



Editorial



Introduction

Obstructive sleep apnea (OSA) is a challenging and prevalent disorder, which results in cardiovascular complications, increased risk of motor vehicle accidents, reduced quality of life, and increased mortality. As upper airway experts, otolaryngologists are often the first to diagnosis and manage OSA. Although continuous positive airway pressure (CPAP) is the gold standard treatment for moderate to severe OSA, more than half of patients are unable to adhere to this therapy over time. Therefore, otolaryngologists must continue active follow-up of OSA patients over time in order to assess CPAP adherence, and be ready to intervene with other therapeutic options when CPAP fails or is rejected by the patient.

In recognition of the public health burden of untreated and undertreated OSA, the *World Journal of Otorhinolaryngology-Head and Neck Surgery* has organized this special edition, which focuses on the role of the otolaryngologist in the diagnosis and management of OSA. The initial paper by Araslanova et al, confirms that there is a lack of published research on OSA compared to other disorders of similar or less severity. This paper serves as a wake-up call to public health officials and academic otolaryngologists to continue to advocate and pursue research in OSA for the benefit of patients and the public. The paper by Soose et al, emphasizes the need for novel therapy options for patients who have abandoned or continue to struggle with CPAP therapy.

For many years, uvulopalatoplasty (UPPP) was considered the main treatment option for CPAP failure; however, the outcomes of UPPP as a stand-alone treatment were limited. Studies by Barrera et al, and Ong et al, discuss enhanced diagnostic techniques with imaging and drug-induced sleep endoscopy (DISE) to improve sleep surgery outcomes. These diagnostic technologies stress the need for a multi-level surgical approach, which results in significantly greater reduction of OSA than single level surgery. With regard to multi-level surgery, papers by Vicini et al, and Folk et al, present the techniques and outcomes of robotic partial glossectomy for OSA from two high-volume transoral robotic surgery (TORS) centers. The study by Woodson et al, presents the "Australian technique" of radiofrequency ablation, which recognizes the role of the lateral palatal fat pad in palatal flutter and collapse. Lastly, Ong et al, presents the indications and outcomes of a novel method to reduce retroepiglottic collapse with hyoid suspension. I hope you will find this edition thought-provoking, enjoyable, and enlightening as you seek to improve care for patients with OSA.

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