

# Forskningsöversikt traumatologi

Katastrofmedicinskt centrum Linköping  
Kunskapscentrum i traumatologi  
på uppdrag av Socialstyrelsen

Bevakningsperiod 2 oktober 2023 - 1 oktober 2024

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Sammanställt av Katastrofmedicinskt centrum, Linköping, Region Östergötland  
Kunskapscentrum i traumatologi på uppdrag av Socialstyrelsen  
Författarna svarar för innehåll och slutsatser.

Linköping, 31 oktober 2024

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## Introduktion

Denna rapport utgör en forskningsöversikt över kunskapsområdet traumatologi och är en av tre årliga leveranser inom uppdraget som kunskapscentrum i katastrofmedicin genomför på uppdrag av Socialstyrelsen. Forskningsöversikten ska omfatta en sammanställning av vetenskaplig litteratur (artiklar i vetenskapliga tidskrifter och doktorsavhandlingar) samt presentationer på vetenskapliga möten och konferenser i urval som publicerats och/eller presenterats under föregående år. Baserat på ovanstående underlag ska Kunskapscentrumet identifiera och kortfattat summera forskningsresultat inom kunskapsområdet som direkt eller indirekt kan stärka den svenska hälso- och sjukvårdens katastrofmedicinska beredskap...Kunskapscentrumet ska även identifiera kunskapsluckor inom kunskapsområdet samt analysera och dra slutsatser gällande behov av framtida forskningsstudier som kan stärka den svenska hälso- och sjukvårdens katastrofmedicinska beredskap.

## Metod

Urvalet av artiklar är baserat på det omvärldsbevakningsarbete som pågått under bevakningsperioden: kunskapscentrumet har identifierat källor med utgångspunkt i instruktion i upphandlingsdokument och på basen av publikationpraxis inom det svenska fältet och därutöver kontinuerligt inhämtat publikationer från databasen PubMed. För begränsning i ett brett forskningsfält har sökning i databas koncentrerats på trauma, traumavård och/eller injury och forskning som pågår i eller utgår från Sverige. Bevakning av utvalda tidskrifter inkluderar internationell forskning och riktlinjer från medicinska föreningar och ämnesföreträdare. Manuell bevakning av utvalda tidskrifter och tips från involverat nätverk kompletterar databassökning. Publikationer om akutvård och prehospital vård med inriktning på trauma, traumasystem och cirkulation inkluderades. Specifika skadetyper associerade till ortopedi eller sportmedicin exkluderades. Ett litet antal commentaries och reviews har inkluderats.

### PubMed-sökning

Söktermer : Trauma or trauma care or injury and Sweden  
Trauma care and Sweden in Swedish

### Bevakade tidskrifter

Prehospital and Disaster Medicine  
European Journal of Trauma and Emergency Care  
American Journal of Emergency Care  
Journal of Trauma and Acute Care Surgery  
Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine  
Academic Emergency Medicine  
Prehospital Emergency Care  
Journal of American College of Surgeons  
World Journal of Surgery  
British Journal of Surgery  
Annals of Surgery  
JAMA Surgery  
Resuscitation  
Injury  
Burns

## Resultat

Tematisk indelning av 365 inkluderade artiklar resulterade i 11 kategorier (tabell I, se bilaga 1 för artiklar). Ämnesområdet militär och taktisk medicin har fler inkluderade artiklar jämfört med tidigare utkomna forskningsöversikter, på grund Rysslands fortsatta olagliga invasion av Ukraina och den forskningsoutput som kriget genererar. Erfarenheterna från Ukraina för både militär och civil sjukvård måste tas om hand, och fortsatt uppmärksammas. Nedan ett urval av inkluderade artiklar med kunskaper och erfarenheter från Ukraina, inledande med publikation i The Lancet som lyfter traumaepidemin som följer av krig och det stora behov av rehabilitering som den medför:

Thornton J. Ukraine: an epidemic of trauma. Lancet. 2024 Jan 27;403(10424):338-339. doi: 10.1016/S0140-6736(24)00132-6.

