
To the Editors: The authors reported a new caloric test for measuring the reflexivity of each superior semicircular canal (SCC). They described step by step the technique of the “modified bilateral simultaneous caloric test” and compared the results of 24 individuals: 12 healthy subjects and 12 patients with unilateral dehiscence of the superior SCC who underwent a surgical obliteration of this canal. They measured a statistically significant difference of the mean intensity of the upbeating vertical nystagmus between the 2 groups of individuals (1).

The authors had the merit with this nice article to demonstrate the validity of this very elegant, simple, and costless technique by comparing the caloric response of the superior SCC within healthy subjects and within patients who selectively lost the function of the superior SCC after surgical obliteration.

However, the authors attributed to themselves this modified bilateral simultaneous caloric test, which is not the case. Pierre Miniconi ENT-practitioner in France presented this method in 2009 at the Congrès de la Société Française d’ORL in Paris (2) where the first author discussed directly with him. After this first contact, J. Nehme received from P. Miniconi all details, explanations, a videotape of the procedure for his first experiments. In such a case, the intellectual and scientific honesty was to mention P. Miniconi in the article. The fair play attitude would be to invite him as coauthor of the publication.

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REFERENCES


REPLY TO THE LETTER ABOUT THE “BILATERAL SIMULTANEOUS CALORIC TEST FOR SUPERIOR SEMICIRCULAR CANAL EVALUATION”

In Reply: We are very grateful to the author(s) of this letter for taking the time to read and respond to our editorial (1). With all our respect, some of the argument are good and deserve careful consideration, although we do not find them extremely compelling.

Dr. Miniconi in his abstract presented at the 116th meeting of the French ORL society in 2009 stated that the bilateral simultaneous caloric stimulation test is a novel technique; however, we reported in our article different old references describing this test. As far as 1928, different techniques of a bilateral simultaneous caloric test have been mentioned in the literature. Fisher was the first to mention the use of bilateral simultaneous caloric stimulation of the ears. In 1937, Aubry and Ombredanne reported the simultaneous bilateral irrigation of the ears using 10 ml of water at 25°C (2). Later in 1976, Brooker was more specific and described his method for simultaneous bilateral caloric stimulation using 250 ml of hot and cold water for a period of 60 seconds for each stimulation (3). Based on these information reported in the discussion of our manuscript, we did not attribute to ourselves this technique of bilateral simultaneous caloric stimulation neither to Dr. Miniconi. In addition, we did not pretend that this technique is a new innovation, a novel test, or a Nehme-Saliba test. During the preparation of the study, we discussed with Dr. Miniconi and with many other physicians in the world. We wanted our study to be well designed and analyzed by different expert in the vestibular system. Dr. Miniconi did not participate directly to the evaluation of the obliterated superior canal. The objective of our study was not to present a new caloric stimulation test but to verify if the obliterated superior semicircular canal can be stimulated using the modified “bilateral simultaneous caloric test.” We call it “modified” because of the variation we added compared with Aubry and Ombredanne, to Brooker as well to Miniconi. We presented our preliminary result a year