

Wounds of war in the civilian sector: principles of treatment and pitfalls to avoid (Eur J Trauma Emerg Surg (2014) 40:461–468)

E. E. Donnelly

Received: 13 October 2014 / Accepted: 6 November 2014 / Published online: 26 November 2014
© Springer-Verlag Berlin Heidelberg 2014

Dear EJTES Editor,

I am deeply pleased having read in the EJTES August 2014 issue, L. Riddez's paper on: Wounds of war in the civilian sector: principles of treatment and pitfalls to avoid (Eur J Trauma Emerg Surg (2014) 40:461–468).

In a simple and clear language, the article details and precisely covers every aspect of so-called penetrating war wounds, focusing on what to do and what not to do.

Ballistics, low and high energy wounds, triage, prehospital systems and management, hospital initial assessment, wound follow-up, are all analyzed; direct recommendations and pitfall avoidance on sectorial injuries are addressed, with strict adherence to Advanced Trauma Life Support (ATLS) [1] principles.

My only difference with Dr Riddez, is with his appreciation that this is a short review; this is not so, I believe it is a thorough research paper on management of war wounds, that I recommend should be read by both civilian sector and military war zone surgeons and suggest it could be followed as a future guidelines manual on war wounds, for different scenarios and phases.

Conflict of interest None.

Reference

1. American College of Surgeons Committee on Trauma. Advanced trauma life support, ATLS, student course manual. 9th ed. Chicago: American College of Surgeons; 2012.

E. E. Donnelly (✉)
FACS, Durand Hospital, Buenos Aires, Argentina
e-mail: eedonnelly@intramed.net