

JTACS FEBRUARY TABLE OF CONTENTS

'BEST OF' FEBRUARY ARTICLES

BEST OF TRAUMA ARTICLE

WHEN IS IT SAFE TO START VTE PROPHYLAXIS AFTER BLUNT SOLID ORGAN INJURY? A PROSPECTIVE AAST MULTI-INSTITUTIONAL TRIAL

Blunt Solid Organ Injuries Managed Nonoperatively

Among 1,173 study patients, early (≤ 48 h) VTE prophylaxis was associated with:

Early VTE prophylaxis was associated with reduced VTE rates without increased bleeding

and should be the standard of care for blunt solid organ injuries.

Prospectively captured over 1 year at 19 North American Trauma Centers

Schellenberg M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004159

The Journal of Trauma and Acute Care Surgery

WHEN IS IT SAFE TO START VTE PROPHYLAXIS AFTER BLUNT SOLID ORGAN INJURY? A PROSPECTIVE AAST MULTI-INSTITUTIONAL TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/WHEN_IS_IT_SAFE_TO_START_VENOUS_THROMBOEMBOLISM.5.ASPX?CONTEXT=FEATURE-DARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/02000/when_is_it_safe_to_start_venous_thromboembolism.5.aspx?context=feature-darticles&collectionid=5)

BEST OF BASIC SCIENCES ARTICLE

The Injured Monocyte: The Link to Chronic Critical Illness and Mortality Following Injury

Severe Hemorrhagic Blunt Trauma (n=80)

Altered non-classical monocyte expression in patients with chronic critical illness

Chronic Critical Illness

Associated with Dysfunctional Immunologic Function

↑ Pro-Inflammatory Cytokine Expression with ↓ HLA-DR Expression

↑ rate of nosocomial infection, and one-year mortality of 27%

Cuschieri J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004173

The Journal of Trauma and Acute Care Surgery

THE INJURED MONOCYTE: THE LINK TO CHRONIC CRITICAL ILLNESS AND MORTALITY FOLLOWING INJURY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/THE_INJURED_MONOCYTE_THE_LINK_TO_CHRONIC_CRITICAL_ILLNESS_AND_MORTALITY_FOLLOWING_INJURY.3.ASPX?CONTEXT=FEATURE-DARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/02000/the_injured_monocyte_the_link_to_chronic_critical_illness_and_mortality_following_injury.3.aspx?context=feature-darticles&collectionid=5)

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<https://qr.page/g/11yceRNK2sn>



BEST OF SCC ARTICLE

Veno-venous Extracorporeal Membrane Oxygenation in Patients with Traumatic Brain Injuries and Severe Respiratory Failure: A Single-Center Retrospective Analysis

Veno-venous extracorporeal membrane oxygenation (VV ECMO) may be beneficial in certain trauma patients with severe respiratory failure and traumatic brain injury (TBI)

72% survival to hospital discharge of trauma patients with TBI who were placed on VV ECMO

Survivors had good functional neurologic outcomes at discharge and outpatient follow-up

VV ECMO can be considered in select patients with TBI

Austin SE et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004159

The Journal of Trauma and Acute Care Surgery

VENO-VENOUS EXTRACORPOREAL MEMBRANE OXYGENATION IN PATIENTS WITH TRAUMATIC BRAIN INJURIES AND SEVERE RESPIRATORY FAILURE: A SINGLE-CENTER RETROSPECTIVE ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/VENOVENOUS_EXTRACORPOREAL_MEMBRANE_OXYGENATION_IN.21.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/02000/venovenous-extracorporeal-membrane-oxygenation-in.21.aspx?context=feature-darticles&collectionid=5)



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BEST OF EGS ARTICLE

What are the differences between the three most used classifications for acute colonic diverticulitis? A comparative multicenter study

Acute left-sided colonic diverticulitis

Multicenter Study

597 patients

Increasing AAST, modified Hinchey, and WSES grades

Modified Hinchey, AAST, and WSES classifications compared

REGRESSION ANALYSIS + ROC CURVE ANALYSIS

Need for intervention complications (Chavlen-Dindo >2) Reintervention Hospital length of stay Mortality

