

JTACS APRIL TABLE OF CONTENTS

'BEST OF' APRIL ARTICLES

BEST OF TRAUMA ARTICLE

Predictive Value of Platelet Function Assays in Traumatic Brain Injury Patients on Antiplatelet Therapy

Study Population	Results	Conclusion
<p>TBI Patients taking anti-platelet medication</p> <ul style="list-style-type: none"> Aspirin P2Y12 inhibitors <p>Patient blood samples were drawn before/after platelet transfusion, then subjected to platelet function analysis</p>	<p>Platelet function analyses were sensitive to detecting changes following platelet transfusion</p> <p>Baseline TEG-PM platelet function values associated with clinical outcomes</p>	<p>Changes detected by platelet function assays following transfusion do not predict clinical outcomes in this cohort</p>

Alsaadi N et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004557

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The Journal of Trauma and Acute Care Surgery

PREDICTIVE VALUE OF PLATELET FUNCTION ASSAYS IN TRAUMATIC BRAIN INJURY PATIENTS ON ANTIPLATELET THERAPY

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A Little Goes a Long Way: A Comparison of Enterolithotomy versus Single Stage Cholecystectomy in the Management of Gallstone Ileus

Study Population	Results	Conclusions
<p>Nationwide Readmissions Database (2011-2017)</p> <p>Gallstone Ileus (n=1,960)</p> <ul style="list-style-type: none"> EL+CCY (n=289) EL alone (n=1,671) 	<p>EL+CCY vs EL alone</p> <p>Mortality</p> <p>Complications</p> <p>Hospital LOS</p> <p>Hospital Costs</p>	<ul style="list-style-type: none"> Enterolithotomy was associated with Shorter Hospital LOS and Lower Hospital Costs Enterolithotomy alone Could be a resource-efficient option for treating Gallstone Ileus

Khurshid MH et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004497

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A LITTLE GOES A LONG WAY: A COMPARISON OF ENTEROLITHOTOMY VERSUS SINGLE-STAGE CHOLECYSTECTOMY IN THE MANAGEMENT OF GALLSTONE ILEUS

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BEST OF EGS ARTICLE

BEST OF SCC

PCR for Early Identification of Bacteria Causing Pneumonia in Ventilated Surgical and Trauma Patients

<p>VAP occurs in 20-25% of Intubated Trauma Patients.</p> <p>Early effective administration of antibiotics decreases morbidity and mortality.</p> <p>Quantitative cultures from a BAL takes 96 hours to fully result compared to 75 min from a BFPP.</p>	<p>151 intubated patients underwent 238 BAL with quantitative cultures and BFPP</p>	<p>Using 10⁶ GCN as a cutoff for a positive BFPP:</p> <p>Sensitivity: 88%</p> <p>Specificity: 98%</p> <p>PPV: 49%</p> <p>NPV: 99.8%</p> <p>In patients with suspected VAP, BFPP is a sensitive and specific test to identify causative bacteria.</p>
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Pollock A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004571

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The Journal of Trauma and Acute Care Surgery

POLYMERASE CHAIN REACTION FOR EARLY IDENTIFICATION OF BACTERIA CAUSING PNEUMONIA IN VENTILATED SURGICAL AND TRAUMA PATIENTS

The tPA-Challenge TEG Provides A Comprehensive Assessment of Fibrinolysis in the Severely Injured

Background	Markers of Fibrinolysis	Conclusions
<p>Four major phenotypes of fibrinolysis defined by tPA-TEG and rTEG LY30:</p> <p>Hypofibrinolysis, Fibrinolytic Shutdown, Hypofibrinolysis, and Nonpathologic</p>	<p>Adult full-trauma activation patient's blood samples within 2 hours of injury</p> <p>tPA-TEG, rTEG and assays for inhibitors and markers of fibrinolysis evaluated</p>	<ol style="list-style-type: none"> tPA-TEG reflects fibrinolytic inhibitors and activation markers better than rTEG Fibrinolytic inhibitors and activation markers align strongly with fibrinolytic phenotypes

Maginot ER et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JTA.0000000000004526

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THE TISSUE-PLASMINOGEN ACTIVATOR-CHALLENGED THROMBOELASTOGRAPHY PROVIDES A COMPREHENSIVE ASSESSMENT OF FIBRINOLYSIS IN THE SEVERELY INJURED

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PENETRATING CARDIAC INJURIES

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CERVICAL SPINE CLEARANCE IN THE PEDIATRIC TRAUMA POPULATION

CERVICAL SPINE CLEARANCE IN THE PEDIATRIC TRAUMA POPULATION: WHAT YOU NEED TO KNOW
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SEPSIS MANAGEMENT OF THE ACUTE CARE SURGERY PATIENT

