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'BEST OF' JULY ARTICLES

BEST OF TRAUMA ARTICLE

Where Does Cryoprecipitate Fit into Balanced Resuscitation? An Evaluation of 2,117 Hemorrhaging Patients Utilizing Viscoelastic-based Resuscitation

Study Population	Results	Conclusions
Adult trauma patients from 2017-2021, who received emergency-release blood products prehospital/ED. CRYO transfusions guided by viscoelastic testing (VET). At what transfusion ratio should cryoprecipitate be administered?	4hr Ratio RBC:FFP:PLT: CRYO Component Therapy: 7: 6: 1: 1 WB + COMP: 10: 9.5: 1.7: 1	In the absence of VET guidance, consider CRYO when starting the second MTP cooler. When using whole blood, CRYO may not be needed until later in the resuscitation of bleeding patients.

Van Gent J-M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004643

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The Journal of Trauma and Acute Care Surgery

WHERE DOES CRYOPRECIPITATE FIT INTO BALANCED RESUSCITATION? AN EVALUATION OF 2,117 HEMORRHAGING PATIENTS USING VISCOELASTIC-BASED RESUSCITATION

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/07000/WHERE_DOES_CRYOPRECIPITATE_FIT_INTO_BALANCED.11.ASPX](https://journals.lww.com/jtrauma/abstract/2025/07000/where_does_cryoprecipitate_fit_into_balanced.11.aspx)



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Safety of Early Diverting Loop Ileostomy Reversal After Sigmoid Colectomy With Primary Anastomosis For Perforated Diverticulitis

Study Population	Results	Conclusions
5757 patients with unplanned admission for acute perforated diverticulitis + Sigmoid colectomy with primary anastomosis and diverting loop ileostomy + Subsequent admission for elective ileostomy reversal	 Compared to early reversal, late reversal was associated with increased risk of post-operative complications (OR 3.71 [95% CI 2.38-5.55] p < 0.001). Cost of admission for late reversal was \$15571 compared to \$8980 for early reversal.	In appropriate patients, diverting loop ileostomy reversal earlier than 8 weeks following a sigmoid colectomy with primary anastomosis for acute perforated diverticulitis is: ✓ Safer ✓ More cost effective ✓ Associated with a shorter length of stay

Emprey R et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004590

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SAFETY OF EARLY DIVERTING LOOP ILEOSTOMY REVERSAL AFTER SIGMOID COLECTOMY WITH PRIMARY ANASTOMOSIS FOR PERFORATED DIVERTICULITIS

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/07000/SAFETY_OF_EARLY_DIVERTING_LOOP_ILEOSTOMY_REVERSAL.7.ASPX](https://journals.lww.com/jtrauma/abstract/2025/07000/safety_of_early_diverting_loop_ileostomy_reversal.7.aspx)

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BEST OF SCC

Should We Redefine The Age of Geriatric Trauma? An Insight From ACS-TQIP Database 30-day Mortality Risk

The exact cutoff age for geriatric trauma is not universally defined, ranging from 55-74	Change point analysis of ACS TQIP data on mortality 2013-2021	
 Change point analysis on mortality was done on patients with all trauma mechanisms vs ground level falls (GLF)	 All Trauma: >72 has >4x increased odd of mortality GLF: >65 has 3x increased odd of mortality	Geriatric designation should be based on mechanism and age.

Noureddine et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004611

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SHOULD WE REDEFINE THE AGE OF GERIATRIC TRAUMA? AN INSIGHT FROM AMERICAN COLLEGE OF SURGEONS TRAUMA QUALITY IMPROVEMENT PROGRAM DATABASE 30-DAY MORTALITY RISK

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Plasma Resuscitation Restores Glomerular Hyaluronic Acid and Mitigates Hemorrhage-induced Glomerular Dysfunction

Shedding of the endothelial glycocalyx occurs following hemorrhagic shock and resuscitation, particularly within the pulmonary and intestinal microcirculation.	Hemorrhagic Shock (60 min, 40% MAP) Crystalloid vs. Plasma Resuscitation + Glomerular Syndecan-1 Hyaluronic Acid (HA) (Glycocalyx Components) + [Urine Protein] as a marker of glomerular dysfunction	 Crystalloid = ↓ HA Results in proteinuria Plasma = ↑ HA Normalizes urine protein Plasma resuscitation restores the glomerular glycocalyx Reverses early glomerular dysfunction
 Does glycocalyx shedding occur in the renal glomerulus? Is this associated with early glomerular dysfunction?		

