Controversies in Otolaryngology
The front cover shows Janus, the god of gates and doorways from Roman mythology. With two faces looking in opposite directions, Janus represents awareness of different ideas. Janus was chosen for the cover because being aware of disparate opinions is important in otolaryngology, broadening the individual’s viewpoint and improving the ability to deal with arising controversies.
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As a medical student, I was initially introduced to the writings and aphorisms of the celebrated physician and scholar, William Osler. Returning not infrequently to his commentaries, I have been impressed as to how universal and timeless his observations were. Furthermore, not uncommonly, the citations recorded in his writings reflect prescient insights, as well as time-tested truths. Tucked within his 1904 *Aequanimitas* is the following passage:

> Every physician will make, and ought to make, observations from his own experience, but he will be able to make a better judgment and juster observations by comparing what he reads and what he sees together. It is neither an affront to any man’s understanding, nor a cramp to his genius, to say that both the one and the other may be usefully employed, and happily improved in searching and examining into the opinions and methods of those who lived before him, especially considering that no one is tied up from judging for himself, or obliged to give into the notions of any author, any further than he finds them agreeable to reason, and reducible to practice. No one therefore need fear that his natural sagacity, whatever it is, should be perplexed or misled by reading. For there is as large and fruitful a field for sagacity and good judgment to display themselves in, by distinguishing between one author and another, and sometimes between the several parts and passages in the same author, as is to be found in the greatest extent and variety of practice…

> It has not usually been looked upon as an extraordinary mark of wisdom for a man to think himself too wise to be taught; and yet this seems to be the case of those who rely wholly upon their own experience, and despise all teachers but themselves.

It is with this background that, when I first encountered Dr. Jim Snow’s 1983 text *Controversy in Otolaryngology*, I readily began to employ it as a source of reference on a regular basis. By choosing controversial areas of clinical practice, and offering the opinion of accomplished practitioners, I was able, as a student of our specialty, to foment and shape a management algorithm predicated upon distinguished experience and knowledge, tempered by the commentaries contained therein.

Because I valued the original text and found it to be unique amongst the many publications in our field, it seemed that a review and update would provide the contemporary practitioner with a valuable and portable source of information. Much to my delight, Dr. Snow and a number of my colleagues endorsed the project. Moreover, Jim has graciously written a broad-perspective introduction reflecting his unique experience as practitioner and former NIH Director. Not surprisingly, some of the “controversial topics” have been laid to rest and a general acceptance regarding management strategy has been adopted; however, several others remain fertile ground for difference of opinion, and as newer methodologies and management strategies have come into practice, new controversial issues have arisen.

Contributors to this text were chosen based upon their recognized clinical expertise, knowledge, and communicative skills. Each was charged with the task of addressing a given topic from a broad-perspective overview, establishing for the reader how a certain opinion was reached, citing relevant literature and experience, and providing a clearly articulated management algorithm that would enable the reader, in a relatively short period of time, to have a clear sense as to what particular viewpoint is being expressed and advocated, and why.

Ultimately, the goal of the book is to provide the contemporary practitioner with a focused discussion that allows for a critical comparison of what an individual practitioner is presently doing that parallels or disagrees with the approach advocated by an experienced colleague.

**Acknowledgments**

The Socratic method tests the student’s ability to respond to challenging questions. During my career as an otorhinolaryngologist, I have been fortunate in that a number of individuals have confronted me with controversial choices and demanded that I challenge my intellectual and surgical skills to formulate a management algorithm or technical strategy for dealing with a given problem. To these friends, mentors, teachers, and colleagues, I offer my heartfelt thanks.
This book is a compilation of carefully articulated opinions on the best way to manage more than two dozen commonly encountered clinical problems in which there is uncertainty in otolaryngology—head and neck surgery. Indeed, if there were not, in some degree, a lack of fundamental knowledge about each of these problems, there probably would be a single management strategy agreed upon by all. Dr. Pensak has selected important problems in otology, rhinology, laryngology, facial plastic and reconstructive surgery, head and neck oncology, and skull base surgery. The problems are important because they are either life threatening or severely compromise the quality of life. Many represent substantial socioeconomic impact because of the number of individuals suffering from them. Each of these clinical problems confronts the thoughtful practitioner with alternative approaches that are theoretically appealing. There are no contrived or academic issues; each problem involves real life dilemmas or even a triad of choices.

