



Final Programme

Abstract Book

# ECPB Workshop 2007

European Club for Paediatric Burns  
23<sup>rd</sup>-25<sup>th</sup> September 2007



Castle Seggau, Austria

## Welcome

On behalf of the Organizing Committee I would like to welcome you all to Castle Seggau, a former bishop's residency, parts of which are over 1000 years old. It is located at the entry to the wine-growing country, called "Styrian Tuscany" and autumn here is an extraordinary season. For our accompanying persons we have arranged visits to Piber (the home of the world-famous Lipizzaner horses) and Graz. Graz is the Styrian capital and was the Cultural Capital of Europe 2003.

The topic of the 2007 workshop - WWW? (What Went Wrong?) - is dedicated to burn victim cases that have posed particular problems. We have deliberately opted for a different approach: we shall address failure as an issue, because we are convinced that discussions in a small, intimate circle will lead to many positive solutions. In the Round Table "Once upon a time" we welcome Prof. Zora Janzekovic, Prof. Radana Königová, Prof. Friedrich Mueller and Prof. William A. Gunn, pioneers of the treatment of burns. They certainly will not only provide us with invaluable advice, but also, if necessary, with supportive critique.

We are especially honored that His Excellency Dr. Egon Kapellari, roman-catholic diocesan bishop of Graz – Seckau is giving a lecture "Der Mut, die Demut und der Übermut – Courage, Humility and High Spirits – Animus, Humilitas et Superbia". Dr. Egon Kapellari has university degrees in jurisprudence and theology and has published several books dealing with church, art, politics and economy.

We are also very proud and happy that at this ECPB workshop the "**Zora Janzekovic Golden-Razor-Award**" will be introduced. The prize is dedicated to the extraordinary woman Zora Janzekovic, who with her unconventional thinking in the sixties, in a hospital in Maribor (not far away from Seggau), former Yugoslavia, applied a new concept in burn management: early tangential wound excision and grafting. She challenged at that time well established dogmas and therapeutic standards and thereby provoked her skeptical male colleagues.\*

\*(Seraina Prader: Zora Janzekovic - Pioneer of Modern Burn Surgery- Research Project; Project Leader: Clemens Schiestl, MD. <http://www.research-projects.unizh.ch/p6895.htm>)

Last but not least there is something else on our agenda: together with you we would like to celebrate the 20th anniversary of the Children's Burns Unit in Graz, which we are very proud of indeed.

Marija Trop

Chairwoman of  
The Organizing Committee  
for The ECPB Workshop 2007

**On the occasion of the ECPB Workshop 2007 in Seggau the first "Zora Janzekovic Golden Razor Award" was presented - to Prof. Zora Janzekovic! A razor is the symbol for Zora's improvisation skills, but also a symbol for her overwhelming desire to help, even at times with bare hands, more than half a century ago. We congratulate her!**

## Committee-Members

### **Local Organizing Committee**

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### **Congress Venue**

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### **Organizer**

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### **Scientific Committee**

Heinz Rode, Cape Town, South Africa  
Martin Meuli, Zurich, Switzerland  
Clemens Schiestl, Switzerland  
Andrew Burd, Hong Kong  
Giovanni Andrea Grisolia, Florence, Italia  
Ole Strand, Stockholm, Sweden  
Helmut Lochbuechler, Stuttgart, Germany  
Christopher Walker, Essex, UK  
Hugh Martin, Sidney, Australia  
Fiona Wood, Perth, Australia  
Jacek Puchala, Krakow, Poland  
Dariusz Wyrzykowski, Gdansk, Poland  
Tom Potokar, Wales, UK  
Dainius Gelezauskas, Vilnius, Lithuania  
Nelson Piccolo, Goiania, Brazil  
Marija Trop, Graz, Austria

**Sunday, 23<sup>rd</sup> September 2007**

10:00 – open end

Big celebration for the 20<sup>th</sup> anniversary of the Children's Burns Unit at the Department of Paediatrics – Medical University of Graz in co-operation with the parent's association "Feuerball" and a charity race organized by Kiwanis – District Austria. The celebration takes place in Leibnitz.

