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Declaration of conflicts of interest[☆]

Declaración sobre el conflicto de intereses

Dear Editor:

Your recent editorial on conflicts of interest and scientific publications was very interesting. I would like to share an idea regarding the statement ‘‘A declaration of relationships should be required in the communication of research, but its existence should not prejudice inappropriate conduct’’.¹ Essentially, publishing conflict of interest statements is common practice for all journals. The problem resides in how to verify authors’ declarations. Generally speaking, those involved in the journal assume that the information provided is true, and the issue therefore arises in cases where statements are incomplete. I completely agree that other types of misconduct may exist, and that other issues related to conflict of interest may also come up. Despite complicated declaration forms, it is impossible to prevent authors from hiding their conflicts. How then can the problem be

solved? Firstly, an additional system for detecting conflicts of interest must be in place, such as using an online tool to search for potential conflicts of interest related to the author (for example, mentioning specific products, working as a consultant, etc.). Secondly, providing referees with some information about the author may be useful for identifying possible conflicts of interest. Some may argue that this practice could create reviewer bias and affect the decision-making process for the document submitted. However, this step could be taken after the article has been accepted, for the purpose of checking for undeclared conflicts of interest. Lastly, the process used to check for undeclared conflicts of interest should be comparable to processes for detecting other types of inappropriate conduct, such as plagiarism.

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Subdural haematoma secondary to epidural anaesthesia. A rare complication[☆]

Haematoma subdural secundario a anestesia epidural. Una complicación infrecuente

Dear Editor:

Intracranial subdural haematoma (SH) rarely presents as a complication of epidural anaesthesia, although we do find cases in the literature. If the dura mater is punctured during

this procedure, there is a risk that SH will occur, and that risk may be related to cerebrospinal fluid (CSF) hypotension syndrome.

Symptoms of SH are linked to the mass effect and displacement of structures, and they depend on the patient’s age; haematoma location, size, and speed of onset; the patient’s prior clinical condition; and the compression of intracranial structures. Distinguishing CSF hypotension syndrome from SH due to intracranial hypertension may be difficult in differential diagnosis, and this can be an obstacle to diagnosing the condition early.

We present the case of a patient with no relevant personal history who presented a SH secondary to the epidural anaesthesia received during childbirth.

A 27-year-old woman came to our hospital’s emergency department on 2 consecutive occasions due to a frontal and occipital headache that increased while standing and

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