In reply: Trigeminal cardiac reflex: Another all-or-none law?

Lübbers, H T; Zweifel, D; Grätz, K W; Kruse, A

DOI: [https://doi.org/10.1016/j.joms.2010.07.054](https://doi.org/10.1016/j.joms.2010.07.054)

Posted at the Zurich Open Repository and Archive, University of Zurich
ZORA URL: [https://doi.org/10.5167/uzh-60029](https://doi.org/10.5167/uzh-60029)
Accepted Version

Originally published at:
DOI: [https://doi.org/10.1016/j.joms.2010.07.054](https://doi.org/10.1016/j.joms.2010.07.054)
About the differences between knowledge and evidence!

We do thank Bohluli et al. for their contribution. For the most part, we can agree; and in our view, their comments raise an important question, along with perspectives for future research, on the topic of trigeminocardiac reflex (TCR).

We certainly do agree that the frequency of the TCR subtype oculocardiac reflex (OCR) might be overestimated due to the reasons mentioned. However, it must be said that we do not have the experience in the special field of children's strabismus surgery to have formed a solid clinical impression of our own.

We also tend to agree that TCR induced by other branches of the trigeminal nerve might be underestimated, first, because we were able to identify and report two cases \(^1\), even in a retrospective study design that is likely to miss a number of cases due to poor documentation. Second, our clinical impression is that TCR is not as rare as suggested by the literature with regard to trigger regions apart from bulb and orbit.

We do not, however, agree that the above observations have any impact on the classification we presented. Placing a region that might be underestimated as a triggerzone into a low-risk group does not do any harm since it is underestimated already. On the contrary, the classification itself might focus colleagues on the topic – as, by the way, the responses to the article seem to prove – and therefore might lead to a more “open eye” regarding TCR. To us, therefore, it is not only formally correct to base the classification only on the existing literature, but also completely justified.

If we believe the existing literature does not accurately reflect clinical reality, the appropriate thing to do is to test our hypotheses in adequate studies and generate some evidence. Like any classification, the one proposed by our group might then need adjustments in the light of new evidence.