RESPONSE TO LETTER

Timing and Indications of Jones Tube Placement in Lacrimal Drainage System Malignancy Patients: A Rebuttal to the Letter by Shah et al [Response to Letter]

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Dear editor

We appreciate the letter and the comments Shah and Goel made on our paper.

In this study, we investigated the factors influencing the decision to delay Jones tube insertion following the resection of nasal or lacrimal drainage system malignancy (LDSM) using a questionnaire survey.¹

We would like to clarify some points regarding the reference you cited for Song et al.² This reference does not present a staging system for malignant lacrimal sac tumors, but rather an analysis of the pathology, clinical manifestations, and potential risk factors associated with the prognosis of 90 cases of this condition. We did not include a question about the extent or staging of the tumor in our questionnaire, as this was not the focus of our study. However, we agree that this could have been a useful addition. Our study was based on the assumption that Jones tube placement surgery was indicated only when the patient had constant chronic epiphora due to insufficient drainage, and did not have other complications such as eyelid malposition, exposure keratopathy or nasolacrimal fistula. If these complications were present, we believe that the surgeon would have addressed them first before proceeding with Jones tube placement surgery.

We do not think that our study was affected by Neyman bias, because our questionnaire directly asked about the timing of Jones tube placement after excision of nasal or LDSM in patients with constant epiphora, and not about the indication or appropriateness of such surgery. We concur with you that a question about post-surgical relief in epiphora, and the complication rates of Jones tube placement in these cases, would have been beneficial, and would have provided more insight into the overall success rate of such surgery in these patients.

Disclosure

The authors report no conflicts of interest in this communication.

References

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