

# JTACS OCTOBER TABLE OF CONTENTS

## 'BEST OF' OCTOBER ARTICLES


BEST OF TRAUMA ARTICLE

### Rates of Healing and Timing of Repeat Imaging after Blunt Cerebrovascular Injury: A Systematic Review and Meta-Analysis

We included 20 studies from EMBASE and MEDLINE that reported imaging-based follow-up outcomes of 2,641 adult patients with BCVI



Lower grade injury is associated with BCVI healing at follow-up imaging (pooled unadjusted odds ratio 6.73, 95% CI 4.23 to 10.71, moderate certainty)



These findings emphasize the importance of considering injury grade when determining the appropriate follow-up imaging interval

Li A, et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004748

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The Journal of Trauma and Acute Care Surgery

### RATES OF HEALING AND TIMING OF REPEAT IMAGING AFTER BLUNT CEREBROVASCULAR INJURY: A SYSTEMATIC REVIEW AND META-ANALYSIS


[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/10000/RATES\\_OF\\_HEALING\\_AND\\_TIMING\\_OF\\_REPEAT\\_IMAGING.19.ASPX](https://journals.lww.com/jtrauma/abstract/2025/10000/rates_of_healing_and_timing_of_repeat_imaging.19.aspx)

### A Comparative Study of Extracorporeal Shock Wave Lithotripsy and Cholangioscopy-guided Lithotripsy in the Management of Complex Stones: A Randomized Study


Some large complex large bile duct stones (CBDS) remain after conventional ERCP. ESWL and cholangioscopy-guided lithotripsy are second-line treatments



42 Patients in ESWL



42 Patients in Cholangioscopy



	ESWL Success	Cholangioscopy Success	P Value
Technical Success	902/924	92/92	0.08
Clinical Success	708/924	87/92	0.05
Mean ERCP Sessions	3.103 ± 0.98	3.128 ± 0.56	0.96
Adverse events	26	21	0.27

Compared to ESWL, cholangioscopy-guided lithotripsy is a safe and effective treatment for large and complex CBDS.

Khizar H et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004693

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### A COMPARATIVE STUDY OF EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY AND CHOLANGIOSCOPY-GUIDED LITHOTRIPSY IN THE MANAGEMENT OF COMPLEX BILIARY STONES: A RANDOMIZED TRIAL

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/10000/A\\_COMPARATIVE\\_STUDY\\_OF\\_EXTRACORPOREAL\\_SHOCK\\_WAVE.17.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/10000/a_comparative_study_of_extracorporeal_shock_wave.17.aspx)

BEST OF EGS ARTICLE

BEST OF SCC

### Balancing Safety and Efficacy: Assessment of a Weight-Based, Anti-Xa Guided Enoxaparin Venous Thromboembolism Prophylaxis Dosing Strategy for Traumatic Brain Injury Patients

Study Population	Results	Conclusions
<ul style="list-style-type: none"> <li>Adult (≥ 18 years) TBI patients with ICH on CT imaging</li> <li>Single-center, propensity-matched analysis</li> <li>Weight-based, anti-Xa guided LMWH vs fixed dose UFH or LMWH</li> </ul> 	<p>Weight-based, anti-Xa guided LMWH vs fixed-dose chemoprophylaxis</p> <p>↓ VTE incidence (2.4% vs 6.4%; <math>p = 0.029</math>)</p> <p>≡ Radiographic ICH progression (4.4% vs 4.4%; <math>p = 0.99</math>)</p>	<p>Weight-based, anti-Xa guided LMWH both safe and effective for VTE prophylaxis in TBI</p> 

Atallah S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004701

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### BALANCING SAFETY AND EFFICACY: ASSESSMENT OF A WEIGHT-BASED, ANTI-XA-GUIDED ENOXAPARIN VENOUS THROMBOEMBOLISM PROPHYLAXIS DOSING STRATEGY FOR TRAUMATIC BRAIN INJURY PATIENTS

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**WHAT YOU NEED TO KNOW**  
**DIAGNOSIS AND MANAGEMENT OF GASTROINTESTINAL HEMORRHAGE**

