Letter to the Editor

# Contradictions in Piezosurgery

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The article "The Role of Piezoelectric Instrumentation in Rhinoplasty Surgery" from Gerbault et al[1] is my favorite text on the use of piezosurgery in rhinoplasty. The article contains important details of ultrasonic rhinoplasty, including how the extensive subperiosteal elevation is performed before piezosurgery, how osteotomies are made with piezosurgery, the effect of the osteotomy pattern on the movement plane of the mobilized lateral wall, the correction of high septal deviation with piezosurgery, and the reduction of bony convexity of the nasal bone with piezosurgery.

In addition to this article, Gerbault and Kosins[2] published a Commentary on the same topic 3 months after this initial publication. However, there are contradictions between the authors' article and their Commentary.[1,2]

In the Methods section of their article, the authors state that they initially used a VarioSurg ultrasonic device (Nakanishi, Inc., Tochigi, Japan) for rhinoplasty.[1] In their Commentary, they criticize the VarioSurg as "a dental device that is not approved for use in the operating room."[2] How can the authors explain their prior use of this dental device in their rhinoplasty patients? Did they have any negative outcomes resulting from the use of this machine? I pose the question because I have been using the same device.

In the Discussion section of their article, the authors emphasize the importance of preserving the underlying mucoperiosteum to maintain nasal stability.[1] They do not mention any other mechanism for stability of the nasal bone. In their Commentary, the authors criticize the possible mechanisms for bony stability proposed by Ilhan et al,[3] which include maintaining the integrity of the mucosa, the transverse nasal muscle, and the scroll ligament.[2] In their Commentary, the authors also state that the most important contributors to bone stability are the bone-cartilage connections at the keystone area, the continuity of the fracture line, and the extent of bone mobilization.[2] I wonder whether the authors still believe that an intact underlying mucoperiosteum contributes to nasal bone stability.

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