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LETTER TO THE EDITOR

The role of upper airway morphology in apnea versus hypopnea predominant obstructive sleep apnea patients: an exploratory study

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(The Editors do not hold themselves responsible for opinions expressed by correspondents)

To Editor,

We have read with great interest the article: "The role of upper airway morphology in apnea vs hypopnea predominant obstructive sleep apnea patients: an exploratory study" published recently in the *BJR*,¹ and we would like to thank the authors for their contributions in the OSAHS (obstructive sleep apnea hypopnea syndrome) area. However, as we repeat their experiments, a question arose related to the airway analysis: why were the patients' heads oriented in 3D software, not during the MDCT scanning?

Previous studies have investigated that the morphology of the upper airway is modulated in response to alterations in head/body positions.²⁻⁷ In other words, the airway images

of one subject may be different under different head positions. Thus, it may be necessary to standardize the patients' head position. But in the previous article,¹ the patients' skulls were only oriented in 3D software. You stated that all patients were "in a supine position". What does this mean? Swallowing? We believe that the details of the posture adjustment were not fully displayed in the article, and this is crucial for the readers who want to repeat the experiment. Moreover, we could also perform relatively reliable head position adjustment using pre-imaging function of the Dental Volumetric Tomograph KaVo 3D exam.

Thank you for sharing the wonderful article. We would be greatly appreciated if the author could clear up our confusion.

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