To the Editor:

I have major concerns after reading the Pro/Con arguments presented by Drs. Phillips and Powell about the role of upper-airway surgery in the treatment of sleep apnea in the July issue of the Journal of Clinical Sleep Medicine 2005;1:236-45.

Although I realize that the Pro/Con format encourages expressions of one’s opinions about the literature, these two presentations took the level of unscientific opinion and emotional expression beyond acceptable limits. Dr. Powell’s accusation that the sleep scientific community is overly critical of research on the surgical treatment of obstructive sleep apnea (OSA) is unfounded. Credible reviewers critique articles based on their scientific merit. Sometimes comments are critical because of the lack of adequate controls or randomization in some surgical studies. Sometimes reviews forget that large, randomized, controlled trials cannot be conducted with a surgical procedure, a fact of life with which we all have to live. In his comments about surgery and continuous positive airway pressure (CPAP) being equivalent methods of resolving the airway narrowing, Dr. Powell ignores the role of increased upper-airway compliance or collapsibility, a variable not corrected by surgery, unless there is unintended fibrosis produced by the particular surgical procedure. This involvement of upper-airway collapsibility in the mechanism of upper-airway narrowing in sleep invalidates Dr. Powell’s argument that CPAP and upper-airway surgery are two equivalent ways to control upper-airway size and, therefore, OSA. To propose that sleep doctors think that “surgery has no place in the treatment of OSAS...” is an overstatement of any objective reader of the literature. Dr. Powell’s statement that surgical investigators have more responsibility than their sleep-medicine investigator colleagues is obviously a biased, inflammatory, and inappropriate stance.

Dr. Phillip’s comments are even more disturbing. To criticize OSA surgery as “leaving a deadly level” of OSA postoperatively is a biased unscientific statement. When a CPAP mask is removed in the middle of the night, the patient has persistent apneas and is left in the same situation as the postoperative surgical patient. To speculate that surgeons are unethical if they conduct upper-airway surgery on anyone with more than mild OSA is completely inappropriate and stretches the bounds of a scientific give-and-take discussion beyond acceptable limits. The overly biased, mean-spirited phrases used were clearly out of line: “PSG rarely done” postoperatively in surgery studies, “Surgical solutions are sometimes applied indiscriminately,” “…one (surgical) study purports to demonstrate,” “…an extremely uncommon task in this study: inclusion of a placebo…,” “Surgical reports frequently proudly proclaim,” etc.

The reviewers and editor cannot escape my criticism. Although Pro/Con presentations should be enjoyable reading, should leave some room for opinions, and surely should be educational, the format is still a scientific journal, and authors should be required to make their points scientifically, logically, and respectfully. Unfortunately, I thought I was reading a grocery-store tabloid.

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Address correspondence to: David W. Hudgel, M.D., CFP-332, 2799 W. Grand Boulevard, Detroit, MI 48202; Tel: (313) 916-5174; Fax: (313) 916-5150; E-mail: dhudgel1@hfhs.org