

Letters to the Editor regarding the article

The Documentation of Injuries Caused by Traffic Accidents

by Prof. Dr. med. Benno Hartung, Andreas Schäuble, Dipl.-Ing. MEng CAISS, Prof. Dr. rer. biol. hum. Dipl.-Ing. Steffen Peldschus, Dr. med. Maximilian Schüßler, and Dr. med. Heinz-Lothar Meyer in issue 1/2024

Systolic Murmur May Be Missed

The article includes many valuable practical pointers, to which—as regards blunt thoracic trauma in addition to the well known post-traumatic aortic valve failure and aortic dissection—we would add the perspective of a possible, not immediately noticeable injury to the aortic valve (1). Existing cardiovascular depression is understandably first attributed to existing polytrauma. Auscultation is fleeting and systolic murmur is missed.

But the English language literature from Asia contains multiple publications that describe the development of aortic valve stenosis after post-traumatic valve injury. The rate of accidents involving bicycles, e-bikes, e-scooters, or motorcycles is notably higher in the relevant countries.

The development of post-traumatic aortic valve stenosis was confirmed in the mouse model in 2014 (2). It was first described by an alert doctor in a field hospital in 1918 (3). Companies providing accident insurance schemes will approve. DOI: 10.3238/arztebl.m2024.0044

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Tinnitus as an Indication of Head Injury

The article highlights vividly the need for precise documentation of injuries, since this is the only way in which sufficient causality between an accident and the contracted injury can be reconstructed (1). Serious and severe injuries or accident patterns that lead to death are the focus of the considerations. In our view, the initial documentation in the emergency department in injured persons with a relevant orientation should also include symptoms such as newly occurring tinnitus, hearing loss, or cephalgia. It was shown, for example, that up to 53% of all patients with a head injury develop tinnitus (2) and that a craniocerebral injury constitutes a risk factor for developing tinnitus (3). If the symptoms are documented by a physician several weeks after their first occurrence,

causality cannot be sufficiently established (4). A newly occurring fracture is consistent with a traffic crash in a very plausible way, whereas tinnitus can develop at any time and for diverse reasons—but it can also occur in association with a traffic accident. Comprehensive documentation of all symptoms after accidents or assaults is therefore even more important. DOI: 10.3238/arztebl.m2024.0045

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In Reply:

On behalf of all authors we thank our correspondents Stockhausen as well as Evers and Tisch for their positive feedback to our article and the additional pointers regarding documentation of injuries after traffic crashes. As a conclusive explanation of all potential injuries was outside the scope and context of our article, we focused in our CME contribution of those injuries that are of particular value for reconstructing the accident (1). For future articles we will, however, be happy to consider our correspondents' suggestions. DOI: 10.3238/arztebl.m2024.0046

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists.