



# JTACS MARCH TABLE OF CONTENTS

## 'BEST OF' MARCH ARTICLES

BEST OF TRAUMA ARTICLE

### Surgeon Performed Intraoperative Ultrasound




<p><b>Patients with Confirmed Pancreatic Injuries:</b> 74 IOUS exams</p> 	<p><b>Test Sensitivities for Main Duct Injuries:</b></p> <p>CT = 58% MRCP = 71% IOUS = 98%</p> 	<p><b>IOUS Conclusions for Detecting Main Duct Injuries:</b></p> <p>Highly sensitive Highly specific Simple to learn technique Readily available</p>
--	--	--

Ball CG et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004107  
@JTraumaAcuteSurg

**SHOULD SURGEON-PERFORMED INTRAOPERATIVE ULTRASOUND BE THE PREFERRED TEST FOR DETECTING MAIN PANCREATIC DUCT INJURIES IN OPERATIVE TRAUMA CASES?**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/SHOULD\\_SURGEON\\_PERFORMED\\_INTRAOPERATIVE\\_ULTRASOUND.15.ASPX?CONTEXT=FEATUREARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/03000/should_surgeon_performed_intraoperative_ultrasound.15.aspx?context=featurearticles&collectionid=5)

### Increased Platelet Mitochondrial Function Correlates with Clot Strength in a Rodent Fracture Model

<p>Orthopedic Injury Causes Hypercoagulability</p> 	<p>Mitochondrial Respirometry Reflects Platelet Health</p> 	<p>Basal Respiration Increases After Trauma &amp; Correlates with Clot Strength</p> 
---	--	---

Littlejohn JB et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004204  
@JTraumaAcuteSurg

**INCREASED PLATELET MITOCHONDRIAL FUNCTION CORRELATES WITH CLOT STRENGTH IN A RODENT FRACTURE MODEL**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/INCREASED\\_PLATELET\\_MITOCHONDRIAL\\_FUNCTION.5.ASPX?CONTEXT=FEATUREARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/03000/increased_platelet_mitochondrial_function.5.aspx?context=featurearticles&collectionid=5)

SCAN HERE TO VIEW A VIDEO OVERVIEW OF THE ARTICLE

<https://qr.page/g/3fvnyQotxyd>



BEST OF BASIC SCIENCES ARTICLE

BEST OF SCC ARTICLE

### Eliminating the Benzos: A Benzodiazepine-Sparing Approach to Preventing and Treating Alcohol Withdrawal Syndrome

<p>Review of trauma inpatients at risk for Alcohol Withdrawal Syndrome 2018-2020</p> <p>Before and after 2019 implementation of benzodiazepine-sparing (BS) protocol</p> <p>Prior to 2019, symptoms-triggered benzodiazepine treatment (n=387) BS protocol (n=135)</p>	<p>BS pathway lower maximum daily CIWA-Ar (p=0.03)</p> <p>Lower mean lorazepam equivalents/day (p&lt;0.01)</p>	<p>Less withdrawal on assessment</p> <p>Decreased benzodiazepine dosing</p> <p>Benzodiazepine-sparing protocol = Safe and effective prophylaxis and treatment</p>
--	--	---

Nunn A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004188  
@JTraumaAcuteSurg

**ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/ELIMINATING\\_THE\\_BENZOS\\_A\\_BENZODIAZEPINE\\_SPARING.7.ASPX?CONTEXT=FEATUREARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/03000/eliminating_the_benzos_a_benzodiazepine_sparing.7.aspx?context=featurearticles&collectionid=5)

