Letter to the Editor

Hong Kong Journal of Emergency Medicine
1

DOI: 10.1177/1024907920972284
journals.sagepub.com/home/hkj
SAGE

REBOA can be performed in the emergency department not only for trauma patients but also for life-threatening vaginal bleeding

Kıvanç Karaman[1], Yunus Emre Özlüer[2], Yalcin Golcuk[1] and Mücahit Avcil[2]

To the Editor,

We read the article "Implementation of resuscitative endovascular balloon occlusion of the aorta (REBOA) at the Korean Regional Trauma Center" by Park et al.[1] with interest. The authors aimed to investigate the feasibility and effectiveness of REBOA based on their experience and shared their implementation process by trauma surgeons in Korea. They found that mean change of systolic blood pressure after REBOA was 41.3 ± 30.2 mm Hg. Finally, they concluded that REBOA is a useful adjunctive skill for trauma surgeons, and a brief training course can help in the implementation of the procedure.

REBOA is used as adjunctive management for a profound shock in some trauma centers. The goals of REBOA include the prevention or reversal of hemodynamic collapse by minimizing ongoing bleeding and restoration of adequate perfusion pressure to the heart, lungs, and brain. In a case report published by Özlüer et al.,[2] the authors performed intermittent REBOA in the emergency department to a vaginal bleeding patient with class 3 hemorrhagic shock. They reported that there was a serious increase in the systolic blood pressure of the patient after REBOA (from 93 to 125 mm Hg). They also reported that the patient completely recovered and was discharged on the seventh day of admission.

In conclusion, REBOA is a useful adjunctive skill either for trauma surgeons or for emergency physicians. However, this procedure can be a lifesaving treatment option not only for trauma patients but also for patients with non-traumatic life-threatening hemorrhage such as vaginal bleeding. In addition, the capacity of short training courses can be expanded to include emergency physicians.

Author contributions

All authors wrote, read, and approved the final form of manuscript

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Human rights

Respectful to human rights.

ORCID iDs

Kıvanç Karaman https://orcid.org/0000-0002-4105-2785

Yunus Emre Özlüer https://orcid.org/0000-0001-8297-7525

References

1. Park Y, Yu B, Lee G, et al. Implementation of resuscitative endovascular balloon occlusion of the aorta at the Korean Regional Trauma Center. *Hong Kong J Emerg Med*. Epub ahead of print 8 August 2019. DOI: 10.1177/1024907919866563.
2. Özlüer YE, Yetiş Sayın ÇE and Avcil M. Successful control of massive vaginal bleeding with resuscitative endovascular balloon occlusion of the aorta and pelvic packing. *J Endovasc Resusc Trauma Manag* 2019; 3(3): 131–132.

[1]Department of Emergency Medicine, Faculty of Medicine, Muğla Sıtkı Koçman University, Muğla, Turkey
[2]Department of Emergency Medicine, Faculty of Medicine, Adnan Menderes University, Aydın, Turkey

Corresponding author:
Kıvanç Karaman, Department of Emergency Medicine, Muğla Sıtkı Koçman Üniversitesi Tıp Fakültesi, Kötekli Mah, 48000 Muğla, Turkey.
Email: kiwanckaraman@gmail.com