

Letters to the Editor

Lymphatics of the Submandibular Space

Dear Editor:

I enjoyed Dr. DiNardo's candidate's thesis (DiNardo L. Lymphatics of the Submandibular Space: An Anatomic, Clinical, and Pathologic Study With Applications to Floor-of-Mouth Carcinoma. *Laryngoscope* 108(2):206-214, 1998), particularly the compulsive anatomic and clinical study of the lymphatic drainage of the floor of mouth. Although cure rates were not elucidated in the paper, I would expect them to be similar to those reported by Drs. Barton and Ucmakli (Treatment of Squamous Cell Carcinoma of the Floor of Mouth. *SGO* 1977;125:21). Specifically, they detailed experience with 102 patients who had stage I or II floor-of-mouth squamous cell carcinomas, achieving a 5-year survival rate of 89%. They dubbed their procedure, which bears a close resemblance to that described by Dr. DiNardo, a *mono bloc*, essentially a resection of floor of mouth in continuity with the ipsilateral submandibular and sublingual areas (bilateral if midline lesion), reserving irradiation for nodes positive for disease. My experience over the past 20 years with the *mono bloc* technique remains favorable.

J. DAVID OSGUTHORPE, MD
Charleston, South Carolina

Oxymetazoline Nasal Spray

Dear Editor:

Yoo et al.¹ provide evidence to indicate that 4-week nightly use of oxymetazoline nasal spray in 10 healthy subjects appears safe and effective, with no adverse effects. Moreover, all subjects remained responsive to oxymetazoline throughout the study. The authors have used weekly history, physical examination, and rhinomanometry. Eight of 10 subjects (80%) reported evening nasal obstruction during the fourth week of treatment. However, these findings were not in agreement with the rhinomanometric findings. Unfortunately, it is not clear at what time during the day these measurements were performed.

We performed a similar double-blind controlled study² in which 10 healthy subjects were randomly assigned to receive oxymetazoline nasal spray once daily at night and placebo in the morning and at noon, while 10 other subjects used oxymetazoline nasal spray three times daily for 30 days. Before and after the course of treatment, the mucosal surface positions were determined with rhinostereometry, followed by histamine challenge tests. In the morning and

evening just before use of the nasal spray, symptoms of nasal stuffiness were evaluated on visual analogue scales (0-100). Our results showed that rhinitis medicamentosa (i.e., rebound swelling and nasal hyperreactivity) developed when the subjects used oxymetazoline nasal spray once daily at night for 30 days. This was true whether they used the decongestant once or three times daily and was confirmed by the rhinostereometric recordings and symptom scores. Regardless of the frequency of administration of the nasal spray, the subjects were particularly bothered by nasal obstruction in the evenings.

Thus our results are in line with the results reported by Yoo et al. and the evening nasal obstruction noted in their study is probably also due to the development of rhinitis medicamentosa. All eight subjects with nightly obstruction reported resolution of this symptom within 48 hours after discontinuation of the topical decongestant. We reported exactly the same findings in another study on healthy subjects after 4-week use of oxymetazoline three times daily.³ However, this does not mean that the nasal obstruction reported by Yoo et al. is not due to rhinitis medicamentosa and it does not automatically mean that oxymetazoline nasal spray may be safely used for 4 weeks.

PETER GRAF, MD, PhD
Stockholm, Sweden

BIBLIOGRAPHY

1. Yoo J, Sikaly H, Calhoun K. Extended use of topical nasal decongestants. *Laryngoscope* 1997;107:40-3.
2. Graf P, Hallén, Juto J-E. Four-week use of oxymetazoline nasal spray (Nezeril) once daily at night induces rebound swelling and nasal hyperreactivity. *Acta Otolaryngol (Stockh)* 1995;115:71-5.
3. Graf P, Juto J-E. Decongestion effect and rebound swelling of the nasal mucosa during 4-week use of oxymetazoline. *ORL J Otorhinolaryngol Relat Spec* 1994;56:131-4.

Perilymphatic Fistula Following Airbag Trauma

Dear Editor:

Although airbags have proven their efficiency with regard to preventing injuries and fatalities resulting from motor vehicle crashes,^{1,2} they may be responsible for lesions that are generally located on the face, head, and arms.³⁻⁵ Airbag deployment could also be responsible for damage to the inner ear. We report here a case never before described of a 42-year-old woman who presented a perilymphatic fis-