Comparing Shikani Optical Stylet and Macintosh Laryngoscope for Orotracheal Intubation

Yu-Hui Wang, Fu-Shan Xue, Hui-Xian Li, Ya-Yang Liu

Department of Anesthesiology, Plastic Surgery Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing 100144, China

To the Editor: In a randomized controlled trial by Xu et al., comparing the performance of the Shikani Optical Stylet and Macintosh laryngoscope for orotracheal intubation in patients with cervical spondylosis, they showed that Shikani Optical Stylet compared to Macintosh laryngoscope was more clinically beneficial, especially in patients with difficult airways. In our view, this study is not powered to show a difference in the intubation success rates (84.2% vs. 94.1%) between groups in patients with difficulties in laryngoscopy. Thus, we believe that addressing this issue would further clarify the transparency of this study.

Third, postoperative sore throat was used as a secondary endpoint for performance comparison of studied devices. However, the authors did not provide the postoperative pain management scheme and analgesic consumption in the two groups. When early postoperative sore throat between groups is compared, standardization of postoperative pain management should be a crucial component of study design. In the absence of comparable postoperative pain management, the study findings and their subsequent conclusions must be interpreted with caution, as they might have been obtained using incomplete methodology.

Fourth, the need of adjuncts was less when using Shikani Optical Stylet than that when using Macintosh laryngoscope, but the authors did not differentiate the adjuncts used for laryngoscopy and intubation. In fact, only the adjuncts used for intubations with two devices are valid variables for performance comparison. Given that above-mentioned limitations, and comparable intubation success rates and times with two devices, it is better to conclude that performance of Shikani Optical Stylet might not superior to that of Macintosh laryngoscope when orotracheal intubation is performed by experienced anesthetists in patients with cervical spondylosis.

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Conflicts of interest
There are no conflicts of interest.

Address for correspondence: Prof. Fu-Shan Xue, Department of Anesthesiology, Plastic Surgery Hospital, Chinese Academy of Medical Sciences and Peking Union Medical College, Beijing 100144, China
E-Mail: xuefushan@aliyun.com

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