

# JTACS JUNE TABLE OF CONTENTS

## 'BEST OF' JUNE ARTICLES

BEST OF TRAUMA ARTICLE

The Journal of Trauma and Acute Care Surgery  
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### WHAT YOU NEED TO KNOW

## CURRENT MANAGEMENT OF TRAUMATIC INTRACRANIAL HYPERTENSION

**CURRENT MANAGEMENT OF TRAUMATIC INTRACRANIAL HYPERTENSION: WHAT YOU NEED TO KNOW**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2026/06000/CURRENT\\_MANAGEMENT\\_OF\\_TRAUMATIC\\_INTRACRANIAL.1.ASPX](https://journals.lww.com/jtrauma/abstract/2026/06000/current_management_of_traumatic_intracranial.1.aspx)



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### MRSA Nasal Swabs Predict Need for Antibiotic Coverage in Trauma Population

<b>Setting:</b> • Level I Trauma Center ICU • 2020-2023	163 patients 22 (13.5%) MRSA Swab + 5 MRSA pneumonia	MRSA Nasal Swab = High Negative predictive Value MRSA Pneumonia 94% MRSA Respiratory Growth 100% • MRSA Nasal Swabs may guide antibiotic therapy duration
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McLafferty BJ et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004839  
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**METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS NASAL SWABS PREDICT NEED FOR ANTIBIOTIC COVERAGE IN A TRAUMA POPULATION**  
[HTTPS://JOURNALS.LWW.COM/JTRAUMA/ABSTRACT/2026/06000/METHICILLIN\\_RESISTANT\\_STAPHYLOCOCCUS\\_AUREUS\\_NASAL.9.ASPX](https://journals.lww.com/jtrauma/abstract/2026/06000/methicillin_resistant_staphylococcus_aureus_nasal.9.aspx)

BEST OF SCC

### Aortic Cardiopulmonary Resuscitation in Trauma: Extracorporeal CPR with Controlled Reoxygenation Outperforms Resuscitative Thoracotomy in a Porcine Model of Exsanguination Arrest

<b>Exsanguination Cardiac Arrest</b> 10 minutes unsupported (MAP <20 mmHg, EtCO <sub>2</sub> <10 mmHg), 30 min resuscitation/90 min critical care	<b>Resuscitative Thoracotomy</b> 0% sustained ROSC (n=6)	<b>Aortic CPR in Trauma (ACT)</b> 100% sustained ROSC (n=6)
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**ACT demonstrates potential as a trauma-focused ECPR modality**

Lackie, Meredith et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.00000000000004934  
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**AORTIC CARDIOPULMONARY RESUSCITATION IN TRAUMA: EXTRACORPOREAL CPR WITH CONTROLLED REOXYGENATION OUTPERFORMS RESUSCITATIVE THORACOTOMY IN A PORCINE MODEL OF EXSANGUINATION ARREST**  
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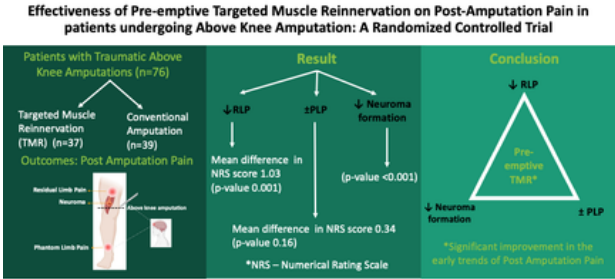
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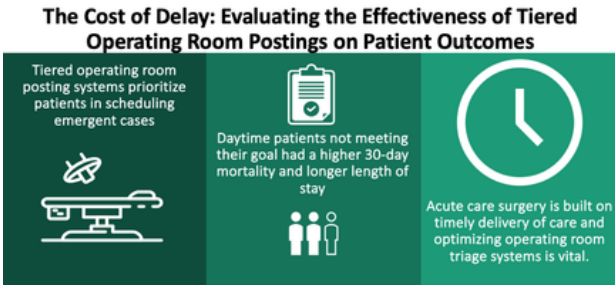
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**ACUTE MANAGEMENT OF SPINAL FRACTURES**