Dr. Pensak has also selected some of the most distinguished intellectual leaders of their fields to present, based on their expertise and abundant experience, their preferred solutions to these problems. Each author has presented a reasoned advocacy of his or her approach based on the best data available at this time.

Twenty years ago, I edited a book on controversy in otolaryngology in which a similar number of difficult problems was addressed. It is not surprising that many of the problems are the same, but how great the differences in the solutions. These differences are a tribute to the amazing technological progress that has been applied by many of the authors of this book. Furthermore, diseases change over time. In the course of my career, many diseases affecting the practice of otolaryngology—head and neck surgery have been brought under control, including polio, rubella, measles, mumps, Wegener granulomatosis, and Haemophilus influenzae type B meningitis and epiglottitis, but unfortunately the diseases addressed in that book are still with us. Most of the progress in specific diseases is based on public health measures such as immunization, and much more can be accomplished in this way. A vaccine against otitis media should be available in less than a decade. Nevertheless, progress in the management of specific diseases such as Wegener granulomatosis with cyclophosphamide is based on careful clinical observations and the results of clinical trials like those cited in this book.

I am convinced that all disease is genetically determined or at least genetically predisposed. Even trauma may, in most instances, have a genetic basis in the psychological determination of risk taking. Certainly, the susceptibility to infectious diseases is genetically predisposed, and that susceptibility may range within a population from complete immunity to complete susceptibility with many gradations in between. In the case of hearing impediments, it is now being found that there is a genetic basis to forms of hearing loss that were formerly attributed solely to environmental factors. For example, it is now known that the ototoxicity of aminoglycoside antibiotics in some Asian populations is predisposed by a mutation in the 12S RR-VA mitochon (Hal gene, AI S55G), and the individual variation in susceptibility to noise-induced hearing loss and presbyacusis may well be explained by mitochondrial mutations.

The magnitude of the coming role of molecular genetics in clinical medicine is difficult to overestimate.

The remarkable progress in molecular biology related to otolaryngology—head and neck surgery will be the driving force providing the basis for the prevention and control of diseases in the future. For example, the discovery of a multitude of disease genes responsible for the autosomal dominant and recessive X-linked and mitochondrial modes of transmission of syndromic and nonsyndromic forms of hereditary hearing impairment will have a profound impact on the clinical management of hearing impairment. Already, many of these genes have been cloned and their protein products identified. Not only will these discoveries elucidate the development, normal structure and function, and maintenance of the various parts of the auditory and vestibular systems, they will provide the basis for rational therapeutic strategies of the next century and beyond.

The marvelous thing about molecular biologic research is that, for the first time, each discovery relates directly to the pathogenesis of the disease and suggests the strategy for intervention in the very pathogenesis of the disease.

These strategies will be tested in the clinical trials of the future. How fortunate is otolaryngology—head and neck surgery to have the financial resources of the National Institute on Deafness and Other Communication Disorders, the National Institute of Child Health and Human Development, the National Institute on Aging, the National Institute of Allergy and Infectious Diseases, the National Institute of Dental and Craniofacial Research, and the National Cancer Institute, as well as many private foundations and professional societies, to support basic and clinical research needed by our patients. From
that research, a new millennium of progress in clinical otolaryngology–head and neck surgery will flow to the benefit of countless millions of individuals with disorders of human communication and other disabilities throughout the world.

This book presents fresh perspectives on an array of common clinical problems, and these perspectives can truly be characterized as cutting edge and innovative. Not only does it provide a stimulating intellectual journey through the land of the bêtes noires of clinical otolaryngology—head and neck surgery, it is filled with practical advice in the day-to-day practice of this fascinating field. The reader will be challenged to assess the evidence presented by each author supporting his or her point of view, and it is hoped that this process will be both enjoyable and informative.

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This book is fondly dedicated to Joan Hock and Ruth Newman, both of whom have encouraged and supported me these many years.