Letter to the Editor on “Myringotomy and Ventilation Tube Insertion with Endoscopic or Microscopic Technique in Adults: A Pilot Study”

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I am writing in reference to a study published in your journal titled “Myringotomy and Ventilation Tube Insertion with Endoscopic or Microscopic Technique in Adults: A Pilot Study,” by Martellucci et al.1 The article is well written, and I thoroughly enjoyed it. I would like to add our own experience to the conclusion derived by the authors for the benefit of the readers of your esteemed journal.

In our center, we routinely perform endoscopic myringotomy and ventilation tube insertion in both children and adults. While most of the adults are operated under local anesthesia, we prefer general anesthesia for the kids. The advantages of superior illumination, clarity, and magnification2 are a great attraction. This also helps us to demonstrate and teach our students and residents more efficiently.

However, there are a few conditions where endoscopic myringotomy is particularly challenging—for example, a narrow or very tortuous ear canal; excessive bleeding that keeps obstructing the endoscopic view; or the presence of a mass, such as a small asymptomatic osteoma—and I would advise caution in such cases. In these situations, I use the traditional technique of operating under the microscope. I would also like to highlight that a major disadvantage of the endoscopic technique is that we have only 1 hand to operate and insert the ventilation tube, which is difficult and entails a learning curve that takes time to acquire. This also slightly increases the operating time.

On retrospective review of the patient charts in our institution, we found no statistical difference between the operating times and complications for both techniques. However, I would like to emphasize that a cost-benefit analysis with a larger prospective randomized trial comparing both techniques is warranted before a definite conclusion can be arrived at regarding which technique is better.

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Disclosures

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References


Re: “Myringotomy and Ventilation Tube Insertion with Endoscopic or Microscopic Technique in Adults”

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We thank Dr Bakshi for his interest in our article. Statistically, our experience proved no difference between microscopic and endoscopic techniques for myringotomy and ventilation tube insertion (M&T).1 However, in endoscopic approaches, we observed the same benefits highlighted by Dr Bakshi in his comment.

The magnified view of the surgical field represents, in our opinion, the greatest advantage of endoscopic M&T. We believe that this benefit is significant not so much for skilled ear surgeons as for residents, for which this procedure can be insidious. The endoscopic procedure ensures that both the