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Editorial

View of Distribution of Traffic-Related Traumas from the Scene

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Motorcycle and car accidents account for the majority of traumas and the related deaths in Iran (1). Limb traumas include fractures, dislocations, contusions, lacerations, neurovascular injuries and amputations, which impose a significant burden on health systems. Investigation of the distribution of these traumas could guide the specification of resources for both prophylaxis and management of these patients in emergency and orthopedic departments. There is some data from hospital sources about the distribution of limb traumas (2-4). Another more comprehensive view is the frequency of different types of injuries based on data recorded in forensic medical centers or by emergency staff present at the scene of trauma (5). It is obvious that some patients are not transferred from the scene to hospitals according to defined registration systems. Thus, data of the scene may demonstrate the statistics more comprehensively. The drawback of this type of data is that they are recorded by staff in an urgent and critical state and some less obvious and hidden problems may not be diagnosed by non-physician staff.

Obtaining an accurate approach for management of traffic related traumas needs looking at results from different perspectives, having valid data about health resources, having proper financial and management support, and probably more importantly, ensuring the right insight of law-making systems about preventive systems. If access to on-scene data recorded by ambulance staff of emergency medical services and also data of Police and forensic medical centers becomes possible, studying the distribution of different limb and other injuries due to traffic accidents will be plausible, which might help to improve planning to decrease accidents and the related traumas.

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