

JTACS JULY TABLE OF CONTENTS

'BEST OF' JULY ARTICLES

BEST OF TRAUMA ARTICLE

A Multi-Dimensional Approach to Identifying the Highest Performing Trauma Centers Across the United States

<p>ACS-TQIP Level I and II Trauma Centers (2017-2020)</p> <p>5 quality indicators across 3 domains of care:</p> <ul style="list-style-type: none"> Safe Effective Timely 	<p>948,910 patients 272 trauma centers</p> <p>Consistent high performing centers (top 10%):</p> <ul style="list-style-type: none"> Level I ↑ patients ISS ≥ 16 	<p>Combining indicators & domains =</p> <ul style="list-style-type: none"> Higher standard for performance evaluation Separate trauma centers by structural factors
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Hamad MD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004313
@JTraumaAcuteSurg

A MULTIDIMENSIONAL APPROACH TO IDENTIFYING HIGH-PERFORMING TRAUMA CENTERS ACROSS THE UNITED STATES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/07000/A_MULTIDIMENSIONAL_APPROACH_TO_IDENTIFYING.17.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/07000/a_multidimensional_approach_to_identifying.17.aspx?context=featuredarticles&collectionid=5)



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BEST OF EGGS ARTICLE

Is Barbed Better? Evaluation of Triclosan-Coated Barbed Suture on Wound Complications Following Emergency Laparotomy

<p>Emergent laparotomy is associated with surgical site infections (SSI) and fascial dehiscence (FD).</p> <p>Triclosan-coated barbed suture (TCB) for fascial closure has been shown to reduce local complications.</p>	<p>Study Population</p> <p>73 TCB vs. 133 PDS</p> <p>Compared SSI and FD in trauma and non trauma laparotomy</p>	<p>Outcomes</p> <p>No difference in SSI</p> <p>4% vs. 14% TCB P<0.05 PDS</p> <p>TCB decreased odds of FD by 75% following emergency laparotomy. OR 0.25 ; p<0.05</p>
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Dilday J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004341
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IS BARBED BETTER? EVALUATION OF TRICLOSAN-COATED BARBED SUTURE ON WOUND COMPLICATIONS FOLLOWING EMERGENCY LAPAROTOMY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/07000/IS_BARBED_BETTER_EVALUATION_OF_TRICLOSAN_COATED.20.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/07000/is_barbed_better_evaluation_of_triclosan_coated.20.aspx?context=featuredarticles&collectionid=5)



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BEST OF BASIC SCIENCES ARTICLE

Whole Blood Storage Duration Alters Fibrinogen Levels and Thrombin Formation

Methods	Results	Conclusions
<p>Murine whole blood (WB) was stored for 10 days @ 4°C.</p> <p>At intervals, WB tested by ROTEM, thrombin generation, and fibrinogen ELISA.</p> <p>Microvesicle (MV) effect on coagulation assessed by adding MVs to fresh WB or plasma.</p> <p>Phosphatidylserine (PS) on MVs was blocked with lactadherin.</p>	<p>Fibrinogen levels and fibrin clot ↓ over time.</p> <p>Thrombin generation ↑ over time.</p> <p>MVs ↓ clotting time and ↑ thrombin generation.</p> <p>Blocking PS on MVs blunts thrombin generation.</p>	<p>Clot formation is altered during storage of WB.</p> <p>Fibrinogen and fibrin clot ↓</p> <p>Thrombin ↑ due to PS on MVs.</p>

Pritts TA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004317
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WHOLE BLOOD STORAGE DURATION ALTERS FIBRINOGEN LEVELS AND THROMBIN FORMATION

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/07000/WHOLE_BLOOD_STORAGE_DURATION_ALTERS_FIBRINOGEN.6.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/07000/whole_blood_storage_duration_alters_fibrinogen.6.aspx?context=featuredarticles&collectionid=5)

BEST OF SCC

Retrospective Cohort Study
Timing of Venous Thromboembolism Initiation and Complications in Polytrauma Patients with High-Risk Orthopedic Interventions: A Nationwide Analysis

