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Comstock S, Pannell D, Talbot M, Compton L, Withers N, Tien HC. *Spinal injuries after improvised explosive device incidents: implications for tactical combat casualty care*. *J Trauma* 2011;71(5 Suppl 1):S413–S417.

Tactical combat casualty care aims to treat preventable causes of death on the battlefield but de-emphasises the importance of spinal immobilisation in the prehospital tactical setting. However, improvised explosive devices (IEDs) now cause the majority of injuries to Canadian Forces (CF) members serving in Afghanistan. We hypothesise that IEDs are more frequently associated with spinal injuries than non-IED injuries and that spinal precautions are not being routinely employed on the battlefield. The authors examined retrospectively a database of all CF soldiers who were wounded and arrived alive at the Role 3 Multinational Medical Unit in Kandahar, Afghanistan, from February 7, 2006 to October 14, 2009. The data were collected on demographics, injury mechanism, anatomic injury descriptions, physiologic data on presentation, and prehospital interventions performed. Outcomes were incidence of any spinal injuries. Three hundred and seventy-two CF soldiers were injured during the study period and met study criteria.

Twenty-nine (8%) had spinal fractures identified. Of these, 41% ($n=12$) were unstable, 31% ($n=9$) stable, and 28% indeterminate. Most patients were injured by IEDs ($n=212$, 57%). Patients injured by IEDs were more likely to have spinal injuries than those injured by non-IED-related mechanisms (10.4% vs 2.3%; $P<0.01$). Improvised explosive device victims were even more likely to have spinal injuries than patients suffering blunt trauma (10.4% vs 6.7%; $P=0.02$). Prehospital providers were less likely to immobilise the spine in IED victims compared with blunt trauma patients (10% [22 of 212] vs 23% [17 of 74]; $P<0.05$). The authors from the CF Health Services and Sunnybrook Health Sciences Centre Toronto, Ontario stated that the IEDs are a common cause of stable and unstable spinal injuries in the Afghanistan conflict. Spinal immobilisation is an underutilised intervention in the battlefield care of casualties in the conflict in Afghanistan. This may be a result of tactical limitations; however, authors concluded that the current protocols should continue to emphasise the judicious use of immobilisation in these patients.

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