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Predictive Value of Platelet Function Assays in Traumatic Brain Injury Patients on Antiplatelet Therapy

Study Population	Results	Conclusion
<ul style="list-style-type: none"> TBI Patients taking anti-platelet medication Aspirin P2Y12 inhibitors <p>Patient blood samples were drawn before/after platelet transfusion, then subjected to platelet function analysis</p>	<p>Platelet function analyses were sensitive to detecting changes following platelet transfusion</p> <p>Baseline TEG-PM platelet function values associated with clinical outcomes</p>	<p>Changes detected by platelet function assays following transfusion do not predict clinical outcomes in this cohort</p>

Alsaadi N et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004557
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Prophylactic Antibiotic Use in Trauma Patients with Non-operative Facial Fractures: A Prospective AAST Multicenter Trial

<p>Prospective analysis of patients with non-operative facial fractures</p>  <p>Association between prophylactic antibiotic duration and facial fracture associated infectious complications</p>	<p>1,835 facial fracture patients</p> <p>1,168 received no antibiotics</p> <p>667 received antibiotics</p> <p>0.7% developed infection with no antibiotics 1.7% developed infection with antibiotics</p>	<p>Prophylactic antibiotic use does not reduce the risk of fracture associated infections for most injury patterns</p> 
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Mian RK et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004538
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PROPHYLACTIC ANTIBIOTIC USE IN TRAUMA PATIENTS WITH NON-OPERATIVE FACIAL FRACTURES: A PROSPECTIVE AAST MULTICENTER TRIAL
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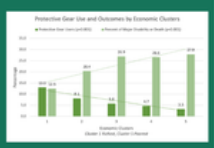
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Pollock A et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004571
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POLYMERASE CHAIN REACTION FOR EARLY IDENTIFICATION OF BACTERIA CAUSING PNEUMONIA IN VENTILATED SURGICAL AND TRAUMA PATIENTS
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Wealth is Health: High economic status in Cameroon correlates with protective gear use in traffic injuries and improved clinical outcomes

<ul style="list-style-type: none"> 3554 road traffic injury patients 9% (n=303) used protective gear <p>Patients in 5 SES clusters based on asset ownership</p>		<p>Enforcement of existing laws and economic incentives for protective gear would benefit the most vulnerable population</p> <ul style="list-style-type: none"> Richest cluster used most protective gear Poorest cluster suffered worst health outcomes
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Dehon F. N. D. et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004515
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WEALTH IS HEALTH: HIGH ECONOMIC STATUS IN CAMEROON CORRELATES WITH PROTECTIVE GEAR USE IN TRAFFIC INJURIES AND IMPROVED CLINICAL OUTCOMES
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The tPA-Challenge TEG Provides A Comprehensive Assessment of Fibrinolysis in the Severely Injured

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Magnat EB et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004526
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THE TISSUE-PLASMINOGEN ACTIVATOR-CHALLENGED THROMBOELASTOGRAPHY PROVIDES A COMPREHENSIVE ASSESSMENT OF FIBRINOLYSIS IN THE SEVERELY INJURED
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The Effect of the Proportion of Low Titer O Whole Blood (LTOWB) for Resuscitation in Pediatric Trauma Patients on 6-, 12- and 24-Hour Survival

<p>Population and Methods</p> <ul style="list-style-type: none"> TQIP database subjects < 18 years old Received any volume of LTOWB between 2020-2022 Analyzed proportion of transfused LTOWB compared to total volume of transfused blood product in first 4 hours of admission 	<p>Results</p> <ul style="list-style-type: none"> Odds of survival at 6-, 12-, and 24-hours for those receiving an LTOWB proportion of $\geq 10\%$, $\geq 20\%$, and $\geq 30\%$ Excluding those that died within the first hour <p>Conclusion: LTOWB $\geq 30\%$ of the total transfusion volume within the first 4-hours was associated with improved survival at 6-, 12-, and 24-hours compared to < 30%.</p>	
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Petersen E, et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004564

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THE EFFECT OF THE PROPORTION OF LOW-TITER O WHOLE BLOOD FOR RESUSCITATION IN PEDIATRIC TRAUMA PATIENTS ON 6-, 12- AND 24-HOUR SURVIVAL
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ECMO is Associated with Decreased Mortality in non-ARDS Patients Following Severe Blunt Thoracic Trauma

