

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

ESPS manuscript NO: 22750

Title: Improvised technique for measuring tracheal tube cuff pressure

Reviewer's code: 00504904

Reviewer's country: Italy

Science editor: Fang-Fang Ji

Date sent for review: 2015-09-23 09:38

Date reviewed: 2015-10-08 17:28

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input checked="" type="checkbox"/> Grade A: Priority publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Duplicate publication	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade D: Rejected	<input checked="" type="checkbox"/> Plagiarism	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E: Poor		[Y] No	<input type="checkbox"/> Major revision
		BPG Search:	
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		[Y] No	

COMMENTS TO AUTHORS

I believe the comments of the letter are useful to further clarify the subject

ESPS PEER-REVIEW REPORT

Name of journal: World Journal of Anesthesiology

ESPS manuscript NO: 22750

Title: Improvised technique for measuring tracheal tube cuff pressure

Reviewer's code: 00227677

Reviewer's country: Uruguay

Science editor: Fang-Fang Ji

Date sent for review: 2015-09-23 09:38

Date reviewed: 2015-10-10 06:46

CLASSIFICATION	LANGUAGE EVALUATION	SCIENTIFIC MISCONDUCT	CONCLUSION
<input type="checkbox"/> Grade A: Excellent	<input type="checkbox"/> Grade A: Priority publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B: Very good	<input checked="" type="checkbox"/> Grade B: Minor language polishing	<input type="checkbox"/> The same title	<input checked="" type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C: Good		<input type="checkbox"/> Duplicate publication	
<input type="checkbox"/> Grade D: Fair	<input type="checkbox"/> Grade C: A great deal of language polishing	<input type="checkbox"/> Plagiarism	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade E: Poor		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Minor revision
	<input type="checkbox"/> Grade D: Rejected	BPG Search:	<input type="checkbox"/> Major revision
		<input type="checkbox"/> The same title	
		<input type="checkbox"/> Duplicate publication	
		<input type="checkbox"/> Plagiarism	
		<input checked="" type="checkbox"/> No	

COMMENTS TO AUTHORS

Endotracheal tubes have become indispensable for securing the airway during surgical procedures and in critically ill patients treated with mechanical ventilation. The cuff of the tube seals the extraluminal airway, facilitating positive-pressure ventilation and reducing aspiration of subglottic secretions. Cuff pressure is essential in endotracheal tube management. Guidelines recommend a cuff pressure of 20 to 30 cm H₂O. Inflation of the cuff in excess of 30 cm H₂O damages the tracheal mucosa by compromising capillary perfusion and may lead to long-term complications such as tracheal stenosis or formation of a fistula. Subinflation of the cuff puts patients at risk for microaspiration of subglottic secretions. This microaspiration is considered the major pathogenic mechanism for ventilator-associated pneumonia, a complication with marked morbidity and mortality. Direct measurement of cuff inflation must be used and estimation techniques such as palpation (finger estimation) should be abandoned. The authors proposed an improvised technique to measure the cuff pressure of the endotracheal tube using a syringe of 1ml and a sphygmomanometer (20 a 300 mm Hg). The recommended cuff pressure between 20 to 30 cm H₂O, which corresponds to 27 to 41 mm Hg. Although it is a simple method, it must be demonstrated the



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accuracy and trending ability against the direct intracuff measurement.