Population	Comparison Groups	Findings
<p>Adult polytrauma patients undergoing high bleeding risk orthopedic surgery of the femur, hip, and pelvis</p> <p>Setting: Level I-III American College of Surgeons verified U.S. trauma centers</p>	<p>2,229 patients identified</p> <p>VTEp Timing</p> <p>792 within 12 hours of surgery vs. 1,437 beyond 12 hours of surgery</p> <p>Primary Outcome: VTE Risk</p> <p>*Venous Thromboembolism Prophylaxis (VTEp)</p>	<p>Early VTE prophylaxis given within 12 hours of major orthopedic surgery is associated with reduced VTE events without an increase risk of bleeding related complications requiring re-intervention</p> <p>VTEp beyond 12 hours: OR 2.02 (1.08-3.77)</p>

Torres CM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004331
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TIMING OF VENOUS THROMBOEMBOLISM PROPHYLAXIS INITIATION AND COMPLICATIONS IN POLYTRAUMA PATIENTS WITH HIGH-RISK BLEEDING ORTHOPEDIC INTERVENTIONS: A NATIONWIDE ANALYSIS

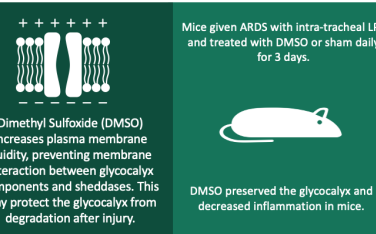
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/07000/TIMING_OF_VENOUS_THROMBOEMBOLISM_PROPHYLAXIS.13.ASPX?CONTEXT=FEATUREDARTICLES&COLLECTIONID=5](https://journals.lww.com/jtrauma/fulltext/2024/07000/timing_of_venous_thromboembolism_prophylaxis.13.aspx?context=featuredarticles&collectionid=5)



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Dimethyl Sulfoxide as a Novel Therapy in a Murine Model of Acute Respiratory Distress Syndrome



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Dimethyl Sulfoxide (DMSO) increases plasma membrane fluidity, preventing membrane interaction between glycoalkalix components and sheddases. This may protect the glycoalkalix from degradation after injury.

Mice given ARDS with intra-tracheal LPS and treated with DMSO or sham daily for 3 days.

In endothelial cells, DMSO decreased membrane interaction between MMP-16 and syndecan-1, leading to preserved glycoalkalix.

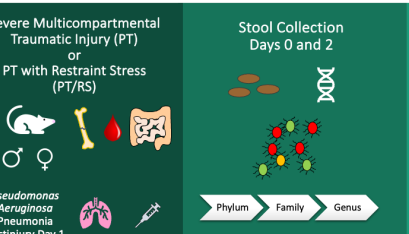
DMSO preserved the glycoalkalix and decreased inflammation in mice.

DMSO may be a novel therapy to prevent and treat ARDS.

Taghavi S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004293
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Acute Emergence of the Intestinal Pathobiome after Postinjury Pneumonia



Severe Multicompartmental Traumatic Injury (PT) or PT with Restraint Stress (PT/RS)

Stool Collection Days 0 and 2

α-Diversity ↓
β-Diversity ↓
Loss of Commensal Bacteria

Dominance of Pathogens

Sex-Specific β-Diversity and Microbial Composition

Pseudomonas Aeruginosa Pneumonia Postinjury Day 1

Phylum → Family → Genus

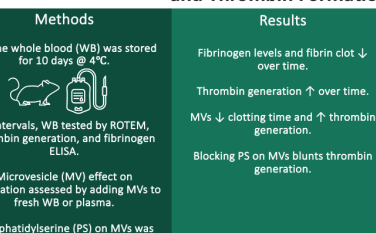
Mohr AM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004300
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DIMETHYL SULFOXIDE AS A NOVEL THERAPY IN A MURINE MODEL OF ACUTE RESPIRATORY DISTRESS SYNDROME
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ACUTE EMERGENCE OF THE INTESTINAL PATHOBIOME AFTER POSTINJURY PNEUMONIA
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Whole Blood Storage Duration Alters Fibrinogen Levels and Thrombin Formation



Methods: Murine whole blood (WB) was stored for 10 days @ 4°C. At intervals, WB tested by ROTEM, thrombin generation, and fibrinogen ELISA. Microvesicle (MV) effect on coagulation assessed by adding MVs to fresh WB or plasma. Phosphatidylserine (PS) on MVs was blocked with lactadherin.

