

Reviewer 2 v2

Comments to the Author

Both Non-Invasive Ventilation (NIV) and Mechanical In-Exsufflation (MI-E) are fundamental techniques for the management of Acute Respiratory Failure (ARF) and have been reported several times as effective in averting intubation and/or facilitating extubation for all sorts of patients, in particular individuals with Neuromuscular Disease (NMD). Considering that providing an optimal combination of NIV and MI-E may be crucial to achieve optimal NMD patient care and a favourable outcome in the acute setting, there is still a need for appropriate studies evaluating this treatment strategy and potential benefits rising from its application.

The paper of Tai-Heng and coll addresses this interesting area of research, investigating the effectiveness of NIV combined with MI-E in the management of a paediatric population of NMD patients who developed ARF.

MAJOR COMMENTS

1. Patients with severe bulbar dysfunction were excluded from the study. Indeed, we agree that ability to adequately protect the upper airway is crucial to the success and safety of NIV and that non-invasive approach remains problematic for NMD patients presenting bulbar dysfunction and severe risk of aspiration of saliva. It is essential the authors clearly underline that careful evaluation of deglutition ability should be performed when deciding to adopt non-invasive approach in NMD patients with ARF and that patients with bulbar muscle compromise should be excluded from this strategy.
2. According to the literature on NIV use in the acute setting, this reviewer could expect that the outcome of patients with hypoxemic RF was less positive compared to those with CO₂ retention. This point needs to be effectively addressed, since readers should clearly know under which clinical circumstances they should limit the application of NIV and MI-E.

MINOR COMMENTS

1. English is not always at the expected level.