Benzar I, Levytskyi A, Khrapach V, Unukovych D. Warzone pediatric trauma care: Lessons from civilian medical staff in Kyiv. World J Surg. 2024 Mar;48(3):540-546. doi: 10.1002/wjs.12091.

Patterson JL, Bryan RT, Turconi M. et al. Life Over Limb: Why Not Both? Revisiting Tourniquet Practices Based on Lessons Learned From the War in Ukraine. J Spec Oper Med. 2024 Mar 13;V057-2PCH. doi: 10.55460/V057-2PCH.

Quinn J, Panasenکو SI, Leshchenko Y. et al. Lessons From the War in Ukraine: Damage Control Resuscitation and Surgery Experiences From Point of Injury to Role 2. Mil Med. 2024 Jan 23;189(1-2):17-29. doi: 10.1093/milmed/usad253.

Tabell I. Kategoriindelning av inkluderade artiklar.

Ämnesområde	Antal artiklar
Epidemiologi, skadetyper	48
Cirkulation	46
Behandling	43
Prediktion, scoring	40
Traumatisk hjärnskada TBI	40
Geriatriskt och pediatrikt trauma	38
Traumaforskning, modellering	27
Prehospitalt	22
Traumasystem, register	22
Masskadehändelse, triage	20
Militär och taktisk medicin	19
	365

## Studier på svensk registerdata

Holmberg L, Mani K, Linder F, Wanhainen A, Wahlgren CM, Andréasson H. Penetrating trauma on the rise- nine-year trends of severe trauma in Sweden. Eur J Trauma Emerg Surg. 2024 Jul 30.

Studie om trender i dödlighet, vård och skadetyper på två stora svenska traumacentrum mellan 2013 och 2021. Totalt inkluderades 10 587 patienter med högre New Injury Severity Score än 15 (NISS > 15) eller ett traumalarm. Mortalitet för patienter med

NISS > 15 var stabil och ökade för patienter med TA och NISS < 15, från 1,3 procent till 2,7 procent. Andelen patienter med NISS > 15 som genomgick akuta ingrepp var oförändrad, men antalet intensivvårdsinläggningar minskade under studieperioden. Penetrerande skador (inklusive kniv- och skott skador) ökade, medan trafikolyckor med motorcyklar och fotgängare minskade. Antalet överfalls-skador (penetrerande och trubbiga) ökade från 14,7 procent till 21,4 procent. Förändringarna i skadepanoramats kan ses som spegling av ett ökat våld i det svenska samhället, särskilt gängrelaterat våld. Trots

fler penetrerande skador förblev dödligheten för svårt skadade oförändrad. Minskningen av intensivvårdsinläggningar och ökningen av dödligheten för patienter med lägre skadesvårighetsgrad kräver vidare forskning.

Berg von Linde M, Acosta S, Khoshnood AM, Wingren CJ.  
Lethal injuries in single stabs to the trunk - A study on homicides and suicides in Sweden.  
*Injury*. 2024 Aug;55(8):111694.

Studie av skillnader i skador mellan mord och självmord genom enskilt knivstick till bålen i Sverige mellan 2010 och 2021. Suicidskador visade större variation i skadegrad, med både fler dödliga och fler lindriga skador jämfört med mord. Hjärtskador var vanligare vid självmord, medan skador på blodkärl och behovet av sjukhusvård var vanligare vid mord. Resultaten kan instruera både traumavård och rättsmedicinsk bedömning, men kräver vidare jämförelser med överlevande fall för att fastställa skadors dödlighet.

Granström A, Schandl A, Mårtensson J, Strømmer L.  
Using the GAP score as a complement to the new injury severity score in identifying severely injured patients - A registry-based cohort study of adult trauma patients in Sweden.  
*Injury*. 2024 Jun 28:111709.

