

Whole body CT doesn't cut mortality in peds blunt trauma

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received WBCT versus those who received selective CT, after adjustment for propensity score (absolute risk difference, ?0.2 percent; 95 percent confidence interval, ?0.6 to 0.1 percent). There were no significant associations between WBCT and mortality in subgroup analyses.

"Among children with blunt trauma, WBCT, compared with a selective CT approach, was not associated with [lower mortality](#)," the authors write. "These findings do not support the routine use of WBCT for [children](#) with blunt trauma."

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(HealthDay)—Whole body computed tomography (WBCT) is not associated with reduced mortality compared with a selective CT approach among children with blunt trauma, according to a study published online April 9 in *JAMA Pediatrics*.

James A. Meltzer, M.D., from the Albert Einstein College of Medicine in Bronx, N.Y., and colleagues conducted a retrospective multicenter cohort study involving data from children aged 6 months to 14 years with blunt [trauma](#) who received an emergent CT scan in the first two hours after arrival at the emergency department. Patients who received CT head, chest, and abdomen/pelvis scans were classified as having WBCT, while those who did not receive all three scans were classified as having selective CT; data were included for 42,912 children.

The researchers found that 20.4 percent of the children received a WBCT. Within seven days, 0.9 percent of the children died. There was no significant difference in [mortality](#) for children who

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