Risinger WB et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004623

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PLASMA RESUSCITATION RESTORES GLOMERULAR HYALURONIC ACID AND MITIGATES HEMORRHAGE-INDUCED GLOMERULAR DYSFUNCTION

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WHAT YOU NEED TO KNOW MANAGEMENT OF PERFORATED PEPTIC ULCER

MANAGEMENT OF PERFORATED PEPTIC ULCER: WHAT YOU NEED TO KNOW

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WHAT YOU NEED TO KNOW INITIAL MANAGEMENT OF PATIENTS WITH BURNS AND COMBINED INJURIES FOR NON-BURN ACUTE CARE SURGEONS

INITIAL MANAGEMENT OF PATIENTS WITH BURNS AND COMBINED INJURIES FOR ACUTE CARE SURGEONS: WHAT YOU NEED TO KNOW

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REGRESSION ANALYSIS IN CLINICAL RESEARCH


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Empey R et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004590

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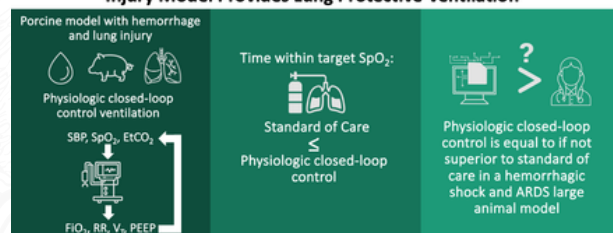
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Semiautonomous Ventilation in a Porcine Hemorrhage and Lung Injury Model Provides Lung Protective Ventilation



Becker ER et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004610

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SEMI-AUTONOMOUS VENTILATION IN A PORCINE HEMORRHAGE AND LUNG INJURY MODEL PROVIDES LUNG PROTECTIVE VENTILATION

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Shedding of the endothelial glycocalyx occurs following hemorrhagic shock and resuscitation, particularly within the pulmonary and intestinal microcirculation.

Hemorrhagic Shock (60 min, 40% MAP) → Crystalloid vs. Plasma Resuscitation → Glomerular Syndecan-1 Hyaluronic Acid (HA) (glycocalyx Components) → [Urine Protein] as a marker of glomerular dysfunction

Crystalloid = ↓ HA Results in proteinuria

Plasma = ↑ HA Normalizes urine protein

Plasma resuscitation restores the glomerular glycocalyx → Reverses early glomerular dysfunction

Does glycocalyx shedding occur in the renal glomerulus? Is this associated with early glomerular dysfunction?

Risinger WB et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000000463

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Review of CT Imaging Can Decrease Non-Therapeutic Transfer After Facial Trauma

Methods

- Adult patients from 2013-2023 transferred from a system hospital. Inclusion: Isolated facial injuries, and CT imaging of the head or face performed at outside institution before transfer
- CT images alone then reviewed by facial trauma surgeons to determine both the need (yes, no, indeterminate) and appropriate timing for surgery.

Results

Reviewed 150 CT scans

Need:	Yes	No	Indeterminate
	40 (26.67%)	85 (57%)	25 (16.67%)

Timing: Three patients (7.5%) had urgent indications for surgery in <24 hours. Surgery during the index admission was appropriate for 27 (67.5%) patients and 10 (25%) for outpatient surgery.

Conclusion: Reviews of facial CTs were 100% accurate in identifying non-operative patients and accurately identifying those that needed urgent surgical intervention. Evaluating these patients from afar could have several downstream benefits to patients, providers, and the medical system.

Mamlikian C et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004621

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REVIEW OF COMPUTED TOMOGRAPHY IMAGING CAN DECREASE NONTHERAPEUTIC TRANSFER AFTER FACIAL TRAUMA

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Where Does Cryoprecipitate Fit into Balanced Resuscitation?

An Evaluation of 2,117 Hemorrhaging Patients Utilizing Viscoelastic-based Resuscitation

Study Population: Adult trauma patients from 2017-2021, who received emergency-release blood products prehospital/ED. CRYO transfusions guided by viscoelastic testing (VET). At what transfusion ratio should cryoprecipitate be administered?

Results: 4hr Ratio RBC:FFP:PLT: CRYO Component Therapy: 7: 6: 1: 1 WB + COMP: 10: 9.5: 1.7: 1

Conclusions: In the absence of VET guidance, consider CRYO when starting the second MTP cooler. When using whole blood, CRYO may not be needed until later in the resuscitation of bleeding patients.