**ACUTE MANAGEMENT OF SPINAL FRACTURES: WHAT YOU NEED TO KNOW**  
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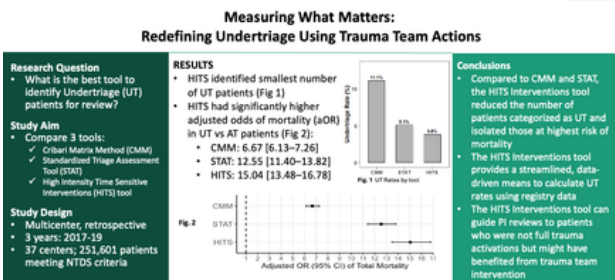
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**EFFECTIVENESS OF PRE-EMPTIVE TARGETED MUSCLE REINNERVATION ON POST-AMPUTATION PAIN IN PATIENTS UNDERGOING ABOVE KNEE AMPUTATION: A RANDOMIZED CONTROLLED TRIAL**  
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Goldstein C et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004924  
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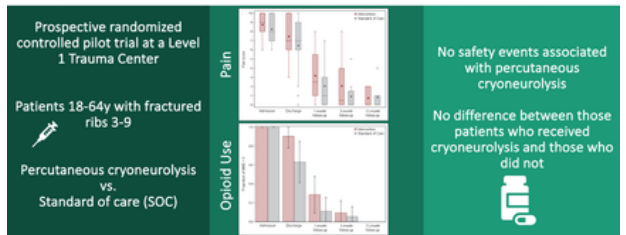
**THE COST OF DELAY: EVALUATING THE EFFECTIVENESS OF TIERED OPERATING ROOM POSTINGS ON PATIENT OUTCOMES**  
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**MEASURING WHAT MATTERS: REDEFINING UNDERTRIAGE USING TRAUMA TEAM ACTIONS**  
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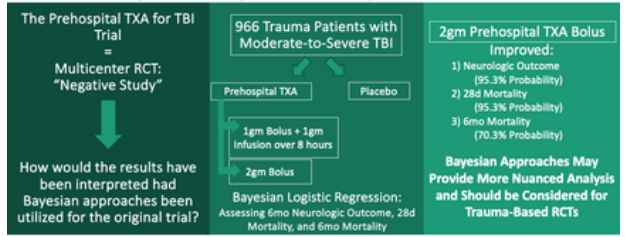
**Chilling the Nerve, Easing the Pain?: A Randomized Clinical Trial Evaluating Surgeon-Administered Bedside Percutaneous Cryoneurolysis for Rib Fracture Pain**



Forrester, Joseph et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004885  
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**CHILLING THE NERVE, EASING THE PAIN?: A RANDOMIZED CLINICAL TRIAL EVALUATING SURGEON-ADMINISTERED BEDSIDE PERCUTANEOUS CRYONEUROLYSIS FOR RIB FRACTURE PAIN**  
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**Prehospital Tranexamic Acid Bolus Improves Outcomes in Traumatic Brain Injury: A Bayesian Reanalysis of the Prehospital TXA for TBI Trial**



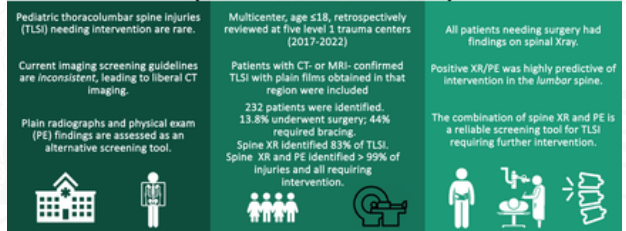
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**PREHOSPITAL TRANEXAMIC ACID BOLUS IMPROVES OUTCOMES IN TRAUMATIC BRAIN INJURY: A BAYESIAN REANALYSIS OF THE PREHOSPITAL TXA FOR TBI TRIAL**  
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**CAN EXTRACORPOREAL CARDIOPULMONARY RESUSCITATION SAVE EXSANGUINATING TRAUMA VICTIMS?**

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**Evaluation Of Thoracolumbar Spine Injury By Plain Film In The Pediatric Population: A Multi-Center Study**



Prabhala T et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004941  
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**EVALUATION OF THORACOLUMBAR SPINE INJURY UTILIZING PLAIN FILM AND PHYSICAL EXAM IN THE PEDIATRIC POPULATION: A MULTICENTER STUDY**  
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## Thrombocytosis is Desirable in Polytrauma: Natural History and Clinical Outcomes

