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Association Between Prehospital Tranexamic Acid and Cerebral Edema in Patients With Moderate or Severe Traumatic Brain Injury

Retrospective secondary analysis of patients enrolled in the Prehospital TXA for TBI Trial and received ICP monitoring

Placebo n=31
1g bolus/1g infusion n=28
2g bolus n=39

Excluded post-craniectomy monitor data

Normalized to number of hours monitored

Examined surrogate markers of cerebral edema (ICP elevation, CPP depression, rate of craniectomy)

No differences between groups:

- ICP elevations
- CPP depressions
- Rate of craniectomy

Future study may better address this topic by collecting continuous monitoring data

Mckinley W. I. et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004516
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ASSOCIATION BETWEEN PREHOSPITAL TRANEXAMIC ACID AND CEREBRAL EDEMA IN PATIENTS WITH MODERATE OR SEVERE TRAUMATIC BRAIN INJURY
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Teasing Out Factors Differentiating Pathologic From Benign Pneumatosis Intestinalis

Pneumatosis intestinalis is a rare radiographic finding that can range from benign to bowel ischemia.

Retrospective study

N = 334
Two quaternary centers

Key predictors of pathologic pneumatosis:

- Portal venous gas
- Multi-segment involvement
- Hypotension requiring vasopressors
- Peritonitis
- Leukocytosis
- End organ injury

Study results were used to develop a nomogram to predict need for surgical intervention.

Song J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004548
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TEASING OUT FACTORS DIFFERENTIATING PATHOLOGIC FROM BENIGN PNEUMATOSIS INTESTINALIS
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BEST OF Basic and Translational Research

Prevalence of Inappropriate Antithrombotic Use in Geriatric Patients with Complicated Traumatic Brain Injury

Study population: Elderly patients with complicated TBI

With pre-injury antithrombotic use

Cohort size: 207

Retrospectively reviewed patients' charts

Identified antithrombotic use and indications

Assessed appropriateness by referencing guidelines

15% of patients were inappropriately using antithrombotic therapy

Factors associated with inappropriate use:

- Venous thromboembolism
- Arterial stent
- Aspirin use

Gautam D et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004552
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INAPPROPRIATE ANTITHROMBOTIC USE IN GERIATRIC PATIENTS WITH COMPLICATED TRAUMATIC BRAIN INJURY
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Tranexamic Acid Impact on Platelet Adhesion to the Endothelium After Shock Conditions: A Protective Effect?

TXA (150µM)*

Does TXA given following shock conditions impact platelet adherence

TXA administration following shock

TXA protected glycocalyx degradation following HR + epi exposure

Platelet adhesion to endothelium significantly reduced by TXA in a time sensitive manner

Importance of anti-inflammatory effects of TXA & Early TXA administration

Microvascular perfusion abnormalities likely due to inhibition of platelet adhesion and mitigating thromboinflammation at the endothelium in the microvasculature.

*TXA perfused after control or shock conditions (60 minutes) followed by reoxygenation period.

Diebel LN et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004572
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WHAT YOU NEED TO KNOW

SELECTIVE NON-OPERATIVE MANAGEMENT OF ABDOMINAL GUNSHOT WOUNDS

SELECTIVE NONOPERATIVE MANAGEMENT OF ABDOMINAL GUNSHOT WOUNDS: WHAT YOU NEED TO KNOW
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DIAGNOSIS AND MANAGEMENT OF PANCREATIC TRAUMA: WHAT YOU NEED TO KNOW

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EVIDENCE-BASED, COST-EFFECTIVE MANAGEMENT OF ABDOMINAL WALL HERNIAS. AN ALGORITHM OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY EMERGENCY GENERAL SURGERY ALGORITHMS WORK GROUP

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AN INTRODUCTION TO CLINICAL PREDICTION MODELS USING LOGISTIC REGRESSION IN ACUTE CARE SURGERY RESEARCH: METHODOLOGIC CONSIDERATIONS AND COMMON PITFALLS

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Venous Thromboembolism Events in Trauma Patients After Hospital Discharge

Statewide Collaborative Data from 35 Level 1 & 2 Trauma Centers

VTE Rates
0.8% Index Admission vs. 4.3% Post-Discharge

VTE risk extends well beyond hospital discharge

34,421 Linked Patients Post-discharge PE or VTE

Risk Factors Associated with VTE

VTE Events in 1st Year after Discharge

Continued surveillance and study

Dougherty JM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004527
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VENOUS THROMBOEMBOLISM EVENTS IN TRAUMA PATIENTS AFTER HOSPITAL DISCHARGE
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Pre- and Post-Injury Financial Hardship Among Trauma Survivors National Survey Study Comparing Injured Patients to Matched, Uninjured Controls

Post-injury financial hardship is common

40% of injured patients

Difference-in-differences: 8.2 percentage-point increase in financial hardship pre- versus post-injury

Uninsured & Underinsured at highest risk

Difference-in-differences of difficulty with medical bills after injury:

