

JTACS DECEMBER TABLE OF CONTENTS

'BEST OF' DECEMBER ARTICLES

BEST OF TRAUMA ARTICLE

Early Surgical Stabilization of Multiple Rib Fractures and Flail Chest is Associated with Better Outcomes Compared to Non-operative Management

<p>Flail Chest and Multiple Rib Fractures (TCIP 2017-2021)</p> <p>SSRF vs. NOM</p> <p>Primary Outcome: Mortality</p> <p>Secondary Outcomes: HLOS, ICU LOS, Ventilator-Free Days, ARDS, Pneumonia</p>	<p>Methods</p> <ul style="list-style-type: none"> Inverse Probability of Treatment Weighting Multilevel Regression Cox Regression GAM and ROC Analysis Youden Index for ideal timing of SSRF <p>SSRF: 3,806 patients NOM: 3,753 patients</p>	<p>SSRF is associated with:</p> <ul style="list-style-type: none"> Lower mortality Lower Pulmonary Morbidity Longer HLOS and ICULOS <p>Ideal timing of SSRF: 82 hours from admission</p>
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Kwon, Junsik MD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004770
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EARLY SURGICAL STABILIZATION OF MULTIPLE RIB FRACTURES AND FLAIL CHEST IS ASSOCIATED WITH BETTER OUTCOMES COMPARED WITH NONOPERATIVE MANAGEMENT

[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/12000/EARLY_SURGICAL_STABILIZATION_OF_MULTIPLE_RIB.6.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/12000/early_surgical_stabilization_of_multiple_rib.6.aspx)

The Journal of Trauma and Acute Care Surgery

WHAT YOU NEED TO KNOW

COMPLICATIONS OF DAMAGE CONTROL ABDOMINAL SURGERY: AN EVIDENCED BASED REVIEW

COMPLICATIONS OF DAMAGE-CONTROL ABDOMINAL SURGERY: WHAT YOU NEED TO KNOW

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BEST OF EGGS ARTICLE

BEST OF SCC

Palliative Delays Associated with Increased Length of Stay in Older Traumatic Brain Injury Patients

<p>Background</p> <ul style="list-style-type: none"> Traumatic brain injuries (TBI) have a severe negative impact on functional outcomes and quality of life in older adults Palliative interventions (PI) have been shown to improve outcomes in trauma patients 	<p>2020-2022</p> <ul style="list-style-type: none"> Level I trauma center Age ≥ 55 Moderate to severe TBI Assess effect of PI timing on hospital and ICU length of stay (LOS) 	<p>Results</p> <ul style="list-style-type: none"> Early PI is associated with decreased hospital (p-value <0.001) and ICU LOS (p-value <0.001) compared to delayed PI
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Hatfield S et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004746
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PALLIATIVE DELAYS ASSOCIATED WITH INCREASED LENGTH OF STAY IN OLDER TRAUMATIC BRAIN INJURY PATIENTS

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Contrast-Enhanced Ultrasound-Guided High Intensity Focused Ultrasound Treatment Of Grade 4 Liver Lacerations In A Swine Model

<p>Background</p> <p>Liver injuries occur in 5% of all trauma admissions.</p> <p>Hepatic-related deaths are often from uncontrolled hemorrhage or coagulopathy rather than hepatic failure</p> <p>Study Aim: To demonstrate the feasibility of CEUS-guided HIFU for active bleeding from liver lacerations in swine.</p>	<p>Methods</p> <p>RANDOMIZED 16 SWINE</p>	<p>Conclusion</p> <p>100% hemostasis within 60 seconds</p> <p>EBL 60 mL vs 725 mL</p> <p>CEUS-guided HIFU is a promising tool for noninvasive treatment</p>
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Fall F et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.00000000000004737
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CONTRAST-ENHANCED ULTRASOUND-GUIDED HIGH INTENSITY FOCUSED ULTRASOUND TREATMENT OF GRADE 4 LIVER LACERATIONS IN A SWINE MODEL

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BEST OF BASIC SCIENCE ARTICLE

