

A Case-matched Series of Total Body CT Scanning in Trauma Patients: Reply

J. C. Sierink · J. C. Goslings

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Dear colleagues

Thank you for your interesting Letter to the Editor regarding our study entitled *A Case-Matched Series of Immediate Total-Body CT Scanning versus the Standard Radiological Work-Up in Trauma Patients* [1], published in *World Journal of Surgery*.

We fully agree with the authors that radiation dose is a point of interest. However, another recent study of our group showed that radiation dose during total index admission was comparable between severely injured patients who received a total-body computed tomography (CT) scan and patients who underwent the conventional work-up supplemented by selective CT scanning [2]. This is probably due to the more complete overview of all possible injuries that is obtained with total-body CT scanning at the trauma room.

Furthermore, we acknowledge that not all trauma centers have a CT scanner available in their emergency department or in the trauma resuscitation room itself like we do [3]. Nevertheless, several studies show a time benefit of total-body CT scanning compared with conventional imaging and selective CT scanning [4, 5]. Furthermore, an increasing number of level-one trauma centers do have a CT scanner in the emergency department, and, particularly in those centers, the severely injured patients involved are admitted.

Currently, we are analyzing the results of the REACT-2 trial [6], where patients were randomized between the conventional work-up supplemented by selective CT scanning and immediate total-body CT scanning. The

results of this randomized controlled trial are expected at the end of 2014.

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J. C. Sierink (✉) · J. C. Goslings
Trauma Unit, Department of Surgery, Academic Medical Center,
Amsterdam, Netherlands
e-mail: j.c.sierink@amc.nl