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Epistaxis audit revisited

Jonathan Fishman, Edward Fisher and Musheer Hussain, Senior Editors

Editorial

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This month's issue marks the final issue of 2018 for *The Journal of Laryngology & Otology*. The highlight in this month's issue is another excellent paper from the Integrate team investigating mortality following epistaxis.[1] This recent article follows the success of Integrate's national epistaxis and peritonsillar abscess audits, previously published in *The Journal*.[2–6]

The 'Epistaxis 2016: national audit of management' collected prospective data over a 30-day audit window in 113 centres. A higher than expected 30-day all-cause mortality rate of 3.4 per cent was identified in the audit. In this recent article, the study examines in more detail the subgroup of patients who died during the audit period. In their analysis, the authors found that patients who died were more likely to: come from a ward environment; have co-existing cardiovascular disease, diabetes or a bleeding diathesis; be on antithrombotic medication; or have received a blood transfusion. Patients did not die from exsanguination. The authors therefore concluded that epistaxis may be seen as a general marker of poor health and a poor prognostic sign in otherwise already morbid patients. Nevertheless, the aforementioned risk factors should serve as red-flag features associated with higher mortality in epistaxis patients.

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*, for their dedication, enthusiasm and hard work. Finally, we wish all of our readers a happy and successful 2019.

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