Does Time Difference in CT Scan Causes More Mortality?

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Published online: 6 September 2017
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We read with great interest the article by McKechnie et al. [1] discussing the role of computerised tomography (CT) in trauma. The article explains the differences in time for CT between trauma centres and non-trauma centres in Scotland. This issue is a common problem in the majority of hospitals worldwide. An organised trauma system has proven to be beneficial in reducing the time for CT scan significantly [2]. The data presented are consistent with materials available in the literature [2, 3].

CT scan proves to be an indispensable component in the evaluation of trauma patients, especially in haemodynamically stable patients [4]. Contrast-enhanced CT scan can detect liver and spleen lacerations, haematoma and active bleeding with a sensitivity up to 95% [5]. Hence, a difference of 9 min is significant, especially in abdominal injuries. Early diagnosis is imperative for an early intervention leading to a better outcome. Nonetheless, there are few issues which we believe will enhance the discussion further.

The analysis did not include the implication of such differences in both centres. It is important to evaluate the outcome and conclude whether the delay in imaging has any influence on the morbidity and mortality. Without this evidence, the necessity of time improvement within non-trauma centres remains contentious. Besides that, causes of CT delay should not be overlooked. By understanding

these factors, efforts can be put to improve the trauma management in non-trauma centres. It is intriguing whether a proper analysis of these factors can be performed on a large data such as this.

Again, being a retrospective nature, it is a challenging task to obtain the appropriate data from a large multicenter national database. However, we do believe it is worthwhile considering the effect these findings might have towards the trauma care especially in non-trauma centres.

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