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EDITORIAL

Kosova Journal of Surgery – Starts Publishing Focused Reviews on Important Surgical Topics

First Focused Issue on Trauma and Surgical Critical Care

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Kosova Journal of Surgery (KJS) will expand to four issues this year, with two issues featuring state-of-the-art review articles by experts from around the world. The journal will be published in January/February, April/May, August/September, and October/November. Two of each focus issue will include 10–12 reviews addressing the most important clinical topics, and the editorial from guest editor(s). This focus reviews will be updated at least every 5 years and hope will serve as new guidelines for each focus issue.

This issue marks the launch of Part I of Advances in Trauma, Surgical Critical Care outlining key developments, guiding principles, and practical strategies to enhance patient outcomes across diverse clinical settings, that were presented at the 2nd Professor Rao Ivatury Symposium on Advances on Trauma, Surgical Critical Care in Prishtine, September 23-24, 2025. This symposium, and subsequently this issue, gathered, a diverse cohort of trauma, critical care specialists to illuminate the current path forward for high-stakes care in settings that range from well-resourced centers to post-conflict and resource-constrained environments. The first focused issue of KJS mirrors this breadth, weaving together practical guidance, evidence-based principles, and multidisciplinary perspectives that together form a pragmatic roadmap for contemporary trauma management. Across 11 articles, the issue underscores a unifying message: excellence in trauma care is built on clear: there is a need for governmental support, special education, algorithms, interdisciplinary collaboration, timely interventions, and a willingness to adapt guidelines to local realities without diluting patient outcomes. The invited editorial comment by Prof. Raul Coimbra is a special treat and addition to this issue[1].

Trauma systems in post-conflict and low-resource settings are not merely about availability of equipment; they are about resilient organizational structures that can deliver rapid, evidence-informed care even when resources are scarce. Michel Aboutanos et al.[2] lay the cornerstone with “Establishment of Trauma and Critical Care System in Post-Conflict and Low Resource Countries.” Their synthesis highlights essential components—coordinated triage, standardized protocols, and robust training pipelines—that lay the groundwork for sustainable improvement. In places where systems were disrupted by conflict, rebuilding is not a luxury but a necessity; the authors argue for scalable models that leverage existing human capital and international collaboration to reconstitute functions such as hemorrhage control, airway management, and critical care pathways. This piece invites readers to think in terms of system design as a universal intervention, one that can translate into reduced mortality and improved functional outcomes when adapted to local constraints.

Building on the systemic foundation, Lisa Kodadek and Elliot Haut[3] and turn the lens to evidence-based medicine as a driver of care across settings. "Improving Trauma Care via Evidence-Based Medicine: Guidance, Guidelines, and Global Impact" reframes guidelines not as rigid rules but as adaptable frameworks. The message resonates in every chapter of the issue: guidelines must be actionable, locally applicable, and continually re-evaluated in light of new data and resource realities. The authors emphasize dissemination, implementation science, and the need to tailor recommendations to patient populations and health system capacities. In practice, this means prioritizing interventions with proven benefit, delivering decision aids to frontline teams, and measuring adherence and outcomes to close the loop between evidence and care.

The aging global population presents unique challenges, and Belinda De Simone and Fausto Catena[4] address this head-on in "Management of Trauma in Elderly and Frail Patients: A Master Summary of the 2023 WSES Guidelines." Frailty, comorbidity burden, and altered physiologic reserve demand nuanced decision-making. The summary distills guidelines that balance life-prolonging potential with quality of life, reminding clinicians that a patient-centered approach must guide imaging choices, operative decisions, and post-injury rehabilitation. The emphasis on individualized risk assessment informs triage and management, ensuring that older patients receive appropriate, evidence-based interventions rather than reflexive reprioritization.

"Current Management of Traumatic Brain Injury: Time is Brain"—by Aurora Muça et al.[5] renders the consensus that rapid assessment, decisive imaging, and timely neurosurgical or medical management can alter trajectories dramatically. In settings with limited neuromonitoring resources, the article emphasizes streamlined pathways, egalitarian access to neurosurgical consults, and pragmatic use of available modalities to minimize secondary injury. The overarching principle is simple but powerful: every minute saved translates into preserved neurological function and better long-term outcomes.

Within the airway management constellation, Kyle J. Alexander and Edgar Rodas[6] write on early tracheostomy in trauma and surgically ill patients: Have we identified the right patients? Their analysis challenges clinicians to refine indications through risk stratification and early multidisciplinary discussion. The balance is delicate: early tracheostomy can shorten ventilation times and facilitate weaning, yet premature or misapplied timing risks complications. The article invites teams to combine physiologic markers, injury patterns, and trajectory expectations to target tracheostomy to those most likely to benefit, reducing ventilatory days.

Neck trauma management, as presented by Malhotra[7], centers on rapid assessment, airway security, and decisive intervention. In a domain where even, minor delays can escalate to catastrophic outcomes, the emphasis on early, structured algorithms and clear contingency plans mirrors a broader shift toward protocolized versatility in acute care settings.

The dento-alveolar arena, explored by Kqiku[8] and colleagues, exemplifies the power of interdisciplinary collaboration. By bridging dental, maxillofacial, and surgical perspectives, the piece reinforces that optimal outcomes hinge on synchronized workflows that extend beyond traditional specialty silos. This collaborative ethos is a blueprint for managing other intricate injuries where function and aesthetics intersect.

Intra-abdominal trauma—covering liver, biliary tree, and pancreas injuries written by Arda Isik et al.[9] reminds us of the delicate balance between timely damage-control strategies and definitive repairs. The authors' emphasis on sequencing, resource-aware decision-making, and context-sensitive use of interventions aligns with modern damage-control principles while honoring local realities.

Pelvic fractures demand both surgical acuity and systems-level coordination. The collected perspectives by Ilir Hasani et al.[10] and Evan Halvorson et al[11], offer two perspectives but both call for integrated multidisciplinary approaches and illustrate how standardized pathways, early stabilization, and thoughtful rehabilitation planning can transform outcomes in a patient-population at high risk for both mortality and long-term disability.

Finally, attention to small bowel and colorectal injuries anchors the discussion in the continuum of care—from acute resuscitation to definitive management is discussed by Arda Isik et al.[12], which emphasis on timely diagnosis, strategic operative decisions, and multidisciplinary input reinforces that even common injuries benefit from a broad, collaborative lens.

Together, these articles chart a pragmatic, survivable path through the spectrum of traumatic injuries. They advocate for rapid, evidence-informed decision-making; cross-disciplinary collaboration; and flexible, resource-conscious approaches that preserve function and quality of life. In an era of diverse practice

settings, this editorial collection offers a cohesive reminder: excellence in trauma care is achievable when specialties unite around patient-centric, pathway-driven care. The next five articles on part 2 of this focused review will be published in April/May issue, but they can be found as published before the print on line at www.kosovajournalofsurgery.net

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