Need for intervention AUC = 0.84 AAST AUC = 0.81 modified Hinchey Major complications AUC = 0.75 modified Hinchey AUC = 0.70 WSES Mortality, complications, and reintervention rates No difference

Tartaglia D et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004133

The Journal of Trauma and Acute Care Surgery

WHAT ARE THE DIFFERENCES BETWEEN THE THREE MOST USED CLASSIFICATIONS FOR ACUTE COLONIC DIVERTICULITIS? A COMPARATIVE MULTICENTER STUDY




[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/WHAT_ARE_THE_DIFFERENCES_BETWEEN_THE_THREE_MOST_USED_CLASSIFICATIONS_FOR_ACUTE_COLONIC_DIVERTICULITIS.20.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/02000/what_are_the_differences_between_the_three_most_used_classifications_for_acute_colonic_diverticulitis.20.aspx?context=feature-darticles&collectionid=5)



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The Injured Monocyte: The Link to Chronic Critical Illness and Mortality Following Injury

<p>Severe Hemorrhagic Blunt Trauma (n=80)</p>  <p>Associated with Dysfunctional Immunologic Function</p>	<p>Altered non-classical monocyte expression in patients with chronic critical illness</p>  <p>↑ Pro-inflammatory Cytokine Expression with ↓HLA-DR Expression</p>	<p>Chronic Critical Illness</p>  <p>↑ rate of nosocomial infection, and one-year mortality of 27%</p>
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Cuschieri J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004173
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THE INJURED MONOCYTE: THE LINK TO CHRONIC CRITICAL ILLNESS AND MORTALITY FOLLOWING INJURY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/THE_INJURED_MONOCYTE_THE_LINK_TO_CHRONIC_CRITICAL.3.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/the_injured_monocyte_the_link_to_chronic_critical.3.aspx)

Geospatial Access to Verified EGS Centers in the US: Strategic Opportunities for EGS Verification Program

<p>Developed potential scenarios of AAST/ACS EGS-VP uptake across US based on hospital resources/volume</p> 	<p>Evaluated geospatial access and SDOH disparities across each potential scenario</p> 	<p>Significant variation in geospatial access across scenarios</p> 
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

Scenario 1: EGS centers
Scenario 2: High volume EGS centers
Scenario 3: High vol EGS + trauma centers
Scenario 4: Quaternary referral centers

Enhanced 2-step floating catchment area analysis of Spatial Access Index; SDOH by Area Deprivation Index

Brown, JB et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004147
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EVALUATING POTENTIAL DISPARITIES IN GEOSPATIAL ACCESS TO ACS/AAST VERIFIED EMERGENCY GENERAL SURGERY CENTERS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/EVALUATING_POTENTIAL_DISPARITIES_IN_GEOSPATIAL.7.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/evaluating_potential_disparities_in_geospatial.7.aspx)


A Murine Polytrauma Model for the Study of Thromboinflammation

<p>Wild-type male mice (n = 10, age 8 – 12 weeks) underwent polytrauma (gastrocnemius crush, femur fracture, and laparotomy) and were compared to an uninjured control group (n = 10). Mice were euthanized by cardiac puncture performed 3 hours after injury.</p> 	<p>Novel murine polytrauma model shows NETosis and accelerated thrombin generation can be induced using a murine polytrauma model, as early as three hours following injury</p> 
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MacArthur TA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004179
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A MURINE POLYTRAUMA MODEL FOR THE STUDY OF THROMBOINFLAMMATION
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/A_MURINE_MULTIPLE_INJURY_MODEL_FOR_THE_STUDY_OF.4.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/a_murine_multiple_injury_model_for_the_study_of.4.aspx)




Persistent Long-Term Opioid Use After Trauma: Incidence and Risk Factors

<p>Level 1 Trauma Registry + Multi-state PDMF database</p> 	<p>2992 patients</p> <p>Opioid use: 20.4% pre-injury</p> <p>53.5% at discharge</p> <p>12.5% LTPU (1 year)</p> <p>4.3% new LTPU</p>	<p>NOT predictive of LTPU:</p> <ul style="list-style-type: none"> Specific injuries ISS Complications Surgeries Hospital Course Discharge Disposition <p>Predictive of LTPU:</p> <ul style="list-style-type: none"> Opioids at discharge (AOR 2.22) Significant pre-injury use (AOR 13.3)
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Benns M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004180
@JTraumaAcuteSurg

