

# JTACS APRIL TABLE OF CONTENTS


## 'BEST OF' APRIL ARTICLES

BEST OF TRAUMA ARTICLE

### Endotheliopathy of Trauma in Children The Association of Syndecan-1 with Injury and Poor Outcomes


- Prospective single-center observational study of highest-level pediatric trauma activations
- Collection of syndecan-1 levels at 0 and 24 hours admission
- Comparison of injured and uninjured cohorts

**Trauma → Endotheliopathy**  
Syndecan-1 levels significantly higher in injured vs uninjured children



44 (21-75) ng/mL  
25 (17-42) ng/mL

**Endotheliopathy + Outcome**  
Syndecan-1 associated with death and need for transfusion



**Shock → Endotheliopathy**  
Admission base deficit strongly positively correlates with syndecan-1 levels in injured children  
 $r = 0.8, p < 0.001$

**? Therapeutic Target ?**  
Transfusion associated with ↓ syndecan-1 levels over time

Morgan KM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004229  
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### ENDOTHELIOPTHY OF TRAUMA IN CHILDREN: THE ASSOCIATION OF SYNDECAN-1 WITH INJURY AND POOR OUTCOMES


[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/ENDOTHELIOPTHY\\_OF\\_TRAUMA\\_IN\\_CHILDREN\\_THE.6.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/04000/endotheliopathy_of_trauma_in_children_the.6.aspx?context=featuredarticles&collectionid=5)




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### Analysis of lipid metabolites derived from gut microbiota in ischemia-reperfusion model

What is the relation between gut microbiota and multiple organ dysfunction?

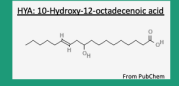


Superior mesenteric artery obstruction model



Evaluation for lipid metabolites derived from gut microbiota in mesenteric lymph

The concentration of HYA, one of postbiotics, was high in mesenteric lymph.



The results may bring a new viewpoint to the research regarding multiple organ dysfunction.

Morishita K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004230  
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### ANALYSIS OF LIPID METABOLITES DERIVED FROM GUT MICROBIOTA IN ISCHEMIA-REPERFUSION MODEL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/ANALYSIS\\_OF\\_LIPID\\_METABOLITES\\_DERIVED\\_FROM\\_GUT.3.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/04000/analysis_of_lipid_metabolites_derived_from_gut_microbiota_in_ischemia-reperfusion_model.3.aspx?context=featuredarticles&collectionid=5)



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BEST OF SCC ARTICLE

### Risk-Stratified Thromboprophylaxis Effects of Aspirin vs Low-Molecular-Weight Heparin in Orthopaedic Trauma Patients

SECONDARY ANALYSIS OF PREVENT CLOT: A PRAGMATIC, RANDOMIZED CONTROLLED TRIAL

**Study Population**  
12,211 adult patients with an orthopaedic injury enrolled at 21 trauma centers

**Risk-Stratified with the Caprini Score for VTE Risk**

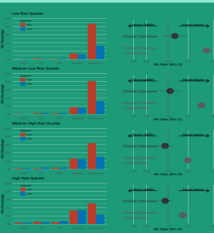
	Low	Medium	High
Age, IQR	26–47	29–55	34–65
Femur, pelvis, acetabulum	2%	40%	69%
Thoracic injury	3%	5%	34%
Spinal injury	<1%	<1%	3%
Head injury	<1%	4%	32%

**Intervention**  
81mg aspirin, twice daily  
vs.  
30mg low-molecular-weight heparin, twice daily

**Outcomes**

**Primary Composite of Clinical Outcomes:** Death, Pulmonary Embolism, Deep Vein Thrombosis, Bleeding Complication

**Secondary Outcome:** Clinical Outcome Composite + Medication Satisfaction



Stein DM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004226  
@JTraumAcuteSurg

