LETTER TO THE EDITOR



What Kind of Incision Should be Used in Thoracic Trauma Patients in Emergent Cases?

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We would like to mention that we have read the study with great interest [1]. Different kinds of incisions are being used for resuscitative approach as well as emergent cases without the need for resuscitation. As the authors indicated, both clamshell and left lateral thoracotomy are ideal incisions especially for resuscitative approach. Flaris et al. underlined that clamshell incision does not cause time loss. But another question that should be of concern is which incision provides the easiest access to injury. In this aspect, we think that these two incisions should be compared with sternotomy when it comes to cardiac traumas without the need for resuscitation. In addition to that, study of Beşir et al. revealed that both thoracotomy and sternotomy were used in cardiac trauma patients [2], and it was mentioned that sternotomy could be added to patients with thoracotomy, and vice versa. The reason for that is in patients with sternotomy, thoracotomy could be needed for lung injuries and in patients with thoracotomy, sternotomy could be needed for particular cardiac and major vascular injuries. It is obvious that both cardiac and lung injuries can be handled with clamshell incision, but in need of cardiopulmonary bypass, cannulation can present a challenge in cardiac or major vascular injuries. Thus, we think that it is an individual debate that which of these three incisions has more advantage in cardiac and lung traumas without the need for resuscitation. We suggest that the study will be more valuable if the authors share their point of view about this subject.

References

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