

## Reply to Enoz

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Sir:

Thank you for your interesting and comments on our article.<sup>(1)</sup> There is no operation without risks and complications. The most essential point is to select right patients with right technique in right time.<sup>(2)</sup>

Midline laser glossectomy (MLG) is used in obstructive sleep apnea patients for debulking the hypertrophic lingual tissue to relieve airway obstruction. Some tips are crucial in MLG operation. Firstly, preoperative evaluation to exclude vulnerable patients is first and foremost to avoid detrimental effect to surgery.<sup>(1,2)</sup> Secondly, selection of powerful tool such as laser and coblator is helpful to improve surgical process with the advantage of good hemostasis.<sup>(1-3)</sup> Finally, comprehensive postoperative care in sleep position, oral hygiene, and treatment regimens is also important to facilitate wound healing and to reduce infection and bleeding.<sup>(4)</sup>

Up to now, we have implemented MLG using CO<sub>2</sub> laser, Nd: Yag laser, and coblator in many highly selected patients. Among them, no one single tra-

cheotomy was taken perioperatively, and no airway compromise and tongue bleeding experienced.<sup>(1-3)</sup>

The authors fully agree the fact that MLG is an invasive surgery and needs to be performed in strict indications, experienced surgeons and professional care to secure safety and surgical outcome.

### REFERENCES

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