

JTACS JULY TABLE OF CONTENTS

'BEST OF' JULY ARTICLES

BEST OF BASIC SCIENCES ARTICLE

Blood Component Resuscitative Strategies to Mitigate Endotheliopathy Following Hemorrhagic Shock

Background	Results	Conclusion
Mice underwent hemorrhagic shock for 1 hour prior to resuscitation with LR, WB, RBC, PRP, PPP, 1:1, or d14 RBC. Serum collection at 1-, 4-, and 24-hours.	LR, 1:1, and d14 resuscitation causes increased syndecan-1 shedding at 4-hours. WB causes less lung injury than PRP, PPP, 1:1, and d14 at 4-hours. Total MMP-9 ↑ at 4-hours in d14 mice.	Resuscitation with d14 RBC and LR ↑ Endotheliopathy Resuscitation with WB ↓ Endotheliopathy
ELISA: Syndecan-1, UCHL-1, MMP-9, Inflammatory cytokines.	TNFα, IL-1β, and IL-10 ↑ at 1- and 4-hours in d14 mice.	

Baucour MR et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003942
@JTraumaAcuteSurg

BLOOD COMPONENT RESUSCITATIVE STRATEGIES TO MITIGATE ENDOTHELIOPATHY IN A MURINE HEMORRHAGIC SHOCK MODEL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/BLOOD_COMPONENT_RESUSCITATIVE_STRATEGIES_TO.5.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/blood_component_resuscitative_strategies_to.5.aspx)

BEST OF SCC ARTICLE

Early VTE Prophylaxis in Severe Traumatic Brain Injury: A Propensity Score Weighted EAST Multi-Center Study

Severe TBI patients (AIS≥3) across 24 trauma centers	VTE Incidences in late VTE prophylaxis initiation group (4.7% vs 2.1% NO VTEP, 2.6% VTEP≥24, p=0.012)	After Propensity score weighting
3 Cohorts: No Prophylaxis: NO VTEP n=782; Early Prophylaxis (≤24 h) n=273; Late Prophylaxis (>24 h) n=729.	Incidences of Intracranial hemorrhage expansion (ICHE) in NO VTEP group. No Intracranial hemorrhage expansion after VTE prophylaxis initiation.	There were no differences in ICHE. There were no differences in VTE across the three cohorts.

Ratnasekera AM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003992
@JTraumaAcuteSurg

EARLY VTE PROPHYLAXIS IN SEVERE TRAUMATIC BRAIN INJURY: A PROPENSITY SCORE WEIGHTED EAST MULTI-CENTER STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/EARLY_VTE_PROPHYLAXIS_IN_SEVERE_TRAUMATIC_BRAIN.14.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/early_vte_prophylaxis_in_severe_traumatic_brain_injury.14.aspx)

BEST OF TRAUMA ARTICLE

Crystalloid Volume is Associated with Short Term Morbidity in Children with Severe Traumatic Brain Injury: An Eastern Association for the Surgery of Trauma Multicenter Trial Post-Hoc Analysis

Optimal resuscitation strategies are not well defined for pediatric trauma patients with severe TBI (sTBI).	Post-hoc analysis of a multi-institution prospective observational cohort study.	Pediatric trauma patients with sTBI received more crystalloid than those without sTBI despite being more coagulopathic at presentation and requiring more blood products.
Receipt of ≥ 1 crystalloid bolus has been associated with worse outcomes in pediatric trauma patients overall.	Elevated SIPA score in all patients.	When controlling for injury severity score, receipt of ≥ 1 crystalloid bolus was associated with worsened outcomes including ICU admission, extended hospital stay and development of complications among sTBI patients.
How do pediatric trauma patients with sTBI compare to those without sTBI? Is more crystalloid associated with worse outcomes in pediatric sTBI patients?	142 sTBI patients (Head AIS 3+). 547 non-sTBI patients (Head AIS 1-2). Univariate and multivariable analysis.	

