Assessment of the Efficacy of Submental Intubation in the Management of Midfacial and Panfacial Trauma Patients

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Received: 19 November 2015 / Accepted: 23 November 2015 / Published online: 1 February 2016
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Dear editor

I appreciate the concerns raised by the Author. My responses as follows:

(a) Query No. 1: Majority of the cases mentioned in the results vide Table 1 (Results) are not indicated for submental intubation. In fact, it appears to be a clear case of incorrect study design/incorrect inclusion criteria/unethical study, wherein an invasive procedure was performed in majority of the cases included in this study where it was not indicated.

My Response:

The concern raised by the reader regarding approval from ethical committee is not valid.

There is no published contraindications towards submental intubation in mid face injuries.

The method is the matter of surgeon's choice in securing airway in more secured manner in mid face injuries along with a provision for occlusal and facial fragments reduction without disturbing the tube. This choice is up to the surgeon and the patient through informed consent prior to surgery.

Although not a necessity in such situations an ethical committee review for prospective study was conducted as per protocol of the institute which is clearly mentioned.

Every case in the study had midfacial injury requiring check of occlusion on table and thus nasal tube might obscure on table check of facial projection in these cases. Oral tube makes on table check of occlusion impossible. An operating surgeon indeed knows the events of tube disconnect during maxillofacial trauma surgeries. Submental intubation makes the procedure more safer in context to airway management and an extra surgery or extra oral scar is the least important in situations. Nevertheless, patient consent was taken in all cases.

(b) Query No. 2: The authors incorrectly recommend that “submental intubation should be chosen whenever possible in cases of PURELY maxillofacial trauma”. There are specific indications for the technique and most cases would not qualify for it routinely.

My Response:

There are no specific contraindications for the use of submental intubation in maxillofacial trauma. The Authors suggested this method with the experience gained from the above mentioned study. The statement is clear regarding the recommendation which does not claim to be evidence based.

(c) Query No. 3: The conclusions put forth already well established facts and are completely irrelevant to the title of the publication.

My Response:

Regarding conclusion: Authors described the advantages of the procedure in current series and suggested use of this method in situations necessary. The ease of surgery on submental intubation is described through various parameters in results and the title of study means the same.

Compliance with Ethical Standards

Conflict of interest None.

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Ethical Approval This study was approved by the ethics committee of the Institution. All procedures performed in the study were in accordance with the ethical standards of the institutional ethics committee.

Informed Consent Informed consent was obtained from all individual participants included in the study.