**DIAGNOSIS AND MANAGEMENT OF GASTROINTESTINAL HEMORRHAGE: WHAT YOU NEED TO KNOW**  
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**EVIDENCE-BASED, COST-EFFECTIVE MANAGEMENT OF LARGE BOWEL OBSTRUCTION: AN ALGORITHM OF THE JOURNAL OF TRAUMA AND ACUTE CARE SURGERY EMERGENCY GENERAL SURGERY ALGORITHMS WORK GROUP**  
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**Chest Wall Injury Society Guidelines for Surgical Stabilization of Rib Fractures: Indications, Contraindications, and Timing**

Surgical stabilization of rib fractures (SSRF) has gained significant popularity over recent years for patients with chest wall injury. There remains a lack of standard of indications for which patients might benefit from SSRF. These guidelines, created from extensive literature review and the Chest Wall Injury Society, help lay a foundation for which patients may benefit from SSRF.

**INDICATIONS**  
 1. Chest wall instability  
 a. Three or more sequential rib fractures with greater than 20% displacement on CT scan  
 b. Paradoxical chest wall motion  
 c. Significant chest wall deformity (volume loss > 20%)  
 d. Clucking or grunting reported by the patient or observed by the healthcare provider  
 2. Failure to wean from mechanical ventilation due to chest wall instability  
 3. Chest wall instability  
 a. Three or more sequential rib fractures with greater than 20% displacement on CT scan  
 b. Paradoxical chest wall motion  
 c. Significant chest wall deformity (volume loss > 20%)  
 d. Clucking or grunting reported by the patient or observed by the healthcare provider  
 2. Progressive respiratory failure/failure to improve despite multimodal analgesia  
 3. Three or more displaced rib fractures with two or more pulmonary physiologic derangements  
 a. Respiratory rate > 22  
 b. Incentive spirometry value < 10% of predicted (or a value that is trending in a negative direction)  
 c. Humidifier path volume (HPLV) consistently greater than 5 out of 10  
 d. Flap cough  
 4. Anesthesiologist/trauma score (e.g., SCAR, STAMBI, Ribscore)

Bauman ZM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004750  
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**CHEST WALL INJURY SOCIETY GUIDELINES FOR SURGICAL STABILIZATION OF RIB FRACTURES: INDICATIONS, CONTRAINDICATIONS, AND TIMING**  
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**BRIDGING THE GAPS IN SURGICAL EDUCATION FOR THE EXPEDITIONARY SURGEON: A POSITION PAPER FROM THE AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA MILITARY LIAISON COMMITTEE**  
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**Risk factors for DVT in Pediatric Trauma Patients: A Review of the NTDB from 2017-2022**

Review of NTDB for pediatric patients (<17 years old) from 2017-2022. Patients with DVT = 786, Patients without DVT = 692,943. Univariate analysis and Multivariate regression model. Conclusion: Increased risk of DVT: Adolescence (>13 years old), Higher AIS head, PRBC transfusion within 4 hours of admission, ISS >15, Higher AIS lower extremity. Inflection point at 13 years of age for increased proportion of DVT, with proportion increasing with each year from 13-17.

Griffard J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004713  
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**RISK FACTORS FOR DEEP VEIN THROMBOSIS IN PEDIATRIC TRAUMA PATIENTS: A REVIEW OF THE NATIONAL TRAUMA DATA BANK FROM 2017 TO 2022**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/10000/RISK\\_FACTORS\\_FOR\\_DEEP\\_VEIN\\_THROMBOSIS\\_IN.6.ASPX](https://journals.lww.com/jtrauma/abstract/2025/10000/risk_factors_for_deep_venous_thrombosis_in.6.aspx)

**Age Matters: A Secondary Analysis of Endothelial Biomarkers in the Prehospital TXA for TBI Trial**

Placebo, 1g TXA, 2g TXA + Endothelial Biomarkers. Older Adult (OA) n=108: 2g TXA → Thrombomodulin, Angiotensin 2, VCAM 1. Young Adult (YA) n=328: No changes. Admission: Thrombomodulin, Angiotensin 2, VCAM 1, Syndecan.

