

Delayed skin closure may reduce surgical infection

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(HealthDay)—Delayed primary skin closure may reduce the risk of infection after surgery, but the current studies are not definitive due to poor design, according to the results of a meta-analysis published online June 26 in *JAMA Surgery*.

Aneel Bhangu, M.B.Ch.B., from the Royal Centre for Defence Medicine in Birmingham, U.K., and colleagues identified and performed a meta-analysis of eight published studies in which 623 patients with contaminated or dirty abdominal [wounds](#) were randomized to delayed primary skin closure or primary skin closure.

The researchers found that 77.4 percent of patients had appendicitis, followed by perforated abdominal viscus, ileostomy closure, [trauma](#), and intra-abdominal abscess or other peritonitis. For delayed closure, the

time to first review was two to five days postoperatively. All studies were determined to be of poor quality, with a [high risk](#) of bias and deficient in study design and outcome assessment. Using a fixed-effects model, delayed closure significantly reduced the risk of surgical site infection (odds ratio, 0.65), but heterogeneity was high (72 percent) and the effect was no longer significant using a random-effects model.

"Delayed primary skin closure may reduce the rate of surgical site infection, but current trials fail to provide definitive evidence because of poor design," Bhanu and colleagues conclude.

More information: [Abstract](#)
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