



Point-of-Care Thoracic Ultrasound in Children with Bronchiolitis: Correspondence

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To the Editor: We appreciate Krishna et al. [1] for reporting the point-of-care ultrasound (POCUS) as a useful prognostic tool in pediatric patients with bronchiolitis. The POCUS can be useful in diagnosing respiratory problems in pediatrics. Routine use of POCUS for children with bronchiolitis could avert chest radiography, thereby reduce the exposure to ionizing radiations with its consequences, and could avoid the useless administration of antibiotics. However, we raise certain points which needs further clarification.

Firstly, the infrequent use of noninvasive ventilation (continuous positive airway pressure in 8 patients and high-flow nasal cannula in 1 patient) indicates that probably there was a smaller number of severe cases where ultrasound would appear beneficial by providing early diagnosis. Had the observation been done in a large number of severe cases, the observation would have become a more interesting one.

Secondly, lung ultrasound (LUS) is recognized to be operator dependent. The personnel who performed and interpreted the LUS are experienced users of ultrasound but not specialists. They have only 4-wk training. Hence, the study result might be influenced by the performance of users [2]. A standard protocol should have been followed [3].

Thirdly, considering the tender age of the study subjects (<2 y) and requirement of six-zone longitudinal scanning

protocol from apex to base that need scanning with different position, we wonder whether any sedation was used to get necessary co-operation for such elaborate examination. Although sedation is not mandatory, its use has been mentioned [4].

Finally, it would have been of further interest if any correlation between arterial blood gases and POCUS were analyzed to plan the treatment protocol [3].

The authors probably did not have the scope of including severe cases. We applaud the authors for presenting their nice observation. However, we would welcome clarity on the above issues.

Declarations

Conflict of Interest None.

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