MacArthur TA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004013
@JTraumaAcuteSurg

CRYSTALLOID VOLUME IS ASSOCIATED WITH SHORT TERM MORBIDITY IN CHILDREN WITH SEVERE TRAUMATIC BRAIN INJURY: AN EAST MULTICENTER TRIAL POST-HOC ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/CRYSTALLOID_VOLUME_IS_ASSOCIATED_WITH_SHORT_TERM.12.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/crystalloid_volume_is_associated_with_short_term.12.aspx)

BEST OF EGS ARTICLE

Outcomes Among Trauma Patients with Duodenal Leak Following Primary vs Complex Repair of Duodenal Injuries: An EAST Multicenter Trial

35 level 1 trauma centers.	PRA vs CRAM → CRAM ↑ More critically injured.
861 patients (>14 yrs old) with traumatic duodenal injuries requiring OR.	CRAM ↑ Higher leak rates and worse outcomes. LEAKS: CRAM 21% vs PRA 8%, p<0.001.
Primary Repairs Alone (PRA) vs Complex Repairs with Adjunctive Measures (CRAM).	Simple Linear + Logistic Regression → PRA: ↓ extraluminal drain days, ↓ odds of any complication.
Retrospective review 1/2010-12/2020.	Leak PRA vs Leak CRAM → No difference in severity of illness. CRAM leaks ↑ duration until leak resolution. No difference in IR drains, NPO duration, LOS or mortality.
	Multivariable Logistic Regression → PRA 60% ↓ odds of leak. ↑ Odds of leak: CRAM, higher AAST grade, DCL, BMI.
	CRAM does not prevent duodenal leaks. CRAM does not improve outcomes when repairs do leak.

Choron RL et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003972
@JTraumaAcuteSurg

OUTCOMES AMONG TRAUMA PATIENTS WITH DUODENAL LEAK FOLLOWING PRIMARY VS COMPLEX REPAIR OF DUODENAL INJURIES: AN EAST MULTICENTER TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/OUTCOMES_AMONG_TRAUMA_PATIENTS_WITH_DUODENAL_LEAK.22.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2023/07000/outcomes_among_trauma_patients_with_duodenal_leak.22.aspx?context=featuredarticles&collectionid=5)



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Blood Component Resuscitative Strategies to Mitigate Endotheliopathy Following Hemorrhagic Shock

Background	Results	Conclusion
Mice underwent hemorrhagic shock for 1 hour prior to resuscitation with LR, WB, RBC, PRP, PPP, 1:1, or d14 RBC. Serum collection at 1-, 4-, and 24-hours.	LR, 1:1, and d14 resuscitation causes increased syndecan-1 shedding at 4-hours. WB causes less lung injury than PRP, PPP, 1:1, and d14 at 4-hours. Total MMP-9 ↑ at 4-hours in d14 mice.	Resuscitation with d14 RBC and LR ↑ Endotheliopathy Resuscitation with WB ↓ Endotheliopathy

Baucum MR et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000003942

Pectin Based Biologic Velcro Effectively Seals Traumatic Solid Organ and Small Bowel Injuries

Post Repair Blood Loss	Post Repair Burst Pressure
<ul style="list-style-type: none"> N=5 Suture: 26ml N=5 Pectin Patch: 33ml (p<0.01) N=5 Packing: 142ml 	<ul style="list-style-type: none"> N=7 Suture: 224mmHg N=8 Pectin Patch: 234mmHg (p=0.7)

Williams J et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000003910

BLOOD COMPONENT RESUSCITATIVE STRATEGIES TO MITIGATE ENDOTHELIOPATHY IN A MURINE HEMORRHAGIC SHOCK MODEL
[HTTPS://JOURNALS.LWWW.COM/JTRAUMA/FULLTEXT/2023/07000/BLOOD_COMPONENT_RE-SUSCITATIVE_STRATEGIES_TO.5.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/blood_component_resuscitative_strategies_to.5.aspx)