The Journal of Trauma and Acute Care Surgery

WHAT YOU NEED TO KNOW

REVERSAL OF ANTITHROMBOTIC MEDICATIONS IN PATIENTS WITH TRAUMATIC BRAIN INJURY

REVERSAL OF ANTITHROMBOTIC MEDICATIONS IN PATIENTS WITH TRAUMATIC BRAIN INJURY: WHAT YOU NEED TO KNOW
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/12000/REVERSAL_OF_ANTITHROMBOTIC_MEDICATIONS_IN_PATIENTS.2.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/12000/reversal_of_antithrombotic_medications_in_patients.2.aspx)

Do As I Say and Not As I Do: Surgical Critical Care Program Directors and Diplomates Shape the Future

The American Board of Surgery Trauma, Burn, and Surgical Critical Care Board sought to modernize the blueprint for the ABS SCC CE.

SCC PDs and Diplomates were surveyed regarding the importance of topics for testing.

There was discordance in 28 topics. Diplomates also expressed discordance in 17 topics regarding importance for testing and clinical frequency.

Jones TJ et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004615
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DO AS I SAY AND NOT AS I DO: SURGICAL CRITICAL CARE PROGRAM DIRECTORS AND DIPLOMATES SHAPE THE FUTURE
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Analysis of Preventable Transfers From Montana to Out-of-state Pediatric Trauma Centers: A Multi-center Collaboration

- Retrospective registry review:
 - Trauma patients
 - Age <18
 - Transfers from Montana to Level I PTC's in Utah, Colorado, and Washington 2013-2022
- Geographic Analysis
 - Map location of transferring facility
 - Analyze distance traveled by each patient

Preventable Transfer: discharge <48 hours, no CT/MRI, no surgical intervention

Possibly Preventable Transfer: Length of stay < 7 days, injuries that could have been managed at specific in-state facility

- 31% of interfacility transfers from Montana could have received appropriate care closer to home
- Younger patients were more likely to be transferred unnecessarily
- The median distance traveled for both the preventable transfers and possibly preventable transfers was 544 miles

Alexander, Abigail J. MD et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004786
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ANALYSIS OF PREVENTABLE TRANSFERS FROM MONTANA TO OUT-OF-STATE PEDIATRIC TRAUMA CENTERS: A MULTICENTER COLLABORATION
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Percutaneous Pigtail Catheter vs Chest Tube for Pediatric Hemothorax: An EAST Multicenter Study

41 centers patients with HTX or HPTX from 2010-2022

1087 patients entered

548 patients <18 years hemodynamically stable

477 chest tube (CT) | 71 pigtail catheter (PC)

Failure rate p=0.38
 CT 17.6% vs PC 12.6%

No difference in LOS, ICU LOS

Catheter Complications:
 ISS>15 ↑ risk OR 1.17 (1.1-1.26)
 penetrating injury ↓ risk OR 0.86 (0.8-0.92)

No difference in failure rate between CT and PC

Consider PC for hemodynamically stable children with traumatic HTX or HPTX

Goodman LF et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004775
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PERCUTANEOUS PIGTAIL CATHETER VERSUS CHEST TUBE FOR THE TREATMENT OF PEDIATRIC TRAUMATIC HEMOTHORAX: AN EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA MULTICENTER STUDY
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Hospital-based Violence Intervention Programs May Positively Influence Mental Health Outcomes

Hospital-based violence intervention programs (HVIPs) are one of the leading approaches to violence prevention and intervention.

This study examines the association between HVIP engagement by survivors of community violence and mental health-related quality of life 6-12 months after injury.

Point Difference in Mental Health-Related QoL: 1.13

The preliminary study finds that HVIPs may be associated with better mental health QoL outcomes for survivors of violent injuries.

Future work must rigorously study the potential clinical and non-clinical benefits of HVIPs.