<p><b>Background &amp; Aims</b></p> <p>Thrombocytosis after major trauma has equivocal relevance.</p> <p>Aims: Describe incidence, natural history and outcomes in polytrauma patients at risk of MOF at a level-1 trauma center from 2005-2023</p> <p><b>Study Population</b></p> <ul style="list-style-type: none"> <li>&gt;16 years</li> <li>ISS &gt;15</li> <li>Admitted to ICU</li> <li>Survived &gt;48 hr</li> </ul>	<p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>Thrombocytosis - &gt;450,000/<math>\mu</math>l</li> <li>Extreme thrombocytosis (ET) - &gt;1,000,000/<math>\mu</math>l</li> </ul> <p><b>Results</b></p> <p>n = 797</p> <p><b>Incidence:</b></p> <p>Thrombocytosis: n = 503 (63%) ET: n=83 (16.5%)</p> <p><b>Timing:</b> 14-17 days</p> <p><b>Outcomes:</b></p> <p>VTE : 1.6% vs 1.7% MOF (Median Denver score) : 2 vs 2</p>	<p><b>Mortality:</b></p> <p>Lower in thrombocytosis patients (7.6% vs 18%)</p> <p><b>Multivariate analysis:</b></p> <ul style="list-style-type: none"> <li>Mortality - OR: 0.06, (0.03-0.14)</li> <li>MOF mortality - OR 0.05, (0.01-0.15)</li> </ul> <p><b>Conclusions</b></p> <p>Thrombocytosis is common (63%) in polytrauma patients at risk of MOF</p> <p>Associated with favorable outcomes without higher risk of VTE and MOF</p> <p>Thrombocytosis is a marker for survival with potential therapeutic target.</p>
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Ramzee, Ahmed Faïd et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004933


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**THROMBOCYTOSIS IS DESIRABLE IN POLYTRAUMA: NATURAL HISTORY AND CLINICAL OUTCOMES**  
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## Antibiotic Regimen Optimization for Severe Exsanguination in a Live Swine Model

<p><b>How Does Massive Hemorrhage &amp; Transfusion Affect Antibiotic Bioavailability in Trauma?</b></p> 	<p>N=36</p> 	<p>Antibiotics should be redosed starting at 4 units of blood loss &amp; concurrent transfusion</p> <p>Average time for vancomycin to become subtherapeutic was less than 4 hours.</p>
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Livezey, Jonathan B. et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004880

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**ANTIBIOTIC REGIMEN OPTIMIZATION FOR SEVERE EXSANGUINATION IN A LIVE SWINE MODEL**  
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## Pediatric Trauma Verification in Surgically Managed Pediatric Isolated Severe Traumatic Brain Injury: Does it Make a Difference?

<p><b>Population</b></p>  <p>&lt;18yrs Isolated Severe TBI Neurosurgical intervention</p>	<p><b>Results</b></p> <p>N = 1,894</p> <p>1,007 treated at PTC</p> <p>31% less risk of mortality</p> <p>63% decrease in rates of failure to rescue</p>	<p><b>Conclusion</b></p> <p>ACS-verified pediatric trauma centers have better overall outcomes for pediatric patients operated for severe traumatic brain injuries.</p>
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Trivedi D. et al *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004873



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**NEUROSURGICAL CARE FOR PEDIATRIC ISOLATED SEVERE TRAUMATIC BRAIN INJURY IN AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA-VERIFIED PEDIATRIC TRAUMA CENTERS IS ACCOMPANIED BY IMPROVED OUTCOMES COMPARED WITH CARE IN ADULT TRAUMA CENTERS**  
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## Sex-based Differences in Early Neurological Recovery After Traumatic Spinal Cord Injury

<p>• Traumatic spinal cord injury (SCI) is a debilitating condition</p> <p>• The American Spinal Injury Association Impairment Scale (AIS) is used to grade SCI severity</p> 	<p>• Retrospective cohort of 7,910 AIS A-D patients with SCI in SCIMS database</p> <ul style="list-style-type: none"> <li>Exposure: reported sex at admission (male or female)</li> <li>Outcome: in-hospital AIS conversion</li> </ul> <p>• Female sex associated with increased adjusted odds of in-hospital AIS conversion (OR, 1.23; 95% CI, 1.07-1.42)</p> <p>• Effect persists with:</p> <ul style="list-style-type: none"> <li>Sensitivity analyses (AIS A excluded, older patients excluded)</li> <li>3:1 propensity score matching</li> </ul>	 <p>• Female sex was associated with early neurologic recovery after SCI</p>
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Vattipally VN et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004875


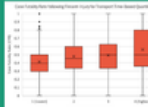
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**SEX-BASED DIFFERENCES IN EARLY NEUROLOGICAL RECOVERY AFTER TRAUMATIC SPINAL CORD INJURY**  
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## Geospatial Access to Trauma Care and Firearm Injury Mortality in the United States: A Nationwide County-Level Analysis

<p><b>Study Question</b></p> <p>Do longer transport times to trauma care increase firearm injury mortality?</p> 	<p><b>Methods</b></p> <ul style="list-style-type: none"> <li>Nationwide (US) cross-sectional study (2014-2023)</li> <li>446,584 firearm injuries across 3,108 counties</li> <li>GIS-modeled transport times (ground &amp; air)</li> <li>Multivariable Poisson regression</li> </ul>	 <p><b>Main Findings</b></p> <p>Each minute of added transport time <math>\rightarrow</math> 6.3% relative <math>\uparrow</math> in firearm mortality (IRR 1.06)</p>
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Williams, Austin D. et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004876

