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Correspondence

Braided absorbable sutures for traumatic wounds [☆]

Dear Sir,

During the COVID crisis we must minimise hospital attendance. To reduce appointments, absorbable sutures are advocated. Dogma persists that braided absorbable sutures should not be used in trauma cases for fear of increased wound infection and poor scarring. Braided sutures have been suggested to harbour pathogens within their filaments. In laboratory studies, bacterial adherence has been found to be higher in braided than monofilament sutures,¹ correlating also with the incidence of inflammation and infection rates in a mouse model.²

In human clinical studies, however, wounds closed with braided, absorbable Vicryl Rapide™ (Ethicon, Somerville, New Jersey) have been assessed in the scalp, face, oral mucosa, trunk and upper and lower extremities. Three systematic reviews comparing absorbable and non-absorbable skin closure following carpal tunnel decompression³ and in traumatic and surgical wounds^{4,5} found no evidence to conclude non-superiority of absorbable sutures, although the need for a high quality randomised controlled trial was highlighted. No significant differences were found between Vicryl Rapide™ and control sutures either for complications or cosmetic outcomes.

In our unit, we have been using Vicryl Rapide™ for traumatic wounds in the limbs for many years, with a very acceptable complication rate. Of course we advocate proper wound excision and washout, delayed primary closure for infected wounds, and careful tissue handling, but commend this suture to colleagues during the COVID crisis. We recognise the need for a multicentre randomised controlled trial, and we see a potential role for a more rapidly absorbing monofilament suture.

Declaration of Competing Interest

None.

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Ethical approval

N/A.

[☆] Content or abstract has not been presented at any meetings.

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