Pinkes N et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004702
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HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMS MAY POSITIVELY INFLUENCE MENTAL HEALTH OUTCOMES
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/12000/HOSPITAL_BASED_VIOLENCE_INTERVENTION_PROGRAMS_MAY.7.ASPX](https://journals.lww.com/jtrauma/abstract/2025/12000/hospital_based_violence_intervention_programs_may.7.aspx)

Interrater Reliability Between Surgeons and Pediatric Emergency Providers in the Cervical Spine Assessment of Injured Children

- There is no validated pediatric decision tool for cervical spine injury (CSI), causing variability in care
- Implementing the new PECARN CSI prediction rule could minimize unnecessary imaging and improve care consistency
- Understanding interrater reliability between surgeons and ED providers is crucial for rule implementation

- The study involved children under 18 years who experienced blunt trauma, evaluated in 18 PECARN EDs
- Interrater reliability between emergency medicine and surgical providers was analyzed using independently completed data forms

- Moderate to substantial agreement was found between emergency medicine and surgical providers for CSI evaluations
- High interrater reliability supports the applicability of the PECARN rule across different provider types
- Implementing the PECARN rule could decrease unnecessary imaging and immobilization in children with low-risk CSI

Ahmad FA et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004695
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INTERRATER RELIABILITY BETWEEN SURGEONS AND PEDIATRIC EMERGENCY PROVIDERS IN THE CERVICAL SPINE ASSESSMENT OF INJURED CHILDREN
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Disparities in pediatric prehospital pain medication

Single center 2015-2022, 2,308 trauma patients aged <18 years

Black or Hispanic (referent=White)

Outcome = any prehospital pain medication (Y/N)

Adjust for: Clinical need, Appropriateness, Patient or family preference

Black aRR 0.77 [0.71-0.84]
 Hispanic aRR 0.80 [0.74-0.87]

Pain was undertreated, Improved over timeframe

Possible influential factors: younger age, lower socioeconomic status, language barrier, lack of prehospital vascular access, involvement in a motor vehicle collision, body region(s) injured

Garza HH et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004711
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PREHOSPITAL PAIN MEDICATION DISPARITIES AMONG PEDIATRIC TRAUMA PATIENTS TRANSPORTED TO A SINGLE LEVEL I CENTER
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The Pagers Explosions in Beirut: Injury Profiles, Surgical Care and Medical Interventions: A Descriptive Study from a Tertiary Care Medical Center

This retrospective study included patients admitted to a tertiary care medical center in Lebanon following the explosions. Data on patient demographics, injury mechanisms, surgical procedures, and hospitalization outcomes were collected from medical records and analyzed. The findings were compared to injury patterns observed in military and civilian blast events.

Distribution of injuries according to anatomical region:

- Head & Face: 2 patients
- Torso: 2 patients
- Extremities: 4 patients
- Other: 13 patients

The injury patterns observed in this study closely align with those reported in military combat trauma, emphasizing the need for comprehensive trauma care systems. These findings provide valuable insights into the medical challenges posed by explosion-related incidents and highlight the importance of preparedness and multidisciplinary management in similar disasters.

Sobh A et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004724
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THE PAGERS EXPLOSIONS IN BEIRUT: INJURY PROFILES, SURGICAL CARE, AND MEDICAL INTERVENTIONS—A DESCRIPTIVE STUDY FROM A TERTIARY CARE MEDICAL CENTER
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/12000/THE_PAGERS_EXPLOSIONS_IN_BEIRUT_INJURY_PROFILES.10.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/12000/the_pagers_explosions_in_beirut_injury_profiles.10.aspx)

**The road less recovered:
Examining the effect of trauma on frailty trajectories in older patients**

Over a 12-month period, we found that:

- Frail patients became more frail, and made very little recovery
- Pre-frail patients became more frail, but made a slight recovery
- Non-frail patients became more frail, and showed a modest but incomplete recovery

>1 in 3 frail patients were re-injured
>1 in 4 frail patients died

Frail older patients have higher rates of mortality and complications after major trauma than non-frail patients.

But what effect does trauma have on the function of an older person in the 12 months post-injury?

This information will help to guide prognostic discussions with patients and their families.

It also suggests that targeting frailty could be the key to trauma recovery and prevention in older patients, even in those who are non-frail.