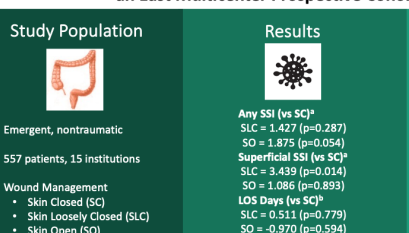
Results: Fibrinogen levels and fibrin clot ↓ over time. Thrombin generation ↑ over time. MVs ↓ clotting time and ↑ thrombin generation. Blocking PS on MVs blunts thrombin generation.

Conclusions: Clot formation is altered during storage of WB. Fibrinogen and fibrin clot ↓. Thrombin ↑ due to PS on MVs.

Pritts TA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004317
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To Close or Not to Close? Wound Management of Emergent Colorectal Surgery, an East Multicenter Prospective Cohort Study



Study Population: Emergent, nontraumatic. 557 patients, 15 institutions. Wound Management: Skin Closed (SC), Skin Loosely Closed (SLC), Skin Open (SO).

Results: Any SSI (vs SC)* SLC = 1.427 (p=0.287), SO = 1.875 (p=0.054). Superficial SSI (vs SC)* SLC = 3.439 (p=0.014), SO = 1.086 (p=0.893). LOS Days (vs SC) SLC = 0.511 (p=0.779), SO = -0.970 (p=0.594).

Conclusions: Skin Closed, Skin Open, Skin Loosely Closed.

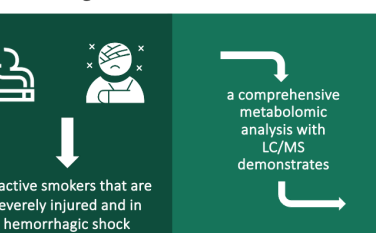
Feather CB et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004321
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WHOLE BLOOD STORAGE DURATION ALTERS FIBRINOGEN LEVELS AND THROMBIN FORMATION
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TO CLOSE OR NOT TO CLOSE? WOUND MANAGEMENT IN EMERGENT COLORECTAL SURGERY, AN EAST MULTICENTER PROSPECTIVE COHORT STUDY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/07000/TO_CLOSE_OR_NOT_TO_CLOSE_WOUND_MANAGEMENT_IN.10.ASPX](https://journals.lww.com/jtrauma/abstract/2024/07000/to_close_or_not_to_close_wound_management_in.10.aspx)

Smoking Primes the Metabolomic Response in Trauma

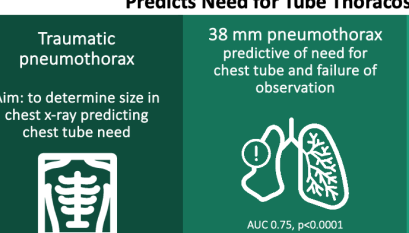


In active smokers that are severely injured and in hemorrhagic shock, a comprehensive metabolomic analysis with LC/MS demonstrates that there is impaired mitochondrial substrate utilization and oxidative stress.

Gallagher L et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004318
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Traumatic Pneumothorax Size of 38mm on Chest X-Ray Predicts Need for Tube Thoracostomy



Traumatic pneumothorax. Aim: to determine size in chest x-ray predicting chest tube need. 38 mm pneumothorax predictive of need for chest tube and failure of observation. AUC 0.75, p<0.0001. Size in chest x-ray can be used to predict need for chest tube in patients with traumatic pneumothorax.

