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BEST OF TRAUMA ARTICLE

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THE EFFECT OF WHOLE BLOOD RESUSCITATION ON IN-HOSPITAL MORTALITY: A PROPENSITY SCORE WEIGHTED ANALYSIS OF PATIENTS TREATED AT A LEVEL I TRAUMA CENTER
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EVIDENCE-BASED, COST-EFFECTIVE MANAGEMENT OF ACUTE CHOLECYSTITIS: AN ALGORITHM OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY EMERGENCY GENERAL SURGERY ALGORITHMS WORKING GROUP

EVIDENCE-BASED, COST-EFFECTIVE MANAGEMENT OF ACUTE CHOLECYSTITIS: AN ALGORITHM OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY EMERGENCY GENERAL SURGERY ALGORITHMS WORKING GROUP
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BEST OF EGS ARTICLE

BEST OF SCC

Extracorporeal Membrane Oxygenation in Severe Traumatic Brain Injury: Is it Safe?

1:1 propensity match analysis

ECMO patients had:

- Mortality
- Stroke
- Ventilator-associated pneumonia

ECMO use is safe in severe TBI patients.

Systemic anticoagulation showed mortality benefit

Appropriate dosing regimen and timing of anticoagulation initiation should be understood

Renne BC et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004421
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EXTRACORPOREAL MEMBRANE OXYGENATION IN SEVERE TRAUMATIC BRAIN INJURY: IS IT SAFE?
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BEST OF BASIC SCIENCES

Lung Contusion Complicated by Pneumonia Worsens Lung Injury via the Inflammatory Effect of Alveolar Small Extracellular Vesicles

Lung contusion complicated by pneumonia is associated with worse outcome

Small extracellular vesicles (sEVs) were purified from bronchoalveolar lavage fluid of injured and infected mice.

sEVs increased cytokine expression in macrophages.

sEVs caused cytotoxicity to epithelial cells.

LC complicated by pneumonia worsened lung injury via the inflammatory effect of alveolar sEVs

The molecular mechanism remains unclear.

sEV treatment assay: Macrophages and lung epithelial cells were incubated with sEVs.

Nakatsutsumi K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004499
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LUNG CONTUSION COMPLICATED BY PNEUMONIA WORSENS LUNG INJURY VIA THE INFLAMMATORY EFFECT OF ALVEOLAR SMALL EXTRACELLULAR VESICLES ON MACROPHAGES AND EPITHELIAL CELLS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/01000/LUNG_CONTUSION_COMPLICATED_BY_PNEUMONIA_WORSENS.8.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/01000/lung_contusion_complicated_by_pneumonia_worsens.8.aspx)

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WHAT YOU NEED TO KNOW

DIAGNOSIS AND MANAGEMENT OF BLUNT CEREBROVASCULAR INJURIES

DIAGNOSIS AND MANAGEMENT OF BLUNT CEREBROVASCULAR INJURIES: WHAT YOU NEED TO KNOW

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FLUID RESUSCITATION IN TRAUMA

FLUID RESUSCITATION IN TRAUMA: WHAT YOU NEED TO KNOW

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DAMAGE CONTROL THORACIC SURGERY

DAMAGE CONTROL THORACIC SURGERY: WHAT YOU NEED TO KNOW

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Traumatic Endotheliopathy Phenotypes in Injured Children: A Principal Component Analysis

Morgan KM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004501
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PATTERNS OF TRAUMA-INDUCED COAGULOPATHY IN INJURED CHILDREN: A PRINCIPAL COMPONENT ANALYSIS INVESTIGATING ENDOTHELIAL, COAGULATION, AND PLATELET BIOMARKERS

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Integrated Vascular Training May Not Prepare Graduates to Care for Vascular Trauma Patients

Kundi R et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004493
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INTEGRATED VASCULAR TRAINING MAY NOT PREPARE GRADUATES TO CARE FOR VASCULAR TRAUMA PATIENTS