PECTIN BASED BIOLOGIC VELCRO EFFECTIVELY SEALS TRAUMATIC SOLID ORGAN AND SMALL BOWEL INJURIES
[HTTPS://JOURNALS.LWWW.COM/JTRAUMA/FULLTEXT/2023/07000/PECTIN_BASED_BIOLOG-IC_VELCRO_EFFECTIVELY_SEALS.9.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/pectin_based_biologic_velcro_effectively_seals.9.aspx)

Multicompartmental Traumatic Injury Induces Sex-Specific Alterations in the Gut Microbiome

Severe multicompartmental traumatic injury (PT) or PT with Chronic Stress (PT/CS) → 16S rRNA Sequencing → Diversity and Microbial Composition Analysis → Phylum → Family → Genus

Stool collection days 0 and 2

β Diversity: ♂ ≠ ♀

Intestinal Injury and Permeability: ↑

Resilience of female microbiome and intestinal permeability after PT and PT/CS

Munley JA et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000003939

Transfusion-Related Cost Comparison of Trauma Patients Receiving Whole Blood Versus Component Therapy

Retrospective cost comparison of LTO+WB and CT recipients	Average annual cost reduction after WB initiation >\$927,000
<ul style="list-style-type: none"> Analyzed on cost/patient and cost/patient/mL Subgroups: ISS >15 and MTP 	<ul style="list-style-type: none"> WB showing lower cost/patient (p<0.001) and cost/patient/mL (p<0.001)

Ciaraglia A et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000003933

MULTICOMPARTMENTAL TRAUMATIC INJURY INDUCES SEX-SPECIFIC ALTERATIONS IN THE GUT MICROBIOME
[HTTPS://JOURNALS.LWWW.COM/JTRAUMA/FULLTEXT/2023/07000/MULTICOMPARTMENTAL_TRAUMATIC_INJURY_INDUCES.6.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/multicompartmental_traumatic_injury_induces.6.aspx)

TRANSFUSION-RELATED COST COMPARISON OF TRAUMA PATIENTS RECEIVING WHOLE BLOOD VERSUS COMPONENT THERAPY
[HTTPS://JOURNALS.LWWW.COM/JTRAUMA/FULLTEXT/2023/07000/TRANSFUSION_RELAT-ED_COST_COMPARISON_OF_TRAUMA.10.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/transfusion_related_cost_comparison_of_trauma.10.aspx)

A Random Forest Model Using Flow Cytometry Data Identifies Pulmonary Infection After Thoracic Injury

Study Population	Methods/Results	Conclusions
Adult trauma patients with blunt and/or penetrating thoracic injuries (70% chest AIS >3)	Machine learning methods used to develop model identifying pneumonia after thoracic trauma	Lower frequency of CM cells among PNA patients suggests less resilient immune response after injury

Gelbard RB et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000003937

Emergency Department Versus Operating Room Intubation of Patients Undergoing Immediate Hemorrhage Control Surgery

NTDB COHORT STUDY	ANALYSIS	RESULT
9,667 patients Hemorrhage control surgery < 60 mins	Hierarchical multivariable regression	ED Intubation Associated with: Mortality ↑ 85% Transfusion ↑ 25% ED dwell time ↑ 25% Major complications ↑ up to 72%

Dunton Z et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000003907

A RANDOM FOREST MODEL USING FLOW CYTOMETRY DATA IDENTIFIES PULMONARY INFECTION AFTER THORACIC INJURY
[HTTPS://JOURNALS.LWWW.COM/JTRAUMA/FULLTEXT/2023/07000/A_RANDOM_FOREST_MODEL_USING_FLOW_CYTOMETRY_DATA.7.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/a-random-forest-model-using-flow-cytometry_data.7.aspx)

EMERGENCY DEPARTMENT VERSUS OPERATING ROOM INTUBATION OF PATIENTS UNDERGOING IMMEDIATE HEMORRHAGE CONTROL SURGERY
[HTTPS://JOURNALS.LWWW.COM/JTRAUMA/FULLTEXT/2023/07000/EMERGENCY_DEPART-MENT_VERSUS_OPERATING_ROOM.11.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/emergency_department_versus_operating_room.11.aspx)