Anand T et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004582  
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**AGE MATTERS: A SECONDARY ANALYSIS OF ENDOTHELIAL BIOMARKERS IN THE PREHOSPITAL TRANEXAMIC ACID FOR TRAUMATIC BRAIN INJURY TRIAL**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/10000/AGE\\_MATTERS\\_A\\_SECONDARY\\_ANALYSIS\\_OF\\_ENDOTHELIAL.7.ASPX](https://journals.lww.com/jtrauma/abstract/2025/10000/age_matters_a_secondary_analysis_of_endothelial.7.aspx)

**Understaffed and Overworked: The Stark Reality of Acute Care Surgeon Staffing in the United States, An EAST Multi-Center Study**



Murphy P et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004700

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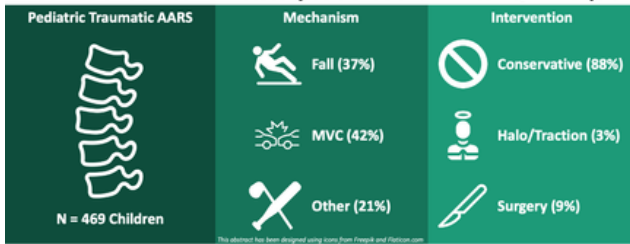
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**UNDERSTAFFED AND OVERWORKED: THE STARK REALITY OF ACUTE CARE SURGEON STAFFING IN THE UNITED STATES, AN EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA MULTICENTER STUDY**

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**Current Clinical Characteristics and Management of Pediatric Traumatic Atlantoaxial Rotatory Subluxation: An ACS TQIP Analysis**



Forssten MP et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004619

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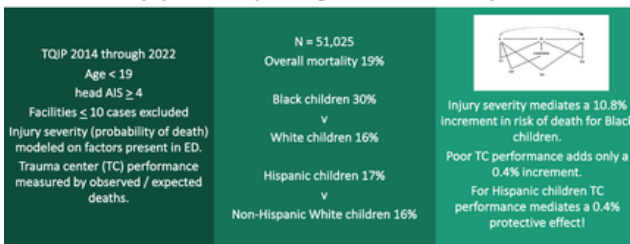
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**CURRENT CLINICAL CHARACTERISTICS AND MANAGEMENT OF PEDIATRIC TRAUMATIC ATLANTOAXIAL ROTATORY SUBLUXATION: AN AMERICAN COLLEGE OF SURGEONS TRAUMA QUALITY IMPROVEMENT PROGRAM ANALYSIS**

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**Trauma Center Performance and Outcome Disparities in Severe Childhood Traumatic Brain Injury: A TQIP Study Including a Causal Mediation Analysis**



Platt J., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004656

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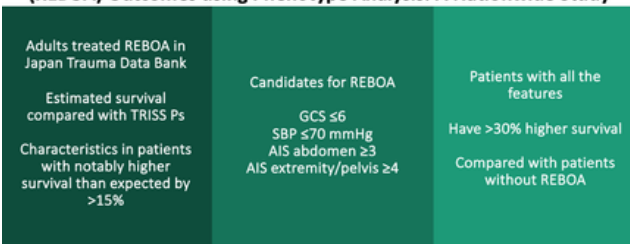
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**TRAUMA CENTER PERFORMANCE AND OUTCOME DISPARITIES IN SEVERE CHILDHOOD TRAUMATIC BRAIN INJURY: A TRAUMA QUALITY IMPROVEMENT PROGRAM STUDY INCLUDING A CAUSAL MEDIATION ANALYSIS**

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**Optimizing Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA) Outcomes using Phenotype Analysis: A Nationwide Study**



Yamamoto R et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004703

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**OPTIMIZING RESUSCITATIVE ENDOVASCULAR BALLOON OCCLUSION OF THE AORTA OUTCOMES USING PHENOTYPE ANALYSIS: A NATIONWIDE STUDY**