Van Gent J-M et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004643

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The Intersection Between Firearm Injury Prevention and Surgical Practice A

qualitative study featuring 1:1 interviews with 32 firearm owning surgeons about the surgeon's role in firearm injury prevention

Theme 1 - A duty to prevention: "We have a position of leverage that other people don't have."

Theme 2 - Advocacy without politics: "Regardless of your political leaning... we've got to address the prevention side to effectively be able to take care of the problem."

Theme 3 - Environmental constraints: "Who's going to do that 20- or 30-minute conversation in addition to whatever other health issue that you're involved in?"

Theme 4 - Credible messengers: "I just don't know that people really care about our opinions on guns."

Conclusion: Many firearm-owning surgeons believed that firearm injury prevention should be a part of clinical practice, but fear damaging the patient/physician relationship. Firearm injury prevention warrants tailored approaches, considering the credibility of the messenger, injury intent, and local context.

Waddle SD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004612

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THE INTERSECTION BETWEEN FIREARM INJURY PREVENTION AND SURGICAL PRACTICE: A QUALITATIVE STUDY

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Lead the Room: Impact of Leadership Style on Team Resilience Among Trainees in the Trauma Bay

Single-center, cross-sectional study evaluating trauma leadership styles and team resilience during trauma resuscitations (N=118) using trauma video review

Subjects: Surgical trainees (senior residents/fellows)

Transformational leadership: Goal-oriented, providing feedback to team members

Transactional leadership: Late, minimal intervention

Team cooperation (r=0.53*, p<0.001)

Knowledge sharing (r=0.47**, p<0.001)

Team members speaking up (r=0.52* and r=0.49*, p<0.001)

Passive leadership: Passive leadership negatively correlated with all 3 team behaviors (p<0.001)

Transformational and transactional leadership styles positively correlated with team resilience

Opportunities for improvement among trainees should be further explored

Succar B et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004635

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LEAD THE ROOM: IMPACT OF LEADERSHIP STYLE ON TEAM RESILIENCE AMONG TRAINEES IN THE TRAUMA BAY

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Interleukin-22 As A Novel Therapy for Trauma Relevant Acute Kidney Injury

Rat model of hemorrhagic shock and resuscitation

IL22:Fc resulted in lower serum creatinine

IL22:Fc may be a novel therapy for trauma relevant acute kidney injury

Treatment with Interleukin-22:Fc (IL22:Fc) vs. Sham treated

Lower urinary albumin (0.39 vs. 0.12 ug/mL, p=0.02)

Taghavi, Sharven et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004655

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INTERLEUKIN-22 AS A NOVEL THERAPY FOR TRAUMA RELEVANT ACUTE KIDNEY INJURY

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Primary Repair versus Resection for AAST Grade I and II Colon Injuries: Does the Type of Repair Really Matter? An EAST Multicenter Trial

Study Population: 2022 patients with AAST Grade I and II colon injuries

1314 primary repair (PR) | 708 resection with anastomosis (RWA)

Results: RWA associated with increased intra-abdominal infectious complications. Patients undergoing RWA had longer hospital LOS.

Conclusion: PR should be utilized when managing Grades I and II colon injuries when feasible.

Fitzgerald, Caitlin A. et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004649

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PRIMARY REPAIR VERSUS RESECTION FOR AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA GRADES I AND II COLON INJURIES: DOES THE MANAGEMENT APPROACH REALLY MATTER? AN EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA MULTICENTER TRIAL

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Does a Weekend Effect Exist For Emergency General Surgery?

Does off-hours presentation effect interfacility transfer status?

Off-hours defined as nights or weekend admission

Syr retrospective cohort of all EGS consults

Hypothesis: Timing of presentation yields significant variation in transfer volume

EGS Patients Cohorts: Interfacility transfer vs. Direct ED Admission

Off-hour admits 2x more likely to be transfer

No mortality difference with time of admit → 2x odds higher mortality with transfer

73% EGS cases were off-hour admissions

12 outcome: Likelihood of off-hours admit as transfer

26 outcome: In-hospital mortality

Levin JH et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004600

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ASSOCIATION OF NIGHTS AND WEEKENDS AND PATTERNS OF INTERFACILITY TRANSFER AND MORTALITY FOR EMERGENCY GENERAL SURGERY PATIENTS

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Back to the Drawing Board: Exploring the Composition and Mechanical Properties of Traumatic Hemothorax