Studie med syftet att undersöka om GAP-systemet, Glasgow Coma Scale, Age and Pressure, kan vara ett komplement eller ett alternativ till New Injury Severity Score, NISS, i att identifiera allvarligt skadade personer. Inkluderade patienter klassificerades som allvarligt skadade efter NISS>15 eller GAP 3-18 och poängens prediktiva värde för mortalitet och inläggning på IVA utvärderades. Resultaten indikerar att GAP 3-18 kan användas som ett komplement till NISS>15 i att definiera allvarligt trauma, och som verktyg i uppföljning i utvecklingsarbete. Båda poängsystemen visade sämre prediktionsvärde för mortalitet hos äldre traumapatienter.

von Olnhausen, O., Wladis, A. & Bäckström, D.  
Incidence and characteristics of prehospital fatalities from haemorrhage in Sweden: a nationwide observational study.  
*Scand J Trauma Resusc Emerg Med* 32, 96 (2024).

En retrospektiv kohortstudie som undersökte dödsfall på grund av blödning utanför sjukhus i Sverige

mellan 2012 och 2021. Totalt identifierades 9 801 dödsfall, och den åldersstandardiserade mortaliteten minskade från 10,97 till 8,18 per 100 000 invånare under perioden. Trauma var den vanligaste orsaken, och drabbade oftast yngre män, med självska-  
dor, trafikolyckor och överfall som de vanligaste mekanismerna. Traumatisk blödning ledde till fler förlorade levnadsår än icke-traumatiska orsaker. Regionala skillnader fanns, där områden med lägre befolkningstäthet hade högre dödlighet från prehospital blödning.

Lapidus, O., Rubenson Wahlin, R., Bäckström, Denise.  
Trauma patient transport to hospital using helicopter emergency medical services or road ambulance in Sweden: a comparison of survival and prehospital time intervals.  
*Scand J Trauma Resusc Emerg Med*. 2023 31, 101.

Studie av skillnader i överlevnad och prehospital tid för traumapatienter i Sverige transporterade med helikopter jämfört med ambulans. Primära utfall var 30 dagars mortalitet och Glasgow Outcome Score vid utskrivning. Sekundära utfall var andelen svårt skadade patienter som utlöste ett traumateam-larm vid ankomst till sjukhus och andelen svårt skadade patienter med GCS ≤ 8 som intuberades prehospitalt. Av 74 032 patienter transporterades 4 529 med helikopter, fall som visade en lägre dödlighet vid alla skadegrader jämfört med fall som transporterade med ambulans, trots längre prehospitala tider. Patienter transporterade med helikopter hade sämre neurologiska utfall vid utskrivning och högre andel traumalarm samt intubationer vid allvarliga skador. Trots de längre transporttiderna och högre skadegrad hade helikopterpatienterna överlevnadsfördel. Författarna argumenterar för att tillgången ambulanshelikopter kan behöva utökas till fler regioner i Sverige för svårt skadade traumapatienter.

Renberg, M., Dahlberg, M., Gellerfors, M. et al.  
Prehospital and emergency department airway management of severe penetrating trauma in Sweden during the past decade.  
*Scand J Traum Resusc Emerg Med*. 2023 Nov 24;31(1):85.

Observationsstudie om intubation prehospitalt och på akutmottagning hos patienter med penetrerande trauma och Injury Severity Score (ISS) ≥ 15, baserat på data från SweTrau mellan 2011 och 2019. Studien

omfattade 816 patienter, och frekvensen av prehospital intubation samt intubation vid ankomst till akutmottagningen, 30-dagars mortalitet mellan grupperna och vilka patientegenskaper som var förknippade med intubation studerades. Patienter intuberade prehospitalt hade högre ISS än de som intuberades på akuten. Mortalitet hos prehospitalt intuberade var högre men subpopulationsstudie justerat för ISS visade att prehospital intubation var associerad med högre mortalitet hos patienter med traumatisk hjärtstopp.

Larsson, G., Larsson, S., Strand, V. et al. Pediatric trauma patients in Swedish ambulance services - a retrospective observational study of assessments, interventions, and clinical outcomes. *Scand J Trauma Resusc Emerg Med* 32, 51 (2024).

