



Invited Commentary

Commentary on “Is strict adherence to the nonoperative management protocol associated with better outcome in patients with blunt splenic injuries?: A retrospective comparative cross-sectional study.” *Int J Surg* 2019;69:116–123

*Letter to the Editor*

During the past 25 years, significant improvements have been observed in treatment of blunt splenic injuries. Although angioembolisation procedures for blunt splenic injuries have become popular, their routine use is still controversial. Hsieh et al. tried to study adverse events and associated risk factors before and after protocol-based nonoperative management of blunt splenic injuries over a 12-year period. They found that strict adherence to nonoperative protocols for treatment without adequate patient selection increased not only the usage of angioembolization, but also complications without any significant improvement in clinical outcomes. They recommended a cut-off for transfusion to be set up to define contraindications of non-surgical treatments [1]. Other authors highlighted the important issues following blunt splenic trauma, with strong proposals which should not be ignored. The main concern in nonoperative management of blunt splenic injuries is related to patient selection. In patients with active bleeding, multiple injuries, pseudoaneurysm formation or arteriovenous fistula on admission abdominal computed tomography [2,3], these authors suggested a more flexible approach to allow for improvement in management of this high-risk group using operative and non-operative procedures. Also by correctly deciding on the use of selective angioembolisation (main, distal or combined), the rate of treatment failure as shown in a follow-up computed tomography 48–72 hours later would be reduced [2–4]. Other complications such as ARDS, sepsis and organ salvage could be managed as proposed by the authors. The study reported in the International Journal of Surgery, however, did not focus on the “time to return to normal activities”, as this time is critical. The Western Trauma Association recommends restrictions for at least 4 weeks for patients with Grade I, 8 weeks for Grade II and Grade III, and 12 weeks for Grade IV and Grade V splenic injuries which are managed non-operatively [3].

In short, the main problems in the management of blunt splenic injuries in this article have been discussed with limited retrospective data. To determine blunt splenic injuries, studies should be conducted prospectively and in large series.

Provenance and peer review

Invited commentary, internally reviewed.

Declaration of competing interest

None.

References

- [1] T.M. Hsieh, C.T. Liu, B.Y. Wu, C.H. Hsieh, Is strict adherence to the nonoperative management protocol associated with better outcome in patients with blunt splenic injuries?: a retrospective comparative cross-sectional study, *Int. J. Surg.* 69 (2019 Jul 31) 116–123, <https://doi.org/10.1016/j.ijisu.2019.07.033> [Epub ahead of print].
- [2] J.M. Haan, G.V. Bochicchio, N. Kramer, T.M. Scalea, Nonoperative management of blunt splenic injury: a 5-year experience, *J. Trauma* 58 (3) (2005 Mar) 492–498.
- [3] S.E. Rowell, W.L. Biffi, K. Brasel, E.E. Moore, R.A. Albrecht, M. DeMoya, N. Namias, M.A. Schreiber, M.J. Cohen, D.V. Shatz, R. Karmy-Jones, F.A. Moore, Western trauma association critical decisions in trauma: management of adult blunt splenic trauma-2016 updates, *J Trauma Acute Care Surg.* 82 (4) (2017 Apr) 787–793.
- [4] M. El-Matbouly, G. Jabbour, A. El-Menyar, R. Peralta, H. Abdelrahman, A. Zarour, A. Al-Hassani, H. Al-Thani, Blunt splenic trauma: assessment, management and outcomes, *The Surgeon* 14 (1) (2016 Feb) 52–58.

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