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Letters to the Editor

Conversion of percutaneous tracheostomy – a practical solution

Dear Sirs,

In a recent postal survey of otolaryngology specialist registrars, three of the 58 respondents (five per cent) reported that they had been involved in emergency conversion of a percutaneous tracheostomy following intra-operative complications. This figure is comparable to a recent meta-analysis indicating a conversion rate to open tracheostomy of four per cent.[1]

Although the efficacy of percutaneous tracheostomy techniques cannot be doubted and the overall safety is comparable with open tracheostomy,[2] nonetheless, significant complications do arise and evidence such as this is of concern, as the majority of practitioners of percutaneous tracheostomy on intensive care units are unable to perform a surgical tracheostomy.

It has recently been argued that all percutaneous tracheostomy should be performed by a practitioner adept at performing open tracheostomy.[3] A more practical and reasonable alternative to this would be to suggest that a surgeon capable of performing surgical tracheostomy should be immediately available on site whenever percutaneous tracheostomy is being performed. We would therefore strongly recommend that this practice be formally adopted in all hospitals where percutaneous tracheostomy is a routine procedure on intensive care units.

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Solitary fibrons tumour of the parotid gland *J Laryngol Otol* **115**:831–2

Dear Sirs,

We read the paper of Mohammed *et al.*[1] with great interest. We too recently diagnosed a solitary fibrous tumour of a parotid gland, but in an 11-year-old girl. The tumour was treated by complete surgical excision with preservation of the facial nerve. Histological and immunohistochemical studies led to a diagnosis of a solitary fibrous tumour. There were no histological features to suggest it was malignant. It is though recognized that these tumours have an unpredictable behaviour.

Malignant features have been reported in 10–15 per cent of intra-thoracic solitary fibrous tumours. In their paper the authors stated that almost all extra-pleural solitary fibrous tumours follow a benign course. Vallat-Decouvelaere *et al.*[2] reviewed a series of extra-thoracic solitary fibrous tumours (92 cases) and found that 10 per cent had malignant features. They believe that there is no difference in the behaviour of intra- and extra-thoracic tumours and therefore recommend careful long-term follow-up. It is therefore unwise to regard any solitary fibrous tumour as being definitely benign.

We will therefore be keeping our patient under long-term review and reserve any further treatment for future recurrence.

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