

A comment on prognostic factors in burns

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Dear Editor,

We read the recent paper "Prognostic factors in patients with burns" [1] by Zielinski *et al.* with great interest. The article is very informative, in a concise and eloquent manner, allowing the reader to familiarise themselves with the plethora of prognostication models used worldwide in the assessment of burn patients. However, reading the paper we noticed that two aspects may require further consideration to provide the reader with a more comprehensive understanding of prognostication in burn patients.

The authors discussed in detail the impact of age and comorbidities but did not emphasise the impact of frailty on the outcome of burn injuries. In recent years, numerous studies have tried to address this issue, with prominent research coming from centres in the UK and US [2–4]. Ward *et al.* found The Frailty Score to be a much more sensitive predictor of one-year mortality than the modified Baux score. Their recommendation, based on the results from the UK, was to either incorporate frailty into the modified Baux score or use it independently to improve mortality predictions [2]. Northern American data presented by Romanowski *et al.* confirmed that patients with a higher frailty score not only had a lower chance of survival, but also had a significantly higher rate of discharge to specialised nursing facilities [3]. Those findings were confirmed by Maxwell *et al.*, who concluded that frailty was more predictive of outcome when compared to age in patients with thermal injuries [4].

In addition, the authors discussed several general prognostication mod-

els, namely Apache II, MODS, and SOFA. We thought that for completeness the authors should have also discussed some other prognostic models, especially the Denver MOF score, because this is the main organ dysfunction score used in the Glue Grant benchmarking model – the biggest project to date designed to determine and compare outcomes of critically ill burn patients in leading academic centres in the USA [5]. It is also worth noting the research published by Yoon *et al.*, which did not find Sepsis-3 to be particularly useful in the detection of complications such as sepsis in burn patients. The suggestion was that the SOFA score is more appropriate in such circumstances [6, 7].

In summary, we would like to congratulate the authors on an excellent and informative review, although we believe the points mentioned in our letter could have been discussed by the authors to allow a more comprehensive and complete picture.

ACKNOWLEDGEMENTS

1. Financial support and sponsorship: none.
2. Conflicts of interest: none.

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Anaesthesiol Intensive Ther 2021; 53, 1: 89–90

Received: 25.07.2020, accepted: 13.10.2020

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