

Letter to the Editor

In Reference to *Barbed Stayed Bridge Pharyngoplasty (BSBP)*

Dear Editor,

We were instantly drawn to the recent publication by Magliulo et al. in *The Laryngoscope on Barbed Stayed Bridge Pharyngoplasty (BSBP)* because of its novel method for patients with obstructive sleep apnea (OSA).¹ We applaud the authors for their thorough explanation. The main advantage of BSBP is that it retains the palatopharyngeal muscle (PPM) producing significant expansion and stabilization of the oropharyngeal airway unlike techniques such as Barbed Reposition Pharyngoplasty (BRP) that involve partial transposition.² Therefore, BSBP may offer a more stable long-term treatment for OSA, preserving PPM and reducing the likelihood of consequences such as velopharyngeal insufficiency or palatal dysfunction.³ The study's thorough and systematic methodology is demonstrated by the Friedman staging system and drug-induced sleep endoscopy (DISE) for patient selection. The encouraging findings indicate that BSBP is effective in reducing OSA symptoms, as evidenced by the noteworthy decreases in AHI and ODI that were documented at 3, 6, and 12 months after surgery. Nonetheless, more discussion is necessary due to the study's shortcomings. The findings' applicability to a larger OSA population may be limited due to the small sample size of 10 individuals. Furthermore, even though the 12-month follow-up period yielded significant initial data, it might not have been long enough to evaluate the technique's long-term durability or the onset of late complications.⁴ The procedure's success was unaffected by the modest difficulties mentioned by the authors, such as suture extrusion. If these issues had any effect on patient satisfaction or quality of life, it would be interesting to know. Additionally, a direct comparison of BSBP with other well-established surgical procedures for OSA, like expansion sphincter pharyngoplasty or uvulopalatopharyngoplasty (UPPP), might be helpful in determining the relative safety and efficacy of each procedure.⁵ This would make it possible to choose the best surgical strategy for each patient with greater knowledge. Future studies should focus on conducting larger, multicenter studies with longer follow-up periods, comparing BSBP with other surgical techniques, and providing an analysis of the impact on patients' QoL

in order to address these shortcomings. Although more investigation is required to adequately assess its potential, the preliminary findings reported by Magliulo et al. are promising and imply that BSBP could develop into a useful tool in the toolbox of sleep surgeons.

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