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Dynamic Changes in Bleeding Sites: Evaluating Contrast Extravasation on Computed Tomography and Angiography in Pelvic Fractures

Inamasu F et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004506
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DYNAMIC CHANGES IN BLEEDING SITES: EVALUATING CONTRAST EXTRAVASATION ON COMPUTED TOMOGRAPHY AND ANGIOGRAPHY IN PELVIC FRACTURES

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Intraoperative Factors Associated with Unplanned Return to the Operating Room (uROR) After Emergent Hemorrhage Control Surgery

Wilson KM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004396
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INTRAOPERATIVE FACTORS ASSOCIATED WITH UNPLANNED RETURN TO THE OPERATING ROOM AFTER EMERGENCY HEMORRHAGE CONTROL SURGERY

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Emergency Department Pediatric Readiness of US Trauma Centers: Associations with Trauma Center Type and Facility Characteristics

Melhado CG et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004387
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EMERGENCY DEPARTMENT PEDIATRIC READINESS OF UNITED STATES TRAUMA CENTERS IN 2021: TRAUMA CENTER FACILITY CHARACTERISTICS AND OPPORTUNITIES FOR IMPROVEMENT

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Human Placental Stem Cell-Based Therapies for Prevention of Abdominal Adhesions: A Prospective Randomized Preclinical Trial

Abdominal adhesions

- Complicate 90% of abdominal operations
- \$2.3 billion in annual health care costs in the USA
- Limited prophylactic options

Cell proliferation

Cell development → Anti-apoptosis

hPSC-based therapies + Hyaluronic acid hydrogel

Novel rat model of adhesions

Randomized 9 groups/n=6 per group

Significant reduction in adhesion scores at 14 days

Human Placental Stem Cell-based (hPSC) therapeutic effects

Carmichael SP et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004476

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HUMAN PLACENTAL STEM CELL-BASED THERAPIES FOR PREVENTION OF ABDOMINAL ADHESIONS: A PROSPECTIVE RANDOMIZED PRECLINICAL TRIAL
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/01000/HUMAN_PLACENTAL_STEM_CELL_BASED_THERAPIES_FOR.11.ASPX](https://journals.lww.com/jtrauma/abstract/2025/01000/human_placental_stem_cell_based_therapies_for.11.aspx)

pREBOA vs ER-REBOA Impact on Blood Utilization and Resuscitation Requirements: A Pilot Analysis

NCTS remains a leading cause of traumatic related deaths.

Retrospective cohort review of AAST AORTA Registry.

Conventional REBOA devices trade complete occlusion for distal ischemia.

ER-REBOA (n = 800)

pREBOA (n = 155)

pREBOA performs both complete and partial aortic occlusion.

Resuscitative Requirements	pREBOA	ER-REBOA
pRBC	18 u	14 u
FFP	6 u	4 u
Platelet	3 u	2 u
IVF	4 L	58.8%
Pressor	58.6%	

With a technology capable of both complete and partial aortic occlusion, the use of REBOA in trauma deserves to be reevaluated.

Meyer CH et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004391

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PREBOA VERSUS ER-REBOA IMPACT ON BLOOD UTILIZATION AND RESUSCITATION REQUIREMENTS: A PILOT ANALYSIS
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Cytoprotective 3K3A-aPC and Plasma: A Comparison of Therapeutics for the Endotheliopathy of Trauma

Ex vivo plasma taken from severely injured patients in shock at a Level I trauma center.

Endothelial cells treated concomitantly with healthy resuscitative plasma and trauma plasma with and without 3K3A-aPC pre-incubation.

3K3A-aPC/Plasma Combination + TP

Cytoprotective 3K3A-aPC may provide better restoration and protection of endothelial barrier function than plasma in an in vitro trauma model.

