## Corrected Proceffer to THE EDITOR

Comment to the article "Comparison of outcomes for Draf IIB vs Draf III in endoscopic frontal sinus surgery: a comprehensive systematic review and meta-analysis"\*

## Artur Kacprzyk, Roman Głowacki

Department of Otorhinolaryngology, Ludwik Rydygier Memorial Hospital, Kraków, Poland

Rhinology 63: 5, 0 - 0, 2025 https://doi.org/10.4193/Rhin25.171

\*Received for publication: March 30, 2025 Accepted: May 20, 2025

Associate Editor: Ahmad Sedaghat

## **Dear Editor:**

We read with great interest the article by Hirayama et al. <sup>(1)</sup> and commend the authors on their comprehensive work, which presents an extensive dataset accompanied by robust statistical analyses and a detailed systematic review. This study is undoubtedly a significant contribution to the literature on frontal sinus surgery.

However, our primary concern relates to the potential differences in the indications for the Draf III and Draf IIb procedures. The absence of aggregated baseline information regarding patient populations—such as disease severity, prior surgical history, and specific anatomical conditions—raises serious questions about the validity of drawing direct comparisons between these two procedures. We recognize that obtaining such aggregated data in this type of analysis is challenging, if not impossible, given that meta-analyses do not rely on raw data. Without this crucial

References

 Hirayama Y, Shahid MS, Finney HA, Muzaffar J, Haque MS, Accorona R, Iftikhar H. Comparison of outcomes for Draf IIB vs Draf III in endoscopic frontal sinus surgery: a comprehensive systematic review and meta-analysis. Rhinology. 2025, 3: 258-285. information, it is difficult to determine whether the superior outcomes reported for the Draf IIb procedure, in terms of restenosis rates and the need for revision surgery, are solely due to procedural differences or are influenced by inherent disparities in patient selection.

While the methodology of systematic reviews and meta-analyses enables the integration of large datasets, caution must be exercised in interpreting the results. A nuanced understanding of the underlying patient characteristics is essential, as the criteria for selecting candidates for the Draf III versus the Draf IIb procedure may differ substantially. Considering these limitations, we believe that the conclusions drawn in the study should be reconsidered, and that any comparative analysis of these procedures must account for the potential variability in baseline patient data.