### A core outcome set for appendicitis: A consensus approach utilizing modified Delphi methodology

<p><b>Background</b></p> <p>Appendicitis has estimated rate of 370,000 new cases/yr</p> <p>Literature fraught with outcome heterogeneity, especially with operative vs nonoperative management</p> <p>Need for COS to standardize outcomes for future pooled research</p>	<p><b>Methods</b></p> <p>Modified Delphi analysis with an international group of 16 content experts</p> <p>Three rounds via email. Each round, outcomes ranked and a priori consensus using &gt;70% Likert score 7-9 and &lt;15% Likert score 1-3</p>	<p><b>Results</b></p> <p>17 Core Outcomes</p> <p>Initial presentation outcomes: Failure rate of non-operative management, Need for additional procedures, Interval or recurrence related appendectomy, Disease Recurrence, Death (inpatient, Postoperative/pancreatitis, Surgical complications, Sepsis/SS/TSS/IA, Including abscess, Wound dehiscence/including hernia, Negative appendectomy rate)</p> <p>30 day ID presentation: Readmission: any, Reoperation: any, Return to hospital: any, Return to work/school/Full function)</p> <p>Minimum set of outcomes to be reported in future studies</p>
---	---	---

Butts CA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004144  
@JTraumaAcuteSurg

**A CORE OUTCOME SET FOR APPENDICITIS: A CONSENSUS APPROACH UTILIZING MODIFIED DELPHI METHODOLOGY**

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/A\\_CORE\\_OUTCOME\\_SET\\_FOR\\_APPENDICITIS\\_A\\_CONSENSUS.20.ASPX?CONTEXT=FEATUREARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/03000/a_core_outcome_set_for_appendicitis_a_consensus.20.aspx?context=featurearticles&collectionid=5)

SCAN HERE TO VIEW A VIDEO OVERVIEW OF THE ARTICLE

<https://qr.page/g/3bqhBFQxCS>



BEST OF EGGS ARTICLE

### Pilot Study of Platelet Extracellular Vesicles as a Therapeutic Agent in Hemorrhagic Shock in Rats

**21 RATS INCLUDED**  
all received a massive liver injury to produce uncontrolled hemorrhage

- 11 control received 2mL lactated ringers
- 10 experimental received 2 mL platelet extracellular vesicles (PEVs)

Rats who received PEVs had:

- Decreased mortality
- Increased mean arterial pressure (MAP)
- Decreased lactate
- Increased pH and base excess
- No difference in blood loss

PEVs may provide survival benefit in uncontrolled hemorrhage model despite unchanged blood loss, indicating an effect beyond hemostasis alone

Durbin S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004210  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**PILOT STUDY OF PLATELET EXTRACELLULAR VESICLES AS A THERAPEUTIC AGENT IN HEMORRHAGIC SHOCK IN RATS**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/PILOT\\_STUDY\\_OF\\_FROZEN\\_PLATELET\\_EXTRACELLULAR.3.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/pilot_study_of_frozen_platelet_extracellular.3.aspx)

### Eliminating the Benzos: A Benzodiazepine-Sparing Approach to Preventing and Treating Alcohol Withdrawal Syndrome

Review of trauma inpatients at risk for Alcohol Withdrawal Syndrome 2018-2020

Before and after 2019 implementation of benzodiazepine-sparing (BS) protocol

Prior to 2019, symptoms-triggered benzodiazepine treatment (n=37)  
BS protocol (n=135)

BS pathway lower maximum daily CIWA-Ar (p=0.03)

Lower mean lorazepam equivalents/day (p<0.01)

Less withdrawal on assessment

Decreased benzodiazepine dosing

Benzodiazepine-sparing protocol = Safe and effective prophylaxis and treatment

Nunn A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004188  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**ELIMINATING THE BENZOS: A BENZODIAZEPINE-SPARING APPROACH TO PREVENTING AND TREATING ALCOHOL WITHDRAWAL SYNDROME**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/ELIMINATING\\_THE\\_BENZOS\\_A\\_BENZODIAZEPINE-SPARING.7.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/eliminating_the_benzos_a_benzodiazepine_sparing.7.aspx)

### A Heterogenous Population of Extracellular Vesicles Mobilize to the Alveoli Post-Injury

Extracellular Vesicles (EVs) play an important role in cell-cell communication

EVs mediate acute lung injury (ALI) but the population of EVs recruited to the alveoli post-trauma is unknown

Hypothesis: A heterogenous population of EVs from multiple cellular sources mobilize to the lung alveoli post-injury

