Author’s response to reviews

Title: Ethnic considerations in the upper lip bite test: the reliability and validity of the upper lip bite test in predicting difficult laryngoscopy in Koreans

Authors:

Jong Kim (aescula72@hanmail.net)
Yumin Ki (beedy@naver.com)
Jihee Kim (jiheekim0228@gmail.com)
So Woon Ahn (iatria@hanmail.net)

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Dear Guangde Tu

We’re very appreciate that we have gotten the opportunity for revision.

We believe that this paper will be of interest to the readership of BMC Anesthesiology because The ULBT is already widely used, however, in Korean, there are discrepancy from other ethnic results. The reason might be explained with cephalometric difference that commonly showed in Far East Asian. We have discussed the cephalometric differences inter-departmentally with evidence of literatures.

We have addressed and revised our article following points of the reviewer’s comments.

Thank you for your consideration. I look forward to hearing from you.
Hassan Soleimanpour (Reviewer 1):

We appreciate your valuable comments and advises. We have revised our article following your advises point by point.

1 When I review a paper, after reading the paper I always ask myself the "so what?" question. So what did I learn from the paper? So what is new? So what, will it change my practice? This is still somehow missing in the discussion. The authors should be answered to mentioned question in the discussion.

- Our study showed the discrepancy in predictability of ULBT in Korean and the reason of differences was suggested. As we know, there was no discussion or consideration about the ethnical difference in ULBT and soft tissue with maxillofacial surgery literature. This inter-disciplinary regarding will help the readership of BMC Anesthesiology to understand ethnic difference and clinical application of ULBT in Far East Asian patients.

Following your comment, we have revised our discussion section.
Author must also explain how calculate sample size of study in the methodology.

- We underwent the pilot study before starting this observational study. Based on an institutional pilot study, AUCs of the MMT and ULBT were 0.61 and 0.52, respectively. We determined that 344 patients would be required to demonstrate a difference between two predicting tools with a type 1 error (α) of 5% and power (1-β) of 90% (two-sided) using the PASS program (NCSS, Kaysville, UT, USA). We described the sample size calculation method and program in end of the method section.

3 Evaluation methodology is almost incomplete and unclear.

- We have added descriptions of the methodology and described clearer the evaluation methodology in method part.

4 Insert and discuss data from the paper:


2b. Upper lip bite test for prediction of difficult airway: A systematic review.

- Thank you for your kind recommendation. We have reviewed the papers and inserted in discussion section.

Manuel Ángel Gómez-Ríos (Reviewer 2):

We appreciate your kind review. We revised our manuscript as following your comments.

1. It would be appropriate for the authors to point out that the study was conducted based on a sample of a Korean population
- We have added the description about the study population in ‘introduction’, ‘materials and methods’ and ‘discussion’ section.

2. It would be pertinent to include information regarding the specialty of the surgeries to which the patients were subjected.

- Unfortunately, we didn’t collect the data of surgery. We just wanted to evaluate the predictability of ULBT and we excluded patients who had ‘facial anomalies, had temporo-mandibular (TM) joint disorder, were edentulous or required a rapid sequence induction’. We will consider your advice for our following research.

3. Page 5, line 102.: delete "And"

- Thank you for your kind advice. We have deleted it.

4. The study has not protocolized the technique of anaesthetic induction, so it is possible that direct laryngoscopy and endotracheal intubation has not been performed under the same conditions in all patients. This methodological limitation could have generated biases in the results. The authors should specify this point in the limitations section.

- As follow your advice, we have added the limitation in discussion section.

5. The authors can highlight the limitations of the study

- We have highlighted limitations in page 12.

6. Page 8, line 165: The authors assert "one patient was intubated successfully after multiple laryngoscopic trials": The authors should specify why they did not use an alternative rescue technique instead of using direct laryngoscopy in repeated attempts.

- During preparation of alternative instruments, the attending anesthesiologist wanted to try another attempt. After some manipulation such like BURP maneuver or elevation of the pillow, she success to intubation.
7. I have not had access to table 4 that the authors indicate in the results section

   - We’re sorry for missing table 4. We’ve attached the table 4.

8. The results section should be limited exclusively to presenting the results of the study. Delete the sentence "and as shown in other previous trials (11-82.4%)".

   - As your advice, we deleted the sentence.

9. Combination of tests and scoring systems are more adequate in predicting difficult airways than one individual traditional test. The paper only included the predictive ability of individual tests. It would be interesting to analyze which set of tests predict with greater precision the difficult laryngoscopy in the selected sample.

   - We appreciate your suggestion. We will consider the analysis of combination as our next subject.

10. It could be interesting to contribute figures with the ROC curves

    - We added the figure 2. ROC curves of MMT and ULBT

11. The discussion should initially provide an overview of study and then compare the findings in relation to previous studies.

    - As you recommended, we have modified the heading the discussion.

12. Many statements included in the discussion should include bibliographic references. example: page 10 line 215 and 217

    - We have added more bibliographic references.