论文摘要必须明确界定主要结局指标，并提供具体数据

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摘要撰写是学术论文写作中的关键难点之一，其核心原因在于需要在有限篇幅内完整呈现研究的基本框架，即阐明研究动机、研究方法、核心发现及其学术意义。摘要不仅应提供研究的整体概貌，还需对关键问题作出清晰、具体的说明。

以比较 A、B 两种疗法对高血压疗效的研究为例，若结果显示 A 组在达标率和心血管事件发生率方面优于 B 组，摘要中不能仅以“更低”加以概括。由于“更低”属于结果解释，而非数据本身，作者必须提供具体数值，包括两组的达标率、心血管事件发生率以及相应的统计学检验结果（如 *P* 值）。同时，还需明确界定相关指标的具体含义，例如“达标”是指血压控制在 140/90 mmHg 还是 130/80 mmHg 以下，“心血管事件”具体涵盖哪些临床情况。若缺乏上述信息，摘要将流于空泛，难以获得期刊编辑和审稿人的关注。

有作者认为，相关细节已在正文中充分说明，因摘要篇幅受限而选择省略。然而，摘要是论文的“第一印象”，若作者未能在摘要中清晰地传达关键信息，编辑往往不会进一步阅读全文，从而直接导致稿件被拒。

本文以 2025 年 8 月发表于 *BMC Surgery* 的一篇论文“Evaluation of risk factors for poor wound healing after cesarean delivery in patients with gestational diabetes mellitus: a retrospective study”为例，对摘要写作中的常见问题进行分析（图 1, 2）。

The overall incidence of PWH was 9.7%, with the majority being superficial infections, including suture reactions (38.5%), bleeding and exudation (30.8%), abscesses (15.4%), and fat liquefaction (11.5%).

该表述存在多方面问题：“incidence（发病率）”属于流行病学概念，通常用于大样本人群研究，在此类小样本研究中应使用“rate（发生率）”。

结果中的百分比不能单独呈现，必须同时给出对应的分子与分母。虽然方法部分已说明总样本量为 268 例，其中 PWH 为 26 例，但将分子与分母分别置于了不同位置，并不利于读者理解。此外，“268 例中有 26 例发生 PWH”本质上属于结果信息，而非方法内容，将其置于方法部分亦不恰当。

伤口愈合不良（PWH）的定义缺失。第一，需在方法中明确该概念具体内容；第二，需说明评价方法，例如术后随访方式（定期门诊评估、病历记录还是电话随访等）。若未明确这些关键内容，则“9.7%”这一核心数据缺乏解释基础，可信度将大打折扣。尽管摘要篇幅有限，但对于研究核心指标的定义与

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Evaluation of risk factors for poor wound healing after cesarean delivery in patients with gestational diabetes mellitus: a retrospective study

图1

评估方法，完全可以用简洁语言加以说明。

Deep infections were rare, with only 3.8% presenting as endometritis and no cases of pelvic abscess.

该表述同样存在逻辑与数据问题。根据前文，总样本为 268 例，PWH 为 26 例。若 3.8% 以 268 为基数，则约为 10 例；但反算可得 10/268 约为 3.7%，与原文不符。若以 26 例为基数，则 3.8% 约为 1 例，与数据更为一致。由此可见，该百分比的分母未明确说明，增加了理解难度。学术论文应避免类似“推理式阅读”，所有数据必须清晰、直接呈现。

Multivariate logistic regression identified the following significant independent risk factors for PWH: premature rupture of membranes (OR=10.88, 95% CI: 1.70–71.25, P=0.002), Candida infection

Abstract

Background Poor wound healing (PWH) are significant complications following cesarean deliveries, particularly in patients with gestational diabetes mellitus (GDM) due to hyperglycemia-induced immune dysfunction and impaired wound healing. Identifying specific risk factors is essential for developing effective preventive strategies and improving maternal outcomes.

