Mid-term assessment of the decade of action for road safety: Progress made, yet at a slow rate

Sir,

Globally, road traffic injuries have been acknowledged as one of the predominant causes accounting for the deaths of millions of people, disability, impaired quality of life, catastrophic expenditures, and reduced productivity. In fact, every year close to 1.25 million people die owing to road traffic accidents worldwide while another 20–50 million individuals are exposed to nonfatal injuries/disabilities. Further, road traffic injuries have been identified as the most common cause of death among young people in the age-group of 15–29 years, and almost 90% of the overall deaths are being reported from low and middle-income nations.

Even though road traffic injuries are preventable, they were never prioritized in the global health agenda for decades together. In fact, by adhering to basic preventive measures such as wearing a good quality helmet, seat-belt, and using infant seats, a significant reduction in the risk of mortality can be achieved in the event of a crash. Despite, all this confirmatory evidence, <50 nations worldwide have a mandatory law to encourage wearing of helmets, while only 53 nations have a child restraint law in place. On a similar note, only 13% of the global population are residing in those regions which have a restriction on the speed limits.

Acknowledging the magnitude of the problem, its universal distribution, and higher rates of mortality among the vulnerable road users, the United Nations declared the current decade as a Decade of Action for Road Safety (2011–2020). The ultimate aim was to save the lives of millions of people by bringing about an improvement in the safety of roads and vehicles, making road users more responsible, and expanding the reach of emergency services. Further, the recently adopted sustainable development goals have also set a target to reduce the number of deaths attributed to road traffic injuries by 50% by the year 2020.

To gauge the progress toward road safety, the findings of a recently released report by the World Health Organization have suggested that despite an increase in the number of vehicles worldwide, the number of road traffic deaths has stabilized. The recent trend clearly suggests that strategies for road safety (viz., improvement in legislations, stringent enforcement, making roads and vehicles safer, etc.,) has delivered encouraging outcome, nevertheless, the rate of progress is extremely slow. Further, protection of road users has emerged as a major concern as the risk of death in a road traffic crash is predominantly determined by the place of accident and adherence to the safety measures. In fact, it has been identified that close to fourth-fifth of the vehicles sold worldwide fail to meet basic safety standards, which is a real threat to the lives of road users.

On a positive note, a number of nations are implementing measures to make the road safer by enforcing laws pertaining to a motorcycle helmet, child restraints, seatbelts, drink – driving, and speed. The success obtained in most of the developed nations reflect that road traffic injuries can be prevented, provided the program managers are committed enough to act in a holistic manner by involving all the concerned sectors. At the same time, the utility of proper planning by incorporation of road safety measures, designing of safer infrastructure/safe vehicles; improving postcrash responses, and implementing measures to encourage healthy road user behavior through public awareness and enforcement of appropriate laws, can deliver sustainable results.

To conclude, the deaths attributed to road traffic injuries are a major public health concern worldwide, and it is high time that all stakeholders should prioritize it and work in a concerted manner to improve the road safety standards and reduce the risk of deaths among road users.

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A 45-year-old male who was a chronic alcoholic for 20 years was admitted in a state of shock. He had complaints of abdominal pain and vomiting for 10 days duration. There was history of constipation for 3 days. On examination, patient was semiconscious. Pulse rate and blood pressure was 112/min and 80/60 mmHg, respectively. Abdominal examination showed distended abdomen. On palpation, there was guarding and rigidity. On auscultation bowel sounds were absent. There was positive grey turner’s sign (ecchymosis of flanks). Another new ecchymosis noted in the right axilla and was deep blue in color [Figure 1].

Investigations showed leukocytosis with elevated liver and renal function test. There was elevated amylase (890 U/L) and lipase (595 U/L) levels. Computed tomography of abdomen showed pancreatic necrosis with peripancreatic fluid collection and peripancreatic fat stranding [Figure 2]. He was diagnosed as acute necrotising pancreatitis. Aspirate negative for gram stain and culture and sensitivity. Hence, patient managed with intravenous fluid, proton pump inhibitor, octreotide infusion, and inotropic support. In due course, he developed desaturation and was intubated. His condition improved with above measures. Ecchymosis in the right axilla started to fade during recovery period. After 15 days, there was a complete disappearance of ecchymosis in the right axilla.

A cutaneous manifestation of pancreatitis is very rare compared to abdominal signs. There are numerous cutaneous sign mentioned in pancreatitis. They are (1) Grey Turner’s sign-ecchymosis of flanks, (2) Cullen’s sign-ecchymosis around the umbilicus, (3) Fox’s sign-ecchymosis of thigh, and (4) Bryant’s sign-bluish discoloration of scrotum.

Causes of Grey Turner’s sign and Cullen’s sign includes acute pancreatitis, hemorrhagic pancreatitis, retroperitoneal hemorrhage, blunt abdominal trauma, ruptured ectopic pregnancy, spontaneous bleeding following coagulopathy, ruptured aortic aneurysm, ruptured common bile duct, perforated duodenal ulcer, ruptured hepatocellular carcinoma, hepatic lymphoma, Percutaneous liver biopsy, and rectus sheath hematoma.

Etiology of Cullen’s sign includes formation of methemalbumin in subcutaneous plane due to digested blood around the abdomen from the inflamed pancreas and the blood likely diffuse via the falciform ligament to the subcutaneous tissue around the abdomen.