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Letters to the Editor

In Reference to *Effectiveness of Adenotonsillectomy in the Resolution of Nocturnal Enuresis Secondary to Obstructive Sleep Apnea*

Dear Editor:

We with great interest the article by Suzanne Basha et al.[1] In this article, the authors reports the role and efficacy of adenotonsillectomy in the treatment of nocturnal enuresis secondary to obstructive sleep apnea on 107 patients. As noted by the authors, patients with obstructive sleep apnea are common in the practice of otolaryngologists. Obstructive sleep apnea may result in significant hypercapnia and hypoxemia, as well as daytime sleepiness, irritability, hyperactivity, behavioral problems, personality changes, poor school performance, morning headaches, failure to thrive, and enuresis.[2] Nocturnal enuresis is defined as involuntary voiding more than twice a month after the age of 4 to 6 years without the presence of urogenital defects,[3] and is typically divided into the categories of primary and secondary. *Primary enuresis* occurs when a child has never developed bladder control; this occurs in 80% of cases. *Secondary enuresis* is the loss of bladder control after a 6-month dry period.[3] Both forms of nocturnal enuresis have occurred in relation to upper airway obstruction in children.[4,5]

Bedwetting occurs in up to 20% of school-aged children, with 2.4% wetting at least nightly.[6] Children tend to outgrow bedwetting, with a spontaneous remission rate of about 14% annually among bedwetters (with 3% remaining enuretic as adults).[7]

The authors reported that they included all children ages 2 to 18 in the study. Patients age 2 to 5 years old composed about 40% of all patients in their study, as shown in Figure 1, which depicts the age distribution of the patients. However, the patients who were ages 2 to 5 years may have been evaluated as physiological enuresis and should not have been included in the study. Also, the authors should have included a control group for excluding the spontaneous remission rate of about 14% annually among bedwetters.

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Editor's Note: We received no response from the authors.

In reference to *Plasma Radiofrequency Preceded by Pressure Recording Enhances Success for Treating Sleep-Related Breathing Disorders*

Dear Editor:

We read with great interest the article by Tvinnereim et al. in the April 2007 issue.[1] Sleep-related breathing disorder continues to be a perplexing diagnostic problem with associated morbidity if left untreated. Consequently, work designed to improve outcome in this nebulous area is welcome. However, we have some issues with the study design.

The issues focus on the ApneaGraph tool (AG 200 system, MRA-Medical Ltd, Gloucestershire, UK). This tool consists of micro-transducers recording continuous pressure and flow measurements and providing detailed respiratory information (AHI) and data on pharyngeal level of obstruction. Surprisingly, there is very little validated data to support the use of such a system, considering that the concept has been discussed in the literature for over a