Retrospektiv observationsstudie med syftet att undersöka prevalensen av pediatrika traumapatienter inom svenska ambulanssjukvården och beskriva prehospitala bedömningar, interventioner och kliniskt utfall. Ett randomiserat urval av patienter från en region i sydöstra Sverige med population på 1,7 miljoner och en andel barn (0-16 år) på 21 procent togs ut och 440 barn inkluderades i studien. Det motsvarade 8,4 procent av totala traumafall. Medianåldern var 9 år och 60,5 procent var pojkar. De främsta orsakerna till skador var låg- (34,8 procent) och högenergifall (21 procent), följt av trafikolyckor. Barnen bedömdes som allvarligt skadade i 4,5 procent av fallen. En fjärdedel av barnen var kvar på skadeplats efter bedömning. Kompletta förteckning över vitalparametrar fanns hos 29,3 procent av fallen och 81,8 procent av barnen bedömdes efter ABCDE-struktur. Den vanligaste interventionen utförd prehospitalt var läkemedelsadministrering. Mortaliteten var 0,2 procent. I 21 procent av fallen lades barnet in på sjukhusavdelning och fyra barn (1 procent) behövde intensivvård. Studien bekräftar tidigare forskning på pediatrikt trauma gällande könsfördelning, skademekanism och typ av skada. 29,3 procent av barnen fick vitalparametrar fullständigt bedömda. Barn i åldrarna 1-5 år hade signifikant lägre frekvens av både bedömning av vitala tecken och bedömning enligt ABCDE. En fjärdedel av barnen avtransporterades inte efter bedömning och författarna ser att denna grupp behöver beforskas ytterligare ur ett patientsäkerhetsperspektiv.

Holtenius, J., Berg, HE., Enocson A. Musculoskeletal injuries in trauma patients: A Swedish nationwide register study including 37,266 patients. *Acta Orthop.* 2023 Apr 17;94:171-177

Studie av förekomsten och fördelningen av muskuloskeletala skador hos vuxna traumapatienter i Sverige mellan 2015 och 2019 baserad på data från SweTrau kategorisering av Abbreviated Injury Scale-koder. Av totalt 37 266 inkluderade patienter hade 41 procent minst en muskuloskeletala skada, där ryggraden var den vanligaste skadelokalisationen (19 procent), följt av övre (17 procent) och nedre extremiteter (16 procent). Frakturer var den dominerande skadetypen med 87 procent av alla skador. 51 procent av patienter med muskuloskeletala skador hade mer än en sådan skada. Resultaten visar att en betydande andel traumapatienter lider av flera skador inom muskuloskeletala systemet.

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## Cirkulation

Wohlgemut JM, Pisirir E, Stoner RS. et al. Identification of major hemorrhage in trauma patients in the prehospital setting: diagnostic accuracy and impact on outcome. *Trauma Surg Acute Care Open.* 2024 Jan 12;9(1):e001214. doi: 10.1136/tsaco-2023-001214.

Diagnostik av massiv blödning är utmanande, även för kliniker och studien syftade till att undersöka hur träffsäkra kliniker är på att identifiera massiv blödning i prehospital miljö och att analysera faktorer som är kopplade till missad och överdiagnosticerad blödning, och dess påverkan på dödlighet. En retrospektiv analys gjordes på vuxna skadade patienter som behandlats av expertkliniker i ett utvecklat, prehospitalt traumavårdssystem 2019-2020 och som blivit inlagda på ett större traumasjukhus. Beslutet att aktivera protokollet för massiv blödning jämfördes med om patienterna uppfyllde kriteriet för massiv blödning på sjukhus, vilket definierades som att få minst tre enheter erythrocyter under en timme inom 24 timmar efter skada. Av de 947 patienter som ingick i studien hade 14,6 procent en massiv

blödning. Massiv blödning diagnostiserades korrekt i 70 procent av fallen och uteslöts korrekt i 94 procent av fallen. Missad diagnos var kopplad till penetrerande skademekanism och större bukskador. Överdiagnos var kopplad till hypotoni, polytrauma och diagnostisk osäkerhet. När massiv blödning missades i det prehospitala skedet ökademortaliteten tre gånger, trots vård på ett större traumasjukhus. Verktyg för och utbildning i att identifiera massiv blödning prehospitalt är av vikt, både för kliniskt verksamma men också andra räddningsprofessioner och allmänheten som första insatsaktör.