### RISK-STRATIFIED THROMBOPROPHYLAXIS EFFECTS OF ASPIRIN VERSUS LOW-MOLECULAR-WEIGHT HEPARIN IN ORTHOPAEDIC TRAUMA PATIENTS: A SECONDARY ANALYSIS OF THE PREVENT CLOT TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/RISK-STRATIFIED\\_THROMBOPROPHYLAXIS\\_EFFECTS\\_OF.7.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/04000/risk-stratified-thromboprophylaxis-effects-of.7.aspx?context=featuredarticles&collectionid=5)



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### Feasibility and safety of intraoperative bile duct clearance by antegrade transcystic balloon sphincteroplasty: A prospective observational pilot study

57 consecutive patients with cholelithiasis and choledocholithiasis (stones ≤6 mm) included

Single centre study

**Treatment:**  
Intraoperative antegrade transcystic balloon sphincteroplasty with pushing of stones to the duodenum

**Bile duct clearance rate:**  
94%

**Median intervention time:**  
28min (14–129min)

No postoperative pancreatitis

Postoperative asymptomatic hyperlipasaemia 3.5%

**Intraoperative antegrade transcystic balloon sphincteroplasty for CBD stones ≤6 mm is highly feasible and safe**

Prevost GA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004196  
@JTraumAcuteSurg

### FEASIBILITY AND SAFETY OF INTRAOPERATIVE BILE DUCT CLEARANCE BY ANTEGRADE TRANSCYSTIC BALLOON SPHINCTEROPLASTY: A PROSPECTIVE OBSERVATIONAL PILOT STUDY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/FEASIBILITY\\_AND\\_SAFETY\\_OF\\_INTRAOPERATIVE\\_BILE\\_DUCT.20.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/04000/feasibility-and-safety-of-intraoperative-bile-duct.20.aspx?context=featuredarticles&collectionid=5)



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BEST OF BASIC SCIENCES ARTICLE

BEST OF EGGS ARTICLE

### Analysis of lipid metabolites derived from gut microbiota in ischemia-reperfusion model

What is the relation between gut microbiota and multiple organ dysfunction?

Superior mesenteric artery obstruction model

The concentration of HYA, one of postbiotics, was high in mesenteric lymph.

HYA: 10-Hydroxy-12-octadecenoic acid

From PubMed

The results may bring a new viewpoint to the research regarding multiple organ dysfunction.

Evaluation for lipid metabolites derived from gut microbiota in mesenteric lymph

Morishita K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004230

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Risk Quartile	Risk Quartile			
	Low	Medium	High	Very High
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Thoracic injury	3%	5%	9%	34%
Spinal injury	<1%	<1%	3%	39%
Head injury	<1%	4%	12%	35%

**Outcomes**  
Primary Composite of Clinical Outcomes: Death, Pulmonary Embolism, Deep Vein Thrombosis, Bleeding Complication  
Secondary Outcome: Clinical Outcome Composite + Medication Satisfaction

Stein DM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004226

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**RISK-STRATIFIED THROMBOPROPHYLAXIS EFFECTS OF ASPIRIN VERSUS LOW-MOLECULAR-WEIGHT HEPARIN IN ORTHOPAEDIC TRAUMA PATIENTS: A SECONDARY ANALYSIS OF THE PREVENT CLOT TRIAL**  
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### Sex-Specific Differential Expression of Exosomal miRNA Following Severe Trauma

Plasma exosomes isolated from trauma patients and elective total hip arthroplasty patients

Nanosight NS300 and Electron Microscopy

Expression miRNA Implicated in Hematopoiesis

Expression miRNA Associated with Anti-Inflammatory Pathways

Males with more miRNA Changes than Females

Injury Severity Score  $\geq$  15 Hemorrhagic Shock

NanoString of Exosome miRNA

Mohr AM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004225

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**EXOSOMAL MIRNA FOLLOWING SEVERE TRAUMA: ROLE IN BONE MARROW DYSFUNCTION**  
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### Goals of Care Are Rarely Discussed Prior to Potentially Futile Trauma Transfer: Is It Okay to Say "No"?

80 trauma transfers

Died or discharge to hospice within 48 hours

Did transfer calls include a goals of care discussion?