Bronchoalveolar lavage (BAL) fluid was collected in an animal model of severe burn and from patients following injury

Vesicle flow cytometry was performed to determine the cellular source of EVs

EVs released from myeloid cells, epithelial cells, and endothelial cells were identified in BAL

Defining EV release after injury will be critical in identifying therapeutic targets to limit post-injury ALI

Costantini TW et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004176  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**A HETEROGENOUS POPULATION OF EXTRACELLULAR VESICLES MOBILIZE TO THE ALVEOLI POST-INJURY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/A\\_HETEROGENOUS\\_POPULATION\\_OF\\_EXTRACELLULAR.4.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/a_heterogenous_population_of_extracellular.4.aspx)

### The Interaction Between Geriatric & Neighborhood Vulnerability: Delineating Pre-Hospital Risk Among Older Adult Emergency General Surgery Patients

2016-2021 Florida State Inpatient Database

Older Adults (≥ 65 years) hospitalized with AAST-defined EGS conditions

Latent Variable Models (LVM) defined "Geriatric Vulnerability"

Worse outcomes given:

- LVM: Geriatric Vulnerability
- Age
- Frailty
- Multimorbidity

Prior Indices: Neighborhood Vulnerability

- Area Deprivation Index
- Social Vulnerability Index
- subthemes: e.g. access to transit

How do these factors interact? Risk of geriatric vulnerability more than doubled

Least vulnerable neighborhood: 6.32x risk of death (95%CI: 4.49-8.89)

Most vulnerable neighborhood: 15.12x risk of death (95%CI: 12.57-18.19)

Four times as high among racial/ethnic minority patients (11.53x vs 40.67x)

More Aged, More Frail, More Sick

Zogg CK et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004191  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**THE INTERACTION BETWEEN GERIATRIC & NEIGHBORHOOD VULNERABILITY: DELINEATING PRE-HOSPITAL RISK AMONG OLDER ADULT EMERGENCY GENERAL SURGERY PATIENTS**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/THE\\_INTERACTION\\_BETWEEN\\_GERIATRIC\\_AND\\_NEIGHBORHOOD.8.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/the_interaction_between_geriatric_and_neighborhood.8.aspx)

### Increased Platelet Mitochondrial Function Correlates with Clot Strength in a Rodent Fracture Model

Orthopedic Injury Causes Hypercoagulability

Mitochondrial Respirometry Reflects Platelet Health

Basal Respiration Increases After Trauma & Correlates With Clot Strength

Littlejohn JB et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004204  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**INCREASED PLATELET MITOCHONDRIAL FUNCTION CORRELATES WITH CLOT STRENGTH IN A RODENT FRACTURE MODEL**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/INCREASED\\_PLATELET\\_MITOCHONDRIAL\\_FUNCTION.5.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/increased_platelet_mitochondrial_function.5.aspx)

### Implementation Outcomes of Tele-Triage Pathway System for Burn Center Referrals

**PROBLEM**  
High call volumes, limited resources at burn centers

Tele-Triage Pathways for Acute Burns

- Photos, history, educational support via triage RN
- RN-driven acuity assessment, on-call Burn MD support
- Rapid coordination of outpatient follow up or transfer based on acuity

**IMPLEMENTATION EVALUATION**  
Does tele-triage reduce burden to on-call MD and triage patients appropriately?

System update, Accurate triage, MD workload reduction

**UPTAKE**  
>98% Triage'd via pathways within first year

**TASK-SHIFTING**  
40 Fewer ave calls/month to MD

**ACCURACY**  
>84% of lower acuity patients triaged to clinic  
>87% of higher acuity patients triaged to transfer

Agouli LL et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004202  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**IMPLEMENTATION EVALUATION OF TIERED TELE-TRIAGE PATHWAYS FOR BURN CENTER CONSULTATIONS AND TRANSFERS**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/IMPLEMENTATION\\_EVALUATION\\_OF\\_TIERED\\_TELE-TRIAGE.9.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/implementation_evaluation_of_tiered_tele_triage.9.aspx)