Early Post-traumatic Brain Injury TXA Prevents Blood Brain Barrier Hyperpermeability and Surrogates of Neuroclinical Recovery

Study Population	Results	Conclusions
35 male CD1 mice randomly assigned to Sham or Traumatic Brain Injury Treatment groups given IV TXA at either 1h or 24h post-Sham/TBI	Early but not Late TXA • ↓ BBB permeability • ↑ neurological recovery • ↓ weight loss recovery	1) Early TXA preserves BBB integrity, independent of LEU mobilization 2) Early TXA improves neurological recovery better than delayed TXA

Culkin MC et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000003971

Crystalloid Volume is Associated with Short Term Morbidity in Children with Severe Traumatic Brain Injury: An Eastern Association for the Surgery of Trauma Multicenter Trial Post-Hoc Analysis

<ul style="list-style-type: none"> Optimal resuscitation strategies are not well defined for pediatric trauma patients with severe TBI (sTBI) Receipt of ≥ 1 crystalloid bolus has been associated with worse outcomes in pediatric trauma patients overall. How do pediatric trauma patients with sTBI compare to those without sTBI? Is more crystalloid associated with worse outcomes in pediatric sTBI patients? 	<ul style="list-style-type: none"> Post-hoc analysis of a multi-institution prospective observational cohort study Elevated SIVA score in all patients 142 sTBI patients (Head AIS 3+) 547 non-sTBI patients (Head AIS 1-2) Univariate and multivariable analysis 	<ul style="list-style-type: none"> Pediatric trauma patients with sTBI received more crystalloid than those without sTBI despite being more coagulopathic at presentation and requiring more blood products. When controlling for injury severity score, receipt of ≥ 1 crystalloid bolus was associated with worsened outcomes including ICU admission, extended hospital stay and development of complications among sTBI patients.
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MacArthur TA et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000004013

EARLY POST-TRAUMATIC BRAIN INJURY TXA PREVENTS BLOOD BRAIN BARRIER HYPERPERMEABILITY AND SURROGATES OF NEUROCLINICAL RECOVERY
[HTTPS://JOURNALS.LWWW.COM/JTRAUMA/FULLTEXT/2023/07000/EARLY_POSTTRAUMAT-IC_BRAIN_INJURY_TRANEXAMIC_ACID.8.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/early_posttraumatic_brain_injury_tranexamic_acid.8.aspx)

CRYSTALLOID VOLUME IS ASSOCIATED WITH SHORT TERM MORBIDITY IN CHILDREN WITH SEVERE TRAUMATIC BRAIN INJURY: AN EAST MULTICENTER TRIAL POST-HOC ANALYSIS
[HTTPS://JOURNALS.LWWW.COM/JTRAUMA/FULLTEXT/2023/07000/CRYSTALLOID_VOLUME_IS_ASSOCIATED_WITH_SHORT_TERM.12.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/crystalloid_volume_is_associated_with_short_term.12.aspx)

Moving The Needle on Time to Resuscitation: An East Prospective Multicenter Study of Vascular Access in Hypotensive Injured Patients Using Trauma Video Review

Vascular access in hypotensive trauma patients is challenging

1,410 access attempts in 581 patients

FASTER - IOs and PIVs attempts were faster than CVC attempts

IO - 36 sec
PIV - 44 sec
CVC - 171 sec

ESPECIALLY in patients with no prehospital access 5.7 minutes (IO) vs. 7.5 minutes (Other access types)

Patients whose initial access attempt was IO were resuscitated faster. IO access should be a first line therapy in hypotensive trauma patients.