Uninsured, low income – 19.1pp
Private ins., low income – 9.5pp

Poor financial health is associated with delays in care and poor health

Increased Odds of Delayed Care if Problems with Medical Bills: aOR 3.3 (2.5-4.4)

Increased Odds of Poor Health if Delayed Care: aOR 1.5 (1.2-2.0)

Clark N et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004545
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PRE- AND POSTINJURY FINANCIAL HARDSHIP AMONG TRAUMA SURVIVORS: A NATIONAL SURVEY STUDY
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Assessing Trauma-informed Care (TIC) Adoption A Comprehensive Survey of Trauma Center Professionals and Institutional Trend

CHALLENGE

Considerable variation in TIC adoption across trauma center levels and designations.

PROCESS

A Trauma Prevention Coalition study conducted through SurveyMonkey assessed TIC prevalence, awareness, and training engagement, shedding light on potential data gaps in centers caring for injured patients. Among 948 participants, 91% (n=861) were affiliated with pediatric or adult trauma centers.

RESULT

Higher prevalence of TIC core values in pediatric trauma centers and Level I trauma centers and a diminishing occurrence in lower-level centers.

Yao J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004546
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EVALUATING TRAUMA AWARENESS IN HEALTH CARE: INSIGHTS FROM THE AAST AND TRAUMA PREVENTION COALITION SURVEY
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Early Primary Care Follow-up is Associated with Improved Long-term Functional Outcomes Among Injured Older Adults

Is early primary care follow-up after injury associated with long-term outcomes for older adults?

93,482 patients

24,167 → saw own primary care physician within 14 days of discharge

16,676 → died or admitted to nursing home in year after discharge

Early follow-up with own primary care physician → **15% lower hazard of death or nursing home admission in year after discharge**

Tillmann BW et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004528 @JTraumaAcuteSurg

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EARLY PRIMARY CARE FOLLOW-UP IS ASSOCIATED WITH IMPROVED LONG-TERM FUNCTIONAL OUTCOMES AMONG INJURED OLDER ADULTS

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Outcomes Among Patients with Isolated Traumatic Brain Injury Before & After Medicaid Expansion

Comparison of Outcomes Among Patients with Isolated TBI in the Pre-Expansion (N=267,716) vs. Post-Expansion (N=313,664) Intervals Using TQP PUF

Insurance Coverage	% Discharged to Care Facility or Home Health Service	% Mortality In-Hospital
MEDICAID COVERAGE		
PRE: 13.8% v. 22.6% OR = 1.9, p<0.01	PRE: 15.6% v. 18.9% OR = 1.3, p<0.01	PRE: 3.4% v. 3.5% OR = 1.0, p=0.18
UNINSURED (SELF-PAY)		
PRE: 17.0% v. 23.7% OR = 1.5, p<0.01	Uninsured: 8.8% v. 19.0% OR = 2.5, p<0.01 Medicaid: 3.7% v. 4.5% OR = 0.6, p<0.01	

Medicaid Expansion associated with reduced coverage gap (uninsurance rate) and greater likelihood of discharge to post-injury care compared to uninsured. Medicaid patients were more likely to survive discharge and to receive post-discharge care

Rallo MS et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004555 @JTraumaAcuteSurg

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OUTCOMES AMONG PATIENTS WITH ISOLATED TRAUMATIC BRAIN INJURY BEFORE AND AFTER MEDICAID EXPANSION

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The Costs of Parental Injury: Impacts on Children's Healthcare Utilization and Financial Barriers to Care

Key Question: How does parental injury affect children's health, healthcare utilization, and social outcomes?

Population	Methods	Main Findings
Population of Interest: Children of Injured Parents	Children of Injured Parents vs Children of Non-Injured Parents	Children of injured parents had: Higher ADHD/ADD OR: 1.69 (1.17-2.39) Higher Injury Rates OR: 2.63 (1.93-3.54) Greater Financial Worry OR: 2.34 (1.05-4.88)
Data Source: The National Health Interview Survey (NHIS)	Outcomes of Interest: Health Outcomes, Healthcare Utilization, Socioeconomic Impact	Children of injured parents have complex health and socioeconomic needs
Time Frame: 2020-2021	Reported Adjusted Odds Ratios (95% CI)	

Mahajan A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004553 @JTraumaAcuteSurg

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THE CONSEQUENCES OF PARENTAL INJURY: IMPACTS ON CHILDREN'S HEALTH CARE UTILIZATION AND FINANCIAL BARRIERS TO CARE

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Cell-free Mitochondria are Detected in High Concentrations in the Plasma of Orthopedic Trauma Patients

Cell-free mitochondria were measured in plasma with flow cytometry

Trauma patients had higher concentrations of cell-free mitochondria than healthy controls

Cell-free Mitochondria correlated with:
- Acute thrombocytopenia
- Tissue Injury (ISS)
- Organ failure
- Cryoprecipitate and FFP transfusions

