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A middle rate of failed extubation is desirable? Questions unanswered☆☆☆

To the Editor:

We have read the research by Kapnadak et al [1] with great interest. In this article, the authors evaluate the differences in clinical outcomes relative to a high, intermediate, or low percentage of failed planned extubation. They describe that the best percentage of failed planned extubation is located in the intermediate range (7%–15%) because, in this range, more ventilator-free days and intensive care unit-free days are observed. Furthermore, no significant difference was found in secondary outcome mortality. In this way, we have some questions.

Prolonged weaning is defined as the process that required more than 7 days from the first attempt at withdrawal of mechanical ventilation until extubation, as described by Peñuelas [2] and Sellares [3]. This prolonged weaning is associated with a higher rate of failed extubation compared with simple or difficult weaning [2,3]. Therefore, the authors should specify the type of weaning in each subgroup because this could affect the results.

Furthermore, the study did not specify the period of mechanical ventilation according to tertile distribution. It is necessary to know this information because an association between prolonged mechanical ventilation and extubation failure has been described [4,5].

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