

An Impression from Accessing a Major ENT Journal



Michael F. Angel*

Independent contractor, USA

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***Corresponding author:** Michael F. Angel, Independent contractor, USA

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Opinion

Otolaryngology -Head and Neck Surgery [1] is a major journal for the changing, ever more complex field of otolaryngology. I recently viewed the table of contents, and offer my analysis. There are 32 articles [252 pages], whose content spans the full spectrum of this speciality. It treats both sexes, all ages, for diseases that require knowledge of many basic and clinical sciences. There are also significant psychological issues often involved, and recently we are all more knowledgeable of other factors i.e., cultural, economic etc., that affect disease incidence and treatment. Thus, stated among the 32 articles, 6 were reviews, either META based or not 19%. 50% analyzed procedures, while 50% were not. The remaining 81% of articles, encompasses the entire field of ENT. A further breakdown, shows 12% of the articles evaluates procedures, while 88% covers a wide range of topics from evaluating factors affecting [dx /tx] to societal issues both related patients and physicians. There are several points I want to make; however, they do not imply any inherent problems due to the editorial board. These are issues, that I think need to be addressed by medicine/ surgery, in general. META analyses can be very powerful if applied appropriately, but also quite misleading due to several factors. One, it is my contention that its use for surgical procedures is problematic. How can one standardize procedures? One way, is reporting patient parameters and surgical results, by developing the full exercise [mentally [issues involved pre/post op], improvements in surgical techniques, as a result of practice or better surgical design [obtained by critical evaluation of results]. Then a full series can proceed, with statistical guideposts to have useful results, for the surgeon and others.

Thus, when you add surgeons from the same institution, and further add different institutions, there is exponential complexity confounding the results, which advanced statistical methods has little chance of ameliorating. Further, outside of the surgeon's

control exist. Issues such as preoperative evaluation, by anesthesia and subsequent intra-operative issues: choice of anesthesia, management of blood pressure issues, respirator settings etc., which all in theory, can vastly influence the results. Finally, nursing activities and postoperative monitoring are important. Thus, I question for surgeries especially those complex whether double blind randomized studies are the 'holy grail' to better validate the results? Changing the perspective, there are now new approaches to traditional problems leveraging the new digital/AI technologies. Ontology is a philosophical term which studies the nature of existence, how things in the physical world interact [2]. Scientists appreciating this approach have created a new field - disease ontology. It uses consensus- driven disease data, genomic information, and other factors to better evaluate and treat patients [3]. Digital pathological genomic data, to minutely locate tissue which is not malignant at this time, but with time would be [4,5]. This allows less tissue removal, and thus less morbidity. These are 2 examples to show that, medical /surgical treatment is becoming more complex, with the hope of better results. However, all need to be knowledgeable, and concentrating on doing the best we can do.

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