### Dimethyl Malonate Protects the Lung in a Murine Model of Acute Respiratory Distress Syndrome (ARDS)

ARDS remains a major clinical problem

Mice given ARDS with 67.7 ug intra-tracheal LPS and treated with DMM or sham daily for 3 days

Dimethyl Malonate (DMM) is a reversible inhibitor of succinate dehydrogenase, and prevents accumulation of succinate

DMM treated had decreased bronchoalveolar lavage inflammatory cell influx, Interleukin-6, protein leak, and preserved endothelial glycocalyx

DMM may be a novel therapy to prevent and treat ARDS

Taghavi, S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004184  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**DIMETHYL MALONATE PROTECTS THE LUNG IN A MURINE MODEL OF ACUTE RESPIRATORY DISTRESS SYNDROME**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/DIMETHYL\\_MALONATE\\_PROTECTS\\_THE\\_LUNG\\_IN\\_A\\_MURINE.6.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/dimethyl_malonate_protects_the_lung_in_a_murine.6.aspx)

### Is Non-operative Management of Appendicitis Inferior in the COVID-19 Era?

Retrospective review of national database for adult patients with acute appendicitis during the COVID-19 pandemic

Stratified by COVID-19 status:

- Negative (n=34,866)
- Active (n=2,540)
- Recovered (n=460<sup>a</sup>)

Results

Non-operative management:

- ↑ mortality & readmission for COVID-negative & COVID-active (vs. operative counterparts)
- No difference in mortality for COVID-recovered.

Operative management:

- No difference in mortality between COVID groups.

Conclusions

- 1) Non-operative management of appendicitis carried higher risk of mortality during the COVID-19 era.
- 2) A positive COVID-19 test or history of recent COVID-19 should not exclude patients from undergoing appendectomy for appendicitis.

Grimsley EA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004205  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**IS NON-OPERATIVE MANAGEMENT OF APPENDICITIS INFERIOR IN THE COVID-19 ERA?**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/IS\\_NONOPERATIVE\\_MANAGEMENT\\_OF\\_APPENDICITIS.10.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/is_nonoperative_management_of_appendicitis.10.aspx)

### Surgical Apgar Scores Predict Complications after Emergency General Surgery Laparotomy

**Surgical Apgar Score**  
10-point scale, 3 metrics:  
1) Blood loss  
2) Lowest heart rate  
3) Lowest blood pressure

**EGS laparotomy within 6 hours (N=482)**  
Surgical Apgar Score  $\leq 4$   
Septic shock, respiratory failure, mortality

**Surgical Apgar Score accurately predicts postoperative complications**

**Useful & simple tool for...**  
1) Patient handoff  
2) Postoperative disposition  
3) Hospital resource allocation

Tracy BM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004189  
@JTraumaAcuteSurg

**SURGICAL APGAR SCORES PREDICT COMPLICATIONS AFTER EMERGENCY GENERAL SURGERY LAPAROTOMY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/SURGICAL\\_APGAR\\_SCORES\\_PREDICT\\_COMPLICATIONS\\_AFTER.11.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/surgical_apgar_scores_predict_complications_after.11.aspx)

### Surgeon Performed Intraoperative Ultrasound

**Patients with Confirmed Pancreatic Injuries: 74 IOUS exams**

**Test Sensitivities for Main Duct Injuries:**  
CT = 58%  
MRCP = 71%  
IOUS = 98%

**IOUS Conclusions for Detecting Main Duct Injuries:**  
Highly sensitive  
Highly specific  
Simple to learn technique  
Readily available

Ball CG et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004107  
@JTraumaAcuteSurg

**SHOULD SURGEON-PERFORMED INTRAOPERATIVE ULTRASOUND BE THE PREFERRED TEST FOR DETECTING MAIN PANCREATIC DUCT INJURIES IN OPERATIVE TRAUMA CASES?**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/SHOULD\\_SURGEON\\_PERFORMED\\_INTRAOPERATIVE\\_ULTRASOUND.15.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/should_surgeon_performed_intraoperative_ultrasound.15.aspx)

### It's Not All Black and White: The Effect of Increasing Severity of Frailty on Outcomes of Geriatric Trauma Patients

Geriatric (>65 years) Trauma Patients (N=1,321)

Every 0.1 increase in TSFI  $\rightarrow$  Index Admission

**Conclusion**  
• Frailty should be considered as a spectrum of increasing vulnerability.  
• Frailty scoring can help in prognostication, patient care discussions, and developing care guidelines.