HTX thrombi collected
Mar 2022 – Jan 2023
Issue 573 Trauma and Acute Care Surgery (ISSN) Volume 573 Part 1 (pp.1)

Scanning electron microscopy
- Composition
- Degree of contraction

Rheometry
- Maximum compressive yield strength
*Greater strength indicates fracture resistance

Beyond 72 hrs, HTX thrombi:
1) Contract Significantly
1.8% vs. 25% Contraction ($p < 0.001$)
2) Develop greater compressive yield strength
52.3 vs 75.1 kPa ($p = 0.009$)

Acute HTX clots are relatively porous and weak
Subacute HTX contract and gain strength, **potentially limiting** the effectiveness of subsequent interventions (e.g. tPA, additional tubes)
Future studies should further explore the time course of HTX thrombus evolution to improve targeted therapies

Mclaughlan N et al. *Journal of Trauma and Acute Care Surgery*.
10.1097/TA.0000000000004591
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BACK TO THE DRAWING BOARD: EXPLORING THE COMPOSITION AND PHYSICAL PROPERTIES OF TRAUMATIC HEMOTHORAX
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Should We Redefine The Age of Geriatric Trauma? An Insight From ACS-TQIP Database 30-day Mortality Risk

The exact cutoff age for geriatric trauma is not universally defined, ranging from 55-74

Change point analysis of ACS TQIP data on mortality 2013-2021

All trauma: >72 has >4x increased odd of mortality
GLF: >65 has 3x increased odd of mortality
Geriatric designation should be based on mechanism and age.

Change point analysis on mortality was done on patients with all trauma mechanisms vs ground level falls (GLF)

Noureldine et al. *Journal of Trauma and Acute Care Surgery*.
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SHOULD WE REDEFINE THE AGE OF GERIATRIC TRAUMA? AN INSIGHT FROM AMERICAN COLLEGE OF SURGEONS TRAUMA QUALITY IMPROVEMENT PROGRAM DATABASE 30-DAY MORTALITY RISK
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WE_REDEFINE_THE_AGE_OF_GERIATRIC_TRAUMA_AN.18.ASPX](https://journals.lww.com/jtrauma/abstract/2025/07000/should_we_redefine_the_age_of_geriatric_trauma_an.18.aspx)

The Effect of Ridesharing Services on Motor Vehicle Crash Outcomes: A systematic review and practice management guideline from the Eastern Association for the Surgery of Trauma

Ridesharing apps may provide a safe alternative to intoxicated driving.

EAST Systematic Review using GRADE methodology:
Impact of ridesharing on crash-related injuries and deaths

- 15 studies included, all observational
- 11 showed benefit for some crash-related outcome
- 1 showed harm
- Conditionally recommend use of ridesharing

Kaufman EI et al. *Journal of Trauma and Acute Care Surgery*.
10.1097/TA.0000000000004614
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ECT_OF RIDESHARING_SERVICES_ON_MOTOR.19.ASPX](https://journals.lww.com/jtrauma/abstract/2025/07000/the_eff_ect_of_ridesharing_services_on_motor.19.aspx)

Shock Index, Pediatric Age Adjusted: A Scoping Review of Applications in Pediatric Trauma Triage and Beyond

What is Known:
The problem:
• Use of adult-based trauma triage tools is limited in pediatric patients because normal vital signs vary by age.
• Shock Index, Pediatric Age Adjusted (SIPA) accounts for this variation.
SIPA has applications in:
• Trauma triage
• Massive transfusion protocol activation criteria
• Blunt solid organ injury

Research Aims:
What is the utility and what are the limitations of SIPA in the triage and management of pediatric trauma patients?
What gaps are there in the existing literature?

Limitations & Knowledge Gaps:
• SIPA should not be used alone as trauma team activation criteria
• New scores and proposed cutoffs offer marginal improvement in identifying injured children.

Conclusions:
• Research on accurate trauma triage tools in pediatric patients is ongoing
• SIPA is more useful in trauma triage of injured children when combined with mental status assessment

Barone-Camp A et al. *Journal of Trauma and Acute Care Surgery*.
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Is Non-operative Management of Appendic
in the COVID-19 Era?



Retrospective review of
national databases for adult
patients with acute
appendicitis during the COVID-
19 pandemic.
Stratified by COVID-19 status.
n = 34,865
n = 540

Non-operative
COVID-19
underparts
responsibility for
COVID-19

Grimsby BA1 3...
DOI: 10.1097/J...
0000000000004205

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