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Response to Dr Shemen's letter re: "Modified lateral neck lymphadenectomy: Prospective randomized study comparing harmonic scalpel with clamp-and-tie technique"

Dr Shemen and colleagues report their experience with Ethicon Endo-Surgery Harmonic ACE (ACE23E model) in thyroid surgery. They also state that our paper, "Modified lateral neck lymphadenectomy: Prospective randomized study comparing harmonic scalpel with clamp-and-tie technique,"¹ failed to mention the potential pitfalls of this device.

We would like to point out that the ACE23E model was never mentioned in our paper. All the patients were operated on by a different device, the Harmonic Scalpel CS14C. These shears were designed for videoscopic surgery of the neck, with a 5-mm tip. Their application to lateral neck lymphadenectomy seemed therefore to be a natural evolution in the field of neck surgery. There is an important difference, in fact, between ACE23E and CS14C in terms of coagulation power, the first one being more powerful than the latter. As an obvious consequence, residual heat generated by ACE23E will be higher and more hazardous than that generated by CS14C.

For this reason we agree with Dr Shemen's concern about the use of ACE23E model during thyroid surgery, especially for new users switching from conventional to "energy" techniques.

As Dr Shemen found in his previous study,² and as we confirmed later,³ Harmonic Scalpel CS14C can be considered safe, effective, and advantageous in thyroid surgery, significantly reducing operative time, allowing a shorter incision, and minimizing intraoperative and postoperative blood loss.

In our study,¹ we found similar results when dealing with neck lymphadenectomy, thus confirming the safety and effectiveness of this device (CS14C) in head and neck surgery.

On the other hand, in using ACE23E (probably more useful and effective in abdominal than in head and neck

surgery) instead of CS14C during our routine activity, we also encountered the same problems evidenced by Dr. Shemen: burning of adjacent tissues and fracture of the instrument in two cases. The potential hazard of the shears temperature was so evident to the surgical community that a new instrument with different characteristics was recently developed for a specific use in thyroid surgery: Harmonic FOCUS Shear (Ethicon Endo-Surgery Inc, Cincinnati, OH). One of the main differences is that the shears are aluminum, a material that allows much speedier heat dispersion. This makes it possible to dissect, coagulate, and divide vessels with a single instrument, because the hazard of high residual heat is dramatically reduced.⁴

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Multilevel surgery in patients with rapid eye movement–related obstructive sleep apnea

We read with great interest the article by Eun et al¹ published in the April 2009 issue of the Journal. The authors concluded that this study reported as a postoperative AHI < 20 with at least a 50 percent reduction from the preoperative level, 50 percent of the patients with REM OSA and 35.5 percent of the patients with non-REM OSA for radiofrequency reduction of the tongue base (RTBR). It was surprising to see that the authors included only the 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.² 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, a significant correlation has been reported between lateral AHI and the degree of pharyngeal narrowing at the ret-

ropalatal level.^{3,4} 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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