

Speech and Swallowing Function Outcome Following Early Tracheostomy in Patients Who Underwent Neurosurgical Intervention

Sir,

We read with great interest, the article by Kumar *et al.*^[1] titled “Speech and Swallowing Function Outcome Following Early Tracheostomy in Patients Who Underwent Neurosurgical Intervention.” We appreciate this article along with the limitations highlighted by the authors. Swallowing dysfunction is not very uncommon after endotracheal intubation and is observed in nearly 20% patients who suffered from acute respiratory failure.^[2] Diagnosis of swallowing dysfunction is incompletely defined. Water swallowing test is a standard bedside evaluation. Fiber-optic endoscopic evaluation of swallowing is more definitive to identify, to assess severity and prognosis.^[3]

We would like to pose a few comments regarding this study to the authors:

1. In the introduction section, the authors have mentioned that “mechanical ventilator leads to decrease in intracranial pressure.” However, changes in intracranial pressure will depend on the ventilatory mode, pCO₂ level, and hemodynamic status of the patients.^[4] Tracheostomy decreases incidence of ventilator-associated pneumonia – this is also much debated^[5]
2. Speech-related complications may be related to other factors rather than tracheostomy itself. Duration of orotracheal intubation before tracheostomy, synchronization with ventilator, and preexisting speech status if mentioned could probably help to exclude those factors.^[6] Moreover, neurological insult itself may have an impact on such complications
3. Speech and swallowing function may also be affected by duration and level of tracheostomy, tracheostomy tube quality, cuff pressure, and patients’ speech training.^[7] Authors could provide an insight on these issues
4. We would like to know about the patients who were discharged on tracheostomy. How did the authors plan to assess them in the follow-up? Also early after decannulation, speech production may be difficult due to persistence of stomal opening and incomplete closure during talking
5. Using standard bedside tests for evaluation of swallowing dysfunction may miss many patients of actual dysfunction due to uncertain accuracy.^[2]

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Conflicts of interest

There are no conflicts of interest.

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