Letter to the Editor

In Response to Letter: DISE, Tonsil Size, Surgical Outcome

Dear Editor:

We appreciate the opportunity to contribute this response:

Dr. Kezirian, in his letter “DISE, Tonsil size, Surgical Outcome,” raised the possibility that the size of the tonsil could have affected the outcome between the two groups that were compared in our study.

In the discussion section of the article, we acknowledged that 1) intuitively, patients with bigger tonsil size 3/4 would have better surgical outcome and hence might not even be considered for drug-induced sleep endoscopy (DISE) preoperatively by the surgeon; and therefore 2) these patients would automatically self-select themselves into the no DISE group and might skew the results in favor of the no DISE group.1

Looking at the raw data, the no DISE group had 133 out of 156 patients with size 1/2 tonsils and 23 out of 156 patients with size 3/4 tonsils (14.7%), whereas the DISE group had 140 out of 170 patients with size 1/2 tonsils and 30 out of 170 patients with size 3/4 tonsils (17.6%). Paradoxically, it seemed that there was a higher percentage of patients with favorable tonsil size 3/4 in the DISE group. However, on further comparison, this percentage difference was not statistically significant.

We concur with Dr. Kezirian that DISE is not meant to change the entire surgical treatment of obstructive sleep apnea, nor is it likely to dramatically increase the surgical success rates. The objective of the article was to illustrate that, although intuitively DISE may seem to be a good preoperative diagnostic test to delineate patient-specific anatomical airway obstruction, it might fall short in actually increasing the overall final surgical outcome success rates. We do note that the individual numbers in each arm may not be large enough to make a landmark and definitive conclusion, hence we welcome larger prospective clinical research to aid physicians in making the ultimate clinical decision.

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BIBLIOGRAPHY

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