this important topic.

Last, but not least, to snoring, which is far more than simply something that regulates many men (or less often, women) to the spare room or sofa for the night! This common problem is actually a manifestation of a large group of sleeping disorders called sleep-disordered breathing. This concise approach to such a common problem should be very useful.

Many thanks to Johan Fagan and his team for such an interesting and enjoyable edition of *CME*.

Elsewhere in this edition, smoking gets plenty of space since May is the Cancer Association's national anti-smoking month. I have not tried to offer tips to help patients stop smoking. Those of you in clinical practice will, by now, have a pretty good idea of what works and what doesn't. Instead I have looked at the tobacco industry in general and its attempts to make sure that the developing world is their next big market — attempts which are slowly starting to be foiled by a growing awareness of the dangers of tobacco products. In the same vein, I have discussed alcohol and the major social, medical and economic effects of the misuse of this very socially acceptable substance of abuse.

Enjoy your read.

## SINGLE SUTURES

### BACK TO THE FUTURE

According to the *American Journal of Public Health*, smoking is becoming more common in films. Between 1950 and 1990 smoking in the United States dropped from 44% to 23%. Over the same period the number of times per hour that an actor smoked fell to 4.9 per actor per hour. But, now it has returned to 10.7 per hour and recently rose to 10.9 times an hour.

Does it matter? There is good evidence that smoking on the screen does influence young people. Do actors smoking on screen influence young people to smoke? The evidence is there that they do. It would be interesting to look at the reasons why actors are smoking more on screen, particularly as this suggests that more actors now smoke, unless they are willing to take up the habit in the same way that they are willing to gain and lose weight for the sake of the script.

Glantz SA, et al. *Am J Pub Health* 2004; **94**: 261-263.

### CHINA TAKES ON THE BIG GUNS

China, described as 'the last great hope of the global tobacco industry', is tightening controls on cigarettes in 2004, as it complies with the Framework Convention on Tobacco Control. China makes and consumes more cigarettes than any other country in the world, but is bringing in tough new regulations on advertising, health warnings on packs, and is targeting juvenile smoking. China has more than 300 million smokers — about a quarter of the nation — who are mainly men.

Smoking is so acceptable that a common greeting between men is to offer a cigarette. Tobacco generates about a tenth of China's entire revenue. But government is finally realising that their financial gains from cigarette sales could be wiped out by the long-term health costs to the nation.

Watts J. *Lancet* 2004; **363**: 50.