

LETTERS TO THE EDITOR

Re “Methodological Assessment of Diabetic Foot Syndrome Clinical Practice Guidelines”

We commend Tan *et al.* on their assessment of diabetic foot guidelines.¹ They provide a thorough analysis of most of the available guidelines, and thoughts on how to improve future guidelines.

As the International Working Group on the Diabetic Foot (IWGDF) editorial board, we were particularly interested in this independent analysis of our five guidelines on key aspects of diabetic foot disease. Our first guidelines were published in 1999, and we have updated and expanded them every four years since. With each update, we aim to improve the content and methodological rigour. We were pleased to see our efforts rewarded with high overall scores.¹

Unfortunately, Tan *et al.* did not assess our most recent guidelines. They searched the literature, including institutional websites, up to 31 May 2019, but apparently missed our 2019 updates, which were published online (www.iwgdfguidelines.org) and presented (at the International Symposium on the Diabetic Foot) on 25 May 2019.

In these updated guidelines,² we specifically aimed to improve on Appraisal of Guidelines for Research & Evaluation (AGREE) domains 3 (rigour of development) and 6 (editorial independence). This included being more explicit in considerations underlying recommendations, clarifying and broadening external reviews, and posting extensive conflict of interest statements on our public website. Indeed, independent assessment by the ECRI Guidelines Trust (<https://guidelines.ecri.org/>) shows higher scores on these items than in our previous guidelines. We think readers would be interested to know of this update to the IWGDF guidelines.

The process of developing our 2023 updates is already underway. To continue improving our guidelines, we will take on board the assessments by Tan *et al.*¹

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Comment and Questions on “European Society for Vascular Surgery (ESVS) 2020 Clinical Practice Guidelines on the Management of Vascular Graft and Endograft Infections”*

We read with great interest the Clinical Practice Guidelines written by the European Society for Vascular Surgery on the management of vascular graft and endograft infections (VGEI).¹ The authors developed guidelines to assist physicians involved in the diagnosis and treatment of patient with VGEI.

Independent patient related risk factors for surgical site infections of the lower limbs are summarised in Table 12 in the paper. We noticed that some results reported in the Guidelines

Table 1. Patient related independent risk factors for surgical site infections of the lower limbs: differences compared with Table 12 of the Guidelines¹ are highlighted

Risk factor	Adjusted risk estimation – OR (95% CI)	Reference
Female sex	1.44 (1.28–1.63)	Greenblatt <i>et al.</i> ²
Obesity	2.08 (1.78–2.43)	Greenblatt <i>et al.</i> ²
BMI ≥ 25 kg/m ²	1.78 (1.23–2.57)	Davis <i>et al.</i> ³
	1.28 (1.10–1.49)	Greenblatt <i>et al.</i> ²
COPD	4.29 (2.74–6.72)	Davis <i>et al.</i> ³
	2.10 (1.07–4.09)	Leekha <i>et al.</i> ⁴
	1.23 (1.03–1.43)	Greenblatt <i>et al.</i> ²
Dialysis	4.35 (3.45–5.47)	Davis <i>et al.</i> ³
	1.51 (1.08–2.11)	Greenblatt <i>et al.</i> ²
CLI	4.35 (3.45–5.47)	Davis <i>et al.</i> ³
	2.91 (1.61–5.27)	Leekha <i>et al.</i> ⁴
Re-intervention	2.91 (1.61–5.27)	Leekha <i>et al.</i> ⁴
	11 (1.9–63)	Brothers <i>et al.</i> ⁵

Table 1-continued

Risk factor	Adjusted risk estimation – OR (95% CI)	Reference
Blood glucose > 11 mmol/L	2.68 (1.38–5.22)	Leekha <i>et al.</i> ⁴
Peak glucose >180 mg/dL or > 10 mmol/L	1.99 (1.53–2.57)	Davis <i>et al.</i> ³
Hyponatremia <134 g/dL	1.1 (1.9–63)	Brothers <i>et al.</i> ⁵
	1.20 (1.02–1.42)	Greenblatt <i>et al.</i> ²
Post-operative immobilisation	1.20 (1.02–1.42)	Greenblatt <i>et al.</i> ²
Major amputation	12 (4.1–34)	Brothers <i>et al.</i> ⁵
Prior revascularisation	2.68 (1.38–5.22)	Leekha <i>et al.</i> ⁴
	1.57 (1.04–2.38)	Davis <i>et al.</i> ³

OR = odds ratio; CI = confidence interval; BMI = body mass index; COPD = chronic obstructive pulmonary disease; CLI = critical limb ischaemia.

are different from those shown in the cited references (Table 1), and that some other risk factors were not reported.

We would like to ask authors how they achieved these results and what the criteria were for selecting risk factors.

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*Note from the Editors

As a consequence of the inquiry by Tresson *et al.*,¹ the authors of the *ESVS 2020 Clinical Practice Guidelines on the Management of Vascular Graft and Endograft Infections* have published a Corrigendum.²

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Re “Biomechanical Assessment Predicts Aneurysm Related Events in Patients with Abdominal Aortic Aneurysm”

We are very pleased that methodology developed at our Intelligent Systems for Medicine Laboratory has been used in an extensive study of abdominal aortic aneurysm (AAA) biomechanics published in the *European Journal of Vascular and Endovascular Surgery*.¹ However, we feel obliged to point out a few limitations of our methodology, the understanding of which is necessary to interpret the results of Doyle *et al.*¹ properly.

The software for the biomechanical analysis of AAA (BioPARR) does not have any special functionality for AAA wall segmentation and thickness measurement. As our parametric studies showed an approximately linear relationship between measured/assumed wall thickness and computed maximum principal stress,² the inaccuracies in wall thickness measurements directly translate to imprecision in principal wall stress computation. Based on information about magnetic resonance image resolution,¹ we estimate a principal stress inaccuracy of $\pm 30\%$.

The version of BioPARR used in the study by Doyle *et al.*¹ does not account for the presence of residual stress. Using the current, freely available version of BioPARR (<https://bioparr.mech.uwa.edu.au/>), accounting for the presence of residual stress, we showed that its inclusion changes stress distributions significantly.³

The evaluation of the results published by Doyle *et al.*¹ is not truly patient specific as it uses population based statistics for estimation of the wall strength.

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