

Volume 6

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Advances in  
Trauma and  
Critical Care

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**Advances in Trauma and Critical Care**  
Volume 6

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# Advances in Trauma®

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# Advances in Trauma and Critical Care

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## Preface

*Advances in Trauma*<sup>®</sup> is now *Advances in Trauma and Critical Care*! Why the name change? Although it may be said that critical care includes more than just trauma, the two disciplines are inseparable and therefore logically embodied with the same volume. As even the casual reader can readily ascertain, this is more than just a name change. The Editorial Board has been expanded to include nationally known experts in the field of surgical critical care. Drs. Feliciano, Rice, and Trunkey bring both stature and expertise to this work and have clearly impacted Volume 6.

The lead article by Dr. Lazar Greenfield is entitled “The Diagnosis and Treatment of Pulmonary Embolism in Trauma Patients.” This is particularly pertinent to the critical care setting where the authors seek to define those patients at greatest risk for thrombotic complications. Rich Mullins and Gerald Larson review a serious problem that is still with us in the intensive care setting, stress gastritis. They clearly define the risk and benefits of prophylaxis and the management principles of this dreaded problem.

The diagnosis of abdominal trauma remains a topic of timely interest and two colleagues from Germany, Michael Nerlich and Reinhard Hoffmann provide an authoritative look at the emerging use of ultrasonography. The authors have tremendous experience with this modality and it appears to be generating interest in the United States as well. In a chapter that reads easily for a topic of such complexity, Dr. Gill Cryer provides all you want to know and more regarding post-traumatic immunologic dysfunction. Cleon Goodwin and co-authors from Cornell review the current status of early excision in burn therapy. With results that are impressive compared to those obtained just a decade ago, it is clear why the outlook following burn injury has never been better. Martin Croce and Tim Fabian use their exhaustive experience at the Presley Trauma Center to make a strong case for primary management of colon injury. Their data provides convincing evidence to avoid stomal diversion whenever possible.

Tom Esposito provides a useful and timely review of what’s new in trauma care systems. He and his co-authors describe the progress and the continuing obstacles to improving trauma care through a systems approach. Drs. Reath and Jeffries describe their results utilizing a combined plastic surgery and orthopedic surgery mindset in the treatment of the mangled lower extremity. The case is well made for selective use of amputation as an appropriate early management option. Juan Asensio and co-authors carefully scrutinize the current issues in nutritional management and describe the changing trends in caloric supplementation. Blaine Enderson and co-authors provide a concise review of where we are today with the use of antibiotics in trauma. This is an exceptionally useful chapter because it describes not only the agents but the clinical situations where they are indicated and not indicated.

Drs. Heimbach and Sharar tackle the difficult problem of inhalation injury, review the pathophysiology, emphasize early diagnosis, and debate the key problems in management. The final chapter by Drs. Feliciano and Burch is particularly useful to those surgeons who are faced with the challenge of closing the difficult wound. Techniques described may be new to some, perhaps already in use by others out of necessity (!), but enlightening for all.

In closing, I would like to express my gratitude to Gerald O. Strauch, M.D., F.A.C.S., who has taken a full-time position as Director of the Trauma Division at the American College of Surgeons. Dr. Strauch provided tremendous support and encouragement during the early inception of the *Advances in Trauma* series. I would also like to welcome the new members of the Editorial Board: Drs. David Feliciano, Charles Rice, and Donald Trunkey. They have already provided valuable input regarding what's new in trauma and critical care. The support of the Mosby-Year Book staff must be mentioned with grateful appreciation for their patience and understanding as this series seeks to broaden its perspective in the field. Lastly, to you, our readers, I express my gratitude for your support and, as before, encourage you to communicate with the Editors if you wish a particular topic addressed in a future issue of *Advances in Trauma and Critical Care*.

Kimball I. Maull, M.D.  
Editor-in-Chief

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