Effective dose of remifentanyl for intubation in children

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To the Editor:

In recent article of Ono et al. [1] determining minimum effective dose of remifentanyl for excellent intubation conditions in children when co-administered with propofol without muscle relaxants, intubation conditions as main endpoints were assessed by Viby-Mogensen criteria [2]. However, Viby-Mogensen criteria were originally designed to qualitatively assess the intubation conditions when combined anesthetic induction drugs with muscle relaxants. Furthermore, Viby-Mogensen criteria are consisted of variables assessing laryngoscopy conditions, position and movements of vocal cords, and reactions to tracheal intubation. By combining three-part parameters of different natures, a final score for intubation conditions is provided. As vocal cords are often closed when combined propofol with opioid drugs without muscle relaxants, we argue that use of Viby-Mogensen criteria including variables of vocal cords may underestimate intubation conditions.

Difficult facemask ventilation was defined by the American Society of Anesthesiologists' criteria and occurred in 15% of children. However, a limitation of the American

Society of Anesthesiologists' criteria is inability to provide severity of difficult facemask ventilation, though it is important for safe airway management. Thus, Han scale is often used when quantitatively assessing effectiveness of facemask ventilation during anesthesia induction [3].

Compliance with ethical standards

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

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