QUICKER TO RESUSCITATION - 5.8 minutes (IO) vs. 6.7 minutes (Other access types)

MORE SUCCESSFUL - IO had higher success rates than PIV or CVC (93% vs. 67% vs. 59%, p<0.001)

HYPOTHESIS:

- Intraosseous (IO) faster and more successful than peripheral IV (PIV) and central venous catheter (CVC)

Dumas RP et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003958

The Journal of Trauma and Acute Care Surgery

Utility of Computed Tomography Reconstructed Thoracolumbar Spinal Imaging in Blunt Trauma

Do CT CAPTL identify more clinically significant injuries than CT CAP?

CT CAP vs CT CAPTL

CT TL Recons: ↑ Resource Utilization

↑ MRI Use 6.2 vs 23.2%

↑ LOS 3 vs 4 days

No difference in outcomes

Brace Surgery Rehab Mortality } p > 0.05

No difference in fracture detection on CT CAP vs TL recons

CT CAP >70% accurate for any TL fracture morphology

TL recons maybe overutilized, to improve LOS & MRI use, careful patient selection needed

Retrospective Study 2016-2021 Blunt Trauma Patients

194 CT CAP vs 634 CT CAPTL

Swarup A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003983

The Journal of Trauma and Acute Care Surgery

MOVING THE NEEDLE ON TIME TO RESUSCITATION: AN EAST PROSPECTIVE MULTICENTER STUDY OF VASCULAR ACCESS IN HYPOTENSIVE INJURED PATIENTS USING TRAUMA VIDEO REVIEW

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/MOVING_THE_NEEDLE_ON_TIME_TO_RESUSCITATION__AN.13.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/moving_the_needle_on_time_to_resuscitation__an.13.aspx)

UTILITY OF COMPUTED TOMOGRAPHY RECONSTRUCTED THORACOLUMBAR SPINAL IMAGING IN BLUNT TRAUMA

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/UTILITY_OF_COMPUTED_TOMOGRAPHY_RECONSTRUCTED.17.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/utility_of_computed_tomography_reconstructed.17.aspx)

BEST OF SURGICAL CRITICAL CARE ARTICLE

Early VTE Prophylaxis in Severe Traumatic Brain Injury: A Propensity Score Weighted EAST Multi-Center Study

Severe TBI patients (AIS≥3) across 24 trauma centers

VTE incidences in late VTE prophylaxis initiation group (4.7% vs 2.1% NO VTEP, 2.6% VTEP≥24, p=0.012)

After Propensity score weighting

- There were no differences in ICHES
- There were no differences in VTE across the three cohorts

3 Cohorts

- No Prophylaxis: NO VTEP n=782
- Early Prophylaxis (≤24 h) n=273
- Late Prophylaxis (>24 h) n=729

Incidences of Intracranial hemorrhage expansion (ICHE) in NO VTEP group

No Intracranial hemorrhage expansion after VTE prophylaxis initiation

Ratnasakera AM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003992

The Journal of Trauma and Acute Care Surgery

Firearm Legislation – The Association between Neighboring States and Crude Death Rates

Adult all-intent firearm-related deaths in all 50 states from 2012 to 2020

Giffords Gun Law Scorecard

Strict Lenient

Neighboring states

Definition 1: defined as "Different" if the state is bordered by ≥1 state with a grade score difference >1

Definition 2: defined as "Different" if the average of all neighboring states resulted in a grade score difference >1

Definition 1: Lenient/Similar higher CDR vs. Lenient/Different

Strict/Different did not have higher CDR vs. Strict/Similar

Definition 2: Lenient/Similar higher CDR vs. Lenient/Different

Strict/Different higher CDR vs. Strict/Similar

→ Neighboring effect is lopsided: Lenient states benefit from at least one strict neighbor. Strict states adversely affected only if majority of neighbors are Lenient

Chammas M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003952

The Journal of Trauma and Acute Care Surgery

EARLY VTE PROPHYLAXIS IN SEVERE TRAUMATIC BRAIN INJURY: A PROPENSITY SCORE WEIGHTED EAST MULTI-CENTER STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/EARLY_VTE_PROPHYLAXIS_IN_SEVERE_TRAUMATIC_BRAIN.14.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/early_vte_prophylaxis_in_severe_traumatic_brain.14.aspx)

