academic career lasting over 40 years, most of all we will miss his southern charm and quirky sayings.

**Disclosures**

**Competing interests:** None.

**Sponsorships:** None.

**Funding source:** Department of Otolaryngology–Head and Neck Surgery, Washington University School of Medicine in St Louis

**Reference**


In Reference to: “Can Intracapsular Tonsillectomy Be an Alternative to Classical Tonsillectomy? A Meta-analysis”

DOI: 10.1177/0194599817737251

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

I congratulate Dr Kim and colleagues on their review on the comparison of tonsillectomy techniques,¹ but I take issue with the title of their article and its conclusion. In the title, they claim to compare “intracapsular tonsillectomy” to “classical tonsillectomy.” An examination of Table 1 indicates that they are comparing intracapsular tonsillectomy and adenoidectomy with electrocautery tonsillectomy (ECT), which was the technique used in approximately 90% of the patients in the articles reviewed.

In 1982-1983, my team and I performed a side-to-side (same patient) comparison of ECT with scissors dissection and snare with sutures for hemostasis.² We showed that healing was delayed and pain prolonged in the ECT group.

The 1- to 2-day average difference between the groups in this meta-analysis, noted in terms of pain and recovery to normal activity and diet, is easily attributable to the delay in healing associated with the technique of ECT based on our study and my observations at the time. To attribute it to whether the capsule is violated is another hypothesis not proven herein.

Both the microdebrider and the coblator procedures used for intracapsular tonsillectomy require additional disposable equipment, which can strain the institutional budget for these procedures and which are typically associated with thin profitability margins. Scissor dissection tonsillectomy is still out there, needing to be rediscovered, and Dr Kim’s article does not address this particular procedure. It should therefore not be used to discourage what many otolaryngologists would consider to be a true “classical” tonsillectomy.

Douglas G. Mann, MD

Surgery/Otolaryngology, Cape Cod Healthcare, Falmouth, Massachusetts, USA

**Disclosures**

**Competing interests:** Douglas G. Mann, owner, BrilliENT LLC, maker of product (Tonsil Fire Extinguisher) for treatment of post-tonsillectomy pain.

**Sponsorships:** None.

**Funding source:** None.

**References**
