

Comment: Prognosis in pancreatoduodenal trauma

Comentario: pronóstico en trauma pancreatoduodenal

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We read with great interest the article “*Prognosis of mortality and evolution in pancreatoduodenal trauma (PDT) in patients with wound by projectile of firearm*” and we consider important taking into account the following epidemiological data, such as the reports on pancreatoduodenal injury in the world literature, which is a rare but serious complication of blunt and penetrating trauma, associated with high mortality¹. This occurrence of PDT ranges from 0.36 to 4%² and that of duodenal trauma (DT) is lower than 5%³. Finally, the prevalence of pancreatic trauma (PT) is 3-12%⁴. This, because the analysis established in the article considers these anatomical regions separately and in a combination of both.

On the other hand, we find the percentages provided by the authors questionable, which indicate that 49 patients met the inclusion criteria; however, only 37 patients with DT (75%), 37 with PT (75%), and 24 with PDT (49%) are reported. The questioning is that each entity is not exclusive of the other two, and the percentages are, therefore, confusing. On the other hand, there is not a table with demographic and clinical data, and thus, we cannot especially evaluate associated injuries, which are of great importance for considering associated morbidity and mortality.

Another information that are not clear are the measures of association, which are not defined, and even their values, for this way establishing whether subjects have “risk” or “protective” factors.

Within the structure of the article, the authors refer that “the results showed a higher mortality

in patients with PDT, mainly due to internal bleeding, vascular injury, and infections, in comparison with mortality in patients with PDT, together with DT/PT, DT obtained a difference in total mortality of the sample.” The issue is the confusing data: is PDT not the same as DT/PT or should DT and PT be separated as distinct conditions? This way, the meaning of these data would be better understood.

It should be mentioned that, within their variables, the authors provide as a reference for a prolonged stay that which lasted more than 9 days, a fact that is somewhat arbitrary, since national indicators at any institution for a surgery department are 4 days⁵. Above this figure, hospital stay is considered to be prolonged in a general surgery department.

Finally, the purpose of the article was to analyze prognostic and mortality factors, and to evaluate evolution, but with the data provided we can only infer mortality, with the other two elements being left pending. However, identifying the aforementioned factors is a good exercise, since there are few studies in the world that address these parameters due to the low incidence of this type of wounds and, moreover, there are no national studies that speak to us about the subject.

Conflicts of interest

The authors declare that there are no conflicts of interest.

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