LEGISLATION - THE ASSOCIATION BETWEEN NEIGHBORING STATES AND CRUDE DEATH RATES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/FIREARM_LEGISLATION_THE_ASSOCIATION_BETWEEN.18.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/firearm_legislation_the_association_between.18.aspx)

Rethinking Protocolized Completion Angiography Following Extremity Vascular Trauma: A Prospective Observational Multicenter Trial

Patients with extremity trauma requiring OR for hemorrhage control (n=438)

Completion angiography after arterial repair (n=90)

Concern for inadequate repair

Per protocol

31% Immediate revision 0%

Protocolized completion angiography alone offers no benefit

Patients who underwent arterial injury repair (n=296)

Completion angiography 90 of 296 (30.4%)

Nizialek G et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003925

The Journal of Trauma and Acute Care Surgery

A Novel Machine-Learning Tool to Identify Community Risk for Firearm Violence: The Firearm Violence Vulnerability Index (FVVI)

Build Model

BAL, BOS, CIN, LA, NYC, PHL, RNY

Shooting Incidents + American Community Survey

XGBoost

Test Model

CHI

American Community Survey

FVVI

Shooting Incidents

FVVI accurately predicts shooting incidents in urban census tracts based solely on social, structural, and geospatial determinants of health.

Chicago Shootings Chicago FVVI

D² = 0.77

Polcari AM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003952

The Journal of Trauma and Acute Care Surgery

RETHINKING PROTOCOLIZED COMPLETION ANGIOGRAPHY FOLLOWING EXTREMITY VASCULAR TRAUMA: A PROSPECTIVE OBSERVATIONAL MULTICENTER TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/RETHINKING_PROTOCOLIZED_COMPLETION_ANGIOGRAPHY.15.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/rethinking_protocolized_completion_angiography.15.aspx)

NOVEL MACHINE-LEARNING TOOL TO IDENTIFY COMMUNITY RISK FOR FIREARM VIOLENCE: THE FIREARM VIOLENCE VULNERABILITY INDEX (FVVI)

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/A_NOVEL_MACHINE_LEARNING_TOOL_TO_IDENTIFY.19.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/a_novel_machine_learning_tool_to_identify.19.aspx)

Burn Excision Within 48 Hours Portends Better Outcomes than Standard Management: A Nationwide Analysis

Background

Propensity score matched analysis of 2,270 patients with ≥10% TBSA burns

Early excision (first 48hrs) VS Standard excision (48-120hrs)

Results

Excision w/in 48 hours associated with:

Shorter Hospital LOS, Shorter ICU LOS, and Fewer Complications

Conclusion

Recommend performing operative debridement + coverage w/in 48 hours

Prospective trials needed to validate this strategy

Ramsley WA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003951

The Journal of Trauma and Acute Care Surgery

Project Inspire Pilot Study: A Hospital-Led, Comprehensive Intervention Reduces Gun Violence Among Juveniles Delinquent of Gun Crimes

Teens delinquent of gun crimes undergo intervention:

- Trauma Education & Confidence Building
- Professional & Educational Development
- Financial Literacy
- Entrepreneurship
- Shadowing & Mentorship

Reduction in Recidivism, 11% Rate of Recidivism

Project Inspire Reduces Repeat Offenses in High-Risk Youth

Malone K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000003957

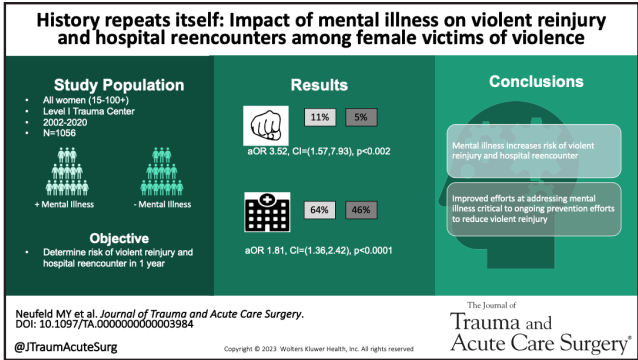
The Journal of Trauma and Acute Care Surgery

