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Commentary on topical platelet rich plasma versus hyaluronic acid during fat graft myringoplasty☆

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Dear editor,

We read with great interest the titled “topical platelet rich plasma versus hyaluronic acid during fat graft myringoplasty” by Fouad et al. [1] The authors compared the effect of adding platelet rich plasma (PRP) or Hyaluronic acid (HA) to fat graft myringoplasty (FGM) for medium sized central tympanic membrane (TM) perforations. The patients were divided into three groups:PRP combined with the FGM group, HA combined with the FGM group, and pure FGM group. Although this study was excellent, the design of this study was inadequate. Firstly, this study was retrospective but not a prospective, randomised controlled study. Secondly, all the PRP and HA group added gelfoam pieces while pure FGM group didn't. The gelfoam itself aided the healing of chronic TM perforations [2,3]. In addition, fat may be discharged because of fat liquefaction and the absence of tension over time if the external auditory canal packing wasn't applied in the pure FGM group for the patients with Eustachian tube dysfunction. However, PRP and HA can be solidified and fixed, thereby providing a scaffold function for eardrum healing.

Previous studies suggested that PRP and HA provided the moist environment and thereby aided the healing of eardrum except for as a growth promoting agent [4,5]. We believed that the reasonable design should be PRP group, HA group, and 0.3% Ofloxacin Ear Drops group and compared the healing outcome among three groups. Recent clinical and experimental studies showed that Ofloxacin Ear Drops also aid the healing of eardrum [6–8]. In addition, the follow-up was short and only 3 months. At least follow-up of 6 months should be considered to evaluate and compare the healing outcome of myringoplasty for different graft material. Clinical studies had been proved that re-perforation rates after myringoplasty gradually increased over time [9,10].

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Conflict of interest

No

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