Dear Editor-in-chief

I read with a high interest the article written by Velez and colleagues entitled “Trauma center transfer of elderly patients with mild Traumatic Brain Injury improves outcomes” which has been recently published in your valuable journal. Authors have concluded that transferring elderly patients with mild traumatic brain injuries to level I/II trauma centers results in better outcomes including lower mortality. Paying attention to elderly population conditions is of a high importance because of increase in this part of the community. Authors have done a great job with an interesting idea which has addressed an important aspect of brain injuries. Despite my interest to their results there are few shortcomings which should be considered. First of all, authors have not exactly determined the period of study and data extraction and if all these 19,664 elderly patients were managed in 2015. The most important issue is that there are no precise criteria reported for transferring patients to level I or II trauma centers. Which patients should and which ones should not have been transferred to these centers? Lack of a precise criteria acts as a confounding factor for analysis. It makes the question that what if they were not transferred to a secondary center. Maybe there would have been no difference in final outcomes between transferred and not transferred patients. In addition, the distance to secondary trauma centers has not been evaluated in this study which may have inevitable impacts on the final results in patients with emergency conditions. Finally, I appreciate the effort put to this job by authors; however I am wondering if I can kindly ask them to interpret better my concerns.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.amjsurg.2019.08.001.

References


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