PERSISTENT LONG-TERM OPIOID USE AFTER TRAUMA: INCIDENCE AND RISK FACTORS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/PERSISTENT_LONG_TERM_OPIOID_USE_AFTER_TRAUMA.8.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/persistent_long_term_opioid_use_after_trauma.8.aspx)

WHEN IS IT SAFE TO START VTE PROPHYLAXIS AFTER BLUNT SOLID ORGAN INJURY? A PROSPECTIVE AAST MULTI-INSTITUTIONAL TRIAL

<p>Blunt Solid Organ Injuries Managed Nonoperatively</p> 	<p>Among 1,173 study patients, early (<48h) VTE prophylaxis was associated with:</p> 	<p>Early VTE prophylaxis was associated with reduced VTE rates without increased bleeding</p> 
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Prospectively captured over 1 year at 19 North American Trauma Centers

and should be the standard of care for blunt solid organ injuries.

Schallenberg M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004183
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WHEN IS IT SAFE TO START VTE PROPHYLAXIS AFTER BLUNT SOLID ORGAN INJURY? A PROSPECTIVE AAST MULTI-INSTITUTIONAL TRIAL
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Modified Brain Injury Guideline for Anticoagulated TBI Patients: An Opportunity to Reduce Healthcare Resource Utilization

<p>221 TBI Patients on Anticoagulation (AC)</p> <p>Re-stratified to Modified BIG Protocol Excluding AC as a Criterion</p> <p>BIG1 = 23%</p> <p>BIG2 = 29%</p> <p>BIG3 = 48%</p>	<p>BIG3 Compared to BIG1/2</p> <p>AC Reversal ↑</p> <p>ICH Progression ↓</p> <p>15x Odds of Mortality ↓</p> <p>BIG1 & BIG2</p> <p>NO Neurosurgical Interventions</p> <p>NO ICH Related Deaths</p>	<p>Conclusions</p> <p>Modified BIG Protocol Offers Safe Opportunities to Reduce Healthcare Resource Utilization</p> <p>Neurosurgical Consultation ↓</p> <p>Repeat Imaging ↓</p> <p>ICU Admission ↓</p> <p>Interfacility Transfers ↓</p>
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Krzyzaniak A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004171
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MODIFIED BRAIN INJURY GUIDELINE FOR PRE-INJURY ANTICOAGULATION IN TRAUMATIC BRAIN INJURY: AN OPPORTUNITY TO REDUCE HEALTHCARE RESOURCE UTILIZATION
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/MODIFIED_BRAIN_INJURY_GUIDELINES_FOR_PREINJURY.9.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/modified_brain_injury_guidelines_for_preinjury.9.aspx)

A Comparative Analysis of Tranexamic Acid Dosing Strategies in Traumatic Major Hemorrhage

<p>Objective</p> <p>Compare clinical outcomes in patients with traumatic major hemorrhage who received different TXA dosing regimens</p>	<p>Dosing Regimens</p> <p>1g Bolus plus 1g Infusion</p> <p>80 Patients</p> <p>1g Single Bolus</p> <p>317 Patients</p> <p>Double Bolus (1g + 1g)</p> <p>128 Patients</p>	<p>Results</p> <p>In multivariate analysis: No increased risk of mortality at 28 days, VTE or MODS in the alternative dosing regimens compared 1g + 1g infusion</p> <p>Conclusion</p> <p>Single or double bolus of TXA is safe, effective and pragmatic alternative to a bolus plus infusion (CRASH-2 protocol)</p>
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Study Design

Sub-analysis of perpetual, single-center observational cohort study from an urban Level 1 UK trauma center

January 2008 and November 2021

Primary outcome: Mortality at 28 days

Davenport R et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004177
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A COMPARATIVE ANALYSIS OF TRANEXAMIC ACID DOSING STRATEGIES IN TRAUMATIC MAJOR HEMORRHAGE
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/A_COMPARATIVE_ANALYSIS_OF_TRANEXAMIC_ACID_DOSING.6.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/a_comparative_analysis_of_tranexamic_acid_dosing.6.aspx)