Only 10% had goals of care discussed prior to transfer

Opportunity for discussion of patient goals and prognosis

"Never-say-no" mentality warrants reconsideration

Tranga-Schein N et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004215

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**GOALS OF CARE ARE RARELY DISCUSSED PRIOR TO POTENTIALLY FUTILE TRAUMA TRANSFER: IS IT OKAY TO SAY "NO"?**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/GOALS\\_OF\\_CARE\\_ARE\\_RARELY\\_DISCUSSED\\_PRIOR\\_TO.8.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/04000/goals_of_care_are_rarely_discussed_prior_to.8.aspx)

### SIRT1 DOWNREGULATION IN PNEUMONIA IS ASSOCIATED WITH AN IMMATURE NEUTROPHIL RESPONSE AND INCREASED DISEASE SEVERITY

SIRT1 protein expression is naturally downregulated in PNA

SIRT1 deletion impairs neutrophil response to PNA

Increased Sirt1 transcription does not prevent SIRT1 downregulation

Downregulation due to:  
↓ translation or  
↓ protein degradation

↓ SIRT1 = clinical severity

↓ neutrophil maturity  
↓ neutrophil activity

Sims CA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004212

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**SIRT1 DOWNREGULATION IN PNEUMONIA IS ASSOCIATED WITH AN IMMATURE NEUTROPHIL RESPONSE AND INCREASED DISEASE SEVERITY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/SIRT1\\_DOWNREGULATION\\_IN\\_PNEUMONIA\\_IS\\_ASSOCIATED.5.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/04000/sirt1_downregulation_in_pneumonia_is_associated.5.aspx)

### Death by the Minute: Inequities in Trauma Care for Victims of Firearm Violence

- Time to care is typically associated with survival but unknown in Boston
- Racial and ethnic equity in time to care is largely unknown
- Spatial autoregressive modeling of Boston Police Shooting Data 2006-2023

1.024 aOR/minute of predicted transport time

Black, non-Hispanic shooting victims

Black Hispanic shooting victims

White Hispanic shooting victims

White non-Hispanic shooting victims

- Black, non-Hispanic patient with the longest time to definitive care followed by black Hispanic and white Hispanic
- No difference in actual survival

Scantling DR et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004219

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**DEATH BY THE MINUTE: INEQUITIES IN TRAUMA CARE FOR VICTIMS OF FIREARM VIOLENCE**  
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### Endotheliopathy of Trauma in Children The Association of Syndecan-1 with Injury and Poor Outcomes

Prospective single-center observational study of highest-level pediatric trauma activations

Collection of syndecan-1 levels at 0 and 24 hours admission

Comparison of injured and uninjured cohorts

Trauma → Endotheliopathy  
Syndecan-1 levels significantly higher in injured vs uninjured children

Endotheliopathy + Outcomes  
Syndecan-1 associated with death and need for transfusion

Shock → Endotheliopathy  
Admission base deficit strongly positively correlates with syndecan-1 levels in injured children  
 $r = 0.8, p < 0.001$

? Therapeutic Target?  
Transfusion associated with ↓ syndecan-1 levels over time

Morgan KM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004229

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**ENDOTHELIOPATHY OF TRAUMA IN CHILDREN: THE ASSOCIATION OF SYNDECAN-1 WITH INJURY AND POOR OUTCOMES**  
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### Tranexamic acid is not associated with a higher rate of thrombotic-related reintervention after major vascular injury repair

**Study Population**  
Patients with major vascular injuries who underwent open or endovascular interventions for vascular injury repair.

Thrombosis-Related Technical Failure (TRTF)

P = 0.930

19 (54.2%) Predictors of TRTF on Multivariate Analysis

74 (52.8%)

Conclusion  
TXA is not associated with a higher risk of thrombotic-related technical failure in major vascular injury repairs.

