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Treatment for Acute Tympanic Membrane Perforation

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We would like to address the manuscript titled "Clinical Outcomes of Silk Patch in Acute Tympanic Membrane Perforation" by Lee et al. [1].

The work is very interesting and we agree with the authors that patching may reduce the closure time of traumatic tympanic membrane perforations (TMPs). However, we felt that some viewpoints in the manuscript were not appropriate [1]. The authors stated the following:

"After marginal trimming and eversion of the inverted part of the perforated tympanic membrane (TM), the paper patch or silk patch was laid over the perforation of the TM using microforceps and an ear pick. But some of the cases (trauma history with a short time [within 24 hours]) received patch procedures without trimming and eversion." [1].

With regard to this statement, we believe that trimming and eversion of the perforated edge was not necessary if the traumatic TMPs had signs of spontaneous healing, especially in cases in which the perforations 1 week postinjury still had fresh edges. This procedure may increase the pain experienced by the patient, as well as increase the costs associated with the treatment. Several studies have shown that edge approximation is not necessary nor does it improve the closure rate of traumatic TMPs [2-5]. The authors stated, "Before the procedures, paper patch was applied by antibiotic ointment and the silk patch was immersed in normal saline for 3–4 minutes." [1]. We realize that the silk patch enhanced water absorption, and by immersing it in saline a moist environment could be created. Previous studies have shown that moist environments are able to accelerate tympanic membrane healing and reduce closure time [6,7]. Amadasun [8] reported a closure rate of 92.3% in 13 of 15 traumatic TMP patients (86.7%) using a semisolid gentamicin ointment plug (Gentalek, Lek Pharmaceutical and Chemical Company, Veroskova, Slovenia with NAFDAC no. 04-0220) [8]. Thus, the conclusions made in this manuscript are confounding [3]. In this study, Figs. 2 and 3 showed small-sized perforations, according to the classification of perforation size. Previous studies have reported that the closure rate of small perforations is greater than 94%, and thus, surgical intervention should not be recommended for small-sized perforations [9,10].

CONFLICT OF INTEREST

No potential conflict of interest relevant to this article was reported.

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