



## Letter to the article by Sasaki et al

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To the Editor:

We read with great interest the recent article by Sasaki et al. [1]. Their inspirational study on this important topic deserves further discussion. In particular, we have some concerns in regards to their study conclusion: In pediatric patients with airway hypersensitivity, the use of cuffed endotracheal tube (ETT) did not increase the occurrence of respiratory adverse events (RAEs) or respiratory interventions after extubation.

It was known that active upper respiratory tract infection (URI), orotracheal intubation and use of inhalation anesthetics are known risk factors for perioperative respiratory adverse events in children [2]. And more, the studies had shown that the laryngospasm was more likely to occur in children who had undertaken airway surgery [3] and children who had an uncuffed tracheal tube (10% [122 of 1268] vs. 3% [42 of 1616], RR [rate ratios] adjusted for age 3–18, 95% confidence interval [CI] 2.14–4.73;  $p < 0.0001$ ) [4]. In the study by Sasaki et al., the frequency of upper airway surgery was higher in the uncuffed ETT group than in the cuffed ETT group (28.0% [40 of 143] vs. 12.3% [20 of 163],  $p = 0.001$ ). But the frequency of laryngospasm was not significantly different between the groups (0.7% vs. 4.3%,  $p = 0.11$ ). However, an important question is raised: Is the frequency of respiratory adverse events in the uncuffed ETT group accurate?

In addition, the study had shown that older children were less likely to have laryngospasm and other perioperative respiratory adverse events (cough, desaturation, or airway obstruction) than were younger children, especially neonates [5]. In the study by Sasaki et al., the data of respiratory adverse events in neonates were not analyzed in both groups. So, under such a setting, the rate of respiratory adverse events in both groups existed in the risk of selection bias.

From the discussion above, this conclusion by Sasaki et al. [1] seems to lack sufficient evidence to support. We suggest that further study is necessary to elucidate the relationship between the changes and outcomes.

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