In Response to Method of Lateral Osteotomy to Reduce Eyelid Ecchymosis After Rhinoplasty: A Meta-analysis

In Reply:

I thank the authors for their letter regarding our recently published article, “Method of Lateral Osteotomy to Reduce Eyelid Edema and Ecchymosis After Rhinoplasty: A Meta-analysis.”

The Giacomarra et al. study was a clinical study as well as a cadaveric study. In addition, they included five patients to compare the two routes selected randomly in vivo in lateral osteotomy. In our study, only five patients who underwent randomly chosen approaches were enrolled to compare the adverse effects from two approaches.

Unlike the evaluation of drugs, which can be performed in a well-controlled state, surgery is a very different field. In particular, rhinoplasty procedures vary from patient to patient, placebo and blinding are not generally possible, and randomization is not well consented to by patients or surgeons. Therefore, improper randomization and concealment of treatment allocation are not uncommon in studies related to plastic surgery. That is why reviews of randomized studies in plastic surgery report uniformly low quality, and most studies randomized in plastic surgery evaluate nonsurgical interventions such as drain use.

Previous meta-analyses regarding surgical procedures in rhinoplasty have suffered from including the studies with unclear or high risk of bias. For these reasons, they commented that more high-quality trials needed to be conducted in the future to support their results.

In our study, we could only include six studies and 224 patients, and most of the included trials were considered to be at an unclear risk of bias. We also recognized the limitation of inclusion of studies with an unclear risk of bias and recommend that further studies with good research methodology should be carried out. In addition, we supplemented the meta-analysis including the forest plot with a systematic review. A systematic review has very specific steps, beginning with the establishment of a question and complementing the statistical analysis.

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BIBLIOGRAPHY

DOI: 10.1002/lary.28874