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**Trauma Disparities Occur Upstream from Hospitals: Neighborhood Social Vulnerability Predicts Incidence of Various Traumatic Injuries but Not Case Fatality**



Hey MT et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004645

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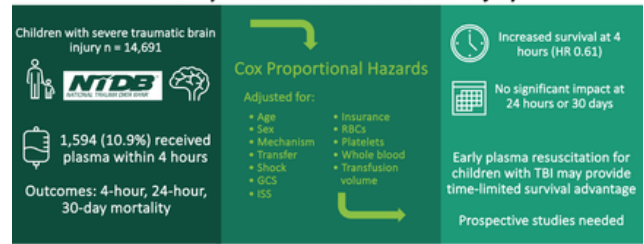
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**Time-limited Association Between Plasma Transfusion and Mortality in Pediatric Traumatic Brain Injury**



Furman LM et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004664

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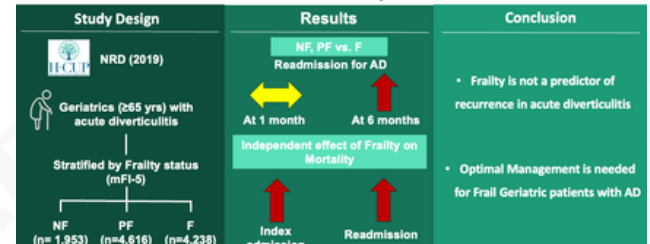
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**TIME-LIMITED ASSOCIATION BETWEEN PLASMA TRANSFUSION AND MORTALITY IN PEDIATRIC TRAUMATIC BRAIN INJURY**

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**Does Frailty Predict Readmission and Mortality in Diverticulitis? A Nationwide Analysis**



Hejazi O et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004707

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**DOES FRAILTY PREDICT READMISSION AND MORTALITY IN DIVERTICULITIS? A NATIONWIDE ANALYSIS**

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**Effect of Targeting Normoxemia on Supplemental Oxygen Free Days for Adults with Acute Thermal Burns: A Randomized Clinical Trial**



Doulin DJ et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004712

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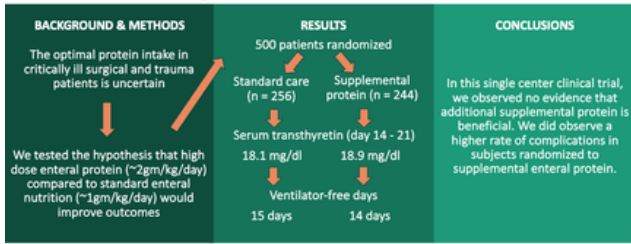
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**Enteral Protein Supplementation in Critically ill Trauma and Surgical Patients:  
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O'Keefe GE et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004745

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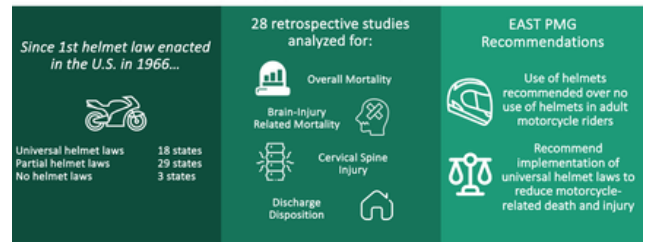
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**Systematic Review and Meta-Analysis of Efficacy of Helmet Use and Helmet Laws to Reduce Mortality and Cervical Spine Injury in Adult Motorcycle Riders: A PMG from EAST**



Ratnasekera AM et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004607

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**SYSTEMATIC REVIEW AND META-ANALYSIS OF EFFICACY OF HELMET USE AND HELMET LAWS TO REDUCE MORTALITY AND CERVICAL SPINE INJURY IN ADULT MOTORCYCLE RIDERS: A PRACTICE MANAGEMENT GUIDELINE FROM THE EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA**

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**LETTER RE: "THE USE AND TIMING OF ANGIOEMBOLIZATION IN PEDIATRIC BLUNT LIVER AND SPLEEN INJURY"**

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