Critical systolic blood pressure threshold for endovascular aortic occlusion – A multinational analysis to determine when to place a REBOA

<p>14 Countries</p> <p>69 Hospitals</p> <p>848 patients</p>	<p>Risk of death in the first 24 hours</p> <p>60 mm Hg</p> <p>REBOA</p> <p>RR 1.5 (0.95-1.92)</p>
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Determine the impact of SBP pre-REBOA on the probability of death in the first 24 hours

ABO-Trauma Registry AAST-AORTA Registry

SBP 60 – 80 mm Hg may be a useful tool in resuscitation efforts before decompensation or cardiovascular collapse

Ordoñez CA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004160
@JTraumaAcuteSurg

CRITICAL SYSTOLIC BLOOD PRESSURE THRESHOLD FOR ENDOVASCULAR AORTIC OCCLUSION: A MULTINATIONAL ANALYSIS TO DETERMINE WHEN TO PLACE A REBOA
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/CRITICAL_SYSTOLIC_BLOOD_PRESSURE_THRESHOLD_FOR.10.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/critical_systolic_blood_pressure_threshold_for.10.aspx)

Evaluation of Hemostatic Devices in a Randomized Porcine Model of Junctional Hemorrhage and 72-Hour Prolonged Field Care

How long can current approved hemostatic dressings maintain hemostasis in a multi-day prolonged field care setting?

QuikClot Combat Gauze and XSTAT30 were compared in a porcine model of subclavian hemorrhage

Both devices maintain hemostasis for 72-hours when used as directed without deleterious effects from prolonged dwell time

Morgan CG et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004164

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EVALUATION OF HEMOSTATIC DEVICES IN A RANDOMIZED PORCINE MODEL OF JUNCTIONAL HEMORRHAGE AND 72-HOUR PROLONGED FIELD CARE
 HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/EVALUATION_OF_HEMOSTATIC_DEVICES_IN_A_RANDOMIZED.11.ASPX

Internal and external validation of an updated ICD-10-CA to AIS-2005 Update 2008 algorithm

Internal validation: 41,793 injured patients from trauma registry

External validation: 130,542 patients from population-based administrative data

AIS and ISS derived using novel ICD-10-CA to AIS algorithm

Compared with expert assigned scores

Algorithm determined ISS consistent with expert assigned ISS (ICC 0.80)

High discriminative ability in external validation cohort

Supports use of AIS and ISS as elements of risk-adjusted models for patients treated outside of trauma centers

Tillmann BW et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004052

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INTERNAL AND EXTERNAL VALIDATION OF AN UPDATED ICD-10-CA TO AIS-2005 ALGORITHM
 HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/INTERNAL_AND_EXTERNAL_VALIDATION_OF_AN_UPDATED.16.ASPX

Creatinine Clearance Predicts the Goal Enoxaparin Dose in Traumatic Brain Injury

TBI patients admitted >48 hours
Initiation of enoxaparin 30mg q12 hours

Dose adjusted to goal anti-Xa trough level

Goal enoxaparin dose correlated with creatinine clearance and weight

Creatinine clearance predicts goal enoxaparin dose better than weight

Pearsons correlation coefficient 0.484 vs 0.411

Park G et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004059

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CREATININE CLEARANCE PREDICTS THE GOAL ENOXAPARIN DOSE IN TRAUMATIC BRAIN INJURY
 HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/CREATININE_CLEARANCE_PREDICTS_THE_GOAL_ENOXAPARIN.13.ASPX

Comparison of major abdominal emergency surgery outcomes across organisational models of emergency surgical care: analysis of the UK NELA national database

Data obtained from the UK National Emergency Laparotomy Audit database

115,509 patients from 175 hospitals in England and Wales

Patients dichotomised into Emergency General Surgery Hospital vs Non - Emergency General Surgery Hospital

Propensity Score Weighting

In-hospital mortality similar in the 2 hospital models (10.8% vs 11.1%, p=0.094)

No significant association between the emergency surgery hospital model of care and in-hospital mortality in emergency laparotomy patients was seen.

