



Editorial

After my otolaryngology residency program, I received a fellowship in otologic surgery; since then, I have been dedicating a lot of time studying how early precocious diagnosis and advanced treatments can change the lives of patients with hearing loss. I have witnessed people who were destined to live a silent life; however, they chose to enjoy the sounds of the world.

Moreover, personal experiences have drawn my attention to children with language impairment, and only later did I discover how challenging the diagnosis and treatment of such patients could be. As a doctor with an academic background in surgery, I have encountered patients with diseases where neither surgical treatment nor hearing aid devices could efficiently improve their condition.

I came to terms that I would need to search deeper academic training and improvement in phoniatrics. Phoniatrics is the medical specialty for children and adults with communication, speech, or learning disorders. In 2010, the Otorhinolaryngology Section and Board of European Union of Medical Specialists included phoniatrics and communication disorders as one of seven subspecialties of otorhinolaryngology^[1]. Many otolaryngologists have questioned me about opportunities in this field of study and the necessity of such a medical specialty, mainly due to the low number of patients making use of phoniatrics. Contrasting these comments with a high prevalence of the two major diseases that lead to language impairment, it is clear that why otolaryngologists are not diagnosing these patients. In 2014, the Center for Disease Control reported that the incidence of autistic spectrum disorder is 1:68 per 8-year-old children, and the National Institutes of Health stated that specific language impairment affects approximately 7-8% of preschoolers^[2,3].

Once hearing impairment is first assumed to be the cause for language delay, often, an otolaryngologist is the first physician to be sought. In this situation, the role of the otolaryngologist should go beyond only ensuring that hearing is preserved. Normal audiological thresholds are not sufficient to ensure that information is being recognized and processed quickly and accurately. When doctors make general statements such as "Don't worry. Your child listens well. Each child speaks and develops on his or her own timeline", they actually may be delaying making an accurate diagnosis and consequently wasting a crucial period of time regarding neuroplasticity.

My passion for otologic surgery will not allow me to stay away from the surgical center. However, I have learned that even if I am not using the scalpel, an accurate and detailed evaluation of patients with language impairment followed by guidance and therapy can drastically change their lives.

I sincerely hope that you enjoyed reading this piece, and I would like to take the opportunity to wish everyone a happy 2018.

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