
EDITORIAL

I would like to draw the attention of the readers of this issue to two pertinent issues that concern head and neck surgeons.

The first concern is immunosuppression and its impact on head and neck cancers. The first impression would be that it is obvious that immunosuppression would certainly adversely affect the outcomes. The next question would be: where is the proof? The article by Elgouche et al.¹ provides elegant proof through a systematic review that immunosuppression does indeed adversely affect outcomes of head and neck cancers with special emphasis on cutaneous squamous cell carcinoma. The problem with evidence-based medicine is that the criteria proposed can be so exacting that very few studies can be included and that gaps in our knowledge will continue to exist. Immunosuppressed patients are exposed to an extraordinarily high risk of cutaneous squamous cell carcinoma and this, in turn, leads to cancer recurrence, diminished overall survival and most of these patients are at risk to developing poorly differentiated malignancies. In this era of organ transplantation most head and neck surgeons will undoubtedly come across such patients and so should be aware of the problems associated with this condition.

The second concern hovers around the discussion of: when does the healthcare provider feel that they have done enough when involved in the treatment of terminally ill patients. This dilemma is discussed by Talmadge.² Certain patients insist on “fighting it out” even though the disease is inoperable and incurable. How does one proceed when confronted with this dilemma? Patients who are so diagnosed but insist on carrying out treatment including aggressive methods like carotid stenting in the presence of ‘blowouts’, resuscitation when cardiorespiratory arrests take place can be costly and emotionally traumatic to all. Where does one say enough is enough? This question still haunts many and no easy answers are available. However, reading this article with its point and counterpoint insight will serve readers a reference point for such situations that they might likely encounter during the course of their practice.

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REFERENCES

1. Elgouche AN, Pflum ZE, Schmallbach CE. Immunosuppression impact on head and neck cutaneous carcinoma: A systematic review with meta-analysis. *Otolaryngology-Head and Neck Surgery*. 2019. Vol 160 (3) 439-446.
2. Talmadge J, Judge P, Sayed Z: When have we done enough? Provider – patient discord in terminal head and neck cancer. *Otolaryngology-Head and Neck Surgery*. 2019. Vol 160(3) 465- 467.