

In reply: Videolaryngoscope for intubation during chest compression

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To the Editor:

We sincerely thank Dr. Liu and colleagues for their comments on our manuscript [1].

First, they claim that our study is limited in that it lacks a comparison with Macintosh laryngoscopes (McL). As various groups including us have previously shown the superiority of videolaryngoscopes such as the Pentax-AWS Airwayscope™ (AWS) over the conventional McL, we compared the AWS and KingVISION™ with and without a tube guide in order to focus on evaluating the role of tube guides in airway management during resuscitation [2].

Second, they cite a clinical study performed by paramedics for out-of-hospital resuscitation [3]. In contrast, our studies were performed by experienced and novice doctors, mainly for in-hospital or hypoxia-induced cardiac arrest resuscitation due to airway management failure, which may be different in various aspects. Evaluating the efficacy of videolaryngoscopes by operator experience, skill, and specialty, as well as surrounding environment, is needed in the future.

Though a simulation study utilizing a manikin has some limitations, it is essential to evaluate questions which would be unethical in clinical practice. We believe that simulation and clinical studies comprehensively contribute to airway management safety during emergency situations.

Compliance with ethical standards

Conflict of interest None.

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