Comparison Groups  
TXA N=297 vs. No TXA N=1941


TXA OR : 1.07, CI = 0.60-1.92, P = 0.806

Rosenthal MG et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004227

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**TRANEXAMIC ACID IS NOT ASSOCIATED WITH A HIGHER RATE OF THROMBOTIC-RELATED REINTERVENTION AFTER MAJOR VASCULAR INJURY REPAIR**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/TRANEXAMIC\\_ACID\\_IS\\_NOT\\_ASSOCIATED\\_WITH\\_A\\_HIGHER.10.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/04000/tranexamic_acid_is_not_associated_with_a_higher.10.aspx)

### Emergency Vascular Repairs in Trauma: Predictors of Poor Prognosis and a Novel Scoring System

<b>Traumatic Lower Extremity Arterial Repairs</b>  N=165 2016-2021 Successful Repair 141 (86%) Revascularization Failure 24 (15%)	<b>Trauma Surgeons</b> 20% Blunt Injury 20% Below-knee bypass 10% Revascularization Failure	<b>Vascular Surgeons</b> 66% 38% 21%	<b>Red Duke Score</b> <table border="1"> <tr><td>MESS &gt;8</td><td>3</td></tr> <tr><td>MESS &gt;=8</td><td>1</td></tr> <tr><td>Concurrent orthopedic procedure</td><td>1</td></tr> <tr><td>Concurrent laparotomy</td><td>1</td></tr> <tr><td>Blunt mechanism</td><td>1</td></tr> <tr><td>Below-popliteal location</td><td>1</td></tr> </table> AUC=0.855 Red Duke Score may help risk-stratify for vascular consultation and further management	MESS >8	3	MESS >=8	1	Concurrent orthopedic procedure	1	Concurrent laparotomy	1	Blunt mechanism	1	Below-popliteal location	1
	MESS >8	3													
MESS >=8	1														
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Blunt mechanism	1														
Below-popliteal location	1														
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**EMERGENCY VASCULAR REPAIRS IN TRAUMA: PREDICTORS OF POOR PROGNOSIS AND A NOVEL SCORING SYSTEM**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/EMERGENCY\\_VASCULAR\\_REPAIRS\\_IN\\_TRAUMA\\_PREDICTORS.11.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/04000/emergency_vascular_repairs_in_trauma_predictors.11.aspx)

### Association between Blood Pressure Recording in Prehospital Setting and Patient Outcome in Pediatric Trauma Patients: A Propensity Score Matching Study

<b>Study Population</b> 13,413 injured children from Japan Trauma Data Bank Outcome comparison by with and without blood pressure records	<b>Propensity score matching analysis</b> Non-recorded group n=725 Recorded group n=725 Mortality 4.3% Odds Ratio 6.82 ; 2.40-19.33	<b>Conclusion</b> Pediatric trauma patients without blood pressure records in prehospital settings had higher mortality rates than those with prehospital blood pressure records.
Shohara M et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000004134 @JTraumaAcuteSurg Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.		The Journal of Trauma and Acute Care Surgery®

**ASSOCIATION BETWEEN BLOOD PRESSURE RECORDING IN PREHOSPITAL SETTING AND PATIENT OUTCOME IN PEDIATRIC TRAUMA PATIENTS: A PROPENSITY SCORE MATCHING STUDY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/ASSOCIATION\\_BETWEEN\\_BLOOD\\_PRESSURE\\_RECORDING\\_IN.15.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/04000/association_between_blood_pressure_recording_in.15.aspx)

### Predicting High-Intensity Resuscitation Needs in Injured Patients in the Post-Hemostasis Phase of Care Following Intervention

Injured Patients Admitted to Trauma ICU after Immediate Intervention in OR or Angio Suite

High Intensity Resuscitation Characterized Using: Blood, Crystalloid, and Vasoactive Medication

High Intensity Resuscitation can be predicted using data available at ICU admission

Weykamp MB Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000004156  
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**PREDICTING HIGH-INTENSITY RESUSCITATION NEEDS IN INJURED PATIENTS IN THE POST-HEMOSTASIS PHASE OF CARE FOLLOWING INTERVENTION**  
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### Principal component analysis of a swine injury model identifies multiple phenotypes in trauma

