



Contents lists available at ScienceDirect

The American Journal of Surgery

journal homepage: www.americanjournalofsurgery.com

Letter to the Editor

Disparity in discharging elderly traumatic brain injury patients to rehabilitation centers based on trauma center level



Dear Editor-in-Chief

I read with a great interest the recently published article in your esteemed journal by Warnack et al.¹ The authors have eventually concluded that there is a higher possibility for White patients to be transferred to rehabilitation centers in comparison with Black and Latino ones. As we have no definite method of cure for neuro-trauma, rehabilitation plays an important role in management of TBI patients, especially elderly ones. On the other hand, developed and most of the developing communities are getting old which holds the importance of paying attention to the elderly population.² Warnack et al. have done a great job with a good idea which has addressed an important aspect of brain injuries. However; I want to point at some notable shortcomings which should be addressed.

Authors have not reported the age and gender distribution among study population which are two important demographic characteristics and could have been evaluated regarding their association with disparities in discharging to rehabilitation centers.

The title of article questions the role of trauma center designation in discharging to rehabilitation centers; however, most of the article is dedicated to the role of ethnicity, insurance and other factors. The most important thing about this job is that authors have not provided any unique criteria on discharging patients to rehabilitation centers. We cannot discuss the disparity between different level trauma centers for discharging to rehabilitation centers, while we have not a precise guideline as gold standard of care for each level. Thus, it seems that so many other factors may be involved in decision-making for discharging to rehabilitation centers, including patient's willingness,

age, gender, socioeconomic situation and most importantly the physician's decision, which make the comparison impossible.

The crucial point about this study is that there is a basic difference between various trauma center levels in admitting patients as they admit patients with different severity of injury. So, it is expectable for them to have various discharge rates according to their identity. Finally, I appreciate the effort put to this job by authors; however I am wondering if I can kindly ask them to interpret better my concerns.

References

1. Warnack E, Frangos S, DiMaggio C, et al. Is trauma center designation associated with disparities in discharge to rehabilitation centers among elderly patients with Traumatic Brain Injury? *Am J Surg.* 2020. <https://doi.org/10.1016/j.amjsurg.2020.02.026>.
2. Khosravi MH. Traumatic brain injuries in elderly patients; to Be transferred or not? *Am J Surg.* 2019. <https://doi.org/10.1016/j.amjsurg.2019.08.001>.

Mohammad Hossein Khosravi*

Department of Neurosurgery, School of Medicine, Iran University of Medical Sciences, Tehran, Iran

* Department of Neurosurgery, Firoozgar Hospital, Tehran, Iran.
E-mail address: dr.mhkhosravi@gmail.com.

23 March 2020

DOI of original article: <https://doi.org/10.1016/j.amjsurg.2020.02.026>.

<https://doi.org/10.1016/j.amjsurg.2020.04.015>

0002-9610/© 2020 Elsevier Inc. All rights reserved.