Anand E et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004056

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COMPARISON OF MAJOR ABDOMINAL EMERGENCY SURGERY OUTCOMES ACROSS ORGANISATIONAL MODELS OF EMERGENCY SURGICAL CARE: ANALYSIS OF THE UK NELA NATIONAL DATABASE
 HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/COMPARISON_OF_MAJOR ABDOMINAL EMERGENCY SURGERY.17.ASPX

Rapid Clearing CT-001 Restored Hemostasis in Mice with Coagulopathy Induced by Activated Protein C

CT-001 is a novel factor VIIa (FVIIa) with:

- enhanced pro-hemostatic activity
- rapid clearing property

WT FVIIa Treatment		CT-001 Treatment	
Tail Injury	Survival in Thrombosis Model	Tail Injury	Survival in Thrombosis Model
High Bleeding	Low Survival	Low Bleeding	High Survival
30% survival		89% survival	

CT-001 could potentially be a safe and effective pro-coagulant agent for addressing coagulopathic bleeding

Sim DS et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004079

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RAPID CLEARING CT-001 RESTORED HEMOSTASIS IN MICE WITH COAGULOPATHY INDUCED BY ACTIVATED PROTEIN C
 HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/RAPID_CLEARING_CT_001_RESTORED_HEMOSTASIS_IN_MICE.14.ASPX

Pseudo-Dilemma: Are We Over-Diagnosing and Over-Treating Traumatic Splenic Intraparenchymal Pseudoaneurysms?

Out of 255 individuals undergoing angio +/- embo after blunt splenic injury, 116 (45.5%) had PSA on admission CT and 51 (20%) had PSA on follow-up CT

231 (90.6%) underwent embolization during admission

~ Persistently perfused PSAs NOT undergoing embo did NOT experience splenic rupture*

Close to half (43.4%) of PSAs remained perfused on repeat CT despite embolization

Select PSAs have a more benign course than previously believed, for which embolization can be safely avoided

Radding S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004117

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A PSEUDO-DILEMMA: ARE WE OVER-DIAGNOSING AND OVER-TREATING TRAUMATIC SPLENIC INTRAPARENCHYMAL PSEUDOANEURYSMS?
 HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/A_PSEUDO_DILEMMA_ARE_WE_OVER_DIAGNOSING_AND.18.ASPX

High PEEP ventilation mitigates development of ARDS after pulmonary contusion

pulmonary contusion (10 kg)

mechanical ventilation (24 h)

ARDSnet lower PEEP

ARDSnet higher PEEP

Open Lung Concept

outcome

ARDS, AKI, MOF, SIRS, Sepsis, Death

Landeck T et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004077

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HIGH POSITIVE END-EXPIRATORY PRESSURE VENTILATION MITIGATES THE PROGRESSION FROM UNILATERAL PULMONARY CONTUSION TO ARDS. AN ANIMAL STUDY
 HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/HIGH_POSITIVE_END-EXPIRATORY_PRESSURE_VENTILATION.15.ASPX

Acute respiratory distress syndrome, acute kidney injury, and mortality after trauma are associated with increased circulation of syndecan-1, soluble thrombomodulin, and receptor for advanced glycation end products

Secondary analysis of PROPPR trial

Platelets : Plasma : RBC

1:1:1 vs 1:1:2

Measure syndecan-1 (SDC), soluble thrombomodulin (STM), receptor for advanced glycation end products (RAGE) over time

ARDS, AKI, MOF, SIRS, Sepsis, Death

Dixon A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004096

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ARDS, AKI, AND MORTALITY AFTER TRAUMA ARE ASSOCIATED WITH INCREASED CIRCULATION OF SYNDECAN-1, SOLUBLE THROMBOMODULIN, AND RECEPTOR FOR ADVANCED GLYCATION END PRODUCTS
 HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/ACUTE_RESPIRATORY_DISTRESS_SYNDROME_ACUTE_KIDNEY.19.ASPX

What are the differences between the three most used classifications for acute colonic diverticulitis? A comparative multicenter study

