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Are the obese difficult to intubate?
P. Tapley
Wessex Deanery, UK
E-mail: paddytap@hotmail.com

Editor—I read with interest the study of Dixit and colleagues1 regarding difficult intubation in the obese population. While providing information on an at-risk patient group, I feel the authors have inadvertently highlighted some important points.

1. Persistent intubation attempts: the incidence of three or more attempts at intubation was 2.7% [3.2% of 93 obese patients (3 patients) and 1.9% of 54 superobese patients (1 patient)]. In this case, one has to question why the study protocol allowed persistent intubation attempts (three or more) with, among other complications, the potential to cause airway oedema. This is all the more important in light of the fact that all patients were obese to varying degrees and therefore already had a risk factor for difficult bag mask ventilation. Many reports2,3 have highlighted the risk of repeated intubation attempts and an increased rate of airway complications.

2. Lack of a backup plan. While most patients were intubated in less than three attempts, in those that weren’t, what does three or more mean? It would seem sensible in a clinical trial at this point to opt for a backup plan, i.e. fibre-optic intubation through a laryngeal mask airway, or waking the patient up, after all, this was an elective procedure. Backup plans, and the utilisation of algorithms such as the Difficult Airway Society algorithm,4 should be part of everyday practice, and persistent attempts using the same method are unlikely to yield success.3,4

3. Optimal intubating conditions. While the mean time to intubation was 1.39 min, what was it for those that required three or more attempts at intubation? One would expect it to be longer (and if so by how much?), and was the muscle relaxation achieved from a single dose of suxamethonium still providing ideal intubating conditions at this time, potentially confounding the difficulty?

Declaration of interest
None declared.

References
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Perioperative management of severe anorexia nervosa
D. Stewart*, L. O’Kane, and J. Hinds
Craigavon, Northern Ireland
*E-mail: darrylstewart7@hotmail.com

Editor—We read with great interest the article by Hirose and colleagues1 on the perioperative management of severe anorexia nervosa. We have had some recent experience with a patient who presented to our intensive care unit with a BMI of <20 kg m$^{-2}$ and a long history of extreme restrictive dieting with excessive exercise and self-induced vomiting. Following admission with malaise and...