
Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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## Management of tracheostomy in COVID-19 patients: The Japanese experience

Dear Editor, We read with huge interest the manuscript of Yokokawa et al. entitled "Management of tracheostomy in COVID-19 patients: The Japanese experience" [1]. The authors' results suggest that tracheotomy is a safe procedure for medical staff, and the indication and the timing of tracheostomy for severe COVID-19 patients should be decided through multidisciplinary discussion of the patient's goal of care, overall prognosis, and expected benefits of tracheostomy. We agree with the authors of the publication, but we would like to pay attention to several aspects concerning the tracheostomy in COVID-19 patients.

The patients ($n = 35$; 100%) had made an open tracheostomy [1]. Do the guidelines of the Japanese health system do not provide for percutaneous tracheostomy? Open and percutaneous type of tracheostomy has a comparable level of safety for medical staff and patients. Of course, each of these methods has significant limitations [2–4].

Twenty-eight (80%) underwent surgery more than 22 days after the development of COVID-19-related symptoms, and thirty patients (85.7%) underwent surgery $\geq$ 15 days after intubation [1]. The Kwak et al. results, based on extended follow-up of COVID-19 patients, challenged recommendations to delay or avoid tracheostomy in this patient categorically [2].

However, the timing of tracheotomy is controversial due to the infectivity of SARS-CoV-2 patients. Available evidence suggests that viral shedding is maximal in the first week of infection, although positive RNA findings on swabs may persist for considerably longer [3].

## Declaration of Competing Interest

The Authors declare that there is no conflict of interest.

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## Statement of ethics

This study's protocol did not require the Regional Bioethics Committee's agreement at the Medical University of Gdansk, Poland.

## References

[1] Yokokawa T, Ariizumi Y, Hiramatsu M, Kato Y, Endo K, Obata K, Kawashima K, Sakata T, Hirano S, Nakashima T, Sekine T, Kiyuna A, Uemura S, Okubo K, Sugimoto T, Tateya I, Fujimoto Y, Horii A, Kimura Y, Hyodo M, Homma A. Management of tracheostomy in COVID-19 patients: the Japanese experience. Auris Nasus Larynx 2021;9 JanS0385-8146(21)00024-9. doi:10.1016/j.anl.2021.01.006.

[2] Kwak PE, Connors JR, Benedict PA, et al. Early outcomes from early tracheostomy for patients with COVID-19. JAMA Otolaryngol Head Neck Surg 2020 December. doi:10.1001/jamaoto.2020.4837.

[3] Angel L, Kon ZN, Chang SH, et al. Novel Percutaneous Tracheostomy for Critically Ill Patients With COVID-19. Ann Thorac Surg 2020;110(3):1006–11. doi:10.1016/j.athoracsur.2020.04.010.

[4] Rouhani MJ, Clunie G, Thong G, et al. A prospective study of voice, swallow and airway outcomes following tracheostomy for COVID-19. Laryngoscope 2020 Decemberlary.29346. doi:10.1002/lary.29346.

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