The Journal of Laryngology & Otology

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# Navigating risk, timing and intervention in Otolaryngology

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## Editorial

**Cite this article:** McDermott A-L, Fishman J, Jones S. Navigating risk, timing and intervention in Otolaryngology. *J Laryngol Otol* 2026; **140**:231. https://doi.org/10.1017/S0022215126104630

Received: 18 March 2026
Revised: 18 March 2026
Accepted: 18 March 2026

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In Otolaryngology, as for all surgical specialities, not all clinical decisions are straightforward. Every patient we see presents a balance between potential benefit from our intervention and possible harm. Each choice we offer carries implications for both immediate and long-term outcomes. So, our ability to navigate these decisions, making the decision when to intervene, what actions are required and when to simply observe, is demonstrated in many of the articles in this edition.

Paediatric ENT is particularly sensitive to evolving evidence. Unlike adults practice, decision making in paediatric ENT surgery must not only account for present symptoms but must also factor in future growth and development. Our long-standing hesitation to perform septoplasty in children reflects our concerns on the potential negative impact on facial growth. However increasing evidence suggests delay may also perpetuate nasal dysfunction and still affect facial growth. The evolving evidence in this issue challenges our long-standing assumptions about timing and modality of intervention in the paediatric population. Whether a limited septoplasty, modulating immunity or guiding mandibular development, the management strategy is more towards a carefully considered, well-balanced early intervention rather than passive observation.

Clinicians manage common everyday conditions as well as rare and sometimes devastating complications. Whether managing a straightforward otitis externa or a complex cholesteatoma, the challenges remain: timing, risk and tailoring the necessary intervention for the patient. Identifying which patients with otitis externa have a greater risk of significant morbidity or which temporal bone fracture threatens facial function again demonstrates a more proactive risk assessment.

This edition highlights the interaction between risks, the timing of disease recognition and intervention and how these relate to ultimate prognosis and outcomes.

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https://doi.org/10.1017/S0022215126104630 Published online by Cambridge University Press