

## LETTERS TO THE EDITOR

### Evaluation of submucosal minimally invasive lingual excision technique for treatment of obstructive sleep apnea/hypopnea syndrome

We read with great interest the article by Friedman et al<sup>1</sup> published in the September 2008 issue of the journal. The authors concluded that this study reported a reduction in apnea/hypopnea index (AHI) ranged 64.6% and 41.7% for both methods; submucosal minimally invasive lingual excision (SMILE) and radiofrequency reduction of the tongue base (RFBOT). It was surprising to see that the authors included only apnea/hypopnea index (AHI) from polysomnography (PSG) parameters for hypopharyngeal airway obstruction. However, we think that the sole use of AHI is not enough to evaluate hypopharyngeal airway obstruction. It is well known that the grade of posterior glossal narrowing is significantly associated with supine as well as total AHI, and there is no significant correlation between the degree of retroglossal narrowing and lateral AHI. In addition, it has been reported that there is a significant correlation between lateral AHI and the degree of pharyngeal narrowing at the retropalatal level.<sup>2,3</sup> Taking all these factors into account, we consider that the sole use of AHI is inappropriate to evaluate retroglossal narrowing; therefore, AHI and AHI supine should be separately used to evaluate hypopharyngeal airway obstruction.

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## REFERENCES

1. Friedman M, Soans R, Gurpinar B, et al. Evaluation of submucosal minimally invasive lingual excision technique for treatment of obstructive sleep apnea/hypopnea syndrome. *Otolaryngol Head Neck Surg* 2008;139(3):378–84.
2. Kim HY, Bok HK, Dhong HJ et al. The correlation between pharyngeal narrowing and the severity of sleep-disordered breathing. *Otolaryngol Head Neck Surg* 2008;138(3):289–293.
3. Fogel RB, Malhotra A, White DP. Sleep. 2: pathophysiology of obstructive sleep apnoea/hypopnoea syndrome. *Thorax* 2004;59:159–63.

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### Response to “Evaluation of submucosal minimally invasive lingual excision technique for treatment of obstructive sleep apnea/hypopnea syndrome”

Thank you for your comments. Apnea Hypopnea Index (AHI) is generally used as a measure of obstructive sleep apnea severity.

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