Butler, Frank; Holcomb, John B.; Dorlac, Warren et al.

Who needs a tourniquet? And who does not? Lessons learned from a review of tourniquet use in the Russo-Ukrainian war.

J Trauma Acute Care Surg. 2024 Aug 1;97(2S Suppl 1):S45-S54. doi: 10.1097/TA.0000000000004395.

Studie om tourniquet-användning i Ukraina efter Rysslands olagliga invasion 2022. Tourniquet-applisering för att stoppa livshotande blödning är särskilt viktigt i stridssituationer där både den skadade och den som hjälper riskerar omedelbar död från fientlig eld medan blödningen behandlas. En viktig del av behandlingen är att avgöra när tourniquetapplisering verkligen behövs. Även om överanvändning inte har orsakat överdriven morbiditet under konflikterna i Irak och Afghanistan (eller i civila sammanhang i USA) kan onödigt användning vid förlängd evakuering öka risken för komplikationer som amputationer och compartment syndrome. Denna granskning av forskning och data från det pågående kriget i Ukraina visar att ukrainska soldater drabbas av onödiga extremitetsförluster och livshotande komplikationer på grund av icke-indicerad användning av tourniquet och förlängda evakueringstider. Även om exakta siffror är säkerhetskyddade anger författarna att ukrainsk medicinsk personal och amerikanska rådgivare bekräftar att problemet är betydande. Författarna rekommenderar att utbildning för första hjälpare och militär sjukvårdspersonal uppdateras i avseendet för att undvika onödigt användning av tourniqueter.

Meizoso, Jonathan P., Cotton, Bryan A., Lawless, Ryan A et al.

Whole blood resuscitation for injured patients requiring transfusion: A systematic review, meta-analysis, and practice management guideline from the Eastern Association for the Surgery of

Trauma.

Journal of Trauma and Acute Care Surgery 97(3):p 460-470, September 2024.

Riktlinje som syftar till att ge evidensbaserade rekommendationer om helblod ska övervägas för civila traumapatienter som behöver blodtransfusion. En arbetsgrupp från amerikanska Eastern Association for the Surgery of Trauma genomförde en systematisk översikt och meta-analys enligt GRADE-metodologin för att undersöka effekten av resuscitering med helblod på dödlighet, transfusionsbehov, infektionskomplikationer och tid på intensivvårdsavdelning. 21 studier på vuxna civila traumapatienter som jämförde sjukhusbaserad helblodsbehandling med komponentterapi inkluderades. Majoritet av patienterna var svårt skadade och behövde blodtransfusion, massivt transfusionssprotokoll eller blödningskontroll i ett tidigt skede av omhändertagande. Användning av helblod minskade inte mortalitet men minskade behovet av erytrocyttransfusioner och plasma inom de första 4 timmarna samt erytrocyttransfusioner inom 24 timmar jämfört med komponentterapi. Inga skillnader sågs i infektionskomplikationer eller vårdtid på intensivvårdsavdelning. Med tanke på fördelen med att använda helblod för att minska tidiga och 24-timmars transfusionsvolym, utan någon uppenbar effekt på studerade komplikationer, rekommenderas användning av helblod för resuscitering av vuxna civila traumapatienter som behöver blodtransfusion, med undantag av vissa subpopulationer där data är otillräcklig.

Pågående registerforskning

Registeruttag från SweTrau enligt årsrapport för 2023

2022

Anna Schandl, Stockholm: Initialt traumaomhändertagande - aspekter på triage och outcome.