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**GEOSPATIAL ACCESS TO TRAUMA CARE AND FIREARM INJURY MORTALITY IN THE UNITED STATES: A NATIONWIDE COUNTY-LEVEL ANALYSIS**  
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## Gridlock on the road to recovery: Barriers to timely pediatric trauma rehabilitation

<p>Delayed discharge to inpatient rehab can substantially prolong hospitalization after severe pediatric injury.</p>  <p>1672 patients ISS 22 +/- 1.9 Age 9.4 +/- 1.9</p> <p>Discharge delay = Date of discharge - Date medically ready for discharge</p>	<p>Three speed impediments</p>  <p>0% of those hospitalized from one speed waiting for rehabilitation to be completed.</p>	<p>Living out of state and being declared medically ready for discharge on Thursday or Friday significantly increased time to discharge. The most common root causes of delay were rehab bed availability, insurance authorization, and weekend delays.</p> <p>Delayed transfer prevents optimal care, increases cost, and harms patient flow.</p>
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Johnston, William R. et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004881

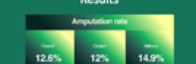

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**GRIDLOCK ON THE ROAD TO RECOVERY: BARRIERS TO TIMELY PEDIATRIC TRAUMA REHABILITATION**  
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## An Updated Meta-analysis of Prognostic Factors for Secondary Amputation Following Surgical Repair of Lower Extremity Vascular Trauma in Both Civilian and Military Populations.

<p><b>Methods</b></p> <p>Systematic review of 69 studies (8,553 LEVT repairs)</p> <p>Bayesian meta-analysis used to calculate pooled proportions and odds ratios (ORs)</p> <p>Civilian vs. military subgroups analysed</p>	<p><b>Results</b></p>  <p>Amputation rate: 12.6%, 12%, 14.9%</p> <p>Key prognostic factors (ORs):</p>  <p>Higher energy mechanisms carried greater risk than penetrating injury. No significant effect from tourniquet or temporary shunt use.</p>	<p><b>Conclusion</b></p> <p>Secondary amputation affects 1 in 8 repaired limbs. Decision-making should prioritise early recognition of injury severity, rapid revascularisation, and anticipation of the limb's recovery trajectory.</p>
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Singh, Yash et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004936

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**AN UPDATED META-ANALYSIS OF PROGNOSTIC FACTORS FOR SECONDARY AMPUTATION FOLLOWING SURGICAL REPAIR OF LOWER-EXTREMITY VASCULAR TRAUMA IN BOTH CIVILIAN AND MILITARY POPULATIONS**  
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## "Cognitive Dysfunction After Polytrauma without TBI"

<p>Systematic Review conducted to assess for incidence of cognitive dysfunction in people who sustained polytrauma without traumatic brain injury (TBI)</p>	<p><math>\leq</math>60% of participants had cognitive dysfunction in available studies</p>	<p>Cognitive dysfunction is a prevalent but inadequately reported and characterized problem in polytrauma survivors without primary TBI.</p>
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Naumann, Amy et al., *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/JA.0000000000004877

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**COGNITIVE DYSFUNCTION AFTER POLYTRAUMA IN THE ABSENCE OF TRAUMATIC BRAIN INJURY: A SYSTEMATIC REVIEW OF INCIDENCE**  
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## SURGICAL CRITICAL CARE ENTRUSTABLE PROFESSIONAL ACTIVITIES: A NEW ERA IN ASSESSMENT

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**Proceedings of the Third Childress Summit on Pediatric Trauma: Advancing Multi-center Research through the A+ Pediatric Trauma Research Network**

Trauma is a dominant threat to the health of children

BUT many serious injury conditions are uncommon for a single center

We need a pediatric trauma-specific collaborative research network to find better answers faster

**Childress Summit III**

Convene 49 experts:

- Multiple specialties
- Pediatric trauma organization collaboration
- Form working groups
- Develop A+PTRN as core

Goals:

- Unified concept of network collaboration
- Propose scientific priorities for network
- Outline funding roadmap

**Key Points**

- Network inclusivity (center size and type)
- Develop standardized practices
- Infrastructure, data needs
- Mentorship of new researchers
- Develop validated long term outcome measures
- Predictive analytics for acute interventions
- Funding challenges—emphasis on early philanthropy and advocacy

Petty JK et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004912

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Introduction of cost-effective budget 3D printers has dramatically improved accessibility to the technology.

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Maidman, Jared et al. *Journal of Trauma and Acute Care Surgery*. DOI: 10.1097/TA.0000000000004919

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