

Response to: 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"*

Muhammad Sohaib Shahid¹, Yuri Hirayama², Haissan Iftikhar³

Rhinology 63: 5, 640, 2025

<https://doi.org/10.4193/Rhin25.233>

¹ Aga Khan University, Aga Khan University Hospital, Karachi, Sindh, Pakistan

² Department of Otolaryngology, University Hospitals Birmingham, NHS Foundation Trust, Queen Elizabeth Hospital, Birmingham, United Kingdom

³ Department of Otolaryngology, University Hospitals Northamptonshire, Cliftonville, Northampton, United Kingdom

***Received for publication:**

April 27, 2025

Accepted: May 11, 2025

Associate Editor:

Ahmad Sedaghat

Dear Editor:

We thank our readers for their interest in our work ⁽¹⁾ and their thoughtful comments. We concur with the concerns raised regarding the heterogeneity of the included studies, which we have openly acknowledged and discussed in the limitations section of our review.

To add to the complexity, we would further emphasize factors such as the variability in surgical expertise, the technical nuances in how a Draf IIB or Draf III was performed, and the type of instrumentation used (e.g., drills versus cold steel techniques). Moreover, and most importantly, as both highlighted by the readers and noted in our manuscript, the underlying nature of the disease for which each procedure was undertaken significantly influences the choice and extent of the surgical intervention. For example, malignancies often necessitate more extensive procedures with mucosal stripping, making direct comparisons across all indications inherently difficult. We would like to respectfully emphasize that expecting fully

harmonized baseline characteristics, while ideal, may inadvertently constrain systematic inquiry. Particularly in surgical research—where prospective randomized trials are uncommon and patient heterogeneity is an inherent reality—the purpose of meta-analysis is not to assert absolute equivalence, but rather to discern patterns that may inform clinical practice across varied settings. Our intention was never to suggest that procedural differences alone account for outcome disparities; instead, we aimed to provide a thoughtful synthesis of the best available evidence, while transparently acknowledging its inherent limitations.

Ultimately, we do not advocate for one Draf procedure over another. Our goal was to contribute to answering a longstanding, much-debated question regarding Draf II versus Draf III in frontal sinus surgery—irrespective of the underlying indication. This synthesis represents the best conclusions that can be drawn from the current body of evidence, though we acknowledge its limitations and the continued need for high-quality, prospective data.

References

1. 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.