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Letter to the Editor

Cultural adaptation and validation of patient and observer Scar Assessment Scale for Turkish use: Methodological issues

Dear Editor,

We have read with interest a recently accepted article by Seyyah and Yurdalan [1] entitled "Cultural adaptation and validation of Patient and Observer Scar Assessment Scale for Turkish use". Although the current study shows interesting results, there are some methodological issues which might be of interest to readers.

"There are no scales for evaluating burn scars in Turkey" in the highligts section of the article. Reliability and validity of the Turkish Version of POSAS in patients with burns have already been published by Kabuk, Erek Kazan and Aydoğan [2]. The information given by the authors in this regard is inconvenient. We suggest that authors show this study at the references of the article.

The authors of the original scale [3,4] recommend, the scar must be assessed by more than one observer, if you study on validity and reliability of the POSAS. The scar was assessed by two observers in the study which is written by Kabuk, Erek Kazan and Aydoğan. On the other hand, the scar was assessed by only one observer on Seyyah and Yurdalan's study. For this reason, we find that the evaluation of the validity and reliability of POSAS with a single observer is weak in the study.

Another issue is 7th item, which question the general opinion about the scar, is scored between 1–10 and is assessed by the correlation between the total POSAS score [3,4]. In the Seyyah and Yurdalan's study, there is no explanatory statement about the total score of the POSAS and how the 7th item was assessed.

In conclusion, this work has contributed good results, but results should be interpreted under the light of the aforementioned limitations.

Conflict of interest

None.

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[1] Seyyah M, Yurdalan SU. Cultural adaptation and validation of patient and observer scar assessment scale for Turkish use. Burns 2018;44(5):1352–6.

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[4] Draaijers LJ, Templeman FR, Botman YA, Tuinebreijer WE, Middelkoop E, Kreis RW, et al. The patient and observer scar assessment scale: a reliable and feasible tool for scar evaluation. Plast Reconstr Surg 2004;113:1960–5.

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Letter to the Editor

Cultural adaptation and validation of patient and observer Scar Assessment Scale for Turkish use: Methodological issues

Dear Editor,

We kindly thank you for your "Letter to the Editor" information related to our paper "Cultural adaptation and validation of Patient and Observer Scar Assessment Scale for Turkish use" titled.

Also, we thank Kabuk and Kazan's interest in our study. In this respect, we answer their pointed issues as follow.

We did search the burn literature based on MeSH System using "hypertrophic scar, physiotherapy, validity, reliability, POSAS" key words. In this frame, their study [1] was not reachable, "observer" did not reflect POSAS' observer".

The dates related to the submission, acceptance and publication of the articles are presented in the table below.

	Submission	Revision decision	Submission of revision	Acceptance	Publication
A	26.07.2017	04.10.2017	30.11.2017	23.02.2018	August 2018
B	23.06.2017			07.09.2017	December 2017

(A) Cultural adaptation and validation of Patient and Observer Scar Assessment Scale for Turkish use.

(B) Reliability and Validity of the Turkish Version of Patient and Observer Scar Assessment Scale in Patients with Burns.

We conducted the study at University Of Health Sciences Kartal Dr Lütfi Kırdar Education and Research Hospital, Burn and Wound Treatment Department within their Clinic Physiotherapist staff, and we interpreted the "observer" as one person meaning of POSAS concept, it may more than as an option as well. Assessments can be done with more than one observer. In our study, the scar was assessed by one observer in terms of financial and time constraints, critical patient monitoring and feasibility. Also this is an accepted method. Results of statıstical analysis have been provided in the article [2].

The evaluation of POSAS was carried out as specified on the original scale [3,4].

Conflict of interest

The authors declared no conflict of interest with respect to the authorship and publication of this paper.

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Letter to the Editor

pH of a burn wound — what's next?

A short comment on 'pH of a burn wound' by H. Richards & S. Falder

Dear Sir,

We refer to the recent letter 'pH of a burn wound' by H. Richards and S. Falder [1] which we highly appreciated as it once more points to pH as an important biomarker in wound healing. The authors investigated pH changes after burns in children to evaluate the need for prolonged irrigation of the wound, which is performed to try and re-establish a "normal" pH. From their data they conclude, that– although indispensable as an initial procedure to remove chemical contamination and effect pain relief – prolonged irrigation will not return the pH of burned skin to that of unburned skin. Several former studies also reported an increased, more alkaline pH in wounds of up to 8.9 [2–4], in comparison to that of healthy skin which is supposed to range between 4.0 and 6.0 [5].

Additional to the question of prolonged irrigation, other clinical consequences of pH monitoring remain of special interest. Sharpe et al. were able to show a correlation between pH and wound-depth and observed a drop of pH as healing progressed [4]. Interestingly, Ono et al. describe a pH elevation prior to a clinically manifest wound infection [6], which again emphasizes the significance of the pH value in wounds and pH monitoring for objective clinical decision making.

In the aforementioned studies pH measurements were conducted by the use of non-sterile indicator strips [6] or devices with the need for further calibration [2,4]. Other technologies require additional electronic equipment to produce a valid statement [7].

We strongly suggest that pH sensing of critical wounds should be part of the standard of care. It should not interfere with physiological wound healing, thus be non-invasive, highly sensitive and with high spatial and temporal resolution.

Therefore, an optimal solution would be to integrate the wound pH sensor or indicator into a clinically used wound dressing, allowing to detect and monitor pH changes in the relevant range (e.g. 7–10). Developing such a composite wound dressing, which would ideally be semi-transparent, would