

**Propofol as standard of care for pediatric sedation for short procedures
such as upper endoscopy**

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Dear Editors,

We read the article by H. Moheimaniand and M.Yaseri[1] with great interest. The authors described the efficacy of a single dose of dexamethasone in reducing postoperative nausea and vomiting(PONV) in children undergoing upper endoscopy with deep sedation with sevoflurane in a cohort of 98 patients.

When comparing sevoflurane to propofol, even when combined with dexamethasone, the rate of side effects is significantly higher. Sevoflurane carries a risk of 8.2% vomiting and 4.1% laryngospasm and bronchospasm [1], versus propofol respectively 0.2% and 1.7% [2] with other possible drawbacks such as acceptance of the mask for scared and anxious children and quality of awakening.

Propofol has a well-known antiemetic effect, with excellent quality of awakening. The safety and efficacy of propofol as a sedation agent for pediatric EGDS has an impressive record of thousands of procedures managed not only by anaesthesiologists, but also by trained and credentialed different providers[2,3,4,5,6,7]. Children at higher risk are very well defined in the literature by substantial evidence [6.]

We suggest that on the ground of available evidence, propofol sedation should be considered in first line for children's EGDS.

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