Why is rhinology lagging behind?

N Doddi

Citation

N Doddi. *Why is rhinology lagging behind?*. The Internet Journal of Otorhinolaryngology. 2009 Volume 11 Number 2.

Abstract

Dear Sir,

When a patient complains of decreased hearing, we have an audiogram to quantify the hearing loss. We cannot imagine treating a patient with decreased vision or hypertension without objectively measuring them. In rhinology though, when a patient complains of nasal block, rhinomanometry is almost never done to quantify the nasal airflow. What is more worrying is that, the selection procedure for septal surgery is purely based on subjective assessment, which is open to errors and inconsistencies because of the variability of the perception of nasal block between the patient and the physician. The importance of an objective measurement for nasal airflow has been appreciated as early as 1895 by Kayser[1], but quantification of nasal airflow is still not a routine clinical practice inspite of the advancement in rhinomanometry.

Preoperative rhinomanometry has been proved to be effective in the selection of patients for septal surgery and to avoid unnecessary surgery[2]. Nasal spirometry, with its practical advantages in the clinical setting, has shown much potential as an objective tool for patient selection for septal surgery[3].

High patient dissatisfaction has been commonly reported following septoplasty[4]. It would be interesting to know if there are any centres which use rhinomanometry in routine clinical practice. With the availability of advanced technology, published reports of effective objective measurements of nasal airflow and the mounting medicolegal pressures, it will be interesting to know what is holding the rhinologist from using rhinomanometry in routine clinical practice, in this era of evidence based medicine? Is it the financial constraints or lack of motivation or is it something else? The problem needs to be identified so that it could be addressed.

Yours sincerely,

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