

Midline Laser Glossectomy: Complications and Risks Are against the Potential Benefits

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Dear Editor:

I have read with great interest the article by Hsiao et al. entitled "Survey of short-term patient satisfaction after surgery for obstructive sleep apnea" in the March-April issue of "Chang Gung Medical Journal".⁽¹⁾ In their article, tongue base surgery-midline laser glossectomy (MLG) operation was performed following UPPP in some patients.

MLG is not suitable for patients with superior laryngeal or hypoglossal nerve abnormalities, patients with untreated gastroesophageal reflux (which would likely impair healing and recuperation), patients with poor pulmonary reserve (who would be at severe risk if swallowing difficulties developed).^(2,3) Presence of a lingual thyroid may complicate these techniques and removal or ablation may result in hypothyroidism. Furthermore, glossectomies may alter the circumvallate papillae and taste buds.⁽³⁾ More aggressive resection is associated with more frequent complications such as more lingual

edema, more bleeding and prolonged dysphagia. Moreover, this technique may require tracheostomy.^(3,4)

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