

Commentary to: ‘Long-term symptom relief after septoplasty,’ Doi: 10.1007/s00405-014-3406-7

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Dear Editor,

I am writing in reference to a very interesting article published in your esteemed journal titled ‘Long-term symptom relief after septoplasty’ by Sundh et al. [1]. The article is very thought provoking and informative. However, I beg to differ from the author’s conclusion and would like to highlight the same through your prestigious journal.

The authors conclusion is in line with similar studies in the past [2] but there are other studies also which have proven both the short-term and long-term efficacy of septoplasty in majority of the cases [3]. However, majority of the authors do agree with the fact that there is a general decline in the satisfaction over a period of time [4].

The author’s conclusion that age has no bearing on the outcome of septoplasty is contrary to published literature. It has been proven in previous studies that septoplasty at a younger age is definitely beneficial and provides greater symptom relief [5].

I have some reservations regarding the questionnaire used by the authors; it is very non-specific and takes all the symptoms together. This creates a bias because the indications for

septoplasty are varied and most of the patients have multiple pathologies like sinusitis, allergies, etc. Since all these factors have a bearing on the final outcome and patient satisfaction, they must be taken into account. Therefore, a better methodology would have been to use a Nasal obstruction symptom evaluation (NOSE) scale [6] or Glasgow benefit Inventory (GBI) questionnaire [7] which can analyze all the symptoms and their effect on patient satisfaction. The use of these scales has been validated in previous studies.

Another point of concern is that although the authors have found out that the patients were unsatisfied over a long term but what exactly is the cause for this dissatisfaction is not clear. Could it be due to associated symptoms like sinusitis or allergies or due to poor selection of cases is a matter of speculation. A better methodology would be to actually find out why the satisfaction decreased over a period of time and whether any intervention could have been done to prevent the same.

I would like to conclude by stating that septoplasty is one of the commonest nasal surgeries performed and has been a standard of care for many years; proper selection of cases and patient counseling specially focusing on the patients’ expectations is the key to a successful outcome.

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Compliance with ethical standards

Conflict of interest None.

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