Thielen ON et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004406

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CYTOPROTECTIVE 3K3A-ACTIVATED PROTEIN C AND PLASMA: A COMPARISON OF THERAPEUTICS FOR THE ENDOTHELIOPATHY OF TRAUMA
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/01000/CYTOPROTECTIVE_3K3A_ACTIVATED_PROTEIN_C_AND.13.ASPX](https://journals.lww.com/jtrauma/abstract/2025/01000/cytoprotective_3k3a_activated_protein_c_and.13.aspx)

Scanning the Aged to Minimize Missed Injury: An EAST Multicenter Study

Aim: To derive an algorithm to guide the use of CT imaging in geriatric blunt trauma.

Cohort: Prospective Observational Study
18 Centers, 4,988 Patients
Age 65+
Blunt Trauma

Results: Algorithm Derived (Figure)
Sensitivity: 0.94,
Negative Predictive Value: 0.86

Our findings advocate for Head/C-spine CT, with the addition of torso, if criteria met.

High Risk Factors:
GCS<15
Rapid Deceleration
Anterior/Posterior Injury
Distal Injury
Emergency procedure
Cervical line resuscitation
Chest tube, transfusion,
pneumothorax, hemothorax,
acid, fracture reduction

Blunt Trauma
Age 65+
Within 24h of Injury

Obtain CT Head and C-spine

Abnormal Torso Exam OR High Risk Factor?

Do Not CT: Chest/Abd/Pelvis/T/L Spine

Obtain CT of Chest/Abd/Pelvis/T/L Spine

Ho VP et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004390

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SCANNING THE AGED TO MINIMIZE MISSED INJURY: AN EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA MULTICENTER STUDY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/01000/SCANNING_THE_AGED_TO_MINIMIZE_MISSED_INJURY_AN.14.ASPX](https://journals.lww.com/jtrauma/abstract/2025/01000/scanning_the_aged_to_minimize_missed_injury_an.14.aspx)

A Quality Assessment Tool For FAST Exams Using Artificial Intelligence

Highly skilled ultrasonographers/physicians are required to read FAST images to ensure quality.

Deep learning - based computer vision model trained to read FAST images

Integration of AI alleviates the workload of reading FAST images by 75-80%.

Cull JD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004425

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A QUALITY ASSESSMENT TOOL FOR FOCUSED ABDOMINAL SONOGRAPHY FOR TRAUMA EXAMINATIONS USING ARTIFICIAL INTELLIGENCE
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/01000/A_QUALITY_ASSESSMENT_TOOL_FOR_FOCUSED_ABDOMINAL.15.ASPX](https://journals.lww.com/jtrauma/abstract/2025/01000/a_quality_assessment_tool_for_focused_abdominal.15.aspx)

Impact of Catastrophic Brain Injury Protocols on Organ Donation Rates: Results of an EAST Multicenter Trial

No standard guidelines for catastrophic brain injury (CBI), but individual hospitals may institute their own.

CBI guidelines (CBIgs) differ from hospital to hospital.

Do hospitals with CBIgs have higher organ donation rates than those without?

Presence of CBIgs was not associated with increased odds of organ donation.

Hormone resuscitation, a common component of CBIgs, is associated with increased odds of organ donation.

Nordham KD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004386

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IMPACT OF CATASTROPHIC BRAIN INJURY GUIDELINES ON ORGAN DONATION RATES: RESULTS OF AN EAST MULTICENTER TRIAL
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/01000/IMPACT_OF_CATASTROPHIC_BRAIN_INJURY_GUIDELINES_ON.16.ASPX](https://journals.lww.com/jtrauma/abstract/2025/01000/impact_of_catastrophic_brain_injury_guidelines_on.16.aspx)

Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) in the Patient with Obesity

The Problem: Obesity has an unclear relationship with interventions used in the resuscitative trauma setting.

The Question: Does higher Body Mass Index (BMI) affect REBOA success or other measurable outcomes, such as time to aortic occlusion (AO)?

