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1. SCANDINAVIAN JOURNAL OF TRAUMA RESUSCITATION & EMERGENCY MEDICINE

Irregular ISSN: 1757-7241

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1. [Science Citation Index Expanded](#)
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Fatih Büyükcum <fatihbuyukcam@gmail.com>

Thank you for your review for Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

<em@editorialmanager.com>

22 Temmuz 2016

23:05

Yanıtlama Adresi: "Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine"

<sjtrem@biomedcentral.com>

Alici: Fatih Büyükcum <fatihbuyukcam@gmail.com>

STRE-D-16-00193

Analysis of Thromboelastography, PT, APTT and Fibrinogen in Intraosseous and Venous Samples - An Experimental Study

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

Dear Dr. Büyükcum,

Thank you very much for your review of manuscript STRE-D-16-00193, 'Analysis of Thromboelastography, PT, APTT and Fibrinogen in Intraosseous and Venous Samples - An Experimental Study'.

We greatly appreciate your assistance.

Best wishes,

Kristi Bache

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

<http://www.sjtrem.com/>

Decision on a manuscript you reviewed for Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine - STRE-D-16-00193**Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine**

<em@editorialmanager.com>

19 Ağustos 2016

09:51

Yanıtlama Adresi: "Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine"

<sjtrem@biomedcentral.com>

Alici: Fatih Büyükcum <fatihbuyukcam@gmail.com>

STRE-D-16-00193

Analysis of Thromboelastography, PT, APTT and Fibrinogen in Intraosseous and Venous Samples - An Experimental Study

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

Dear Dr. Büyükcum,

We have made a decision on STRE-D-16-00193, which you recently reviewed for us.

The decision is: Major Revision.

You can also view the reviewers' comments at:

<http://stre.edmgr.com/>

Your username is: fatihbuyukcam@gmail.com

Your password is: available at this link http://stre.edmgr.com/Default.aspx?pg=accountFinder.aspx&firstname=Fatih&lastname=B%c3%bcy%c3%bckcam&email_address=fatihbuyukcam@gmail.com.

Thank you again for your contribution to Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine.

Best wishes,

Kristi Bache

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

<http://www.sjtrem.com/>

Reviewer #1: The authors report on a small RCT in pigs, comparing TEG and conventional coagulation parameters in blood drawn from a central venous line vs. an IO catheter. The manuscript is well-written and does an excellent job of describing the project. I have a couple of questions/suggestions:

The sentence describing the hemorrhage model is ambiguously worded. I believe that 67 ml/kg was used to calculate total blood volume, and that half of that (33 ml/kg) was actually withdrawn. Is this accurate?

You might explore in the Discussion the technical limitation that the IO catheters were not used for infusion. I wonder if the results would have been the same if fluids were being administered through the IO catheter in between samples. Would this tend to make the IO labs look more like the CV labs?

Reviewer #2: The authors conclusions are not adequately supported by the data reported.

Reviewer #3: This study analyses thromboelastography, PT, APTT and Fibrinogen in Intraosseous and Venous Samples in an experimental porcine study. Several samples in the IO group could not be assessed because of clotting of the samples. It is concluded that the intraosseous samples were hypercoagulable, complicating the analysis of coagulation parameters. TEG analysis demonstrated shortened reaction time. 50% hemorrhage and hemodilution moderately affected the studied parameters.

The authors also assessed varying heparinised states, but did this measurements only in one pig and commented only shortly on the findings.

Interestingly there is not statistical analysis in this study, nor any power sample size calculation. Also the authors do

not mention any limitations of this study. And the discussion is very short with 1 1/2 pages only. One may expect a more in depth comparison with other studies.

Also, the authors do not comment on any future studies deriving from this study. This reader would expect the authors to line out where further research is needed.

Also, authors should explain all abbreviations in the tables

There seem to be some major drawbacks which should be addressed in this study.

Reviewer #4: Interesting concept to evaluate, especially in trauma. We are more frequently evaluating patients in the trauma bays with IO lines from the field. These lines could be life- and time-saving during the initial evaluation. While we rarely rely on lab work obtained from these IOs, I believe that evaluating this concept could extend the benefits from IOs. The experiment was executed well, despite the reported occasional technical difficulties. I do believe that depending on the number of patient presenting to your emergency room with IOs you should be able to conduct a comparison between IV and IO with patient's consent. I would be interested in what you would find. I have a few comments, questions, and suggestions for future work:

1- Was there a difference in the values from IO aspirates between pigs who had one IO versus those who had to get another IO inserted? Did the fresh second insertion result in less hypercoagulability than aspirates from an IO that has been inserted for a while?

2- Hypercoagulability in trauma is a known phenomenon and there is evidence that this process starts early after injury. In your samples, the R time for IO aspirate was significantly lower than CV samples. Is this going to falsely increase suspicion of hypercoagulability and lead to initiation of more interventions to prevent venous thrombotic events. It would be interesting if you can find correlation between IO values and VTE incidence in a human study. This would add an external validity of the findings and provide stronger recommendation for or against the use of IO aspirates for TEG analysis.

Good job on conceptualizing and conducting this experiment.

Reviewer #5: A good topic and fine presentation.

Reviewer #6: Nice study of interest to clinicians treating acutely traumatized patients, especially in an era of increased IO usage.

Simply written - so the message cuts through easily



Fatih Büyükcum <fatihbuyukcam@gmail.com>

Thank you for your review for Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

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Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

<em@editorialmanager.com>

15 Mayıs 2017

05:48

Yanıtlama Adresi: "Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine"

<sjtrem@biomedcentral.com>

Alıcı: Fatih Büyükcum <fatihbuyukcam@gmail.com>

STRE-D-17-00072

The use of non-uniform drowning terminology: a follow-up study

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

Dear Dr. Büyükcum,

Thank you very much for your review of manuscript STRE-D-17-00072, 'The use of non-uniform drowning terminology: a follow-up study'.

We greatly appreciate your assistance.

Best wishes,

Kristi Bache

Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine

<https://sjtrem.biomedcentral.com/>



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