LETTER TO THE EDITOR

A comparable study of the diagnostic performance of orbital ultrasonography and CBCT in patients with suspected orbital floor fractures: some considerations—author's reply

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To the Editor,

First of all, we appreciate your interest in this publication. Actually, our study was carried out in the department of radiology and the CBCT was performed only as an alternative for a second CT request for any reason by attending physicians/neurosurgeons out of this department. In other words, we did not alter the routine clinical management of any patient in this work except for a previously authorized replacement of CT with CBCT.

Regarding the second comment about using independent examiners who were blind to the findings of other modalities, it should be noted that the principal objective of this study was to evaluate the diagnostic accuracy of each imaging technique *per se* in dealing with cases who were suspected of having isolated orbital floor fractures. In fact, determining the incremental value of adding ultrasonography to CT or CBCT was beyond our predefined aims.

Finally, this concept that performing a CT examination is inevitable in managing patients with suspected orbital fractures has been adequately discussed in the original article. Indeed, performing CT scanning is not advisable in any patient with trauma including those with clinically suspected isolated orbital floor fractures.¹ In addition, as we emphasized in the text, owing to a high diagnostic accuracy of ultrasonography in managing such cases, it could be considered among our diagnostic options when conducting CT/CBCT is not feasible for any reason.

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Reference

1. Lelli GJ Jr, Milite J, Maher E. Orbital floor fractures: evaluation, indications, approach, and pearls from an ophthalmologist's perspective. *Facial Plast Surg* 2007; **23**: 190–9. doi: <https://doi.org/10.1055/s-2007-984559>