

Dear Editor:

I thank Drs. Yoav Arnson and Yaron Bar-Dayana for commenting on my paper, "Effect of the Rural Rescue System on Reducing the Mortality Rate of Landmine Victims: A Prospective Study in Ilam Province, Iran", published in the March–April 2009 issue of *Prehospital and Disaster Medicine*. I have responses to several of the issues addressed by Arnson *et al.*

In 2006, the United Nations reported that since the early 1990s, there have been approximately 10,000 casualties in Iran (approximately 4,000 people were killed and 6,000 injured). During the same period, >850 casualties among military deminers were reported.¹

Ministry of Interior data used by the Iranian Mine Victim Rescue Center (IMC) recorded 6,765 mine casualties in five provinces in Iran (2,840 people killed and 3,925 injured) from 1988–2002.²

The Sina Trauma and Surgery Research Center (STSRC) also recorded 990 people killed and 1,270 injured in mine incidents in the Kermanshah province from 1994–2004. According to the STSRC, >95% of mine incidents involved civilians, and approximately 15% involved children.³

Since mines are classified in Iran, the outcome of patients after being discharged from the hospital was not specified. This information is not made public.

After our research project, mine victims generally received better medical care. Victims generally were residents of former war zones, nomads, or deminers.

According to the IMC, all deminers are sent to clean-up regions along with an ambulance, a doctor, and a paramedic. After initial treatment, patients are transported immediately to the nearest medical center.

After this project, the Ministry of Health established, equipped, and prepared regional hospitals to cope with mine victims, and educated assistant nurses in rural health-care homes to cope with the injured.

In response to the question regarding morbidity and whether the ability to protect the functional state of organs ultimately affects the quality of life for the patients, the answer most certainly is yes.

Although Dr. Arnson stated that morbidity has not decreased with increasing education, we have found that mortality has decreased significantly.

Dr. Arnson also stated that the mode and type of training in the medical education program has not been mentioned. This issue previously has been covered in the manuscript, "Improving Trauma Care in Rural Iran by Training Existing Treatment Chains."⁴

After 2004, the presence of neurosurgeons at Ilam hospitals was a great help to the outcome of patients, and obviated the need to dispatch patients to larger cities.

Before Tunnel:

Site accident → (15 min to 2 hours) → Mehran
Emergency → (1.5 hours) → Ilam Hospital

After Tunnel:

Site accident → (15 min to 2 hours) → Mehran
Emergency → (40 min) → Ilam Hospital

Sincerely,

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2. Nafissi N: Information about landmine explosion victims. Available at <http://www.landmineiran.org>.
3. Landmine Monitor Report. Available at <http://lm.icbl.org>.
4. Nafissi N, Saghafinia M, Balochi K. Improving trauma care in rural Iran by training existing treatment chains. *Rural and Remote Health* 8 (online), 2008: 881. Available at <http://www.rrh.org.au>.