Briggs G et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004483 @JTraumaAcuteSurg

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CELL-FREE MITOCHONDRIA ARE DETECTED IN HIGH CONCENTRATIONS IN THE PLASMA OF ORTHOPEDIC TRAUMA PATIENTS

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Risk Factors and Resolution of Patient-Reported Pain and Mental Health Symptoms Following Rib Fracture(s)

METHODS	RESULTS	CONCLUSION
Patients with ≥1 rib fracture enrolled in mobile health platform to collect PROMs	Patients with higher pain on admission experienced: • Higher pain at two weeks • Increased mental health symptoms All patients in the study had resolution of pain and mental health symptoms within three months	Utilizing a health app to monitor PROMs after discharge may improve outcomes for rib fracture patients

Sundliff M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004529 @JTraumaAcuteSurg

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RISK FACTORS AND RESOLUTION OF PATIENT-REPORTED PAIN AND MENTAL HEALTH SYMPTOMS FOLLOWING RIB FRACTURE(S)

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Prevalence of Inappropriate Antithrombotic Use in Geriatric Patients with Complicated Traumatic Brain Injury

Study population: Elderly patients with complicated TBI

Retrospectively reviewed patients' charts

15% of patients were inappropriately using antithrombotic therapy

With pre-injury antithrombotic use

Identified antithrombotic use and indications

Assessed appropriateness by referencing guidelines

Factors associated with inappropriate use:
• Venous thromboembolism
• Arterial stent
• Aspirin use

Cohort size: 207

Gautam D et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004552 @JTraumaAcuteSurg

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INAPPROPRIATE ANTITHROMBOTIC USE IN GERIATRIC PATIENTS WITH COMPLICATED TRAUMATIC BRAIN INJURY

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Incarceration Is Associated With Higher Mortality After Trauma: An Unreported Healthcare Disparity

2017-2018 NTDB trauma patients

Exclusions for <18 years of age and/or dead on arrival

12,888 incarcerated patients (identified with ICD-10 location of injury code) & 1,654,254 non-incarcerated patients

Multi-level logistic regression and nearest neighbor matched analysis

Conclusions:
1. Incarceration is associated with increased mortality after trauma (adjusted Odds Ratio 1.417)
2. It may be associated with decreased in-hospital complications (aOR 0.758)
3. Improved prospective data collection is necessary

Newman-Plotnick H T et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004512 @JTraumaAcuteSurg

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INCARCERATION IS ASSOCIATED WITH HIGHER MORTALITY AFTER TRAUMA: AN UNREPORTED HEALTH CARE DISPARITY

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No differences between groups:
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• CPP depressions
• Rate of craniotomy

Examined surrogate markers of cerebral edema (ICP elevation, CPP depression, rate of craniotomy)

Future study may better address this topic by collecting continuous monitoring data

McKinley W. I. et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004516 @JTraumaAcuteSurg

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EFFICIENT EVACUATION – ENHANCED SURVIVAL: INSIGHTS FROM GAZA CONFLICT TRAUMA CARE

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Pneumatosis intestinalis is a rare radiographic finding that can range from benign to bowel ischemia.

Retrospective study
N = 334
Two quaternary centers
2010 → 2020

Key predictors of pathologic pneumatosis:
 Portal venous gas
 Multi-segment involvement
 Hypotension requiring vasopressors
 Peritonitis
 Leukocytosis
 End organ injury

Study results were used to develop a nomogram to predict need for surgical intervention.

Song J et al. *Journal of Trauma and Acute Care Surgery*.
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Optimal Dose of Tranexamic Acid in Traumatic Brain Injury: Systematic Review and Network Meta-analysis of Randomized Controlled Trials

Tranexamic acid (TXA) vs Placebo

- 1g bolus + 1g maintenance
- 2g bolus only
- 1g bolus only

11,237 patients with traumatic brain injury from 10 RCTs

TXA 1g + 1g = 5,452
TXA 2g = 345
TXA 1g = 56
Placebo = 5,384

Mortality & Neurological outcome & Vascular occlusion event

Placebo and TXA 1g bolus followed by 2g maintenance had higher mortality compared to TXA 2g

No significant difference was found in neurological outcome

No significant difference was found in vascular occlusion events

Utsumi S et al. *Journal of Trauma and Acute Care Surgery*.
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Early Initiation of Rehabilitation Therapies in Children with Severe Traumatic Brain Injury (TBI): An Algorithm based on Expert Panel Recommendations

17,000 children per year with pediatric TBI are permanently disabled

Delay in the initiation of a comprehensive rehabilitation program after pediatric TBI has been associated with worse functional outcomes

There is wide variation among hospitals in the provision of rehabilitation therapies for children with TBI

A systematic review of the literature supporting specific timing of initiation of rehabilitation services after TBI

In the absence of evidence revealed by the systematic review, the expert panel created an algorithm to guide prospective research on early initiation of rehabilitation services for hospitalized children with TBI

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