(Shuttle Transfer Seggau - Leibnitz)

**16:00 – 19:00 Registration**

**19:30 Welcome Reception**

**Monday, 24<sup>th</sup> September 2007**

7.00 – 8:30 Registration

8:30 Address of Welcome  
Marija TROP (Graz)

Opening Speech  
Wilhelm D. MÜLLER (Graz)  
Head of the Department of Paediatrics and Adolescence Medicine - Medical University of Graz

Invited Lecture  
**Der Mut, die Demut und der Übermut** - Courage, Humility and High Spirits - **Animus, Humilitas et Superbia**  
Egon KAPPELLARI (Graz)

9:15 – 10:00 Coffee, Tea and Exhibition

10:00 – 12:00

**WWW? What Went Wrong?**

**Chairpersons:** Martin **MEULI** (Zurich), Jacek **PUCHAŁA** (Kraków)

R. KÖNIGOVÁ (Prague)  
Ethical problems in paediatric burns

C.SCHIESTL, I.ZIKOS, B.SCHLÜER, S.KURTH, R.RIGGENBACH, M.MEULI (Zurich)  
We are tired....

M. W. SCHINTLER, S. SPENDEL, A. STOCKENHUBER, M. TROP (Graz)  
Five-month old infant - five-month old burn wounds

A. BURD (Hong Kong)  
No fingers, no thumbs and lots of helpful advice.....from afar

L. KLEIN, J. KRIPNER, R. KUBOK, R. KÖNIGOVÁ (Prague)  
Some ethical questions about a critically burnt infant

C. OTTOMAN, N. NOACK, M. KÜNTSCHER, B. HARTMANN (Berlin)  
Severe pediatric burn trauma – maximal treatment in every case?

12:00 – 13:00 Lunch

13:00 – 13:30

**Smith & Nephew's Lunch Symposium: "WE SILVER-PLATE THE BURNED CHILD"**

**Chairpersons:** Juan Carlos **LOPEZ-GUTIEREZ** (Madrid), Herbert L. **HALLER** (Linz)

A. MERONE, G. SEVERINO, D. CAPONE, G. ESPOSITO (Naples)

The use of Acticoat in the treatment of pediatric burns

JC LOPEZ-GUTIERREZ (Madrid)

The use of Acticoat and Versajet in pediatric burns and reconstructive surgery

P. FRITSCH, S. FARZI, K. PFURTSCHELLER, M. TROP (Graz)

Acticoat – glove designers (Poster)

A. CHRAPUSTA, J. PUCHAŁA (Kraków)

The evaluation of efficiency of Silvercel\* dressing in the conservative treatment of the mixed depth IIa/IIb degree burns in children

13:30 – 14:00

**Watch how Versajet is used!**

14:00 – 15:30

**WWW? Went What Wrong?**

**Chairpersons:** Erwin **SCHARNAGL** (Graz), Ole **STRAND** (Stockholm)

H. HALLER, W. STYHLER, W. DEHMER, S. SCHANNEN (Linz)  
www.withagirl.at ?

M. MEULI, C. SCHIESTL (Zurich)  
Full thickness – full failure

A. BURD (Hong Kong)  
A flap too far or when to stop whilst ahead, but before the end

M. KOSCHBIN, M. SINNIG, U. HOFMANN (Hannover)  
Pressure ulcer secondary to bandage material on harvest site of skin graft

H. RODE, S. COX (Cape Town)  
My worst case – A fatal opportunistic nosocomial infection

A. SAHLQVIST, S. SVENSSON, O. STRAND, R. KRAKOWSKI (Stockholm)  
Autistic boy, dermatome failure, non healing donor site

15:30 – 16:00 Coffee, Tea and Exhibition

16:00 – 17:00

**WWW? Wrong Went What?**

**Chairpersons:** Helmuth **LOCHBÜHLER** (Stuttgart), Wolfgang **SCHNEIDER** (Magdeburg)

W. SIMMERLING, H. GRUNDHUBER, J-C. LENZ, S. HOSIE (Munich)

Forearm compartment syndrome in the newborn: prognosis depends on early diagnosis; a case report

