Sir,
We read with interest Bousarri et al.’s article which has been recently published in your journal under the title “The effect of expiratory rib cage compression before endotracheal suctioning on the vital signs in patients under mechanical ventilation.”[1] While the article is potentially of interest to readers, there are several aspects that need attention.

First of all, it concerns us that all patients with PEEP were excluded from this study. The usual practice internationally is that all patients who require positive pressure ventilation have a small amount of PEEP; therefore, this raises significant issues in regard to external validity of the study as many centers would have no patients with similar treatment characteristics as those who were included in the study.

Secondly, under the Section “Materials and Methods,” there is a claim that the researcher paid close attention to have identical pressure on every patient’s rib cage. How was this determined? Does it matter? What measures were taken to maximize inter-rater reliability and to ensure that each nurse preformed expiratory rib cage compression exactly the same way each time? Were there any attempts to measure intervention fidelity to ensure that all aspects of the intervention were consistent between patients?

Thirdly, in our study, the patients were positioned so that the most affected lung region, as determined from a chest radiograph (atelectasis and/or infiltration) and/or crackles or rhonchi on auscultation, was uppermost. Radiograph interpretations were made by radiologists who were independent of the study. The patients were placed in the same position during each measurement period. The operator attempted to give expiratory rib cage compression over the part of the ribcage that included the most affected lung region, from the end of inspiration to the end of expiration.[2] How was the patients’ position determined in your study?

We kindly request the researchers to explain the above-mentioned issues.

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Conflicts of interest
There are no conflicts of interest.

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