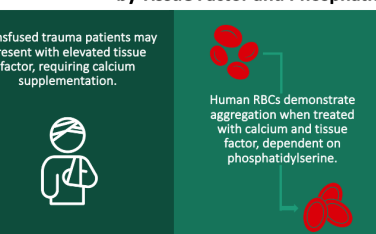
Srinivas S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004314
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SMOKING PRIMES THE METABOLOMIC RESPONSE IN TRAUMA
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USING CHEST X-RAY TO PREDICT TUBE THORACOSTOMY IN TRAUMATIC PNEUMOTHORAX: A SINGLE-INSTITUTION RETROSPECTIVE REVIEW
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/07000/USING_CHEST_X_RAY_TO_PREDICT_TUBE_THORACOSTOMY_IN.11.ASPX](https://journals.lww.com/jtrauma/abstract/2024/07000/using_chest_x_ray_to_predict_tube_thoracostomy_in.11.aspx)

The Direct RBC Effect on Thrombosis Is Affected by Tissue Factor and Phosphatidylserine

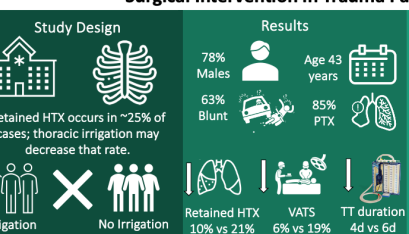


Transfused trauma patients may present with elevated tissue factor, requiring calcium supplementation. Human RBCs demonstrate aggregation when treated with calcium and tissue factor, dependent on phosphatidylserine. Direct RBC effect on thrombosis may serve as nidus for pathologic thrombosis following acute trauma.

Goodman M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004340
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Thoracic Cavity Irrigation Prevents Retained Hemothorax and Decreases Surgical Intervention in Trauma Patients



Study Design: Retained HTX occurs in ~25% of cases; thoracic irrigation may decrease that rate. Irrigation N=225, No Irrigation N=145.

Results: 78% Males, 63% Blunt. Retained HTX 10% vs 21% (p<0.05). VATS 6% vs 19% (p<0.05). TT duration 4d vs 6d (p<0.05).

Conclusion: Irrigation is associated with a decreased rate of secondary intervention in traumatic HTX.

Carver T et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004324
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DIRECT RED BLOOD CELL EFFECT ON THROMBOSIS IS DEPENDENT ON THE INTERACTION OF TISSUE FACTOR AND CALCIUM WITH MEMBRANE PHOSPHATIDYLSERINE
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THORACIC CAVITY IRRIGATION PREVENTS RETAINED HEMOTHORAX AND DECREASES SURGICAL INTERVENTION IN TRAUMA PATIENTS
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Retrospective Cohort Study
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Population	Comparison Groups	Findings
Adult polytrauma patients undergoing high bleeding risk orthopedic surgery of the femur, hip, and pelvis Setting: Level I-III American College of Surgeons verified U.S. trauma centers	2,229 patients identified VTE Timing 792 within 12 hours of surgery 1,437 beyond 12 hours of surgery Primary Outcome: VTE Risk *Venous Thromboembolism Prophylaxis (VTEp)	Early VTE prophylaxis given within 12 hours of major orthopedic surgery is associated with reduced VTE events without an increase risk of bleeding related complications requiring re-intervention

Torres CM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004331
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TIMING OF VENOUS THROMBOEMBOLISM PROPHYLAXIS INITIATION AND COMPLICATIONS IN POLYTRAUMA PATIENTS WITH HIGH-RISK BLEEDING ORTHOPEDIC INTERVENTIONS: A NATIONWIDE ANALYSIS
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5 quality indicators across 3 domains of care: • Safe • Effective • Timely	Underlying high performing centers (top 10%): • Level I • ↑ patients ISS ≥ 16	Higher standard for performance evaluation • Separate trauma centers by structural factors

Hamad MD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004313
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Prolonged Hourly Neuro Exams Are Associated with Increased Delirium and No Discernible Benefit in Mild/Moderate Geriatric TBI

