

Editorial

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Nasal douching (lavage) has re-emerged in recent decades as a popular means of controlling nasal symptoms and facilitating post-operative care in patients after nasal and sinus surgery. Fandino and Douglas from Auckland (New Zealand) give us a fascinating insight into the historical aspects of this practice, going back to ritual purification and the 'Neti pot',¹ and incorporating the contribution of Thudichum (of forceps fame). *The Journal of Laryngology & Otolology* recently published a paper comparing different douche solutions² and over a decade ago looked at the effect of douches on mucociliary clearance.³ Mucociliary clearance improvement after sinus surgery (as well as olfaction) is also covered in another paper in this issue,⁴ from Vellore (India).

The management of ENT emergencies in the pandemic has received much attention in *The Journal* and elsewhere. This issue has a paper from Bury (Lancashire) showing trends in the presentation and management of peritonsillar abscess ('quinsy') and epistaxis compared to pre-coronavirus practice.⁵ Noteworthy findings are a reduction in referrals and admissions for these two conditions, as well as an increase in the conservative management of quinsy and a willingness to manage patients with nasal packs as out-patients (even if the pack is non-absorbable). Around a third of patients with non-absorbable packs removed them at home without medical assistance. This radical policy change does not seem to have translated into an increase in progression to deep neck space abscesses nor a radical increase in re-bleeds from the nose, and so, given the circumstances, seems safe enough. This follows on nicely from last month's article on the emergency ENT clinic activity, showing a quantitative and qualitative change in presentations since the pandemic began, with a predominance of otitis externa and foreign bodies.⁶ In patients with quinsy, drainage procedures are not always easy, especially if trismus is present. This issue includes an article from Birmingham (UK) describing the use of oropharyngeal video flexible endoscopy in aiding accurate drainage as well as being a good teaching aid.⁷ The usefulness of needle aspiration and discharge home on oral antibiotics was described long ago in a series reported from Durban (South Africa) in *The Journal* back in 1991.⁸

Jean-Pierre Jeannon and the head and neck team at Guy's and St Thomas' (London) describe the challenges and outcomes of performing major head and neck surgery in the pandemic; their study involves 69 cases over two months, including 13 that required free flaps.⁹ They describe how practice has needed to change in order to achieve a successful outcome. The details of protocols described in this article will surely be of interest to all units who are currently struggling to deliver care to this group of patients. Waiting for many more months until the pandemic is substantially calmer is not a viable option for these cases.

References

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