A. BURD (Hong Kong)

Ears

A. BURD (Hong Kong)

Yo-Yo contracture

A. BURD (Hong Kong)

The 'princess' syndrome and the problems of 'no pain, no gain' in paediatric rehabilitation

M. DERGANČ\*, Š. GROSEK,\* K. ŠAREC\*\*, C. TESTEN (Ljubljana)

Toxic methemoglobinemia after application of beezocaine containing cream in a 4.5-y-old boy with 44 % TBSA flame burn

M. MASELLIS (Palermo)

BurNet Project: Information Technology and Management of the various aspects of burn pathology and burn disaster

17:00 – 18:00 ECPB General Assembly

19:00 – 21:00 Wine Tasting and “Brettljause”

**Tuesday, 25<sup>th</sup> September 2007**

7.00 – 8:30 Registration

8:30 – 10:30 **ROUND TABLE „ONCE UPON A TIME”**

**Moderator:** Andrew **BURD** (Hong Kong)

**Panellists:**

Zora **JANZEKOVIC** (Maribor): HOW WEST Discovered EAST

Friedrich E. **MÜLLER** (Essen): HOW ISBI Discovered CHINA

William **GUNN** (Geneva): HOW WHO Discovered BURNS

Radana **KÖNIGOVA** (Prague): HOW EAST Discovered WEST

Meta **DERGANC** (Ljubljana)

Leo **KLEIN** (Prague)

Clemens **SCHIESTL** (Zurich)

10:30 – 11:00 Coffee, Tea and Exhibition

11:00 – 12:00

**ACCEPT THE PROBLEMS?**

**Chairpersons:** Lars - Peter **KAMOLZ** (Vienna), Heinz **RODE** (Cape Town)

L-P. KAMOLZ, H. ANDEL, W. HASLIK, M. FREY (Vienna),  
Deep dermal scalds in children - "The Viennese concept"

M. MEULI, C. SCHIESTL (Zurich)  
No Mesh – No Mess

M.W. SCHINTLER, E. SCHARNAGL, A. STOCKENHUBER, M. TROP (Graz)  
Securing skin grafts with VAC - experiences in deep and full thickness burns in pediatric patients

H. HOFMAN-STEFANEK, M. A. KAROLCZAK (Warsaw)  
The problems with burn wound and scar healing on the baby's neck

H. RODE, S. COX (Cape Town)  
Delayed postburn blistering, an unresolved and ongoing problem

T. POTOKAR, S. CAHMANIA, A. SHARIQ (Swansea)  
Interburns – targeted burns training

12:00 – 13:00 Lunch

13:00 – 13:30

**PolyMedics Innovation's Lunch Symposium:  
"DO WE HAVE SUPERB WOUND COVERINGS FOR THE BURNED CHILD?"**

**Chairpersons:** Christian **UHLIG** (Stuttgart), Klaus **PFURTSCHELLER** (Graz)

Ch. UHLIG, M. RAPP, K.-K. DITTEL (Stuttgart)

Special indications for an alloplastic epithelial substitute (Suprathel)

K. PFURTSCHELLER, G. ZOBEL, S. ROEDL, M. TROP (Graz)

Suprathel® in Toxic Epidermal Necrolysis (TEN) (Poster)

S. ROEDL, M. TROP (Graz)

10 years experience in Omiderm® wound dressing in superficial burn injuries in children (Poster)

A. MERONE\*, G. SEVERINO, D. CAPONE, G. ESPOSITO (Naples)

Hyalomatrix P.A.: biological regenerative matrix for the treatment of 2<sup>nd</sup> degree and 3<sup>rd</sup> degree burns

K. PFURTSCHELLER, M.W. SCHINTLER, A. STOCKENHUBER, M. TROP (Graz)

Matriderm® – does it make a difference? (Poster)

13:30 – 14:00

**Watch how Suprathel is used!**

14:00 – 15:30

**ACCEPT THE CHALLENGE?**

**Chairpersons:** Michael **STEEN** (Halle), Christopher **WALKER** (Essex)

C. SCHIESTL, M. MEULI (Zurich)

The challenge of two layers – Integra Artificial Skin® for pediatric plastic and reconstructive surgery – 10 years experience