Geriatric mild/moderate Traumatic Brain Injury	Delirium	1 in 5 patients harmed by delirium
ICU HOURLY Neurological Exams	≥24HR Hospital & ICU length of stay discharge to nursing facility	59% No unscheduled, emergent performed

Fonseca RA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004296
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PROLONGED HOURLY NEUROLOGIC EXAMINATIONS ARE ASSOCIATED WITH INCREASED DELIRIUM AND NO DISCERNIBLE BENEFIT IN MILD/MODERATE GERIATRIC TRAUMATIC BRAIN INJURY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/07000/PROLONGED_HOURLY_NEUROLOGICAL_EXAMINATIONS_ARE.14.ASPX](https://journals.lww.com/jtrauma/abstract/2024/07000/prolonged_hourly_neurological_examinations_are.14.aspx)

A Pilot Project of a Post Discharge Care Team for Firearm Injury Survivors Decreases Emergency Department Utilization, Hospital Readmission Days, and Cost

PDCT = dedicated nurse navigator and medical social worker	The PDCT saved...	Conclusion
Injury education Individual discharge planning Comprehensive social needs assessment	9 ED visits 28 readmission days \$106,806.71 healthcare dollars	The firearm-dedicated PDCT improved post discharge emergency healthcare utilization and cost

Schroeder L et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004299
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A PILOT PROJECT OF A POST DISCHARGE CARE TEAM FOR FIREARM INJURY SURVIVORS DECREASES EMERGENCY DEPARTMENT UTILIZATION, HOSPITAL READMISSION DAYS, AND COST
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/07000/A_PILOT_PROJECT_OF_A_POST_DISCHARGE_CARE_TEAM_FOR_FIREARM_INJURY_SURVIVORS_DECREASES_EMERGENCY_DEPARTMENT_UTILIZATION_HOSPITAL_READMISSION_DAYS_AND_COST.18.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/07000/a_pilot_project_of_a_post_discharge_care_team_for_firearm_injury_survivors_decreases_emergency_department_utilization_hospital_readmission_days_and_cost.18.aspx)

Impact of Resuscitation Adjuncts on Post-intubation Hypotension in Patients with Isolated TBI

Study Population	Pre-Intubation Resuscitation Fluids and Adjuncts	Adjuncts that PIH Incidence:
Isolated TBI patients requiring emergency intubation in trauma bay (n=490) PIH (62%) No-PIH (38%)	Normal Saline Hypertonic Saline Vasopressors Blood Products	Pre-intubation Vasopressor 69% Pre-intubation HTS 3% 61%

Anand T et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004306
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IMPACT OF RESUSCITATION ADJUNCTS ON POST-INTUBATION HYPOTENSION IN PATIENTS WITH ISOLATED TBI
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/07000/IMPACT_OF_RESUSCITATION_ADJUNCTS_ON_POSTINTUBATION.15.ASPX](https://journals.lww.com/jtrauma/abstract/2024/07000/impact_of_resuscitation_adjuncts_on_postintubation.15.aspx)

Bullet Holes: A Novel Model to Identify the Most Impactful Gaps in the Firearm Homicide Prevention Laws of Each State

Study Population	Results	Conclusions
48 Contiguous States 2010-2019 State-level Variables: Firearm Homicides Population Characteristics	4 states had all 14 law categories. Most impactful missing law category amongst remaining states: Child access prevention Absence of pre-emption Assault weapon restriction Concealed carry permitting 34.1% of states 15.9% of states 15.9% of states 13.6% of states 129,599 firearm homicides may have been prevented by implementation.	Numerous missing state firearm law categories identified. Findings can inform state legislative priorities to target the most impactful gaps and reduce firearm homicides the most.

