TABLE I
SUCCESS OR FAILURE OF GRAFT UPTAKE BY EAR DISCHARGE TYPE

Ear discharge type	Successful graft uptake	Failure of graft uptake	Total
Mucoid	23	5	28
Mucopurulent	5	2	7

Pearson chi-square ($p = 0.526$). Data represent numbers of ears.

with dry ear, or mucoid, serous or purulent discharge, had failure rates of 17.7 per cent, 17.1 per cent, 11.8 per cent and 17.2 per cent, respectively; these rates are comparable, irrespective of the nature of the discharge.[2]

We agree with the author that the moist environment of a wet ear might accelerate the healing process of the ear drum.[3–7] In our study too, tympanic membrane vascularity was found to be higher in cases of wet ear (16 out of 25, 64 per cent) than in cases of dry ear (3 out of 21, 14.3 per cent) ($p < 0.001$). However, on subsequent comparison, no statistical difference was observed in the final graft uptake rates between the wet and dry ear based on the vascularity ($p = 0.115$).

The second comment queried whether the tympanosclerotic patches on the tympanic membrane were removed or not during the surgery. Nineteen (27.1 per cent) of our patients had tympanosclerosis at the time of surgery. Of these 19 patients, 13 were in the dry ear group and the remaining 6 were in the wet ear group. Five patients also had some middle-ear sclerosis along with the tympanosclerosis (four in the dry ear group and one in the wet ear group). During the over-underlay technique of tympanoplasty, all efforts were made to clear the tympanosclerotic patch before the grafting was done. In addition, the middle-ear sclerosis was cleared if present before grafting. Thus, no comparison between the presence and absence of tympanosclerosis on graft uptake rates was possible.

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Second letter

Dear Editors,

The authors of the paper titled 'Evaluation and comparison of type I tympanoplasty efficacy and histopathological changes to the tympanic membrane in dry and wet ear: a prospective study' rightly point out that previous studies seeking to determine whether discharge at the time of surgery has an adverse effect on the outcome of myringoplasty operations have produced conflicting results. This is because they were inadequately powered to answer this question. The same is true of Shankar and colleagues' study.

Fortunately, a study has already been published which provides a definitive answer.[1] When devising the study, the authors decided that, as patients with active ears benefit more from surgery than those with dry ears, the important question was whether discharge at the time of surgery was associated with an increase in the rate of persistent perforations of less than 10 per cent. A power calculation based on this premise indicated a need for a sample size of 182, with equal numbers in each group. In fact, 268 patients were enrolled, of whom 246 attended a follow-up appointment 6 months after surgery. The success rate for inactive ears was 83 per cent and that for active ears was 82 per cent. The authors concluded that: 'There is no clinically significant difference in the success rate for myringoplasty in patients whose ears were active or inactive at the time of surgery'.[1]

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Authors' reply

Dear Editors,

We are glad to hear about the interest in our work titled 'Evaluation and comparison of type I tympanoplasty efficacy and histopathological changes to the tympanic membrane in dry and wet ear: a prospective study'. We would like to thank Prof Mills for going through our paper in depth. We agree with the observation made by Prof Mills regarding the sample size and the power of the study. Our study is not

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sufficiently powered to conclude without any doubt that the presence of discharge at the time of tympanoplasty does not affect the final outcome, nor have we claimed this in our study. We only concluded that our results indicated the success rate is not influenced by the presence of ear discharge at the time of surgery and that tympanic membrane vascularity does not influence graft uptake.[1] The study showed a way ahead for an adequately powered study with a larger sample size to answer this question conclusively.

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