Bellal J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004217  
@JTraumaAcuteSurg

**IT'S NOT ALL BLACK AND WHITE: THE EFFECT OF INCREASING SEVERITY OF FRAILTY ON OUTCOMES OF GERIATRIC TRAUMA PATIENTS**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/IT\\_IS\\_NOT\\_ALL\\_BLACK\\_AND\\_WHITE\\_THE\\_EFFECT\\_OF.12.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/it_is_not_all_black_and_white_the_effect_of.12.aspx)

### External validation of novel Revised Intensity Battle Score (RIBS) and comparison of static rib fracture scoring systems

Scoring systems exist to predict complications after rib fractures:  
• Battle Score  
• Revised Intensity Battle Score (RIBS)  
• Chest Trauma Score  
• Rib Fracture Score

External validation of RIBS  
Head-to-head comparison

RIBS is successfully validated in an external dataset.  
RIBS outperforms other rib fracture scoring systems at predicting in-hospital complications.

There is no agreed upon gold standard

Buchholz C et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004199  
@JTraumaAcuteSurg

**EXTERNAL VALIDATION OF NOVEL REVISED INTENSITY BATTLE SCORE (RIBS) AND COMPARISON OF STATIC RIB FRACTURE SCORING SYSTEMS**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/EXTERNAL\\_VALIDATION\\_OF\\_NOVEL\\_REVISED\\_INTENSITY.16.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/external_validation_of_novel_revised_intensity.16.aspx)

### TIME OUT: Time-specific Machine-learning Evaluation to Optimize Ultra-massive Transfusion

Busy, urban Level I center  
Traumatic mechanism  
Received ultra-massive transfusion (UMT)  
UMT  $\geq 20$  units of red blood cell product in 24hrs  
N = 180 patients

Obtained time-specific data on patient demographics, injury characteristics, lab values, vital signs, products transfused, operative interventions and clinical outcomes  
37,802 temporal observations  
Developed, trained and validated time-specific decision tree models  
Primary Outcome: 48hr mortality

Machine learning models can successfully predict mortality with 59-81% accuracy  
Decision of "when to stop" in DAM resuscitation is not based exclusively on the number of units transfused...  
...but rather on the complex integration of patient and time-specific factors

Meyer GH et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004187  
@JTraumaAcuteSurg

**TIME OUT: TIME-SPECIFIC MACHINE-LEARNING EVALUATION TO OPTIMIZE ULTRA-MASSIVE TRANSFUSION**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/TIME\\_OUT\\_TIME\\_SPECIFIC\\_MACHINE\\_LEARNING.13.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/time_out_time_specific_machine_learning.13.aspx)

### Hardware failure for anterior chest wall and costal cartilage injuries: a single-center experience

Hardware failure is 3% as per prior multi-center CWIS study for ALL fracture locations

43 patients  
144 plates on costal cartilage

Hardware failure observed in 3/144 plates  
2.1%

Minimal evidence when applied specifically to costal cartilage  
Average follow-up: Chest X-Ray – 164 days  
Chest CT – 184 days

SSRF at single institution with relatively low rate of hardware failure

DeVoe WB et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004150  
@JTraumaAcuteSurg

**HARDWARE FAILURE FOR ANTERIOR CHEST WALL AND COSTAL CARTILAGE INJURIES: A SINGLE-CENTER EXPERIENCE**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/HARDWARE\\_FAILURE\\_FOR\\_ANTERIOR\\_CHEST\\_WALL\\_AND.17.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/hardware_failure_for_anterior_chest_wall_and.17.aspx)

### Surgeon Views on Firearm Safety Counseling in Clinical Practice: A Cross-sectional Survey

**Background**  
• Physicians have struggled to incorporate firearm safety counseling into clinical practice  
• Current rates of counseling by surgeons are unknown

**Methods**  
• Cross sectional survey  
• Surgeons and surgical trainees  
• Administered at the 2022 ACS Clinical Congress

**Research Question**  
What percent of surgeons counsel their patients on firearm safety and what barriers do they face to counseling?

