

# Bengal Journal of Otolaryngology and Head Neck Surgery

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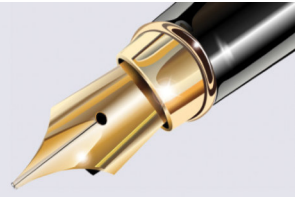
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## From the Desk of the Editor



Skull base osteomyelitis is a complex and fatal clinical entity. It occurs as a complication of otologic or rhinologic infection in immunocompromised patients. Though it was a rare condition in the past, recently there is increasing incidence of the disease. Most of the patients are diagnosed in late stage. The disease often starts with non-specific symptoms like discharge from ear or nose, pain in ear or face, headache, etc. Later on when the disease is far advanced, it produces cranial neuropathies, meningitis, vascular thrombotic events etc. Previously the commonest causative microorganism was *Pseudomonas aeruginosa* followed by *Aspergillus* species. But there are increasing reports of involvement of atypical and resistant microorganisms. Now we are getting disease involving both lateral and central skull base or central and bilateral lateral skull base simultaneously. There is no uniform treatment protocol of skull base osteomyelitis. Generally treatment involves deep biopsy, surgical debridement, and culture directed antibiotic or antifungal. But there is no definite guideline regarding boundaries of surgical debridement. Often aggressive surgical debridement increases the morbidity and mortality of the patients. The duration of treatment is very long which has significant impact on socio-economic conditions. Also there is no definite investigation to tell us about the prognosis and complete cure. So the problem of management of skull base osteomyelitis is multifactorial. First, we should investigate the reason behind increase in incidence of the disease and also increase in atypical and drug resistant cases, whether there is any role of COVID-19 pandemic. We should raise awareness of this fatal disease among all including the stakeholders. We should build a uniform treatment guideline including region specific antibiotic/antifungal regimen. We should also search for proper investigation(s) which should be available for these unfortunate patients.

Dr Chiranjib Das

Editor

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