BURN EXCISION WITHIN 48 HOURS PORTENDS BETTER OUTCOMES THAN STANDARD MANAGEMENT: A NATIONWIDE ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/BURN_EXCISION_WITHIN_48_HOURS_PORTENDS_BETTER_OUTCOMES.16.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/burn_excision_within_48_hours_portends_better_outcomes.16.aspx)

PROJECT INSPIRE PILOT STUDY: A HOSPITAL-LED, COMPREHENSIVE INTERVENTION REDUCES GUN VIOLENCE AMONG JUVENILES DELINQUENT OF GUN CRIMES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/PROJECT_INSPIRE_PILOT_STUDY_A_HOSPITAL_LED.20.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/project_inspire_pilot_study_a_hospital_led.20.aspx)



NO VISUAL ABSTRACT PROVIDED
THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY POSITION ON THE ISSUE OF DISCLOSURE OF CONFLICT OF INTERESTS BY AUTHORS OF SCIENTIFIC MANUSCRIPTS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/THE_JOURNAL_OF_TRAUMA_AND_ACUTE_CARE_SURGERY.1.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/the_journal_of_trauma_and_acute_care_surgery.1.aspx)

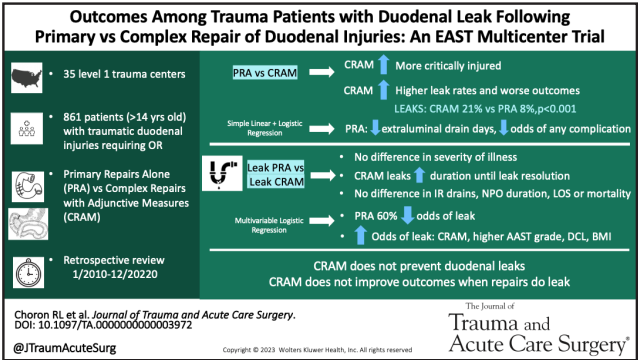
NO VISUAL ABSTRACT PROVIDED
ALEX'S NOTEBOOK: THE EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA 2023 PRESIDENTIAL ADDRESS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/ALEX_S_NOTEBOOK_THE_EASTERN_ASSOCIATION_FOR_THE.2.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/alex_s_notebook_the_eastern_association_for_the.2.aspx)

NO VISUAL ABSTRACT PROVIDED
IT'S NOT A SIMPLE ANKLE FRACTURE: 2023 SCOTT B. FRAME MEMORIAL LECTURE
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/IT_IS_NOT_A_SIMPLE_ANKLE_FRACTURE_2023_SCOTT_B_3.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/its_not_a_simple_ankle_fracture_2023_scott_b_3.aspx)

NO VISUAL ABSTRACT PROVIDED
WWCCBD?
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/WWCCBD_4.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/wwccbd_4.aspx)

HISTORY REPEATS ITSELF: IMPACT OF MENTAL ILLNESS ON VIOLENT REINJURY AND HOSPITAL REENCOUNTER AMONG FEMALE VICTIMS OF INTERPERSONAL VIOLENCE
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2023/07000/HISTORY_REPEATS_IT_SELF_IMPACT_OF_MENTAL_ILLNESS.21.ASPX](https://journals.lww.com/jtrauma/fulltext/2023/07000/history_repeats_itself_impact_of_mental_illness.21.aspx)

BEST OF EMERGENCY GENERAL SURGERY ARTICLE



OUTCOMES AMONG TRAUMA PATIENTS WITH DUODENAL LEAK FOLLOWING PRIMARY VS COMPLEX REPAIR OF DUODENAL INJURIES: AN EAST MULTICENTER TRIAL
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