Comparing ultrasound-guided and fiberscope-guided intubation

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Received: 13 October 2017 / Accepted: 20 October 2017 / Published online: 1 November 2017
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To the Editor:

In the recent article by Moustafa et al. [1] in which ultrasound-guided and fiberscope-guided intubation were compared in patients with cervical spine immobilization, the rigid neck collar was removed before intubation and manual inline stabilization of the cervical spine was performed by a provider. Actually, fiberscope-guided intubation does not require removing the rigid neck collar used for cervical spine immobilization. We wish to know whether removal of the collar was necessary because the placement of a rigid neck collar can interfere with ultrasound-guided intubation. If so, it may be a drawback of this method.

Furthermore, the anesthetist performing intubation in group B can be regarded as an experienced operator as he had completed more than 200 fiberscope-guided intubations before this study. The operator in group A was stated to have 7 years of experience in application of ultrasound in the airway and in intensive care, but the readers were not provided with the detailed experience in ultrasound-guided intubation. Thus, it was unclear whether the operator executing the ultrasound-guided intubation was competent in this new airway technique. In fact, experience and competency

with any intubation technique are critical for its successful use in clinical practice. In a randomized controlled trial, care is required to ensure that the operators are equally proficient with the studied techniques to avoid bias [2]. We are concerned that the results of this study, such as differences in the first-attempt success rate between groups, may denote different learning curves of operators for the techniques studied, rather than the actual efficiency of these techniques.

Compliance with ethical standards

Financial statement All authors have no financial support and potential conflicts of interest for this work.

Conflict of interest None declared.

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This comment refers to the article available at doi:[10.1007/s00540-017-2410-7](https://doi.org/10.1007/s00540-017-2410-7).

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