A. BURD (Hong Kong)

Fearsome 'keloid' in the expander donor site closure

N.S. PICCOLO, R. PICCOLO-DAHER, R.P. MEIRELLES, P.P. PICCOLO, N.P. PICCOLO, S. PICCOLO-DAHER, R. PICCOLO-LOBO, P. RIBEIRO, M.S. PICCOLO, M.T.S. PICCOLO (Goiânia)

Tissue expansion in children - associated factors and complications - a retrospective study

S. BÖTTCHER-HABERZETH, S. KAPOOR, C. SCHIESTL (Zurich)

Let them grow - a 3 year experience with self-filling tissue expanders in children

R. KRAKOWSKI, N. HJORTH, O. STRAND, A. SAHLQVIST, S. SVENSSON (Stockholm)

Extremely prolonged healing of scald in 1,5 years old boy.

M.W. SCHINTLER, E. SCHARNAGL, A. STOCKENHUBER, M. TROP (Graz)

Securing skin grafts with VAC - experiences in deep and full thickness burns in pediatric patients

15:30 – 16:00 Coffee, Tea and Exhibition

16:00 – 17:15

**ACCEPT THE LIMITS?**

**Chairpersons:** Bernd **HARTMANN** (Berlin), Bengt **HELLBOM** (Graz)

K. Mathangi RAMAKRISHNAN (Chennai)

**Lecture:** Current scenario of paediatric burns in India, a developing country (improving outcome and structuring a future)

F. E. MÜLLER (Essen)

Severe burns – late results reveal limits of restoring aesthetic qualities

M. MASELLIS (Palermo)

BurNet Project: Information Technology and Management of the various aspects of burn pathology and burn disaster

P.P. PICCOLO, R.P.C. MEIRELLES, S. PICCOLO-DAHER, N.M.B. ALVES, R. PICCOLO-DAHER, N.P. PICCOLO, R. PICCOLO-LOBO, M. T. S. PICCOLO, M.S. PICCOLO, N.S. PICCOLO (Goiânia)

Acute burn intravenous resuscitation - are we giving too much volume to our children?

M. AHMAD (Rawalpindi)

Pattern of bacterial invasion in burned patients at I.M.S. Islamabad

A. SAHLQVIST, O. STRAND, S. SVENSSON (Stockholm)

Parent's involvement in the burn care

N.P. PICCOLO, R. PICCOLO-DAHER, R.P. MEIRELLES; P.P. PICCOLO, N.S. PICCOLO, S. PICCOLO-DAHER, R. PICCOLO-LOBO, P. RIBEIRO, M.S. PICCOLO, M.T.S. PICCOLO (Goiânia)

Epidemiological profile of admitted and ambulatory treated children at the “The Pronto Socorro para Queimaduras”

17:15

**Closing ceremony and presentation of the next events**

19:30

Gala Dinner and **Presentation of the ZORA JANZEKOVIC “GOLDEN RAZOR AWARD”**

**Wednesday, 26<sup>th</sup> September 2007:** 7.00 – 11:00 Breakfast and Departure

- 1 -

Abstract title: Ethical Problems in Paediatric Burns

Author(s): R. Königová

Institutions: Burns Centre, Charles University, 3rd Medical Faculty  
and Teaching Hospital, Prague, Czech Republic.

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The complex problems which severely burned children must overcome and adjustment which their families have to face, have been discussed since 1970. The author has selected cases demonstrating significance of mother assistance to prevent the “psychological” hypothalamic death. The psychical frustration may be the lethal factor regardless of the somatic (surgical) prognosis.

To influence favourably this factor there has been utilized assistance of family members as “accompaniment” throughout the long-term course of treatment. Nevertheless, the family may play a beneficial, as well as detrimental role.

The most harmful form of child abuse has been the “Münchhausen by proxy syndrome” involving mothers, apparently deeply caring, who plan to get rid of their children by means of malnutrition, gradual intoxication or, in our practice, burn. When the child requires admission to hospital they wish to act as “accompaniment” and under the shelter of an institution they may succeed to kill their child.

