complicate the diagnosis. Because sympathomimetic drugs affect the symptomatic system and cause mydriasis. Pilocarpine does not have a direct antagonistic effect because it is not a sympatholytic drug, but it may cause miosis by muscarinic receptors. In such a patient, if the patient does not have any symptoms or signs other than anisocoria, and the neurological examination is also normal, it is best to follow the patient closely without any intervention. Because anisocoria occurring as a side effect of the drug will regress within hours [3,5].

A careful and systematic evaluation is required for patients with anisocoria to exclude the life-threatening potential causes. Following the algorithms related to anisocoria when evaluating these patients will prevent confusion during diagnosis. With these algorithms, we can also save patients from detailed and expensive diagnostic procedures.

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Declaration of Competing Interest

No conflict of interest was declared by the authors.

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References


Inclined versus supine position for endotracheal intubation

With great interest, we read an article by Murphy et al., which showed that inclined positioning was associated with a higher rate of first pass success than supine positioning in prehospital endotracheal intubation. [1] Better visualization in inclined position was thought to be a rational mechanism. This study is very welcoming because the patient position is one of the modifiable conditions to achieve better success during intubation. However, some concerns seem to be further explained.

First, patients were categorized into three cohorts: supine, inclined, or unknown. The way the authors dealt the patient’s position may be needed in case a patient position is changed after the fail of first try