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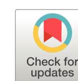
Letter to the Editor

Reply to Dra. Montejo: Taurine surgery in the 21st century from glory to contempt☆



Réplica a la Dra. Montejo. Cirugía taurina en el siglo XXI. De la gloria al desprecio

To the Editor:

I would like to thank Dr Montejo for her comments on the article[1] in a letter where she provides her personal and professional experience on several of the aspects that the article tries to expose about the current problem of taurine surgery. In light of Dr Montejo's comments, I would like to add some reflections of my own.

When she mentions the medical importance of bullfighting surgery, Dr Montejo addresses a very interesting factor: the surgical management of patients injured by animals with horns or antlers outside of bullfighting festivities. Taurine surgery presents some very specific peculiarities, both in surgical demands and in the management of complex patients, generally in non-hospital settings. This experience is very useful in the management of patients injured by animals outside the bullfighting environment, such as farmhands injured by cattle or individuals injured by animals with antlers (deer, etc).[2] In this context, some authors report high mortality rates in patients with goring injuries outside of bull-related festivities, and the preparation of the surgical teams that treat these patients is an important prognostic factor,[2] without forgetting that immediate care is also key. Thus, in an organized bullfighting event the surgical team is *in situ*, and the patient is treated immediately. Contrarily, in wounds caused by goring outside of bullfighting festivities, the patient must be transferred for treatment, which implies delayed care and, therefore, higher risk of morbidity and mortality. Early medical care is a key factor, in addition to adequate training.[3]

In terms of the type of patient treated, this can be very varied and is influenced by the nature of the event.[4] As a general rule, while at bullfights held in bullrings the typical patient is a professional male bullfighter who is generally young, slim, and in good health, at traditional bull-related festivities for the general public the typical patient is a person with no athletic ability, who has consumed toxic substances, and presents with injuries caused by the bull (goring, etc.) in addition to blunt trauma and crush injuries caused by the fleeing crowd of participants. For all these reasons, it is important to have adequate training and the appropriate means to be able to provide correct care to the prototype of suboptimal wounded patient in a non-medical facility, generally without an adjoining hospital and with limited means.[1–4] As Dr. Montejo rightly indicates, a great advantage to the presence of medical professionals in this environment is that they can witness exactly how the injuries happen and thereby analyze the kinematics of the trauma to be able to predict potential injuries.[4] In addition, if the medical team is qualified and the infirmary is adequately equipped, damage-control surgery can be performed at the scene of the mishap with certain guarantees for success.[4]

Regarding the composition of the surgical teams, as stated in article[1] and also indicated by Dr. Montejo, the lack of recognition of this type of work, the fact that it is conducted on holidays, the poor pay, etc., lead to teams with less and less experience. The situation has worsened recently due to the improved employment situation of healthcare professionals, where unemployment among surgeons is practically non-existent in most Autonomous Communities of Spain. Therefore, as Beatriz Montejo indicates, the only attractions for the generational change are the love of bullfighting and polytrauma patient management. But I should also clarify that, for a bullfighting fan, a bullfight in a first-class bullring with well-known bullfighters is not the same as a popular bull-related celebration for the general public with *añojos* (yearlings) or *erales* (2-year-olds) in a small town more than 50 km from the

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nearest hospital, with a difficult provincial road as the only transport route for injured patients.

Lastly, the example indicated by Beatriz Montejo is typical of the centers that I know personally. It is rather common for universities to make it difficult to offer courses or master's degrees, or even optional classes. All this makes it difficult to access specific, regulated training in taurine surgery. There is currently an evident social rejection of any subject that involves the use of animals, and this is transferred to all levels, including academics. It is also true, and this must be said, that the classic publications and academic proposals made by our predecessors in taurine surgery have not followed optimal scientific method, presenting deficient scientific rigor and many 'folkish' concepts. This cliché has haunted the latest generation of bullfighting surgeons trained via MIR (Spanish residency program) and in the scientific method, which is a barrier that must be overcome by generating quality projects. If these barriers cannot be overcome, in the end the training of surgeons involved in taurine surgery will first depend on their own interest in learning and second on the interest and personal effort of expert surgeons to teach them, but academic and institutional support will be residual.

In closing, I would again like to thank Dr Montejo for sharing her experience through this Letter to the Editor, which enables us to understand the specific reality of different regions of Spain with bullfighting and bull-related events.

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Antonio Ríos[a,b,c]

[a]*Servicio de Cirugía General y de Aparato Digestivo, Instituto Murciano de Investigación Bio-Sanitaria Virgen de la Arrixaca (IMIB-Arrixaca), Murcia, Spain*
[b]*Departamento de Cirugía, Pediatría, y Obstetricia y Ginecología, Universidad de Murcia, Murcia, Spain*
[c]*Cirugía Taurina Dr. del Vas, Murcia, Spain*

arzrios@um.es
arzrios4@gmail.com

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