Falon J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004751

The Journal of Trauma and Acute Care Surgery

THE ROAD LESS RECOVERED: EXAMINING THE EFFECT OF TRAUMA ON FRAILTY TRAJECTORIES IN OLDER PATIENTS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/12000/THE_ROAD_LESS_RECOVERED_EXAMINING_THE_EFFECT_OF.11.ASPX](https://journals.lww.com/jtrauma/abstract/2025/12000/the_road_less_recovered_examining_the_effect_of.11.aspx)

The Observed Incidence of Hypocalcemia in Traumatically Injured Patients is Lower Than Previously Reported

Hypocalcemia is associated with increased need for blood transfusion and mortality

What is the incidence of hypocalcemia in a larger more "average" trauma population?

Single institution, all category 1 & 2 trauma activations for one year

57/2275 hypocalcemic patients (2.5%, 95% CI: 1.9, 3.1)

Hypocalcemia had higher:

- ✓ Mortality (p<.001)
- ✓ Blood transfusion (p<.001)
- ✓ Surgeries (p<.001)
- ✓ TEG Derangement (p<.001)

 Lower Maximal Amplitude
 Longer LY30 in Severe Hypocalcemia

Hypocalcemia is much less common in a more heterogeneous trauma population but indicates a very ill patient

Hill J et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004756

The Journal of Trauma and Acute Care Surgery

THE OBSERVED INCIDENCE OF HYPOCALCEMIA IN TRAUMATICALLY INJURED PATIENTS IS LOWER THAN PREVIOUSLY REPORTED
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/12000/THE_OBSERVED_INCIDENCE_OF_HYPOCALCEMIA_IN.13.ASPX](https://journals.lww.com/jtrauma/abstract/2025/12000/the_observed_incidence_of_hypocalcemia_in.13.aspx)

Performance of the PECARN CSI Prediction Rule Based on EMS Observations

PECARN Cervical Spine Injury Prediction Rule assesses risk of CSI in children

Collected EMS observations of PECARN Prediction Rule criteria for 7,721 children

Calculated prediction rule test performance

Sensitivity 88.5% (82.9-94.2)
 Specificity 63.1% (62-64.2)
 Negative PV 99.7% (99.6-99.9)
 Positive PV 3.7% (3-4.4)

Browne et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004772

The Journal of Trauma and Acute Care Surgery

PERFORMANCE OF THE PECARN CERVICAL SPINE INJURY PREDICTION RULE BASED ON EMS CLINICIAN OBSERVATIONS
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/12000/PERFORMANCE_OF_THE_PECARN_CERVICAL_SPINE_INJURY.14.ASPX](https://journals.lww.com/jtrauma/abstract/2025/12000/performance_of_the_pecarn_cervical_spine_injury.14.aspx)

Histone deacetylase inhibitors protect endothelial glycocalyx during hemorrhagic shock

Hemorrhagic shock induces severe vascular leakage, often resulting in multiple organ dysfunction, making it a critical medical challenge. The vascular endothelial glycocalyx, which covers the endothelial surface of the blood vessels, plays a critical role in maintaining the vascular barrier function. Protection of vascular endothelial glycocalyx offers novel therapeutic opportunities to improve clinical symptoms in patients with hemorrhagic shock

rat models of Hemorrhagic shock
 human umbilical vein endothelial cell models of glucose-oxygen deprivation

Tub A attenuates the increased vascular permeability induced by hemorrhagic shock by protecting vascular endothelial glycocalyx via inhibiting HIF-1 α /MMP-9 signaling, with superior effects over VPA. These results highlight Tub A as a promising therapeutic candidate for protecting vascular integrity during hemorrhagic shock

Zhang Y, et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004767

The Journal of Trauma and Acute Care Surgery

HISTONE DEACETYLASE INHIBITORS PROTECT ENDOTHELIAL GLYCOCALYX VIA SUPPRESSING HYPOXIA-INDUCIBLE FACTOR-1A-INDUCED OVEREXPRESSION OF MATRIX METALLOPROTEINASE 9 DURING HEMORRHAGIC SHOCK
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/12000/HISTONE_DEACETYLASE_INHIBITORS_PROTECT_ENDOTHELIAL.15.ASPX](https://journals.lww.com/jtrauma/abstract/2025/12000/histone_deacetylase_inhibitors_protect_endothelial.15.aspx)

Characterization of lipidome alterations in a standardized porcine model with multiple trauma and hemorrhagic shock. Are they driven by hepatic injury?

