
Comment on a published article: The VL3 videolaryngoscope for tracheal intubation in adults: A prospective pilot study

Dear Editor,

We read with great interest the article by Pascarella *et al.* outlining the efficacy and safety of the VL3 videolaryngoscope for tracheal intubation in 56 adult surgical patients. The authors describe a 92.9% Cormack–Lehane (CL) grade I glottis view and 85.7% first-attempt intubation success rate with VL3 and, recommend the

device for routine practice to mitigate the anticipated and unanticipated airway difficulties.^[1]

Despite the commendable effort of the research group and noteworthy inclusions such as predicted difficult airway scoring (El Ganzouri Total Risk Index), the clinical value of the preliminary results is limited by the lack of a control group. Interestingly,

the absence becomes even more remarkable considering the fact that a panoramic view of videolaryngoscopic airway management literature fails to provide conclusive evidence to suggest an improved routine first-attempt intubation success rate and time to intubation albeit an improved glottis visualization compared to direct laryngoscopy. The 2016 Cochrane database and the 2018 systematic review of the available literature bear testimony to the aforementioned statement while many independent researchers also demonstrate a prolonged intubation time with videolaryngoscopes given the need for a sound visuospatial orientation in such scenarios.^[2-4] In addition, a larger number of patients with continuous comparative data presentation could have added merit to this study involving an experienced anesthesiologist.

On one hand, where the application of videolaryngoscopes is distinct in difficult airways owing to an improved glottis visualization, the official routine recommendations (as proposed by the authors) can only be premised on robust and prudent head-on comparisons in this era of evidence-based medicine due to the peculiar challenges in developing intubation guidelines that are aphoristic given the diversity of the clinical settings (necessitating tracheal intubation) and the available airway equipments.

Financial support and sponsorship
Nil.

Conflicts of interest

There are no conflicts of interest.

**RIPON CHOUDHARY, RIDHIMA SHARMA¹,
ROHAN MAGOON², POONAM MALHOTRA KAPOOR³**

Department of Anaesthesia and Intensive Care, Govind Ballabh Pant Hospital, New Delhi, ¹Department of Paediatric Anaesthesia, Superspeciality Paediatric Hospital and Postgraduate Teaching Institute, Noida, Uttar Pradesh, ²Department of Cardiac Anaesthesia, Atal Bihari Vajpayee Institute of Medical Sciences and Dr. Ram Manohar Lohia Hospital, Baba Kharak Singh Marg, ³Department of Cardiac Anaesthesia, Cardiothoracic Centre, CNC, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, India

Address for correspondence:


Dr. Poonam Malhotra Kapoor,
Department of Cardiac Anaesthesia, Room No. 8, 7th Floor,
Cardiothoracic Centre, All India Institute of Medical Sciences,
Ansari Nagar, New Delhi - 110 029, India.
E-mail: docpoonamaiims@gmail.com

Submitted: 13-Jul-2020, **Accepted:** 13-Jul-2020,
Published: 05-Jan-2021

References

1. Pascarella G, Caruso S, Antinolfi V, Costa F, Sarubbi D, Agrò FE. The VL3 videolaryngoscope for tracheal intubation in adults: A prospective pilot study. *Saudi J Anaesth* 2020;14:318-22.
2. Lewis SR, Butler AR, Parker J, Cook TM, Smith AF. Videolaryngoscopy versus direct laryngoscopy for adult patients requiring tracheal intubation. *Cochrane Database Syst Rev* 2016;11:CD011136. doi: 10.1002/14651858.CD011136.pub2.
3. Arulkumar N, Lowe J, Ions R, Mendoza M, Bennett V, Dunser MW. Videolaryngoscopy versus direct laryngoscopy for emergency orotracheal intubation outside the operating room: A systematic review and meta-analysis. *Br J Anaesth* 2018;120:712-24.
4. Hung O. Can't see for looking: Tracheal intubation using video laryngoscopes. *Can J Anesth* 2020;67:505-10.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Website: www.saudija.org	Quick Response Code 
DOI: 10.4103/sja.SJA_751_20	

How to cite this article: Choudhary R, Sharma R, Magoon R, Kapoor PM. Comment on a published article: The VL3 videolaryngoscope for tracheal intubation in adults: A prospective pilot study. *Saudi J Anaesth* 2021;15:80-1.

© 2020 Saudi Journal of Anesthesia | Published by Wolters Kluwer - Medknow