Emergence agitation or delirium in children

Yi Zou¹ · Shao-Hua Liu¹ · Fu-Shan Xue¹

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To the Editor:

In recent article of Cho et al. [1], comparing two drugs for prevention of emergence delirium (ED) in children, we noted several issues that needed further clarification. First, ED determined using a four-point agitation scale was best called as emergence agitation, as they do not meet the diagnostic criteria of delirium in the DSM-5 required by 2018 newest recommendations for nomenclature of cognitive change associated with anesthesia and surgery [2]. Second, this only used PAED scale to quantify severity of ED, but not to identify ED. As an ideal and valid rating tool, PAED scale has been widely accepted to identify and quantify ED in children; i.e., a score ≥ 10 has 64% sensitivity and 86% specificity, and a score > 12 has 100% sensitivity and 94.5% specificity for diagnosing ED. Third, postoperative pain score differ significantly between groups, but postoperative analgesic data were not provided and compared. As postoperative pain is a known precipitating factor for ED in children, we were concerned that unbalanced postoperative pain treatments would have biased their findings. Fourth, because of a small sample, this study has no enough power to determine significant differences in the four-point agitation scale, PAED score and incidence of severe ED among various age

children. Fifth, preoperative anxiety levels should be present as median with a range and compared between groups.

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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✉ Fu-Shan Xue
xuefushan@aliyun.com

¹ Department of Anesthesiology, Beijing Friendship Hospital, Capital Medical University, NO. 95 Yong-An Road, Xi-Cheng District, Beijing 100050, People's Republic of China