

LETTER TO THE EDITOR

Authors' Reply to Discernment of Mortality Predictors in Patients with Major Injuries-direct Trauma Impact or Systemic Complications

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Dear Editor,

We wanted to thank Dobrić's interest in the article published in your journal a few months ago (Prognosis value of lactate in prehospital care as a predictor of mortality and high patients in trauma). The main objective of the article was to assess the utility of prehospital lactic acid (PLA) in predicting mortality at 2, 7 and 30 days [1]. Dr. Dobrić makes some reflections that we would like to comment. First of all, one of the elements that we do not value in our work is the cause of death or the injury mechanism, we believe that with a sample size larger than ours, conclusions could be reached on these aspects, but our work is based on assessing the association of the PLA with any cause of death and the bad prognosis globally, as well as for any lesion mechanism which also allows us to extrapolate our results to any serious trauma; on the other hand, it is worth remembering that in many cases the cause of death of these patients it is difficult to know.

However, the article we present affects the evaluation of the traumatic patient in the prehospital field in which any tool that supposes an aid for the sanitary professionals must be taken into account. In that sense, we believe that our results guarantee the use of this biomarker as an aid in decision-making regarding the prognostic assessment of these patients [2–4]. Focusing on the assessment of mortality within 2 days, it is obtained that the PLA has a predictive capacity to determine mortality from any cause or mechanism of 81% (95% CI 65.5-97.1%) which gives the test a large ability to predict poor prognosis; on the other hand, a PLA greater than, or equal to 5.9 mmol / mL has an LR (+) of 5.20 (95% CI 2.60-10.39) which means that this test globally can be considered as good [5], and also has an excellent negative predictive value of 95.6% (95% CI 89.1-98.3%). In any case, as indicated in the conclusions of our study, we believe that objective and structured evaluation should be the fundamental basis for the evaluation of critical patients and in particular of patients with severe trauma and that decision-making

should not be based on the determination of the PLA only, but on a set of elements.

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CONFLICT OF INTEREST

We declare that we do not have any commercial or associative interest that represents a conflict of interest in connection with the work submitted.

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