

## In reply to comment on “Is the modified Mallampati test performed in supine position a reliable predictor of difficult tracheal intubation?”

Ashish Bindra · Hemanshu Prabhakar

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### In reply

We thank Milan Adamus for his interest in our article [1] and keen observation which has helped us rectify our mistake. He pointed out an error in Table 2 of our article. The error has led to some changes which are mentioned below.

The sensitivity of the modified Mallampati test (MMT) performed in the supine position is higher (69%) than for the MMT performed in sitting position (31%); whereas the specificity of the MMT in the supine and sitting positions is 61 and 84% respectively. Both tests are associated with comparable positive predictive values (23% for the sitting MMT and 21% for the supine MMT). The negative predictive value of the supine MMT is 93% compared 89% for the sitting MMT. The supine MMT is associated with high true positives (11 out of 123). The observation made by the authors is that the supine position is an equally good predictor of difficult intubation, because the positive predictive

value of both positions is similar. The sitting MMT gives a more accurate negative predictive value. The data given in Table 1 stand the same and correctly predict the correlation between the two positions. We also confirm that the total number of patients is 123 and not 124. To conclude, the authors suggest that inability to perform the MMT in the sitting position should not raise concern because the test performed in the supine position gives comparable predictive results for airway assessment.

### Reference

1. Bindra A, Prabhakar H, Singh GP, Ali Z, Singhal V. Is the modified Mallampati test performed in supine position a reliable predictor of difficult tracheal intubation? *J Anesth.* 2010;24:482–5.

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A. Bindra · H. Prabhakar (✉)  
Department of Neuroanesthesiology, Neurosciences Centre,  
All India Institute of Medical Sciences,  
110029 New Delhi, India  
e-mail: [prabhakarhemanshu@rediffmail.com](mailto:prabhakarhemanshu@rediffmail.com)