



Commentary on bacterial cellulose graft versus fat graft in closure of tympanic membrane perforation[☆]



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Dear Sir,

The study entitled “Bacterial cellulose graft versus fat graft in closure of tympanic membrane perforation” by Mandour et al. [1]. This study provided the excellent graft material for repairing of tympanic membrane perforations (TMPs). However, the comparative efficacy is unbelievable unless some further issues would be addressed.

The authors indicate that this is a randomized control trial, both of the sample size were 20 patients for small- and -moderate- size TMPs every each group. I don't understand how to produce the coincident random number each group, how random number was generated. In addition, in this study, the follow-up time is short and only 6 months. The closure rate in the group I was significantly higher than that of group II and group III, the closure rate of moderate size TMPs was 50% in the group II and 60% in the group III, respectively. However, some scholars reported reach up to the closure rate of 79.1–82% in fat graft [2,3] and 82–97.5% in temporalis fascia graft [4,5]. I speculated the lower closure rates for group II and group III were related to smaller sample sizes in this study. Perhaps, the etiology of TMPs in 3 groups was different, traumatic TMPs had higher closure rate regardless of the type of graft materials, the authors didn't detail the issue. Also, the authors described that every week under the microscope during the first month then every month for six months to detect the closure of the perforation. However, the authors only provided the post-operative photo at 3 weeks after bacterial cellulose myringoplasty. I believed that a series of photo at post-operative 1 month, 3 months and 6 months should be provided to reach a higher confidence for the reader.

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Declaration of Competing Interest

No.

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