Randomized to Injury

R time, AA, MA, LY30, MAP, pH, Lactate

Phenotypes

Phenotypes correlate with: Injury Severity, Outcomes

PCA in R

0 hr, 1 hr, 3 hr, 6 hr, 12 hr

Buzzard LM et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000004098  
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**PRINCIPAL COMPONENT ANALYSIS OF A SWINE INJURY MODEL IDENTIFIES MULTIPLE PHENOTYPES IN TRAUMA**  
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### An initiative to assess and improve the resources and patient care processes used among Chest Wall Injury Society collaborative centers (CWIS-CC2)

Chest Wall Injury Society Collaborative Centers

- > 80% have a rib fracture team
- > 25% have a dedicated rib fractures service with an independent call schedule
- > 40% have dedicated rib fracture research support
- > Most of the surgical stabilization of rib fractures is performed by trauma surgeons

20 international centers evaluated their resources and patient care processes

Considerable similarities and differences in resources and processes exist within these CWIS collaborative centers

Eriksson EA Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000004158  
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**AN INITIATIVE TO ASSESS AND IMPROVE THE RESOURCES AND PATIENT CARE PROCESSES USED AMONG CHEST WALL INJURY SOCIETY COLLABORATIVE CENTERS (CWIS-CC2)**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/AN\\_INITIATIVE\\_TO\\_ASSESS\\_AND\\_IMPROVE\\_THE\\_RESOURCES.13.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/04000/an_initiative_to_assess_and_improve_the_resources.13.aspx)

### Mental Health Symptoms and Engagement in Mental Health Follow-up among Patients with Violent vs. Non-Violent Injury

The Trauma Resilience and Recovery Program (TRRP) is stepped-care, technology-enhanced program that addresses the mental health needs of hospitalized traumatically injured patients. The TRRP model includes:

- In-hospital mental health education & screening
- Symptom monitoring via daily text-messaging
- Telephone-based 30-day mental health screening
- Referral to mental health treatment

Engagement in TRRP services at bedside did not differ between patients with a violent versus non-violent injury.

Patients with a violent injury were less likely to be reached for mental health screening 30-days post-injury.

Patients with a violent injury had higher levels of PTSD and depressive symptoms 30-days post-injury and were more likely to accept mental health treatment referrals.

These findings underscore the importance of developing effective strategies for patients with a violent injury to increase their engagement in post-injury intervention programs to promote their emotional recovery.

Collaborations between TRRP and Hospital-based Violence Intervention Programs are a promising strategy.

O'Connor K et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000004189  
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**MENTAL HEALTH SYMPTOMS AND ENGAGEMENT IN A STEPPED-CARE MENTAL HEALTH SERVICE AMONG PATIENTS WITH A VIOLENT VERSUS NON-VIOLENT INJURY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/MENTAL\\_HEALTH\\_SYMPTOMS\\_AND\\_ENGAGEMENT\\_IN.18.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/04000/mental_health_symptoms_and_engagement_in.18.aspx)

### The value of chest radiography after chest tube removal in nonventilated trauma patients

Study population: 221 chest tubes placed in 207 blunt chest trauma patients

Findings on post-removal chest radiography	Reinterventions on the day of removal	Signs or symptoms
Abnormalities N = 68 (30.8%)	N = 2 (2.9%)	N = 1 (50%)
No abnormalities N = 153 (69.2%)	N = 1 (0.7%)	N = 1 (100%)

Sweet AAR et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000004105  
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**THE VALUE OF CHEST RADIOGRAPHY AFTER CHEST TUBE REMOVAL IN NONVENTILATED TRAUMA PATIENTS: A POST-HOC ANALYSIS OF A MULTICENTER PROSPECTIVE COHORT STUDY**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/04000/THE\\_VALUE\\_OF\\_CHEST\\_RADIOGRAPHY\\_AFTER\\_CHEST\\_TUBE.14.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/04000/the_value_of_chest_radiography_after_chest_tube.14.aspx)

### Developing a National Trauma Research Action Plan (NTRAP): Results from the Regulatory Challenges Delphi Survey

CNTR Collaborative National Trauma Research

Developing a National Trauma Research Action Plan (NTRAP): Results from the Regulatory Challenges Delphi Survey

METHODS: Experts in military and civilian trauma research and human subjects' protection rated regulatory challenges using a consensus-driven Delphi survey approach as part of the National Trauma Research Action Plan (NTRAP).

