Letters to the Editor

Re: “Laryngeal Reconstruction with a Sternohyoid Muscle Flap after Supracricoid Laryngectomy: Postoperative Respiratory and Swallowing Evaluation”
DOI: 10.1177/0194599815579876

We have read with great interest the article by Yue Yu et al titled “Laryngeal Reconstruction with a Sternohyoid Muscle Flap after Supracricoid Laryngectomy: Postoperative Respiratory and Swallowing Evaluation,” which was published in November 2014.1

In their article, the authors described a reconstructive supracricoid laryngectomy in a study design that was very similar to our previously published article, which was cited by the authors.2-5

In addition, the graphical representations were very similar (Figure 1).

However, it is right to provide certain clarifications regarding their observations about the necessity of preserving the superior blood supply (from superior thyroid artery) and the inferior vascularization (from transverse artery) of the sternohyoid muscle in order to prevent the flap atrophy.

They stated, “We initially performed this procedure, but found that it was complicated, and prolonged the decannulation time because of dyspnea. We therefore modified the reconstruction technique and tried to preserve the superior thyroid artery, which is the main blood supply to the sternohyoid muscles.”<sup>(p5)</sup>

So, in our decennial experience, we found no postoperative dyspnea or atrophy of the flap; from our study, it was assured that the sacrifice of superior thyroid artery without atrophy is possible by maintaining the irroration of the middle and lower portions of the flap, which is functionally most important in our technique.

It is also not clear when the authors started the study. They claimed to have initially adopted our surgical technique (how many patients?) but have subsequently modified the technique to improve functional outcomes. However, it should be noted that our study was published online in late September 2009. The recruitment of patients in the study by Yue et al began in December 2009, with a small time frame (how long was the follow-up time to evaluate and compare the functional results of the 2 techniques?).

Nevertheless, we believe that the technique proposed by Yue et al could represent a viable alternative to laryngeal reconstruction after supracricoid laryngectomy with good functional results.

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Figure 1. Graphical representation from Garozzo et al (A) and from Yu et al (B).
We read with great interest the article written by Walls et al,\(^1\) who presented a cross-sectional analysis of pneumococcal infections that led to pediatric head and neck complications before and after the introduction of the pneumococcal conjugate vaccine (PCV7). Given the current climate of whether or not to vaccinate children, it is essential that we fully analyze the currently available literature and keep an open professional dialogue regarding interpretation of the data. We would first like to commend the authors for undertaking this study, as we recognize that it is a challenging topic to analyze.

Although PCV7 could be the main variable contributing to the decrement in post-PCV7 pediatric head and neck complications, we would like to point out additional considerations, specifically other potential confounders. The study compared data from the Kids’ Inpatient Database before and after PCV7 vaccination. It is unclear if the variables are presented as a percentage or frequency. The article also states that total cost to treat increased over time, and it mentions that there is a 4% adjustment for inflation. Was this 4% specifically selected as a fixed annual adjustment, or were the authors using the Bureau of Labor Statistics’ Consumer Price Index inflation calculator? This or other similar adjustments seem necessary when analyzing data across a 12-year span (1997-2009). Finally, would an increase in emergency department utilization for access to care further confound the overall results? Future studies evaluating the effect of the multiple variables are needed to provide additional clarification.

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