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Tranexamic acid in ENT

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Editorial

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Interest in tranexamic acid has re-emerged with the recent publication of the CRASH-3 study.[1] This landmark study involving 12 737 patients demonstrated that tranexamic acid is safe in patients with traumatic brain injury, and treatment within 3 hours of injury reduces head injury related death. Within the field of ENT, tranexamic acid has primarily been studied in the management of tonsillectomy bleeding, epistaxis and functional endoscopic sinus surgery.[2,3]

In this month's issue of *The Journal of Laryngology & Otology*, two articles investigate whether there is a role for tranexamic acid in other settings, thereby potentially extending its applications within ENT. Thakur *et al.* investigate the effect of tranexamic acid (compared to saline placebo) on post-operative blood loss in various head and neck surgical procedures (including thyroid and parotid surgery, and neck dissections, with or without primary tumour excision) in a double-blinded, randomised, controlled trial involving 92 patients.[4] Although this prospective, randomised, placebo-controlled clinical trial found a reduction in post-operative drain volume in the tranexamic acid group, the difference was not statistically significant between the various head and neck surgical procedure groups. Despite confirming the null hypothesis, this is a useful study that supports previously published data in this patient group and confirms there does not appear to be a significant benefit of the use of tranexamic acid in this group of patients.[5]

Also in this month's issue, Das *et al.* assess whether tranexamic acid improves intra-operative visualisation in endoscopic ear surgery.[6] This randomised, controlled (comparing tranexamic acid to saline placebo) and double-blinded study found that tranexamic acid appears to be an effective haemostat in endoscopic ear surgery, thus improving surgical field visualisation, especially during manipulation of the external auditory canal soft tissues. With respect to the middle ear, no statistically significant difference was found between the two agents.

The Journal Senior Editors would like to take this opportunity to thank all those who have contributed to the success of this year's journal, including all the authors, Assistant Editors, reviewers, advisers, production staff, our publishing partners at Cambridge University Press and all other colleagues at *The Journal*. In particular, we would like to take this opportunity to thank Musheer Hussain, who leaves us at the end of this year, for his dedication, enthusiasm and hard work over the last few years as a Senior Editor for *The Journal*. Finally, we wish all of our readers a happy and successful 2020.

References

1 CRASH-3 trial collaborators. Effects of tranexamic acid on death, disability, vascular occlusive events and other morbidities in patients with acute traumatic brain injury (CRASH-3): a randomised, placebo-controlled trial. *Lancet* 2019;**394**:1713–23
2 Robb PJ. Tranexamic acid – a useful drug in ENT surgery? *J Laryngol Otol* 2014;**128**:574–9
3 Williams A, Biffen A, Pilkington N, Arrick L, Williams RJ, Smith ME *et al.* Haematological factors in the management of adult epistaxis: systematic review. *J Laryngol Otol* 2017;**131**:1093–107
4 Thakur A, Gupta S, Thakur JS, Minhas RS, Azad RK, Vasanthalakshmi MS *et al.* Tranexamic acid has no advantage in head and neck surgical procedures: a randomised, double-blind, controlled clinical trial. *J Laryngol Otol* 2019;**133**:1024–32
5 Chen CC, Wang CC, Wang CP, Lin TH, Lin WD, Liu SA. Prospective, randomized, controlled trial of tranexamic acid in patients who undergo head and neck procedures. *Otolaryngol Head Neck Surg* 2008;**138**:762–7
6 Das A, Mitra S, Ghosh D, Kumar S, Sengupta A. Does tranexamic acid improve intra-operative visualisation in endoscopic ear surgery? A double-blind, randomised, controlled trial. *J Laryngol Otol* 2019;**133**:1033–7

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