Another ethical problem was encountered in an intellectual family asking for withholding resuscitation in their 4-year-old daughter who had suffered very deep burn of face, neck and both hands. They intended to prevent her whole-life suffering from the “Disfigured Face Syndrome”.

Finally, the mother was executing perfectly psychic, as well as physical rehabilitation during the periods between single stages of reconstructive surgery. Supervision by the head surgeon and by the psychologist was indispensable.

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Corresponding author: Prof. Radana Königová

eMail: [burnsec@fnkv.cz](mailto:burnsec@fnkv.cz)

- 2 -

Abstract title: We are tired ...

Author(s): C.Schiestl, I.Zikos, B.Schlüer, S.Kurth, R.Riggenbach,  
M.Meuli

Institutions: Pediatric Burn Center, Plastic and Reconstructive  
Surgery, University Children's Hospital Zurich,  
Switzerland

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Melanie survived a major burn injury (80%) when she was 3 years old. Over the last 6 years we did a lot of reconstructive procedures in order to improve the functional and cosmetic outcome. After the last procedure the parents told us: "We are tired ..."

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- 3 -

Abstract title: Five-month old infant – five-month old burn wounds  
Author(s): M.W. Schintler, S. Spindel, \*A. Stockenhuber,  
\*\*M. Trop  
Institutions: Dept. of Plastic Surgery, \*Dept. of Anaesthesiology,  
\*\*Children's Burns Unit - Dept. of Pediatrics, Medical  
University of Graz

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Introduction: A scar is defined as the fibrous tissue replacing normal tissue destroyed by injury. Hypertrophic scars cause great discomfort to the patient – this is particularly true in the facial area. To date hypertrophic scars remain very problematic and difficult to manage. Various attempts have been made to intervene with the formation of hypertrophic scarring or to alleviate it once it has developed, but none have yet proven to be effective; above all undesirable side effects have been observed with some therapeutic measures. Aggressive surgical debridement, skin grafting and postoperative splintage to prevent deformities are essential steps in the team's approach to difficult cases.

Case report: Jaafar, a 5-week-old infant, suffered flame burns to his head, face, trunk and arms. No surgical therapy was done in the acute phase. Five months after the thermal injury, the boy was admitted to our Burns Unit in Graz. On admission there were chronic burn wounds on his scalp and massive scarring of his face. The scars contracture was causing face deformities with severe functional deficits. After several surgical interventions, intensive physiotherapy, occupational therapy, language and speech therapy the baby learned

to eat from spoon and drink from the bottle. The patient was discharged home with satisfactory eye and mouth functions.

At the age of three the patient was re-admitted with new scar disfigurements and functional deficits. In subsequent surgical operations to his face a satisfactory result was been achieved but unfortunately not with long lasting success.

Conclusion: The deforming forces of the scar contracture associated with burns of the head and neck primarily involve the skin and secondarily the facial musculoskeletal structures. The facial skeletal deformities are likely to occur at any age if burn contracture is neglected or not treated properly and promptly.

We would like to discuss this case with the audience and we hope to get some helpful suggestions what and how to proceed - because the patient is going to be readmitted sooner or later.

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eMail: [michael.schintler@meduni-graz.at](mailto:michael.schintler@meduni-graz.at)

- 4 -

Abstract title: No fingers, no thumbs and lots of helpful advice ....  
from afar

Author(s): A. Burd

Institutions: Division of Plastic, Reconstructive and Aesthetic  
Surgery, Department of Surgery, Chinese University of  
Hong Kong, Prince of Wales Hospital, Shatin, NT  
Hong Kong

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Bilateral mitten hands from a fire involving a mosquito net. See  
paper:

*Burd A, Ahmed K. Mosquito-net burns and the prevention hexagon.  
Burns 2007;33:261-263.*

What to do?

- (1) Text books do not help as deformities are individual and unique.
- (2) [www.ecpb.org](http://www.ecpb.org) – no response
- (3) Personal network – good advice

Osteo distraction – Who to teach? How to learn?

