



Pulse oximetry at the nasal septum during general anesthesia

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To the Editor:

We recently read the article “Evaluation of pulse oximeter at the nasal septum during general anesthesia: comparison with finger oximeter” by Oh et al. published in your distinguished *Journal of Anesthesia*. The authors explored the validity of pulse oximetry data collected at the nasal septum as an alternative to the routinely used fingertip. The article reaffirmed the accuracy of pulse oximetry and demonstrated comparable SpO₂ measurements between the fingertip and nasal septum in patients under general anesthesia [1]. As the authors suggested, septal pulse oximetry may serve as an adequate replacement and could even be preferred in instances of hypothermia, where distal perfusion could be compromised.

We applaud the authors for their study and agree further investigations to characterize the utility of nasal septum pulse oximetry should be explored, such as in context of diminished peripheral perfusion where fingertip measurements are less sensitive [2]. Fingertip pulse oximetry is also susceptible to interference from factors such as skin pigmentation, nail polish, and tattoos. Notably, prior research has shown diminished accuracy in patients with darker skin

tones [3]. We believe septal pulse oximetry may have the potential to bypass some of these limitations—therefore, further studies should be aimed at determining its accuracy against fingertip measurements across diverse skin tones.

Data availability There are no data obtained for this report.

References

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