LETTER TO THE EDITOR

To the Editor:

We read with interest the article "Predictive value of sleep nasendoscopy in the management of habitual snorers" by El Badawey et al (*Ann Otol Rhinol Laryngol* 2003;112:40-4). However, there are some points we would like to make. In terms of methodology, the combination of anesthetic medication used is very important, as it could influence the anatomic obstructive pattern. The use of local anesthetic (co-phenylcaine spray) is not advisable in sleep nasendoscopy (SNE), as it could alter normal sensation and hence affect the movement of the soft palate and oropharynx. The original grading described by Pringle and Croft[1] comprised 5 grades, ranging from simple palatal-level snoring to tongue base–level obstruction. The rationale behind SNE focuses specifically on patients with grade 4 or grade 5 (ie, tongue base obstruction). By identifying this group and excluding them from palatal surgery, we can increase its effectiveness. However, only 2 of 54 patients in this study had tongue base obstruction. The authors justify this with the statement "Tongue base obstruction (grade 3) is rare in patients in whom OSA has been excluded, and the role of SN in surgical decision-making in this small group remains unknown" (p 44). No reference is supplied to support this claim; indeed, from our database of 700 patients who have undergone SNE at the Royal National Throat Nose and Ear Hospital, we can report that 116 patients (15.2%) had tongue base obstruction. Similar percentages are evident in most studies.

The measure of certainty of a positive finding in a study hypothesis is its p value, and equally, the measure of certainty of a negative finding is the study power. Neither is given in this paper, so no statistically valid inferences can be made. Using Fisher's exact test, we calculated the statistical significance of the difference in success rates between the different nasendoscopy groups. (It was not significant at $p = .227$). However, the success rates were 100% in grade 1 patients, 94% in grade 2A, 84% in grade 2B, and 50% in the 2 grade 3 (tongue base obstruction) patients. One is tempted to believe that in a larger study with more power (and more patients with tongue base obstruction) this difference would obtain statistical significance.

We agree that more research is needed to optimize our selection process for patients who will benefit from palatal surgery. Although we do not feel that SNE is adequate as a unique investigation for patients who snore, we believe that it does provide valuable information.

CHRISTOS GEORGALAS, MRCS DLO
BHIK KOTECHA, FRCS MPHIL
Royal National Throat Nose and Ear Hospital
London, England

REFERENCE

1. Pringle MB, Croft CB. A grading system for patients with obstructive sleep apnoea — based on sleep nasendoscopy. Clin Otolaryngol 1993;18:480-4.

BOOK REVIEW

Middle Ear and Mastoid Microsurgery

Mario Sanna, Hiroshi Sunose, Fernando Mancini, Alessandra Russo, and Abdelkader Taibah. Hard cover, illustrated, indexed, 437 pages, 2003. Thieme, New York, NY, $179.

Purpose: To present knowledge and skills obtained from 30 years' experience with more than 12,000 cases, and to describe useful techniques that avoid complications.

Contents: Twenty chapters divided into two parts: general and otosurgical procedures. The general aspect consists of anatomy, operating setup, anesthesia, technical considerations, decision-making in middle ear surgery, and preoperative and postoperative care. Fourteen chapters of typical otologic procedures include cochlear implant, obliteration of the middle ear, and management of iatrogenic injuries.

Attributes and Limitations: James L. Sheehy, MD, wrote the foreword for this book and gave a very practical review in doing so. The attributes of the volume are what he considers the strong points of the book, and I will quote Dr Sheehy:

> ...As a result of all our contacts [with Dr Sanna], you will read many comments in this book:
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> - Judgment comes from experience, and experience comes from bad judgment.
> - Make things (teaching) simple and clear.
> - Refer difficult cases and then watch the operation being done.
> - Visit others around the world to observe their technique.
> - Define (closely) what the objectives and possible complications are when explaining things to a patient.
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> I could go on and on, and on, and on, but will just list some of the subjects you will find at the end of each chapter.
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> - Hints and pitfalls (excellent);
> - Rules and hints;
> - Problems and evaluations;
> - The decision-making process.
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> In regard to stapes surgery, he emphasizes that only experienced otologists should do this, and, in Hints and Pitfalls, that use of a hearing aid is a good alternative — and the patient should be so informed.
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> In regard to cholesteatoma surgery, there is "no simple technique"! Judgment, experience. The technique that he and his colleagues describe is excellent (although not what my associates and I usually do). They emphasize many things:
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> - There is no simple technique;
> - Meatoplasty is tremendously important in using the canal wall down surgery (excellent comments);
> - Hints and pitfalls.
>
> And finally, the most unusual (and wonderful) aspect of this book is the fact that colored pictures are used rather than drawings to illustrate almost all phases of the many operations!

Applicability: Otologists and head and neck specialists.

DENNIS G. PAPPAS, MD
Birmingham, Alabama