Guidance for placing double-lumen endotracheal tube

To the Editor,

We read with great interest the article of Calenda et al regarding the fluoroscopic guidance for placing a double-lumen endotracheal tube in adults. We congratulate them on the presentation of the article. However, we would like to add some comments.

The use of double-lumen endobronchial tubes (DLTs) is considered the choice technique for separation of lungs for treatment purposes, including one-lung ventilation for the ease of thoracic surgery. Checking the position of DLTs should be fundamental because unknown malposition of a DLT may lead to both intra- and postoperative complications, which can affect the surgical outcome. The position of DLTs can be confirmed visually by fiberoptic bronchoscopy or by auscultation of breathing sounds with a stethoscope. We know that auscultation fails to locate the position of the double-lumen tubes in 37% of patients. Fiberoptic bronchoscopy should be used as the gold standard to identify an accurate position.

Some studies demonstrated that there are effective alternative techniques to fiberoptic bronchoscopy for checking the position of DLTs, such as lung sonography, fluoroscopy, video-capable double-lumen tube, and wireless video-assisted. These techniques may be used when the use of fiberoptic bronchoscopy becomes difficult, in case of hemorrhage in the trachea or bronchus. We suggest that available alternative techniques that are safe from radiation should be preferred if fiberoptic bronchoscopy is nonapplicable, because it is very important to protect patients and yourself from radiation. However, we think that fluoroscopy can be used when no other alternative techniques are available in the clinic.

References


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