



AUTHORS' REPLY: We thank Reazaul Karim and colleagues for their comments. In this case report, we addressed the usefulness of high-flow nasal cannula (HFNC) and oxygen reserve index for adequate oxygen reserves in patients undergoing awake craniotomy.

We absolutely agree with Reazaul Karim's comment that dexmedetomidine is a better agent in patients of obstructive sleep apnea (OSA) because of less occurrence of respiratory depression. However, we experienced several cases that patients could not wake up during deep sedation with dexmedetomidine when awake is requested. Thus, a careful approach is needed when using dexmedetomidine, in case of awake craniotomy that requires frequent transition of sedation and awake for neurocognitive testing. In our institution, propofol and remifentanyl are standard anesthetics for monitored anesthesia care in awake craniotomy. Dexmedetomidine is prepared for adjuvant anesthetics in all cases and used together if necessary. In the first case, dexmedetomidine was prepared but not used, however, in the second case, it was infused during wound closure.

In terms of HFNC, according to comment that, in patients with obesity and OSA, high pressure is often required to overcome the pharyngeal critical closing pressure, preoperative patient training for high pressure and application of higher flow up to 60 mmHg depending on the patient's condition should be considered in this population undergoing awake craniotomy.

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