**Results**  
38% counsel patients on firearm safety  
74% counseled < 25% of their patients  
Most Common Barriers: Time, Training

**Conclusion**  
• While a majority of surgeons believe surgeons should provide firearm safety counseling to their patients, most do not provide it themselves.  
• These data suggest that firearm safety interventions that do not rely on surgeons should be developed.

Kirkendall SD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004197  
@JTraumaAcuteSurg

**SURGEON VIEWS ON FIREARM SAFETY COUNSELING IN CLINICAL PRACTICE: A CROSS-SECTIONAL SURVEY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/SURGEON\\_VIEWS\\_ON\\_FIREARM\\_SAFETY\\_COUNSELING\\_IN.14.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/surgeon_views_on_firearm_safety_counseling_in.14.aspx)

### Prostacyclin in trauma patients with hemorrhagic shock – A Randomized Clinical Trial

**METHOD AND COHORT**  
Multicenter RCT  
4 trauma centers in Scandinavia  
229 trauma patients with hemorrhagic shock  
May 24<sup>th</sup> 2019 to August 14<sup>th</sup> 2021

**INTERVENTION**  
72 hours  
Iloprost 1 ng/kg/min  
Placebo (Saline) Equal volume

**OUTCOME**  
Mean ICU-free days alive at 28 days  
Iloprost 15.64  
Placebo 13.99  
p = 0.28  
Mean Hospital length of stay (LOS)  
Iloprost 20  
Placebo 27  
p = 0.01

Johansson PI et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004150  
@JTraumaAcuteSurg

**PROSTACYCLIN IN TRAUMA PATIENTS WITH HEMORRHAGIC SHOCK—A RANDOMIZED CLINICAL TRIAL**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/PROSTACYCLIN\\_IN\\_TRAUMA PATIENTS WITH\\_HEMORRHAGIC.18.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/prostacyclin_in_trauma_patients_with_hemorrhagic.18.aspx)

### Association of Fibrinolysis Phenotype with Patient Outcomes following Traumatic Brain Injury

Durbin S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004122  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

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

Tillmann BW et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004052  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**ASSOCIATION OF FIBRINOLYSIS PHENOTYPE WITH PATIENT OUTCOMES FOLLOWING TRAUMATIC BRAIN INJURY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/ASSOCIATION\\_OF\\_FIBRINOLYSIS\\_PHENOTYPE\\_WITH\\_PATIENT.19.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/association_of_fibrinolysis_phenotype_with_patient.19.aspx)

**AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA (AASST) / AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA (ACS-COT): CLINICAL PROTOCOL FOR DAMAGE CONTROL RESUSCITATION FOR THE ADULT TRAUMA PATIENT**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/AMERICAN\\_ASSOCIATION\\_FOR\\_THE\\_SURGERY\\_OF.23.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/american_association_for_the_surgery_of_trauma.23.aspx)

### A core outcome set for appendicitis: A consensus approach utilizing modified Delphi methodology

Butts CA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004144  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

WHAT YOU NEED TO KNOW  
**THE INTERSECTION OF COAGULATION ACTIVATION AND INFLAMMATION AFTER INJURY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/THE\\_INTERSECTION\\_OF\\_COAGULATION\\_ACTIVATION\\_AND.1.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/the_intersection_of_coagulation_activation_and.1.aspx)

WHAT YOU NEED TO KNOW  
**SURGICAL MANAGEMENT OF SMALL BOWEL OBSTRUCTION**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/SURGICAL\\_MANAGEMENT\\_OF\\_SMALL\\_BOWEL\\_OBSTRUCTION.2.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/surgical_management_of_small_bowel_obstruction.2.aspx)

