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Letter to the Editor

In Reference to *Voice, Swallow and Airway Outcomes Following Tracheostomy for COVID-19*

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Dear Editor:

We read with huge interest the manuscript of Rouhani et al. entitled "A Prospective Study of Voice, Swallow, and Airway Outcomes following Tracheostomy for COVID-19".[1] The authors revealed the high incidence of laryngeal injury among patients who underwent intubation and tracheostomy insertion during the COVID-19 pandemic. It seems that this is a very interesting observation that can be an important argument in the discussion about the timing of tracheostomy in patients with COVID-19.

Analyzing the literature from the beginning of 2020, we noticed that there is a trend to perform a later tracheotomy (after the 10th day of intubation).[2] Available evidence suggests that viral shedding is maximal in the first week of infection and the most of the article was devoted to safety methods during tracheotomy.[3,4]

On the other hand, the results of the works from the second half of 2020 based on the expanded knowledge of SARS-CoV-2 and the results of several months of observation of patients after decannulation suggest an early tracheotomy (before the 10th day after intubation).[5] Kwak et al. to delay or avoid tracheostomy in COVID-19 patient categorically.[6] Reducing the duration of a tracheostomy is also important in preventing complications. Hernández Martínez et al. as a result of randomized controlled trial revealed that basing the decision to decannulate on suctioning frequency plus continuous high-flow oxygen therapy allow to reduce the time to decannulation.[7]

The question of which type of tracheostomy (percutaneous or open tracheostomy) is safer for staff remains controversial.[5,8]

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