<p>Study Population</p> <p>ACS - TQIP (2017-2021)</p> <p>14,106 Severe thoracic injuries</p> <p>Propensity score match</p> <p>VV ECMO 812 NO VV ECMO 812</p>	<p>Results</p> <p>VV ECMO is associated with</p> <ul style="list-style-type: none"> Lower mortality In-hospital complication <p>Each day earlier initiation of VV-ECMO resulted in decreased hospital and ICU LOS by 67.1% and 59.9%, (p<0.001)</p>	<p>Conclusion</p> <p>VV-ECMO in isolated blunt thoracic trauma patients is associated with higher survival rates even in non-ARDS cases. It is associated with higher incidence of complications</p>
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Zangbar, B et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004544

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EXTRACORPOREAL MEMBRANE OXYGENATION IS ASSOCIATED WITH DECREASED MORTALITY IN NON-ACUTE RESPIRATORY DISTRESS SYNDROME PATIENTS FOLLOWING SEVERE BLUNT THORACIC TRAUMA
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Predictors Of Healthy Days at Home: Benchmarking Long-term Outcomes in Geriatric Trauma

<p>2014-2015 Medicare inpatient claims</p> <p>772,109 trauma patients age 65+</p> <p>Main outcome: Healthy Days at Home (HDAH)</p>	<p>Healthy Days at Home (HDAH)</p> <p>= 365 days - mortality days - inpatient days - observation days - skilled nursing facilities - long-term hospital stays - outpatient emergency department and home health visits</p>	<p>Predictors</p> <ul style="list-style-type: none"> Age Female sex Black race CCI Score ISS Frailty Hospital size Trauma Center Designation
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Castillo-Angeles, M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004542

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PREDICTORS OF HEALTHY DAYS AT HOME: BENCHMARKING LONG-TERM OUTCOMES IN GERIATRIC TRAUMA
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Exploring Patient and System Factors Impacting Undertriage of Injured Patients Meeting National Field Triage Guideline Criteria

<p>Injured patients meeting physiologic or anatomic field triage criteria.</p>	<p>Factors associated with undertriage:</p> <ul style="list-style-type: none"> Rural Location: OR 2.71 Ground Transport (vs Air): OR 2.92 Patient/Family Hospital Choice: OR 6.29 Falls (vs. Cut/Pierce): OR 1.77 	<p>Recognized vs. Unrecognized Triage Criteria Among Undertriaged Patients</p> <ul style="list-style-type: none"> Urban EMS: 49% pts had recognized criteria, 51% pts had unrecognized criteria Rural EMS: 69% pts had recognized criteria, 31% pts had unrecognized criteria <p>Rural EMS more likely to recognize triage criteria but undertriage for system reasons.</p>
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Beirger J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004407

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EXPLORING PATIENT AND SYSTEM FACTORS IMPACTING UNDERTRIAGE OF INJURED PATIENTS MEETING NATIONAL FIELD TRIAGE GUIDELINE CRITERIA
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A Machine Learning Based Coagulation Risk Index Predicts Acute Traumatic Coagulopathy in Bleeding Trauma Patients

<p>Acute traumatic coagulopathy (ATC) is associated with increased blood products, organ failure, and mortality. In bleeding trauma patients. We describe a Coagulation Risk Index (CRI) to detect early ATC.</p>	<p>17,567 patients were analyzed. CRI predicted ATC with excellent accuracy in patients that were CAT+ (AUROC: 0.97), received MT (AUROC: 0.98), and received uncrossed matched blood (AUROC: 0.96)</p>	<p>The CRI accurately predicts early ATC. Utilization of this risk index may help identify bleeding patients with early coagulopathy and direct patient specific management.</p>
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Richards JE et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004463

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A MACHINE LEARNING-BASED COAGULATION RISK INDEX PREDICTS ACUTE TRAUMATIC COAGULOPATHY IN BLEEDING TRAUMA PATIENTS
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READ THE ARTICLE

THE DIAGNOSIS AND MANAGEMENT OF ACUTE TRAUMATIC DIAPHRAGMATIC INJURY: A WESTERN TRAUMA ASSOCIATION CLINICAL DECISIONS ALGORITHM

THE DIAGNOSIS AND MANAGEMENT OF ACUTE TRAUMATIC DIAPHRAGMATIC INJURY: A WESTERN TRAUMA ASSOCIATION CLINICAL DECISIONS ALGORITHM
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/CITATION/2025/04000/THE_DIAGNOSIS_AND_MANAGEMENT_OF_ACUTE_TRAUMATIC.14.ASPX](https://journals.lww.com/jtrauma/citation/2025/04000/the_diagnosis_and_management_of_acute_traumatic.14.aspx)