Laundon AD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004309
@JTraumaAcuteSurg

BULLET HOLES: A NOVEL MODEL TO IDENTIFY THE MOST IMPACTFUL GAPS IN THE FIREARM HOMICIDE PREVENTION LAWS OF EACH STATE
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/07000/BULLET_HOLES_A_NOVEL_MODEL_TO_IDENTIFY_THE_MOST_IMPACTFUL_GAPS_IN_THE_FIREARM_HOMICIDE_PREVENTION_LAWS_OF_EACH_STATE.19.ASPX](https://journals.lww.com/jtrauma/abstract/2024/07000/bullet_holes_a_novel_model_to_identify_the_most_impactful_gaps_in_the_firearm_homicide_prevention_laws_of_each_state.19.aspx)

A Collaborative Multidisciplinary Trauma Program Improvement Team Improves VTE Chemoprophylaxis Guideline Compliance in Stable TBI

Study Design	Results	Conclusion
Despite existing PMG recommending initiation of VTEp within 24-hrs of stable TBI, delays occur out of concern for worsening ICH Early N=590 Contemporary N=682	24h Guideline adherence Time to VTEp VTE events Worsening ICH	A Collaborative Multidisciplinary Trauma PIPs team improves guideline compliance

Morris RS et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004294
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A COLLABORATIVE MULTIDISCIPLINARY TRAUMA PROGRAM IMPROVEMENT TEAM IMPROVES VTE CHEMOPROPHYLAXIS GUIDELINE COMPLIANCE IN NON-OPERATIVE STABLE TBI
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/07000/A_COLLABORATIVE_MULTIDISCIPLINARY_TRAUMA_PROGRAM_IMPROVES_VTE_CHEMOPROPHYLAXIS_GUIDELINE_COMPLIANCE_IN_NON-OPERATIVE_STABLE_TBI.16.ASPX](https://journals.lww.com/jtrauma/abstract/2024/07000/a_collaborative_multidisciplinary_trauma_program_improves_vte_chemoprophylaxis_guideline_compliance_in_non-operative_stable_tbi.16.aspx)

Is Barbed Better? Evaluation of Triclosan-Coated Barbed Suture on Wound Complications Following Emergency Laparotomy

Emergent laparotomy is associated with surgical site infections (SSI) and fascial dehiscence (FD)	Study Population	Outcomes
Triclosan-coated barbed suture (TCB) for fascial closure has been shown to reduce local complications.	73 TCB 133 PDS in trauma and non trauma laparotomy	No difference in SSI 4% vs. 14% TCB P<0.05 PDS TCB decreased odds of FD by 75% following emergency laparotomy. OR 0.25 ; p<0.05

Dilday J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004341
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IS BARBED BETTER? EVALUATION OF TRICLOSAN-COATED BARBED SUTURE ON WOUND COMPLICATIONS FOLLOWING EMERGENCY LAPAROTOMY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/07000/IS_BARBED_BETTER_EVALUATION_OF_TRICLOSAN_COATED_BARBED_SUTURE_ON_WOUND_COMPLICATIONS_FOLLOWING_EMERGENCY_LAPAROTOMY.20.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/07000/is_barbed_better_evaluation_of_triclosan_coated_barbed_suture_on_wound_complications_following_emergency_laparotomy.20.aspx)

Eastern Association for the Surgery of Trauma (EAST) System Wellness White Paper: An Evaluation of Wellness from a Systems Perspective

Statement of the Problem

- Brown *et al.* surveyed over 1300 members of the American Association for the Surgery of Trauma (AAST) and found that 61% reported burnout.
- Risk factors for burnout were being mid-career, working more hours, spending fewer awake hours at home, and feeling that there is a better job.

*Brown DR, Joseph SA, Davis K, Lofgren GJ. Modifiable Factors to Improve Work Life Balance for Trauma Surgeons. *J Trauma Acute Care Surg.* 2021;91(1):127-134. doi: 10.1097/TA.0000000000002050.

Study Aims

- to review wellness from a systems perspective
- to support personal safety and longevity
- to preserve our workforce
- to create a system that works for its providers



Conclusions

- Wellness is a systems issue, and the solution should be treated as such.
- Providers should not be expected to shoulder this burden alone.