Methods This retrospective study, conducted from January 2020 to August 2023, followed STROBE guidelines. A total of 268 GDM patients who underwent cesarean delivery were included, with 5 lost to follow-up, yielding a 98.2% follow-up rate. Patients were divided into two groups: the PWH group ($n=26$) and the control group ($n=242$). Comprehensive data on maternal age, gestational age, pre-pregnancy BMI, IVF-ET use, uterine scarring, surgery type (emergency vs. elective), operative time, and infections (Candida albicans and Group B Streptococcus) were collected. Statistical analyses included Chi-square, Fisher's exact tests, and multivariate logistic regression to identify independent risk factors for PWH.

Results The overall incidence of PWH was 9.7%, with the majority being superficial infections, including suture reactions (38.5%), bleeding and exudation (30.8%), abscesses (15.4%), and fat liquefaction (11.5%). Deep infections were rare, with only 3.8% presenting as endometritis and no cases of pelvic abscess. Multivariate logistic regression identified the following significant independent risk factors for PWH: premature rupture of membranes (OR = 10.88, 95% CI: 1.70–71.25, $P=0.002$), Candida infection (OR = 5.77, 95% CI: 1.89–18.65, $P=0.003$), emergency cesarean delivery (OR = 2.32, 95% CI: 1.02–5.48, $P=0.047$), a scarred uterus (OR = 3.68, 95% CI: 1.43–9.39, $P=0.006$), and prolonged operative time (≥ 1 h; OR = 2.55, 95% CI: 1.02–3.73, $P=0.031$).

Conclusions Prolonged operative time, premature rupture of membranes (PROM), emergency cesarean delivery, and uterine scarring were identified as independent risk factors for PWH in GDM patients. Candida infection also showed a statistical association but was based on limited case numbers and should be interpreted cautiously. Targeted perioperative strategies may help reduce PWH risk in this population.

图2

(OR=5.77, 95% CI: 1.89–18.65, P=0.003), emergency cesarean delivery (OR=2.32, 95% CI: 1.02–5.48, P=0.047), a scarred uterus (OR=3.68, 95% CI: 1.43–9.39, P=0.006), and prolonged operative time (≥ 1 h; OR=2.55, 95% CI: 1.02–3.73, P=0.031).

此句为多因素 Logistic 回归分析结果，总体无重大问题，但细节仍存在不足。例如，文中指出念珠菌感染（Candida infection）为危险因素，但未说明该感染发生于剖宫产术前还是术后。鉴于研究中还涉及其他感染因素，若不加说明，将影响结果解释的严谨性。

可对该摘要进行如下重写：

Methods: This retrospective cohort study included all women with GDM (defined as ...) who underwent C-section at authors' center from January 2020 to August 2023. Poor wound healing was defined as ...（此处补充伤口愈合不良的定义和评价方法）. Multivariate logistic regression analysis was conducted to identify risk factors for poor wound healing. Factors included in the multivariate regression as independent variables were based on ...（此处补充纳入多因素回归的标准）.

Results: Among the 268 women ...（此处补充关键的人口学数据，比如年龄和孕产史）included in the analysis, poor wound healing was identified in 22 women (9.7%). Specific type of poor wound healing included aa (??%, ??? cases), bb (??%, ??? cases), cc (??%, ??? cases), and dd (??%, ??? cases)（此处补充伤口愈合不良的具体种类数据）. In multivariate regression, poor wound healing was associated with premature rupture of membranes (OR=10.88, 95% CI: 1.70–71.25, P=0.002), Candida infection prior to C-section (OR=5.77, 95% CI: 1.89–18.65, P=0.003), emergency C-section (OR=2.32, 95% CI: 1.02–5.48, P=0.047), uterine scar (OR=3.68, 95% CI: 1.43–9.39, P=0.006), and prolonged operative time (≥ 1h; OR=2.55, 95% CI: 1.02–3.73, P=0.031).

摘要不仅是论文内容的高度凝练，更是决定稿件能否进入审稿流程的关键环节。写作中应避免主观性描述和定义不清晰等问题，给审稿人一个好的“第一印象”。