Re: Apnea/Hypopnea Index in the Evaluation of Tongue Base Procedures: Is It Enough for the Determination of Surgical Success?

To the Editor:
We read with great interest the article by Green published in the December 2008 issue of the journal. The author concluded that this study reported a reduction in the apnea/hypopnea index (AHI) of 50% and an AHI score < 20 for radiofrequency reduction of the tongue base. It was surprising to see that the author described few results from polysomnography parameters for hypopharyngeal airway obstruction. However, we think that the sole use of AHI is not enough to evaluate hypopharyngeal airway obstruction. It is well known that the grade of posterior glottal narrowing is significantly associated with supine and total AHI, and there is no significant correlation between the degree of retroglossal narrowing and lateral AHI. In addition, a significant correlation between lateral AHI and the degree of pharyngeal narrowing at the retropalatal level has been reported. Taking all of these factors into account, we consider the sole use of AHI inappropriate for evaluating retroglossal narrowing; therefore, AHI and AHI supine should be used separately to evaluate hypopharyngeal airway obstruction.

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