- (b) We did not use local anaesthesia in any of the patients. We performed all PCTs under fentanyl and ketamine. We did infiltrate the skin incision area with saline before giving incision.
- (c) In fact, this finding was a surprise for us also. We deduced that the most probable reason was, since the removal of Endotracheal Tube (ETT) was done slowly (mm to mm) just below the vocal cords under bronchoscopic guidance.

This may have caused accidental puncture of the cuff. At no point of time we desired to come above the vocal cord. As it will be appreciated, it is very difficult to see the vocal cords through the endotracheal tube and identification of tracheal cartilage, especially in short neck and obese people. Further, it is not advised to have the balloon of ETT impinging on the cords. The margin of error off keeping the cuff just below the vocal cords and above the 1st or 2nd tracheal cartilage, especially in short neck and obese is less. Further, the sliding of the cuff is easily identified with US. Hence, our understanding is that it was entirely a technical issue; however, it has been reported that US-guided PCT might have an edge in obese patients in reducing cuff punctures¹; however, further studies are required to prove its efficiency.

We take tremendous pride in your study, especially the fact that you have used Percutwist, which is technically more challenging, specifically in obese patients. USG has an added

advantage in delineating the anatomy of the neck, particularly the vascular anatomy.²

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Gp Capt Parli R. Ravi
Senior Advisor (Anaesthesiology), 5 Air Force Hospital,
C/O 99 APO, India
E-mail address: parliravi@gmail.com (P.R. Ravi)

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Letter to the Editor

Dear Editor,

I read with extreme interest the Original article titled “Uterine artery embolization for uterine fibroids: our experience at a tertiary care service hospital” by Dsouza et al. published in *Med J Armed Forces India* 2015;71:233–238.¹ Following observations are made:

1. The authors in their inclusion criteria have mentioned that all patients had regular menstrual cycles in last twelve months, whereas in the results it is shown that 88% of patients presented with menorrhagia. This discrepancy is not understood, as it is well known that the commonest symptom of fibroids is menstrual abnormalities.
2. The follow-up of six months is a short period to come to any conclusion about the recurrence of symptoms and need for hysterectomy at a later date, though this is brought out by authors in the limitation of their study.

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Col Raju Agarwal
Associate Professor, Department of Obstetrics and Gynaecology,
Armed Forces Medical College, Pune 411040, India
E-mail address: rajumona@hotmail.com (R. Agarwal)

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