# Editorial

Dear Friends,

It has been a great honor to present this issue of Clinical Rhinology.

There has been a major advancement in managing chronic sinusitis and other sinonasal diseases. In this changing scenario of indications for endoscopic sinus surgeries, detailed knowledge of sinonasal anatomy is of paramount importance. It is of utmost importance to master the relevant anatomy and its variations before one embarks upon the endoscopic sinus surgery.

In late 1970s, allergic fungal rhinosinusitis (AFRS) was discovered as a clinically distinct, but immunologically similar entity to allergic bronchopulmonary aspergillosis. Both these diseases were considered as a result of non-invasive immunologic reaction toward fungal antigens. However, AFRS has always been a subject of controversy and debate right from the beginning. In the initial period, it was considered as a precursor to invasive fungal sinusitis and hence, surgical debridement followed by antifungal agents were advocated. Earlier studies by Manning et al and Feger et al proved that by immunologic and histological methods, AFRS was represented as an immunologically-mediated disorder rather than an early stage of invasive fungal disease.

There have been not many diseases more controversial for rhinologists than AFRS. Allergic fungal rhinosinusitis has caused much discussion and controversy regarding its definition, etiology, presentation, management and follow-up.

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