

Conservative Management of Anterior Abdominal Stab Wounds

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Dear Editor,

Paydar et al. (1) recently published a study concerning the conservative management of abdominal trauma. This manuscript addressed abdominal stab wounds but the title was misleading, as it incorporated all abdominally penetrating traumas including all types of injuries such as gunshot injuries. The management of high velocity gunshot injury is completely different from that of stab wound injury (2). Therefore, it would be better to change the title to: "Conservative Management of Anterior Abdominal Stab Wounds".

The authors of this study followed a guideline for patients and properly reported the outcomes. They should answer the following questions:

1. How effective and safe is the protocol involving local exploration of the wound followed by serial examination of the abdomen (SEA) or discharge?

2. In the management of anterior abdominal stab wounds of victims without definite indication for surgical treatment, is this protocol used without any other invasive or imaging methods?

3. Would it be preferable to use diagnostic laparoscopy as a tool to indicate mandatory laparotomy when compared with the recommendations suggesting SEA?

The "Evidence-Based Telemedicine, Trauma and Emergency Surgery" in patients with penetrating stab wounds to the anterior abdominal wall, with no immediate indication for laparotomy, recommends that the ability to compare findings between serial examinations of the abdomen is essential to safely conduct the case and abdominal CT is

not necessary in these patients due to low accuracy (3).

Credit is given to the authors who published these results honestly, but as they reported they had a high percentage of peritonitis (50%) in their study among those who had injury (11 of 22 patients). The question is why a minimally invasive method such as laparoscopic evaluation was not performed? Laparoscopy (if it is possible) is indicated in cases of injury to the left thoracoabdominal transition and when in doubt about the presence of intracavitary lesions (3). It is recommended that they change their protocol to prevent such delay in the management of wound peritonitis using diagnostic laparoscopy at least in selected cases.

Authors' Contributions

Seyed Vahid Hosseini: analysis and interpretation of data, critical revision of the manuscript for important intellectual content. Seyed Hesamaddin Banihashemi: analysis and interpretation of data.

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