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In response, we thank Drs Snyderman and Gardner for their insightful comments and the opportunity to clarify a number of points from our work. The series published by Snyderman et al in 2010 includes 35 patients with juvenile nasopharyngeal angiofibroma (JNA) treated by 3 surgical approaches: endoscopic, open, and combined. Since they did not differentiate in their results between the 3 approaches, they were not included in our systematic review of exclusive endoscopic treatment of JNA. As they mentioned in their letter to the editor, we also believe that the combined approach is necessary in some advanced cases, offering superior visualization, less dissection of normal tissues, and the potential for decreased morbidity compared with the classic open approach. However, we consider that by adding an intraoral incision, the surgical approach cannot be classified as an exclusive endoscopic one. This reflects the existence of anatomical boundaries to an exclusive endoscopic treatment that can only be overcome by combining the 2 approaches. A new staging system that defines these boundaries is thus still needed.

The University of Pittsburgh Medical Center (UPMC) staging system for JNA showed a better prediction of immediate morbidity, residual tumor, and recurrence compared with other staging systems. It was not discussed in our systematic review since it was not reported by the studies included. We also believe that more centers should test its validity in their own patient populations to see if it has wide applicability.

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**References**
