



Comments on: Equivalent outcomes in nasal symptoms following microscopic or endoscopic trans-sphenoidal surgery: results from multi-center, prospective study

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Endoscopic endonasal approach (EEA) is steadily becoming the standard of care for surgical treatment of pituitary adenomas [1, 4]. Diminishing sinonasal morbidity following such surgeries has a significant impact on the patient's quality of life and should influence invasiveness of surgery depending on the tumor pathology and extent of resection desired.

In this study, Osborne et al. compared nasal symptoms at different timepoints following either a microscopic or endoscopic endonasal approach for various lesions using the General Nasal Patient Inventory score. While I commend the authors for their work, I question the inclusion of diagnosis such as meningiomas, chordomas, and craniopharyngiomas in their cohort. The majority of these pathologies could not be treated by any other means than an expanded endoscopic endonasal approach, which leaves a much more significant sinonasal imprint than standard EEA access for a pituitary adenoma. Results pertaining only to adenomas, for which both approaches have been proven to be effective [3], yield significance in my eyes in the current study. In that regard, the results reported here are in alignment with known literature showing a slight early advantage for the EEA with long-term similar results with both approaches [2, 5].

Declarations

Conflict of interest The author declares no competing interests.

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