LETTER TO EDITOR  
**IMAGING IN HOLLOW VISCUS INJURY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/LETTER\\_TO\\_EDITOR\\_IMAGING\\_FOR\\_HOLLOW\\_VISCUS\\_INJURY.24.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/letter_to_editor_imaging_for_hollow_viscus_injury.24.aspx)

**ARTIFICIAL INTELLIGENCE MAY HELP DECISION-MAKING FOR WITHDRAWAL OF LIFE SUPPORTING TREATMENT AMONG THE INJURED ELDERLY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/ARTIFICIAL\\_INTELLIGENCE\\_MAY\\_HELP\\_DECISION\\_MAKING.25.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/artificial_intelligence_may_help_decision_making.25.aspx)

LETTER TO THE EDITOR  
**TIME TO RECONSIDER THE USE OF SIPA IN YOUNG CHILDREN: MOUNTING EVIDENCE SUGGESTS ALTERNATIVE SHOCK INDICES MORE ACCURATELY TRIAGE INJURED CHILDREN**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/LETTER\\_TO\\_THE\\_EDITOR\\_TIME\\_TO\\_RECONSIDER\\_THE\\_USE.26.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/letter_to_the_editor_time_to_reconsider_the_use.26.aspx)

**DIAGNOSTIC PERITONEAL LAVAGE IS DEAD. LONG LIVE DIAGNOSTIC PERITONEAL ASPIRATION**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/DIAGNOSTIC\\_PERITONEAL\\_LAVAGE\\_IS\\_DEAD\\_LONG\\_LIVE.27.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/diagnostic_peritoneal_lavage_is_dead_long_live.27.aspx)

LETTER TO THE EDITOR  
**POINTS TO CONSIDER REGARDING CRYSTALLOID VOLUME AND SHORT-TERM OUTCOME IN CHILDREN WITH SEVERE TRAUMATIC BRAIN INJURY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/LETTER\\_TO\\_THE\\_EDITOR\\_POINTS\\_TO\\_CONSIDER\\_REGARDING.28.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/letter_to_the_editor_points_to_consider_regarding.28.aspx)

AUTHORS' REPLY  
**HOW MUCH IS TOO MUCH CRYSTALLOID? BUILDING A FOUNDATION FOR THE STUDY OF OPTIMAL RESUSCITATION PRACTICES IN PEDIATRIC TRAUMA PATIENTS WITH SEVERE TRAUMATIC BRAIN INJURY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/HOW\\_MUCH\\_IS\\_TOO\\_MUCH\\_CRYSTALLOID\\_BUILDING\\_A.29.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/how_much_is_too_much_crystalloid_building_a.29.aspx)

### Comparison of Phenobarbital Monotherapy to a Benzodiazepine-based Regimen for Management of Alcohol Withdrawal Syndrome in Trauma Patients

Fleener LM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004116  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**COMPARISON OF PHENOBARBITAL MONOTHERAPY TO A BENZODIAZEPINE-BASED REGIMEN FOR MANAGEMENT OF ALCOHOL WITHDRAWAL SYNDROME IN TRAUMA PATIENTS**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/COMPARISON\\_OF\\_PHENOBARBITAL\\_MONOTHERAPY\\_TO\\_A.21.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/comparison_of_phenobarbital_monotherapy_to_a.21.aspx)

### Vascular access complications associated with the use of Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) in adult trauma patients: A systematic review and meta-analysis.

Shum-Tim L et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004109  
@JTraumaAcuteSurg

The Journal of Trauma and Acute Care Surgery

**VASCULAR ACCESS COMPLICATIONS ASSOCIATED WITH RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA IN ADULT TRAUMA PATIENTS: A SYSTEMATIC REVIEW AND META-ANALYSIS**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/03000/VASCULAR\\_ACCESS\\_COMPLICATIONS\\_ASSOCIATED\\_WITH.22.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/03000/vascular_access_complications_associated_with.22.aspx)