

**Author response to: Comment on:  
Contralateral surgery in patients  
scheduled for total thyroidectomy  
with initial loss or absence of signal  
during neural monitoring**

*Editor*


Thanks to Piccin *et al.* for their comment on our article on avoiding staged thyroidectomy in cases of initial signal loss<sup>1</sup>. The authors, however, do not discuss our data or our reasoning, they merely give their opinion. I would have preferred a scientific discussion since this is what it is all about. Our understanding is that our data, the first ever published on the clinical outcome of initial signal loss, support our approach.

The authors 'strongly' advise postponing contralateral surgery, but this is based only on a respectable opinion. No hard data have ever been presented on the benefits of such an approach. Guidelines, no matter what they deal with, are fine to summarize the state of the art, but their scientific value is controversial<sup>2</sup>. They may, in fact, prevent critical thinking and delay, or even block, the burgeoning of new ideas.

Piccin *et al.* insist on the old principle that prevention of bilateral recurrent laryngeal nerve (RLN) palsy, 'should be considered the main reason to utilize nerve stimulation'. This is no longer the case, if it were, neuromonitoring would be used to prevent a complication that develops in one to three cases per 1000 patients. It would be pretty inefficient! Neuromonitoring is here to stay for many reasons other than RLN palsies: it has an almost 100 per cent positive predictive value for appropriate postoperative nerve function and is very helpful in the differential diagnosis

of postoperative airway problems; it helps to identify the RLN in complex procedures; it facilitates preservation of the superior laryngeal nerve; it may be of great value when a thoracic approach is required; and it is also very valuable in revision parathyroid surgery.

It is our group's opinion that, from a scientific point of view, we should go past the mantra that neuromonitoring prevents either unilateral or bilateral palsy<sup>3</sup> and focus on its many other potential advantages.

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  - 2 Sitges-Serra A. Clinical guidelines at stake. *J Epidemiol Commun Health* 2014; **68**: 906–908.
  - 3 Cirocchi R, Arezzo A, D'Andrea V, Abraha I, Popivanov G, Avenia N *et al.* Intraoperative neuromonitoring *versus* visual nerve identification for