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Electrical stimulation in obstructive sleep apnoea: the less invasive the better? CORRESPONDENCECORRESPONDENCEElectrical stimulation in OSA

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To the Editors:

We read with interest the article by Eastwood *et al.* [1] on bilateral hypoglossal nerve stimulation for treatment of adult obstructive sleep apnoea (OSA), the BLAST OSA trial. The authors present data on a novel approach, the Genio system, to stimulate the hypoglossal nerve and provide neuromuscular tone to the genioglossus, the main dilator muscle of the upper airway, to improve upper airway patency in OSA. The primary outcomes of the BLAST OSA trial focus on indices describing severity of OSA, the apnoea–hypopnoea index (AHI), and the safety of this approach. The AHI improved by 10.8 events per hour at 6 months, leading to a symptomatic improvement, as measured by the Epworth Sleepiness Scale and the Functional Outcome of Sleep Questionnaire (FOSQ-10), and any serious adverse events observed were related to the surgical procedure; most minor adverse events wore off during the 6-month follow-up period.