The Answer: Our findings suggest no relationship between BMI and:

1. Rate of first-attempt REBOA success,
2. Time to successful AO,
3. Augmented systolic blood pressure, or
4. Mortality.

Duchesne JC et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004411

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RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA IN THE PATIENT WITH OBESITY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/01000/RESUSCITATIVE_ENDOVASCULAR_BALLOON_OCCLUSION_OF.19.ASPX](https://journals.lww.com/jtrauma/abstract/2025/01000/resuscitative_endovascular_balloon_occlusion_of.19.aspx)

Prognosis, Risk Factors, and Scoring Model of Patients Resuscitated from Traumatic Cardiac Arrest

Objectives

- (i) To describe outcomes of patients who were resuscitated from traumatic cardiac arrest.
- (ii) To identify risk factors associated with the outcome.

Results

A scoring model that assigned 1 point each for penetrating injury and signs of life upon hospital arrival effectively stratified the probability of survival to hospital discharge (score 0: 12.2%, score 1: 35.2%, and score 3: 83.3%)

Study population

From the Japan Trauma Data Bank 2019-2021, 458 patients who were successfully resuscitated from traumatic cardiac arrest were identified.

The median age was 64 years, and 334 (74%) patients were men.
A total of 130 (28.8%) survived until discharge.
Penetrating injury and signs of life upon hospital arrival were significantly associated with survival at discharge.

Shibahashi K et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004451

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PROGNOSIS, RISK FACTORS, AND SCORING MODEL OF PATIENTS RESUSCITATED FROM TRAUMATIC CARDIAC ARREST: A MULTICENTER OBSERVATIONAL STUDY IN JAPAN
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/01000/PROGNOSIS_RISK_FACTORS_AND_SCORING_MODEL_OF.20.ASPX](https://journals.lww.com/jtrauma/abstract/2025/01000/prognosis_risk_factors_and_scoring_model_of.20.aspx)

READ THE ARTICLE
**THE MANGLE SCORE: A NOVEL,
SIMPLE TOOL TO IDENTIFY
PATIENTS WHO ARE UNLIKELY
TO REQUIRE AMPUTATION
FOLLOWING SEVERE LOWER
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**THE MANGLE SCORE: A NOVEL SIMPLE TOOL TO
IDENTIFY PATIENTS WHO ARE UNLIKELY TO REQUIRE
AMPUTATION FOLLOWING SEVERE LOWER EXTREMITY
INJURY**

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LETTER TO THE EDITOR

**LETTER RE: "ECMO IN
TRAUMA CARE: WHAT
YOU NEED TO KNOW"**

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TO KNOW"**

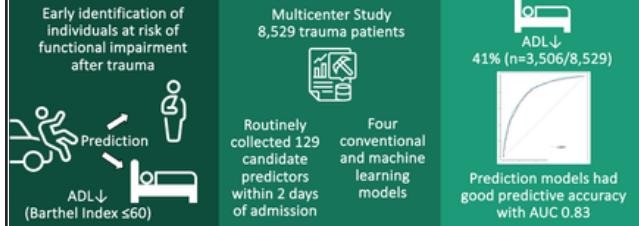
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WHAT YOU NEED TO KNOW
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NUTRITIONAL SUPPORT
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**COMMENT ON: NUTRITIONAL SUPPORT FOR THE TRAUMA
AND EMERGENCY GENERAL SURGERY PATIENT: WHAT
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**Development and Validation of Early Prediction Models For New-onset
Functional Impairment of Patients with Trauma at Hospital Discharge**



Ohbe H et al. *Journal of Trauma and Acute Care Surgery*.
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**DEVELOPMENT AND VALIDATION OF EARLY PREDICTION
MODELS FOR NEW-ONSET FUNCTIONAL IMPAIRMENT OF
PATIENTS WITH TRAUMA AT HOSPITAL DISCHARGE**

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**RESPONSE TO: COMMENT ON: NUTRITIONAL SUPPORT
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PATIENT: WHAT YOU NEED TO KNOW**

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