Reviewer's report

Title: A randomized controlled comparison of non-channeled King Vision, McGrath MAC video laryngoscope and Macintosh direct laryngoscope for nasotracheal intubation in patients with predicted difficult intubations

Version: 0 Date: 16 Apr 2019

Reviewer: Massimiliano Sorbello

Reviewer's report:

Paper by Haozhen and colleagues covers an interesting topic in the field of research of direct vs indirect laryngoscopy comparison, in the peculiar setting of nasotracheal intubation.

General comments

English needs minor review; please uniform verb tenses (sometimes present, sometimes past and sometimes past perfect).

EGRI 1-7 is really large variation, which might embrace different degrees of difficult laryngoscopy/intubation. This might result in some "generalization" bias, as the same EGRI value could be reached with deeply different difficulty parameters. Just think of interincisors distance, which could make particularly hard a channeled videolaryngoscope insertion. And, in any case, use of patient's weight rather than BMI remains an important limitation of EGRI.

Please add some comment on the 15% failure rate of Macintosh laryngoscopy, as it is quite high. Similarly for the 5 CLIV cases you encountered; this is also a quite high incidence.

OSA was exclusion criteria; you mean previously diagnosed OSA. Was any OSA screening performed during airway evaluation? Could you exclude there was some undiagnosed OSA between the enrolled patients? Accordingly to available literature, this situation is not uncommon in surgical population. Please comment.

I would also suggest to insert some comment regarding limitation of videolaryngoscopy, that is anyway opportunity of failure, including difficulty to enter the mouth, and caveat that no videolaryngoscope allows oxigneation, thus a rescue plan should alsways be provided (see: Sgalambro F, Sorbello M. Videolaryngoscopy and the search for the Holy Grail. Br J Anaesth. 2017 Mar 1;118(3):471-472.)

It would have been nice to have anesthesia depth monitoring, especially if hemodynamic parameters were measured. So to be sure all patients received adequate induction and anesthetic plan at intubation was similar.
As comparing direct and indirect laryngoscopy, use of POGO or Freemantle score would have been more fair and precise for such a comparison. CL remains always unfair when comparing Macintosh with any videolaryngoscope.

SPECIFIC COMMENTS

Page 6

Line 2: Methods (without "of anesthesia")

line 31: end expiratory carbon dioxide better end-tidal CO2

Line 32: in the position of neutral in neutral head position

Page 7 line 2 "cis-atracurium"

Statistics are suitable and appropriate.

Results

Please clarify how ability to prognath was scored in table I.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Yes

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics
Quality of written English
Please indicate the quality of language in the manuscript:

Needs some language corrections before being published

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