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Commentary

New Criterion of Airway Assessment-B Pilot, Straight Single Sectional Study of Short Neck

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DESCRIPTION

Physicians caring for patients in acute care areas, when assessing patient's airway is "Short Neck", which indicates the possibility of difficult airway and certainly would influence the management. Most of the airway management guideline, refer to this term as a criterion. Unfortunately, the term short neck is very subjective and none of these references addressed the term in a methodical approach. Some medical and non-medical specialties have tried to define short neck in their own way, but there is no consensus on neck length measurement, and none have been standardized. According to the medical definition of "neck", it is the "part of the body where the head is connected to the trunk; it extends from the base of the cranium to the top of the shoulders" or it is "the usually narrowed part of an animal that connects the head with the body; specifically: the cervical region of a vertebrate". Gray's anatomy describes the neck as the part that "extends from the base of the cranium and the inferior border of the mandible to the thoracic inlet.

Associations between two or more qualitative variables will be assessed using chi-square test and/or fisher exact test, as appropriate. Quantitative data between two and more than two independent groups will be analysed using an unpaired't' test and one way analysis of variance. Where an overall group difference was found to be statistically significant, pair wise comparisons were made using the appropriate post-hoc test. Relationships between two quantitative variables were examined using pearson's correlation coefficients. In addition, appropriate univariate, and multivariate regression analysis (linear or logistic regression methods were used to assess and quantify the effect of different factors and parameters, such as neck length, neck circumference and age group etc. On the outcome of the variable difficult airway assessments. The results were presented with the associated 95% confidence interval. Visual presentations of the key results were made using appropriate statistical graphs. All p-values presented were two tailed and p-values. 99 patients were initially enrolled in this pilot study. Two patients were excluded from the study due to incorrect documentation and intubation performed by a junior anesthetist. We concluded our study with 97 patients in the final analysis. In this study, we found that 5 patients (5.2%) had a mean NL of. This reflects moderate to major difficulty in intubation, and a statistically significant P-value, with, considering the correlations between the groups. 55 patients fell in the group, IDS=1-5 (slight difficulty) with a mean NL the remaining 37 patients who scored IDS=0 had a mean NL of 8.77 cm shows the method Neck was measured. Data on demographics such as age, gender, height, weight, and Body Mass Index (BMI), were also collected. The IDS score was calculated by the investigators and along with the other data collected was entered in a coded Microsoft Excel spreadsheet for further statistical analysis. Statistical analysis the primary objective of the data analysis in this pilot study was to assess and quantify the significance of neck length in the airway assessment. The statistical analysis was categorical and continuous values were expressed as frequency (percentage), mean ± SD or median and Inter Quartile Range (IQR) as appropriate. Descriptive statistics were used to summarize demographic traits, clinical measures, parameters related to airway assessment, laboratory, and other related parameters. The Kolmogorov-Smirnov (K-S) test or Q-Q Plot, as appropriate, was then used to test for normality of Patients' NL was divided into three groups. Considering IDS groups related to NL, we found the five.

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