LETTER TO THE EDITOR

In reply: advantage of Parker Flex-tip Tube[®] in endotracheal intubation using AirwayScope[®] videolaryngoscope

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To the Editor:

Difficult tube insertion due to impingement of the straight reinforced tube in combination with the Pentax-AWS® (AWS) has been well recognized [1], as the Intlock® blade is designed for a curved, not for the straight, tube. Dr. Kinoshita introduced their work that the insertion of the straight reinforced tube can be facilitated when the AWS blade tip is inserted into the vallecula (Macintoshtype approach) [2].

Although we did reported the successful intubation with the AWS by the Macintosh approach after the blade tip failed to lift the epiglottis [3], we are not aiming to introduce the solution after failed tube insertion in our human study, as the title shows [4]. We simply proposed that the AWS can be used with either the blade inserted into the vallecula or inserted posterior to the epiglottis for laryngeal exposure with the Parker tube.

Generally, when the AWS blade tip was inserted posterior to the epiglottis, standard curved-tube insertion was easily performed by maneuvering the blade tip direction to adjust the target symbol on the vocal cords seen in the

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monitor. Therefore, we think the incidence of difficult tube advancement for the curved tube is very low. The impossibility of lifting the epiglottis by the blade tip is also rare in the Japanese population, and our single case [3] was only one of 2,000 cases in our hospital.

Recently, Cavus proposed "the straight-blade technique" for the curved videolaryngoscope and that direct elevation of the epiglottis (Miller-type approach) can improve the view and increase the chance of successful intubation [5]. Our report proposed the AWS can be used not only with the Miller-type approach but also with the Macintosh-type approach for laryngeal exposure during intubation when combined with the Parker tube. We also reported that both Miller and Macintosh approaches can be effectively used for nasotracheal intubation with the AWS [6]. These "tips" can enhance the usefulness of the AWS in the clinical setting.

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