

Bengal Journal of Otolaryngology and Head Neck Surgery

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CONTENTS

From the desk of the Editor

Main Article

A Comparison of Tympanometric Outcomes following Type 1 Tympanoplasty versus Type 1 Tympanoplasty with Cortical Mastoidectomy

Aysha Shirin Konari, Subhradeb Biswas, Debasis Barman, Pooja Goyal

1

Evaluation of Quality of Life After Rhinoplasty

Deepalakshmi Tanthry, Amrita Suvarna, Apoorva Patil, Mahesh Santhraya G, Rukma Bhandary, Aditi Aggarwal

8

Fine Needle Aspiration Cytology of Head & Neck Lesions-Single Centre Study in a Rural Medical College

Ujjwal Bandyopadhyay, Sarmila Guha Banerjee, Sirshak Dutta

14

Positive Incidence of ABR in Newborns Detected to Have "Refer" in DPOAE

Prem Shankar Kumar, Gleamine Selvam Paulraj, Bhavani Nagunoori

20

Case Series

Surgical Management of Tracheocutaneous Fistula in Paediatric Population

Bincy Joseph, Prem Kumar P, Sahana Raju, Satish Kumar K

29

contd.

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CONTENTS

Case Report

Spindle Cell Neoplasm of Bridge of Nose

Tamajit Sau, Bibhas Mondal, Saumitra Kumar

35

Nasal Septal Perforation: Iatrogenic, Autoimmune or Infective?
A diagnostic Challenge

Santosh Prasad Kesari, Neeraj Chhabra, Mingma Sherpa

41

A Rare Case of Sinonasal Carcinoma-Olfactory Neuroblastoma

Vishal K. Magdum, Aishwarya A. Kachare, Rahul S. Gosavi, Manali P Joshi

45

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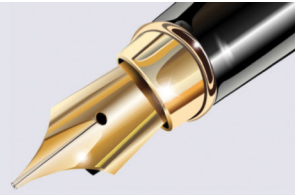
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From the Desk of the Editor



Recurrent respiratory papillomatosis (RRP) is a benign condition caused by human papilloma virus (HPV). It primarily occurs in the larynx, but may also involve trachea, bronchus, lung. The key feature of this disease is recurrence. Though benign, it can turn into malignancy at times. Literature estimates that about 5% of the population carries HPV DNA in the larynx, yet only a small percentage develop RRP. So, why do some HPV-infected individuals not develop RRP? It is hypothesized that HPV evades immune responses in certain individuals and predisposes to develop RRP. Certain HLA alleles may also predispose an individual to RRP development. The disease reduces quality of life significantly.

Treatment of RRP mainly comprises of two arms. One arm of the treatment comprises of surgical debulking either with cold steel, LASER, radiofrequency, or microdebrider. The other arm of the treatment is aimed to prevent recurrence. This consists of cidofovir, bevacizumab, HPV vaccine. But till date, there is no treatment modality available which assures zero recurrence. Numerous drugs have been abandoned, due to lack of sufficient proof of efficacy. These are indole-3-carbinol, interferon alpha, ribavarin, acyclovir, propranolol, cimetidin, heat shock protein, celecoxib and other Cox-2 inhibitors, retinoids, local injections of mumps vaccine. Cidofovir is a cytosine nucleotide analog that blocks replication of DNA viruses by inhibiting viral DNA polymerase.

Cidofovir is mainly used as an intralesional injection, and appears to be effective in increasing the interval between surgeries. Few researchers have suggested that cidofovir might be associated with an increased risk of malignant transformation.

Bevacizumab is a recombinant humanized monoclonal antibody that blocks angiogenesis by inhibiting human vascular endothelial growth factor A. There are very few documented complications of intra-lesional injection of Bevacizumab including pyogenic granuloma formation. But intravenous infusions of Bevacizumab may produce significant side effects including headache, bleeding, thrombosis, ovarian dysfunction, etc. Bevacizumab has no effect on viral DNA or apoptosis mechanisms. The disease may regrow upon withdrawal of the VEGF neutralization.

HPV vaccines which are available in the market, mainly targets L1 viral capsid of HPV strains 6, 11, 16, 18, 31, 33, 45, 52, 58. Recently there has been significant breakthrough in HPV DNA vaccine that targets viral oncoproteins E6, E7. Mostly they are recommended for prevention of RRP. There are some recent trials going on over use of HPV vaccine as therapy of RRP.

Another avenue of research concerns inhibitors of an apoptosis protein expressed on the surface of T lymphocytes: PD-1 (Programmed cell Death protein 1). The association of this molecule with its ligand PDL-1, expressed by tumor cells, is thought to help the virus escape from the host immune system. PD-1 inhibitors may represent an additional alternative adjuvant therapy but currently is only used in preliminary research trials.

More researches are necessary at the level of genetic, molecular, chemical, and clinical study to bring out effective treatment of this seemingly benign but life-debilitating disease. Stakeholders are to be awoken about this notorious disease and its impact on individual as well as society.



Dr Chiranjib Das

Editor

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