Letter to the Editor: Unstable Hemodynamics is not Always Predictive of Failed Nonoperative Management in Blunt Splenic Injury

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We recently read an interesting article by Liao and colleagues titled “Unstable Hemodynamics is not Always Predictive of Failed Nonoperative Management in Blunt Splenic Injury” [1].

The authors compared blunt splenic injury patients with unstable hemodynamics who received angioembolisation or surgery for hemostasis. With an approach of rapid decision making and a short preparation time for angioembolisation, the NOM could be performed selectively for hemodynamically unstable patients with blunt splenic injury. We admire promising mean timing of 70 min for angioembolisation at the study center, while even dedicated centers reported it 344 min [2]. We would like to draw attention to some bias and data representation in the sample cohort, which might affect the outcome and interpretation. The trauma scores (median AIS and ISS) of angioembolisation and study groups shown in Table 1 seem incorrect, as with median AIS of 3 (IQR, 1), median ISS of 19 (IQR, 10) is not possible considering the exclusion criteria. We could not understand indications of intervention in patients who were not in hypotension and responded with resuscitation (fifteen in angioembolisation group and two in the surgery group). The inclusion of such patients might have affected the outcome significantly. The authors presented time to angioembolisation as mean $\pm$ SD. The value of SD in all patient cohort is almost equal to mean,

and in the subgroup of patients with hypotension more than mean. This data might be better presented as median (IQR) as per statistical principles. The authors concluded that NOM could be selectively applied using angioembolisation for hemodynamically unstable patients with blunt splenic injury. As both angioembolisation and surgery groups were having the same demographics, vital signs, blood transfusions, and injury severities, it was not clear what characteristics these selected patients must have. There was one typo in the materials and methods segment in defining unstable hemodynamics. Considering the smooth functioning of the study center, we look forward to seeing some RCT in such patients to have a concrete conclusion.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

References

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