



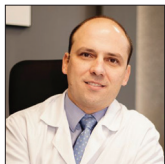
Letter to the Editor

Oral health and temporal muscle thickness

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We would like to congratulate Katsuki *et al.* for the recently published article entitled “*Temporal muscle thickness and area are an independent prognostic factors in patients aged 75 or younger with aneurysmal subarachnoid hemorrhage treated by clipping*” published in this renowned journal.^[3]

The information contained therein is of extreme clinical relevance, especially regarding the health of the geriatric population, as investigations of possible causes of mortality may help preventive measures to reduce mortality.

The article illustrates that the diagnosis of sarcopenia, verified through the temporal muscle thickness (TMT) and temporal muscle area (TMA) on the head computed tomography are useful, and TMT and TMA were reported as potential prognostic factors for aneurysmal subarachnoid hemorrhage (SAH).^[3]

Taken together, it is proven in the literature that sarcopenia results in reduced skeletal muscle mass, muscle strength, and physical function^[2,5] thus reducing patient mobility and recovery.

It is expected that there will be a gradual decrease in skeletal muscle mass and strength with aging.^[5] However, in elderly individuals, other aspects may be associated with sarcopenia, and these should also be considered.

In the original work, we did not observe any data regarding the oral health of patients, in which the results could have been influenced. For example, tooth loss is an associated factor in weakening of chewing muscles, including masseter and temporal muscle. With the reduction of dental elements, there is a decrease in grip strength and occlusal force, allowing disuse atrophy.^[1,2,4] Thus, institutionalized patients or those receiving an enteral diet may also contribute to the increase of sarcopenia. In this context, chewing difficulties may occur, leading to risks and malnutrition and reduction of occlusal force.^[5] There is only a brief commentary that TMT and TMA can be determined congenitally or can be enlarged by training such as chewing. Thus, we suggest that if oral health data are not available, such observations could have been included in the limitations of the study.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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