Comment on the Article “Simple Maneuver to Tide Over the Crisis Due to Intraoperative Malfunctioning of a Pilot Balloon”

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We read the article by Dhanda et al¹ and would like to congratulate the authors for management of an unforeseen complication intraoperatively. However, we would like to submit that the authors’ contention of this being a modified/novel technique is misplaced.

Inserting an intravenous cannula sheath into a severed inflation line of an endotracheal tube/tracheostomy tube and then attaching a three-way distal to it has been described previously on many occasions. Watson et al had described the same technique back in 1989.²

Gupta et al make a mention of this precise method in their article in 2010.³ Also, Rao et al in an article in 2014 have described precisely the same technique.⁴

We believe that authors demonstrated a novel application (in a prone patient) of an already described technique rather than demonstrating a novel technique. That being said, they must be commended for their presence of mind and for reminding the readers of a simple method to “tide over” a potentially dangerous intraoperative situation.

Conflict of Interest
None declared.

Note
The authors submit that they are satisfied with the response and clarifications given by the authors of the said article and thank them for replying to the questions raised by us.

References
2 Watson E, Harris MM. Leaking endotracheal tube. Chest 1989;95(3):709

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