Acute left-sided colonic diverticulitis

Modified Hinchey, AAST, and WSES classifications compared

Multicenter Study

597 patients

REGRESSION ANALYSIS + ROC CURVE ANALYSIS

Need for intervention
Complications
Major complications (Clavien-Dindo >2)
Reintervention
Hospital length of stay
Mortality

Increasing AAST, modified Hinchey, and WSES grades

Need for intervention
AUC= 0.84 AAST AUC = 0.81 modified Hinchey

Major complications
AUC= 0.75 modified Hinchey AUC = 0.70 WSES

Mortality, complications, and reintervention rates
No difference

Tartaglia D et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004133
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WHAT ARE THE DIFFERENCES BETWEEN THE THREE MOST USED CLASSIFICATIONS FOR ACUTE COLONIC DIVERTICULITIS? A COMPARATIVE MULTICENTER STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/WHAT_ARE_THE_DIFFERENCES_BETWEEN_THE_THREE_MOST.20.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/what_are_the_differences_between_the_three_most.20.aspx)

Veno-venous Extracorporeal Membrane Oxygenation in Patients with Traumatic Brain Injuries and Severe Respiratory Failure: A Single-Center Retrospective Analysis

Veno-venous extracorporeal membrane oxygenation (VV ECMO) may be beneficial in certain trauma patients with severe respiratory failure and traumatic brain injury (TBI)

72% survival to hospital discharge of trauma patients with TBI who were placed on VV ECMO

Survivors had good functional neurologic outcomes at discharge and outpatient follow-up

VV ECMO can be considered in select patients with TBI

Austin SE et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004159
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VENO-VENOUS EXTRACORPOREAL MEMBRANE OXYGENATION IN PATIENTS WITH TRAUMATIC BRAIN INJURIES AND SEVERE RESPIRATORY FAILURE: A SINGLE-CENTER RETROSPECTIVE ANALYSIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/VENO-VENOUS-EXTRACORPOREAL-MEMBRANE-OXYGENATION-IN.21.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/veno-venous-extracorporeal-membrane-oxygenation-in.21.aspx)

What Medical-Legal Partnerships can do for Trauma Patients and Trauma Care

Pre-existing social determinants of health affect risk of trauma and recovery from injury.

Medical-Legal Partnerships address health-harming legal needs.

Potential benefits

Reduce readmissions

Improve care utilization

decrease patient stress

housing employment debt benefits

Kaufman EI et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004167
@JTraumaAcuteSurg

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WHAT MEDICAL-LEGAL PARTNERSHIPS CAN DO FOR TRAUMA PATIENTS AND TRAUMA CARE

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/WHAT_MEDICAL_LEGAL_PARTNERSHIPS_CAN_DO_FOR_TRAUMA.22.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/what_medical_legal_partnerships_can_do_for_trauma.22.aspx)

WHAT YOU NEED TO KNOW COLLECTION

TRAUMA-INDUCED COAGULOPATHY: WHAT YOU NEED TO KNOW

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ECMO IN TRAUMA CARE: WHAT YOU NEED TO KNOW

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NO VISUAL ABSTRACT PROVIDED

EXTREMITY VASCULAR INJURY: A WESTERN TRAUMA ASSOCIATION CRITICAL DECISIONS ALGORITHM

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SURVIVOR'S REMORSE

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LETTER TO THE EDITOR

AORTIC BALLOON OCCLUSION FOR PLACENTA ACCRETA SPECTRUM SURGERY: IS DISTAL BETTER THAN PROXIMAL?

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/02000/AORTIC-BALLOON-OCCLUSION-FOR-PLACENTA-ACCRETA.24.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/02000/aortic-balloon-occlusion-for-placenta-accreta.24.aspx)

LETTER TO THE EDITOR REPLY

REPLY TO "AORTIC BALLOON OCCLUSION FOR PLACENTA ACCRETA SPECTRUM SURGERY: IS DISTAL BETTER THAN PROXIMAL?"

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LETTER TO THE EDITOR

REBOA FOR PLACENTA ACCRETA: AN ARTERIAL LINE MAY BE ENOUGH

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LETTER TO THE EDITOR REPLY

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LETTER TO THE EDITOR

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

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LETTER TO THE EDITOR REPLY

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

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