RESULTS: 38 Subject matter experts rated 175 regulatory challenges and reached a consensus level of a 60% agreement for 141. 42 challenges had a mean score of 6 or higher (using Likert scale 1-9 - Not challenging to Very challenging).

CONCLUSION: Significant regulatory challenges exist in the areas of pre-hospital research, exception from informed consent, mistrust of research among historically marginalized groups, and pediatric trauma research. Panelists recommended strategies for addressing these and other challenges.

Price MA et al. Journal of Trauma and Acute Care Surgery. DOI: 10.1097/TA.0000000000004185  
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**DEVELOPING A NATIONAL TRAUMA RESEARCH ACTION PLAN (NTRAP): RESULTS FROM THE REGULATORY CHALLENGES DELPHI SURVEY**  
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<b>Feasibility and safety of intraoperative bile duct clearance by antegrade transcystic balloon sphincteroplasty: A prospective observational pilot study</b>		
57 consecutive patients with cholecystolithiasis and choledocholithiasis (stones ≤6 mm) included	Bile duct clearance rate: 94%	Intraoperative antegrade transcystic balloon sphincteroplasty for CBD stones ≤6 mm is highly feasible and safe
Single centre study	Median intervention time: 28min (14-129min)	
Treatment: Intraoperative antegrade transcystic balloon sphincteroplasty with pushing of stones to the duodenum	No postoperative pancreatitis Postoperative asymptomatic hyperlipasaemia 3.5%	
Prevost GA et al. <i>Journal of Trauma and Acute Care Surgery</i> . DOI: 10.1097/JA.0000000000004196		The Journal of Trauma and Acute Care Surgery®
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**FEASIBILITY AND SAFETY OF INTRAOPERATIVE BILE DUCT CLEARANCE BY ANTEGRADE TRANSCYSTIC BALLOON SPHINCTEROPLASTY: A PROSPECTIVE OBSERVATIONAL PILOT STUDY**  
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WHAT YOU NEED TO KNOW

**MODERN MECHANICAL VENTILATION STRATEGIES FOR THE ACUTE CARE SURGEON: WHAT YOU NEED TO KNOW**  
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WHAT YOU NEED TO KNOW

**ACUTE PAIN MANAGEMENT AFTER TRAUMA: WHAT YOU NEED TO KNOW**  
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**A PILOT CLINICAL TRIAL OF THE SCREENING AND TOOL FOR AWARENESS AND RELIEF OF TRAUMA (START) FOR SURVIVORS OF GUN VIOLENCE**

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**ANTIBIOTIC PROPHYLAXIS IN TRAUMA: GAIS, SIS-E, WSIS, AAST, WSES GUIDELINES**

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**A SIMPLE ENGINEERING ALTERATION TO IO ACCESS DEVICE ELECTRONICS CAN LEAD TO IMPROVED PLACEMENT ACCURACY CONFIRMATION**

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LETTER TO THE EDITOR

**GLOBAL MILITARY AND CIVILIAN PARTNERSHIPS AS A WAY FORWARD TO TRAUMA EQUITY**

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LETTER TO THE EDITOR

**HEART RATE VARIABILITY MAY BE BETTER THAN HEMOGLOBIN FOR MONITORING PEDIATRIC PATIENTS WITH SOLID ORGAN INJURIES**

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LETTER TO THE EDITOR

**RESPONSE TO THE LETTER TO THE EDITOR REGARDING ARTICLE: UTILITY OF CONTINUOUS PULSE CO-OXIMETRY FOR HEMOGLOBIN MONITORING IN PEDIATRIC PATIENTS WITH SOLID ORGAN INJURIES AT LEVEL 1 TRAUMA CENTERS: A PILOT STUDY**

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