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Letter to the editor

CORONA-steps for tracheotomy in COVID-19 patients: A staff-safe method for airway management

Dear Editor,

We really appreciate the recent editorial entitled, “CORONA-steps for tracheotomy in COVID-19 patients: a staff-safe method for airway management”, published by Pichi et al. [1].

We would like to comment some points regarding the reply by Ferreli et al. [2] on the timing of tracheostomy.

In Italy, we have experienced Europe’s first and largest coronavirus outbreak and the trend in the number of patients requiring admission to intensive care units (ICU) has increased for a long period, with the risk that critical care beds could have been rapidly saturated. Decisions regarding the requirement for tracheostomy and the timing to perform tracheostomy in critically ill COVID-19 patients has no specificity compared to another patient admitted to the ICU.

UCSF COVID-19 Clinical Working Group recommends that the tracheostomy should be ideally undertaken when the patient is Coronavirus negative [3] (patients should have two negative COVID-19 PCR tests prior to surgery). Nevertheless it may not be clinically or practically feasible to wait for a negative result prior to undertaking tracheostomy.

Furthermore, there may be some benefits to perform tracheostomy in COVID-19 patients earlier than in current practice.

First, considering the high risk of saturation of ICU beds, early tracheostomy allows for earlier and safer weaning attempts so increasing the availability of ICU beds (tracheostomized patients, potentially, can be managed in sub intensive care units or recovery rooms).

Secondly, early tracheostomy may decrease the use of sedative drugs that, during the outbreak peak, were running low in most countries.

However, since COVID-19 infection is a novel disease, there are a lack of specific experience and the optimal timing (early or late) of tracheostomy in patients with COVID-19 is still unclear. The decision for tracheostomy will be made on a case-by-case basis after a multidisciplinary evaluation, considering the clinical situation and illness severity of patients, benefits or disadvantages of tracheostomy and hospital resources.

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Declaration of Competing Interest

The authors declared that there is no conflict of interest.

References

- [1] Pichi B, Mazzola F, Bonsembiante A, Petruzzi G, Zocchi J, Moretto S, et al. CORONA-steps for tracheotomy in COVID-19 patients: A staff-safe method for airway management. *Oral Oncol* 2020;105:104682. <https://doi.org/10.1016/j.oraloncology.2020.104682>.
- [2] Ferreli F, Gaino F, Cecconi M, Costantini E, Spriano G, Mercante G. CORONA-steps for tracheotomy in COVID-19 patients: a staff-safe method for airway management. *Oral Oncol* 2020. <https://doi.org/10.1016/j.oraloncology.2020.104728>.
- [3] UCSF inpatient adult COVID-19 interim management guidelines. <https://infectioncontrol.ucsfmedicalcenter.org/coronavirus> [accessed 30 march 2020].

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