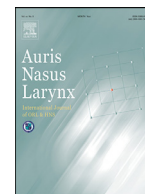




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.



Authors' reply to: Comment on the article by Dr. Dmitry Tretiakow: Management of tracheostomy in COVID-19 patients: The Japanese experience



On behalf of the authors, I would like to thank you and your colleagues for reading our publication with interest.

During the SARS outbreak, percutaneous dilatational tracheostomy (PDT) was considered to be a more aerosol-generating procedure than open tracheostomy (OT). Therefore, OT were generally favored over PDT at that time. But the innovations in PDT techniques have made it as safe as OT for patients with COVID-19 [1]. We suggest that operators do tracheostomies using the familiar method is considered to be fine for safer and faster procedure. As mentioned in Discussion, PDT is done by ICU staff and OT by otolaryngologists in most hospitals in Japan. There was no PDT in this study as the data were gathered through the academic committee of the Oto-Rhino-Laryngological Society of Japan [2].

The indication and timing of tracheostomy in COVID-19 patients should be determined after considering the course of symptoms, safety of medical staff, and maximum utilization of medical resources. Recently, it has been reported that early tracheostomy is preferable because infection of health care workers is very low and patients with early tracheostomy showed better prognosis than those with late tracheostomy. Since there were few data on the infection of health care workers and the difference in patients' prognosis depending on the timing of tracheostomy soon after the COVID-19 outbreak, it is thought that many of the cases in this study received late tracheostomy. In addition, the number of clinically ill patients in Japan was lower than that in the United

States and European countries, and there were more ICU beds available, so early tracheostomy was not performed in Japan. Recently, there have been many reports on tracheostomy in COVID-19 patients including our data, and we expect that this will lead to tracheostomy being performed earlier in patients who need it.

The authors would like to thank you again for your important comments and we hope that future evidence would clarify the indication and timing of tracheostomy for COVID-19 patients.

References

- [1] Chao TN, Harbison SP, Braslow BM, Hutchinson CT, Rajasekaran K, Go BC, et al. Outcomes after tracheostomy in COVID-19 patients. *Ann Surg* 2020;272:e181–6.
- [2] Yokokawa T, Ariizumi Y, Hiramatsu M, Kato Y, Endo K, Obata K, et al. Management of tracheostomy in COVID-19 patients: the Japanese experience. *Auris Nasus Larynx* 2021 S0385-8146(21)00024-9 Epub ahead of print PMID: 33446370 PMCID: PMC7794599. doi:10.1016/j.anl.2021.01.006.

Taizo Yokokawa
Akihiro Homma*

*Department of Otolaryngology–Head and Neck Surgery,
Faculty of Medicine and Graduate School of Medicine,
Hokkaido University, North 15 West 7, Sapporo 060-8638,
Japan*

*Corresponding author.

E-mail address: ak-homma@med.hokudai.ac.jp (A. Homma)