



Bicycle Related Injuries and Trauma Associated with the Accident as Predictors of Mortality Rate

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INTRODUCTION

Bicycle-related injuries contribute to the underlying level of road traffic casualties worldwide. The proliferation of this type of transport is hostile to pollution strategies and addresses a legitimate method of choice for portability in congested metropolitan areas. It is also boosted by the proliferation of bike-sharing organizations, making this famous mode of transportation effective and fast. Given that there are so many people, it is fundamental to classify the types of injuries and determine the mortality rate from this type of injury. Our review confirmed that head and chest wounds were free indicators of mortality only in patients aged 55 years or older. Confounding factors influenced mortality patterns, as roll-on and roll-over were autonomic indicators of mortality in patients aged 55 years and older. Litter was an autonomous measure of mortality from age 18 to her 54 years. In our review, only 44 of her patients (9.8%) were not wearing hoods. He is the only patient between the ages of 18 and her 54 years. In our study, not wearing a hat was not a free indicator of mortality, but head and chest AIS ≥ 3 were autonomic indicators of death.

DESCRIPTION

Therefore, a variety of factors, independent of the repellent effectiveness of protective caps, may influence mortality patterns in bicycle-related injuries. A well-conducted study shows that mandatory cycling cap regulations for all cyclists reduce head injuries by approximately 20% and have a fundamental impact on extreme head injuries. Two meta-analyses confirmed the beneficial effects of CAP only in extreme head injuries and also showed protective results in avoiding fatal injuries. However, each study focuses on different factors in bicycle mortality. Endurance rates assessed using the Kaplan-Mayer strategy indicate higher mortality in patients with an ISS of 25 or greater, confirming that overall injury severity influences mortality. However, the decline in endurance was greatest, as shown in

patients aged 55 years and older, confirming age as an independent indicator of mortality. Curiously, another result focusing on cycling-related injuries 9 showed comparable results with higher mortality patterns in more established patients (55 years and older). Finally, there was an occasional prevalence of cycling injuries, followed more regularly in the summer (34%), followed by the spring (28.9%). These results are consistent with the current work. Given its validation nature, this study has several limitations.

CONCLUSION

Mortality was higher in established patients, but potential patient comorbidities and anticoagulant use may influence prognosis. In addition, although this study was conducted in a level 1 emergency department in Italy, no data on prehospital injury mortality were available. Undoubtedly, our information relates only to our in-house clinical experience. Finally, despite various studies showing a possible association between bicycle frames and mortality, this variable was not and was not considered in our injury library, this study showed that several factors influence mortality from cycling injuries. The more experienced age and troubling variables are free indicators of mortality. Despite the repellent effect of caps, head and chest wounds were identified as predictors of mortality in patients over 55 years of age. Cycling injuries are more common in warmer months. Further multicenter and future studies should be well suited to confirm our results and foster more informed and rational collaboration with prehospital care facilities.

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CONFLICT OF INTEREST

None

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