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The validity of barium swallows in the diagnosis of head and neck cancer patients (globus pharyngeus)

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Globus pharyngeus is a common benign condition with controversial management. Patients with globus pharyngeus are usually investigated to exclude the possibility of upper aero-digestive malignancies. There is a great debate about the role of barium swallow in the management of this condition. Review of all head and cancer patients diagnosed at Betsi Cadwaladr Health Board which is covering all North West Wales in the period between January 2010 and December 2014 has confirmed that barium swallow has a very limited sensitivity and specificity in diagnosing head and neck cancer. We conclude that barium swallow should not be requested routinely as part of management of globus pharyngeus patients. This approach will reduce the cost and radiation effect of unnecessary investigations.

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Topical hyaluronic acid in rhinitis medicamentosa: Could our perspective be changed?

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This study was designed to prospectively evaluate the role of nebulized hyaluronic acid (HA) as a treatment for patients with rhinitis medicamentosa (RM). RM is a pathological condition of the nasal mucosa induced by prolonged, excessive or improper use of topical decongestants. Clinically, it is characterized by persistent nasal congestion, which occurs increasingly rapidly after the application of nasal decongestants. This congestion leads the patient to increase the frequency of application and the quantity of the substance being applied, resulting in dependence on topical nasal decongestants. 25 patients were treated with HA nebulized via spray-sol twice a day (morning and evening) for 10-days (T1). Subsequently, after three days of washout, patients were treated with physiological saline nebulized via spray-sol twice a day (morning and evening) for 10 days (T2). The HA spray-sol treatment group (tp) significantly improved visual analogue scale (VAS) scores (T0=6.25±1.64 vs. T1=3.91±1.30; $p<0.05$), whereas there was no statistically significant difference in the saline spray-sol treatment group (tp) ($p>0.05$), results confirmed by the anterior active rhinomanometry (AAR) data (HA spray-sol tp T0=1.193±0.83 vs. T1=0.44±0.25, $p<0.05$; saline spray-sol tp ($p>0.05$). An improvement in the Global Rhinitis Score (GRS) was recorded in both groups (T0=15.37±5.16 vs. T1=5.54±3.23, $p<0.05$; saline spray-sol tp T0=15.37±5.16 vs. T2=10.7±5.43; $p<0.05$). Both groups showed a significant reduction in mucosal oedema and nasal secretions. Patients treated with HA spray-sol reduced or even eliminated (11/25 patients) the use of topical decongestant within 10 days of treatment with HA (T0=4±1.53 vs. T1=0.958±0.806, $p<0.05$). The results of this study suggest nebulized topical 9 mg sodium hyaluronate plays a pivotal role in the management of RM.

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