Broadening Indications: In Trauma, VV ECMO is a useful treatment modality

<p>Trauma VV ECMO</p> <p>78 patients</p> <p>36% Motor Vehicle Accident</p> <p>Non Trauma VV ECMO</p> <p>438 patients</p> <p>47% Pneumonia</p>	<p>Trauma vs Non Trauma</p> <ul style="list-style-type: none"> Earlier cannulation (8 h vs 120 h) Shorter ECMO Courses (216 h v 372 h) Higher initial lactic acid (4.2 v 2.3) Higher SOFA and higher SAPS II 	<p>Similar Survival to Discharge (69% v 71%)</p> <p>No Difference in Bleeding or Clotting Complications</p>
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Spivak H et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004485

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BROADENING INDICATIONS: A DESCRIPTIVE AND COMPARATIVE IN-DEPTH ANALYSIS OF VENOVENOUS EXTRACORPOREAL MEMBRANE OXYGENATION OUTCOMES IN TRAUMA AND NONTRAUMA PATIENTS
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Long-term Accuracy of the NELA Risk Score: Analysis of the Impact of Comorbidities on Mortality Five Years After Emergency Laparotomy

<p>Question mark icon</p> <p>Prediction of long-term mortality & the associated prognostic factors after emergency laparotomy (EL) are not well known</p> <p>METHODS</p> <p>EL performed for any non-traumatic indication</p> <p>May 2012 – June 2017</p>	<p>758 patients</p> <p>5-year mortality</p> <p>RESULTS</p> <p>Area under the ROC: 0.82 (0.79 – 0.85)</p>	<p>Ascites: aOR 3.3 (1.9 – 5.5)</p> <p>COPD: aOR 1.9 (1.1 – 3.4)</p> <p>CHF: aOR 3.6 (1.2 – 11.5)</p> <p>MI: aOR 2.6 (1.1 – 6.0)</p> <p>New cancer: aOR 2.8 (1.7 – 4.5)</p> <p>The NELA risk score is accurately able to predict risk of death up to 5-years after EL. History of ascites, COPD, CHF, MI, & new cancer diagnosis were independent prognostic factors.</p>
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Baraazchi ANH et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004487

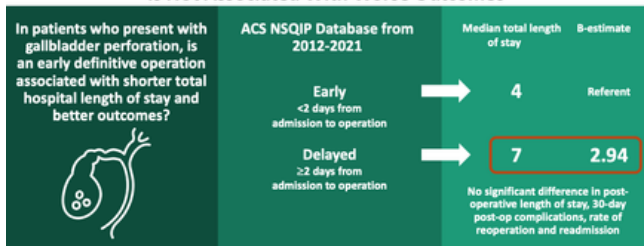
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LONG-TERM ACCURACY OF THE NATIONAL EMERGENCY LAPAROTOMY AUDIT RISK SCORE: ANALYSIS OF THE IMPACT OF COMORBIDITIES ON MORTALITY 5 YEARS AFTER EMERGENCY LAPAROTOMY
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/04000/LONG_TERM_ACCURACY_OF_THE_NATIONAL_EMERGENCY.16.ASPX](https://journals.lww.com/jtrauma/abstract/2025/04000/long_term_accuracy_of_the_national_emergency.16.aspx)

Early Cholecystectomy for Gallbladder Perforation is Not Associated With Worse Outcomes



Wu R et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004491

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EARLY VERSUS DELAYED LAPAROSCOPIC CHOLECYSTECTOMY FOR GALLBLADDER PERFORATION

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Khurshid MH et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004497

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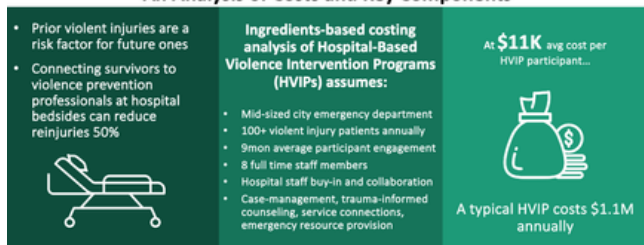
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O'Toole MJ et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004498

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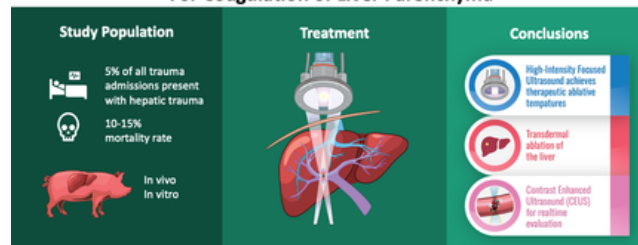
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