Appelbaum RD et al. *Journal of Trauma and Acute Care Surgery.*
DOI: 10.1097/TA.0000000000004311

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EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA (EAST) SYSTEM WELLNESS WHITE PAPER: AN EVALUATION OF WELLNESS FROM A SYSTEMS PERSPECTIVE

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/07000/EASTERN_ASSOCIATION_FOR_THE_SURGERY_OF_TRAUMA.22.ASPX](https://journals.lww.com/jtrauma/abstract/2024/07000/eastern-association-for-the-surgery-of-trauma.22.aspx)

WHAT YOU NEED TO KNOW

CURRENT DIAGNOSIS AND MANAGEMENT OF ACUTE COLONIC DIVERTICULITIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/07000/CURRENT_DIAGNOSIS_AND_MANAGEMENT_OF_ACUTE_COLONIC.1.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/07000/current-diagnosis-and-management-of-acute-colonic-diverticulitis.1.aspx)

WHAT YOU NEED TO KNOW

CONTEMPORARY MANAGEMENT OF OPEN EXTREMITY FRACTURES

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2024/07000/CONTEMPORARY_MANAGEMENT_OF_OPEN_EXTREMITY.2.ASPX](https://journals.lww.com/jtrauma/fulltext/2024/07000/contemporary-management-of-open-extremity-fractures.2.aspx)

NO VISUAL ABSTRACT PROVIDED

ONE DAY

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2024/07000/2024_EAST_PRESIDENTIAL_ADDRESS_ONE_DAY.3.ASPX](https://journals.lww.com/jtrauma/citation/2024/07000/2024-east-presidential-address-one-day.3.aspx)

NO VISUAL ABSTRACT PROVIDED

I WOULD NOT CHANGE A THING!

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2024/07000/I_WOULD_NOT_CHANGE_A_THING.4.ASPX](https://journals.lww.com/jtrauma/citation/2024/07000/i-would-not-change-a-thing.4.aspx)

NO VISUAL ABSTRACT PROVIDED

SOCIAL DETERMINANTS OF HEALTH, THE MICROBIOME, AND SURGICAL INJURY.

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2024/07000/SOCIAL_DETERMINANTS_OF_HEALTH,_THE_MICROBIOME,_AND.21.ASPX](https://journals.lww.com/jtrauma/abstract/2024/07000/social-determinants-of-health-the-microbiome-and-surgical-injury.21.aspx)

LETTER TO THE EDITOR

WHAT IS THE OPTIMAL MANAGEMENT FOR PSEUDOANEURYSM IN SPLENIC INJURY?

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2024/07000/WHAT_IS_THE_OPTIMAL_MANAGEMENT_FOR_PSEUDOANEURYSM.23.ASPX](https://journals.lww.com/jtrauma/citation/2024/07000/what-is-the-optimal-management-for-pseudoaneurysm.23.aspx)

LETTER TO THE EDITOR

“RESPONSE TO THE LETTER TO THE EDITOR FOR OUR ARTICLE ENTITLED “A PSEUDO-DILEMMA: ARE WE OVER-DIAGNOSING AND OVER-TREATING TRAUMATIC SPLENIC INTRAPARENCHYMAL PSEUDOANEURYSMS?”

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2024/07000/RESPONSE_TO_THE_LETTER_TO_THE_EDITOR_FOR_OUR.24.ASPX](https://journals.lww.com/jtrauma/citation/2024/07000/response-to-the-letter-to-the-editor-for-our.24.aspx)

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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2024/07000/COMMENT_ON_A_PSEUDO_DILEMMA_ARE_WE.25.ASPX](https://journals.lww.com/jtrauma/citation/2024/07000/comment-on-a-pseudo-dilemma-are-we.25.aspx)

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[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2024/07000/RESPONSE_TO_THE_LETTER_TO_THE_EDITOR_FOR_OUR.26.ASPX](https://journals.lww.com/jtrauma/citation/2024/07000/response-to-the-letter-to-the-editor-for-our.26.aspx)