Polytrauma Model (n = 49): Femur Fracture, Liver Laceration, Blunt Chest Trauma, Hemorrhagic Shock

Polytrauma (n = 25) vs. Isolated Fracture (n = 24) 6 timepoints, 420 min

303 distinct lipids from 17 functional classes

Significant decrease in lipid classes associated with lipoproteins

Global decrease of the circulating lipidome through acute (ischemic and mechanical) liver injury and disrupted lipoprotein synthesis

Lipidomic analysis using liquid chromatography coupled mass spectrometry

Kalbas Y et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004747

The Journal of Trauma and Acute Care Surgery

CHARACTERIZATION OF LIPIDOME ALTERATIONS IN A STANDARDIZED PORCINE MODEL WITH MULTIPLE TRAUMA AND HEMORRHAGIC SHOCK: ARE THEY DRIVEN BY HEPATIC INJURY?
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/FULLTEXT/2025/12000/CHARACTERIZATION_OF_LIPIDOME_ALTERATIONS_IN_A.16.ASPX](https://journals.lww.com/jtrauma/fulltext/2025/12000/characterization_of_lipidome_alterations_in_a.16.aspx)

Post Traumatic Stress Disorder Mitigation in Trauma Patients: Evidence Based Systematic Review from EAST.

Many trauma patient develop PTSD

Systematic review on early mental health screening and intervention at initial hospitalization (25 studies)

Conditionally recommend screening to identify patients at risk for PTSD during their initial hospitalization.

Strongly recommend the use of CBT for mitigation of PTSD development.

Trauma patients are at high risk for loss to follow up, thus early mental health screening and intervention is an important option

Kartiko S. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004639

The Journal of Trauma and Acute Care Surgery

POSTTRAUMATIC STRESS DISORDER MITIGATION IN TRAUMA PATIENTS: AN EVIDENCE-BASED SYSTEMATIC REVIEW FROM THE EASTERN ASSOCIATION FOR THE SURGERY OF TRAUMA
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2025/11000/SURGICAL_MANAGEMENT_OF_INCARCERATED_AND.18.ASPX](https://journals.lww.com/jtrauma/abstract/2025/11000/surgical_management_of_incarcerated_and.18.aspx)

Barriers and Facilitators of Trauma Registries in Low- and Middle-Income Countries: A Scoping Review

Searched studies on trauma registry implementation in LMICs since 2017.

873 studies screened, 29 articles extracted.

Analyzed implementation barriers and facilitators

Barriers

- Information Management (76%)
- Workforce (45%)
- Financing (34%)
- Infrastructure (31%)
- Organization Support (28%)

Best Practices

- Standardized Data Collection
- Information Management
- Usability
- Responsibility Agreement
- Cross-Contextual Championing
- Sustainable Funding

Alty et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004795

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BARRIERS AND FACILITATORS OF TRAUMA REGISTRIES IN LOW- AND MIDDLE-INCOME COUNTRIES: A SCOPING REVIEW
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Journal of Trauma and Acute Care Surgery

READ THE ARTICLE

MAKING THE CASE FOR VALUE OF ACUTE CARE SURGERY: AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA (AAS) PANEL ON OVERCOMING LOCAL CHALLENGES

MAKING THE CASE FOR VALUE OF ACUTE CARE SURGERY: AMERICAN ASSOCIATION FOR THE SURGERY OF TRAUMA PANEL ON OVERCOMING LOCAL CHALLENGES
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READ THE ARTICLE
**CRITICAL INSIGHTS INTO
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FOR PELVIC RING INJURIES IS
ASSOCIATED WITH
INCREASED SYSTEMIC
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READ THE AUTHOR'S REPLY TO
**CRITICAL INSIGHTS INTO
LONGER TIME TO SURGERY
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**AUTHOR'S REPLY TO "CRITICAL INSIGHTS INTO LONGER
TIME TO SURGERY FOR PELVIC RING INJURIES IS
ASSOCIATED WITH INCREASED SYSTEMIC
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