

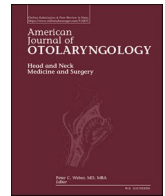


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# American Journal of Otolaryngology–Head and Neck Medicine and Surgery

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## Tracheostomy in COVID-19 patients: A matter of staff safety and mortality

Dear Editor,

we read with great interest the article by Mata-Castro et al. about the outcomes of critically ill patients with COVID-19 underwent tracheostomy [1]. The authors concluded that the delay in tracheostomy may prolonged the need of mechanical ventilation but did not affect mortality [1]. We applaud the work of the authors however we have some concerns.

First the author reported that tracheostomy was performed in intensive care unit (ICU) by an experienced team [1]. Tracheostomy is an aerosol generating procedure and staff safety during it should be guaranteed [2]. Different reports suggested modifying tracheostomy technique with the aim to add further protection for the staff [3], according to this we ask more details about the protocol used to perform tracheostomy and, particularly, how the airway was managed.

Second, mortality in critically ill tracheostomized patients is a complex matter because patient characteristics, comorbidities, reasons of ICU admission may affect it [4]. In patients with respiratory failure, ICU mortality was 50% [4]. Severe respiratory failure is the most worrisome problem and common complication of COVID-19 [5]. The authors reported an ICU mortality of 31% even in line with the current literature but much higher than the pooled mortality of 13% recently reported by a systematic review involving tracheostomized COVID-19 patients [1,6]. In this systematic review only 3 studies had a mortality more than 20% [6], we ask the authors to further discuss their data on mortality in this view.

We agree with the authors that they reported data and outcome of a unique population of patients, in this view we ask for more information that may help physicians in this pandemic.

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### Availability of data and material (data transparency)

NA.

### Code availability

NA.

### Authors' contributions

MV, AM and GS collected the data, evaluated the literature, analyzed the data, wrote the manuscript and approved the final version.

### Declaration of competing interest

None.

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