2023

Fredrik Linder, Uppsala: Penetrerande leverskador - epidemiologi, behandling och utfall; en jämförande studie mellan Sverige och Sydafrika.

Rebecka Rubenson-Wahlin, Stockholm: Triagering och handläggning av geriatriska traumapatienter på sjukhus.

Zandra Olivecrona, Örebro: CT på traumarummet



## JTACS “What you need to know” serie

Journal of Trauma and Acute Care Surgery publicerar fortsatt serien “What you need to know” med sammanfattning om kunskapsläget inom olika ämnesområden inom trauma och traumavård. Under 2024 publicerades 19 artiklar i serien, exempel på ämnen:

Golden, Katherine, Borsi, Lydia, Sterling, Ally, Giacino, Joseph T. Recovery after moderate to severe TBI and factors influencing functional outcome: What you need to know. Journal of Trauma and Acute Care Surgery 97(3):p 343-355, September 2024.

Siletz, Anaar & Inaba, Kenji. Diagnostic approach to penetrating neck trauma: What you need to know. Journal of Trauma and Acute Care Surgery 97(2):p 175-182, August 2024.

Hartwell, Jennifer L., Evans, David C. & Martin, Matthew J. Nutritional support for the trauma and emergency general surgery patient: What you need to know. Journal of Trauma and Acute Care Surgery 96(6):p 855-864, June 2024.

Flatley, Meaghan; Sams, Valerie G., Biscotti, Mauer III; Deshpande, Shyam J., Usman, Asad A. & Cannon, Jeremy W. ECMO in trauma care: What you need to know. Journal of Trauma and Acute Care Surgery 96(2):p 186-194, February 2024.

Artikelserien finns under “Collections” på JTACS hemsida.

## Bilaga 1 Inkluderade vetenskapliga artiklar

Prediktion, scoring

Akkan, S., Uyanik, Ö., Ceyhan, M. et al.	Comparison of whole body computed tomography findings with physician predictions in high-energy blunt trauma patients: prospective observational study.	Eur J Trauma Emerg Surg (2024). <a href="https://doi.org/10.1007/s00068-024-02564-1">https://doi.org/10.1007/s00068-024-02564-1</a>
Alexiou, G.A., Voulgaris, S.	The multiple roles of admission glucose levels in trauma patients.	Eur J Trauma Emerg Surg (2024).
Alexis Brinkemper et al	Analysis of compartment syndromes in lower extremity pediatric and adolescent trauma - are there predictors of a late onset?	Injury VOLUME 55, ISSUE 8, 111714, AUGUST 2024
Anthony J. Duncan et al	Blunt adrenal injury does not affect outcomes in adult patients with isolated abdominal injury – A National Trauma Data Bank review®	Injury Volume 55, Issue 9111613September 2024
April MD, Fisher AD, Rizzo JA, Wright FL, Winkle JM, Schauer SG.	Early Vital Sign Thresholds Associated with 24-Hour Mortality among Trauma Patients: A Trauma Quality Improvement Program (TQIP) Study.	Prehospital and Disaster Medicine. 2024;39(2):151-155.
Aran Gilaed et al	Early risk factors for prolonged mechanical ventilation in patients with severe blunt thoracic trauma: A retrospective cohort study	Injury VOLUME 55, ISSUE 1, 111194, JANUARY 2024
Bakidou A, Caragounis EC, Andersson Hagiwara M, Jonsson A, Sjöqvist BA, Candefjord S.	On Scene Injury Severity Prediction (OSISP) model for trauma developed using the Swedish Trauma Registry	BMC Med Inform Decis Mak. 2023 Oct 9
Beyer, Carl A.; Hatchimonji, Justin S.; Candido, Katelyn et al	Effects of prior injury on long term patient reported outcomes after trauma.	Journal of Trauma and Acute Care Surgery 95(5):p 691-698, November 2023.
Boyev, Artem; Sutton, Gabrielle; Rosenblad, Harris et al.	Emergency vascular repairs in trauma: Predictors of poor prognosis and a novel scoring system.	Journal of Trauma and Acute Care Surgery 96(4):p 603-610, April 2024.
Braylee Grisel et al	Outcomes by time-to-OR for penetrating abdominal trauma patients	The American J of Emergency Medicine Volume 79, May 2024, Pages 144-151
Chacon, Miranda; Liu, Catherine W; Crawford, Loralai et al	In Search of the Truth: Choice of Ground Truth for Predictive Modeling of Trauma Team Activation in Pediatric Trauma.	Journal of the American College of Surgeons 239(2):p 134-144, August 2024.
Chia-Hui Lin et al	Evaluation of the cushion effect in blunt abdominal trauma patients: A computerized analysis	Injury Volume 55, Issue 9111677September 2024

Daniel Essl et al	Admission S100B fails as neuro-marker but is a good predictor for intrahospital mortality in major trauma patients	Injury VOLUME 55, ISSUE 1, 111187, JANUARY 2024
Dixon, Alexandra; Kenny, James E.; Buzzard, Lydia et al and the PROPPR Study Group..	Acute respiratory distress syndrome, acute kidney injury, and mortality after trauma are associated with increased circulation of syndecan-1, soluble thrombomodulin, and receptor for advanced glycation end products.	Journal of Trauma and Acute Care Surgery 96(2):p 319-325, February 2024
Eichlseder, M., Labenbacher, S., Pichler, A. et al.	Is time to first CT scan in patients with isolated severe traumatic brain injury prolonged when prehospital arterial cannulation is performed? A retrospective non-inferiority study.	Scand J Trauma Resusc Emerg Med 32, 81 (2024). <a href="https://doi.org/10.1186/s13049-024-01251-9">https://doi.org/10.1186/s13049-024-01251-9</a>
Fuying Li, Quanyong He, Hao Peng, Jianda Zhou, Chi Zhong, Geao Liang, Wengjuan Li, Dan Xu,	The systemic inflammation indexes after admission predict in-hospital mortality in patients with extensive burns,	Burns, Volume 50, Issue 4, Pages 980-990,
Ghada Attia Sagah et al	Medico-legal evaluation of burn trauma injuries. Epidemiological features and predictors of mortality and other adverse outcomes	Injury VOLUME 55, ISSUE 2, 111276, FEBRUARY 2024
Grégoire Liaud-Laval et al	Severe hypocalcemia at admission is associated with increased transfusion requirements: A retrospective study in a level 1 trauma center	Injury VOLUME 55, ISSUE 1, 111168, JANUARY 2024
Hadesi, Parsa; Rossi Norrlund, Rauni; Caragounis, Eva-Corina	Injury pattern and clinical outcome in patients with and without chest wall injury after cardiopulmonary resuscitation.	Journal of Trauma and Acute Care Surgery 95(6):p 855-860, December 2023.
Indy Kelderman et al	Very long-term effects of conservatively treated blunt thoracic trauma: A retrospective analysis	Injury VOLUME 55, ISSUE 4, 111460, APRIL 2024
Jason D. Sciarretta et al	Pneumopericardium following severe thoracic trauma	Injury VOLUME 55, ISSUE 5, 111303, MAY 2024
Jonas Holtenius et al	Prediction of mortality among severely injured trauma patients A comparison between TRISS and machine learning-based predictive models	Injury VOLUME 55, ISSUE 8, 111702, AUGUST 2024
Jonathan Doran et al	Major trauma patients and their outcomes – A retrospective observational study of critical care trauma admissions to a trauma unit with special services	Injury VOLUME 55, ISSUE 8, 111622, AUGUST 2024

Kuorikoski, J., Heinänen, M., Brinck, T. et al.	Association of trauma classifications to long-term outcome in blunt trauma patients.	Eur J Trauma Emerg Surg (2024). <a href="https://doi.org/10.1007/s00068-024-02606-8">https://doi.org/10.1007/s00068-024-02606-8</a>
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