This focuses on how to develop a strategy and how to execute it.  
Either or both can be done well or badly.

- 5 -

Abstract title: Some ethical questions about a critically burnt infant  
Author(s): L. Klein, J. Kripner, R. Kubok, R. Königová  
Institutions: Department of Burns Medicine, 3rd Faculty of Medicine  
and Teaching Hospital, Charles University, Prague,  
Czech Republic

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A two-month-old baby suffered deep-dermal and full-thickness burns on head, neck, trunk, both upper and left lower extremities, involving 30 % of the total body surface area (TBSA), as well as an inhalation injury, due to a fire in his pram. The initial medical aid, including intubation, and transportation were provided by the EMS (Emergency Medical Service). The boy was admitted to our Burns Centre one hour after the injury. At admittance-time, burns-shock was already developing in the patient. Venous- and arterial-cannulations were performed, nasogastric tube and permanent urine-catheter were inserted. Fluid-resuscitation started and local treatment of the burn-wounds was carried out. Comprehensive resuscitative treatment continued for several weeks. Mobilisation of the patient's general oedema started during the 3rd week; artificial ventilation was necessary for 5 weeks. During this period, the patient underwent repeated surgery – releasing incisions of the eyelids, necre!

ctomies, xenografting, autografting and acute reconstructive surgery. Infectious complications developed with septicaemia caused through *Morganella Morgani*, and later on through *Pseudomonas aeruginosa*. *Staphylococcus epidermidis* resistant to oxacillin was also found. A chest X-ray showed pulmonary infiltrative changes with a transient

fluidothorax. Due to intensive resuscitative, medical and surgical care, including intensive-nursing, all complications were treated successfully, and the patient survived. Limited rehabilitation and treatment of the grafted areas was continuous. The entire process was successful, and the boy was discharged to a nursing-home 10 weeks after the burns injury.

Conclusion: An interdisciplinary approach using the latest methods in resuscitative care and intensive medicine enables survival even for patients with poor prognosis. In this case, however, there is still an important and difficult issue to be awaited! What might be possible, future psycho-somatic results and, more specifically, the effects on the quality of life of a child who has survived this devastating kind of injury at such an early stage of its life, and with its deprived family and social background.

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[klein@fnkv.cz](mailto:klein@fnkv.cz)

- 6 -

Abstract title: Severe pediatric burn trauma – maximal treatment in every case?

Author(s): C. Ottomann, N. Noack, M. Küntscher, B. Hartmann

Institutions: Trauma Hospital Berlin, Severe Burn Trauma Unit  
Berlin, Germany

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Case presentation of a 14 years old male teenager with a very cruel III°- IV° high-voltage burn trauma of 50% TBSA, admission date April 07. We started maximal treatment immediately, but we have many controversial discussions about this in our staff. To save his life, the exarticulation of the left upper extremity was necessary. In addition, the amputation of three fingers and the phalanx dist. of the thumb and index of the right hand was accomplished. Bone defects were shown on right clavicle and sternum. He passed the intensive care therapy with several complications including ARDS, Sepsis, SIRS, pneumonia and an acute renal failure. After all, we could save his life and discharge him after four months. Now he is in an intensive rehabilitation program. We hope, that he will be reintegrated to normal life after this. But there is still a serious invalidity. We want to discuss, if there are any ethical limits in the treatment of severe burn trauma in children or if maximal treatment should happen in any case.

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- 7 -

Abstract title: The use of Acticoat in the treatment of pediatric burns

Author(s): A.Merone(MD)\*, G.Severino(MD),  
D.Capone(MD),G.Esposito(Nur)

Institutions: Paediatric Burns Centre-Children's Hospital  
Santobono, Napoli, Italy

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Acticoat (with Silrcryst TM Nanocrystals) Burn Antimicrobial Barrier Dressing is an effective barrier to bacterial penetration.

The barrier function of the dressing may help reduce infection in partial and full thickness wounds including first – second degree burns and done sites

Features:

- Rayon / polister core helps manage moisture level and control silver release
- Silver coated high density polytilene mash facilitates the passage of silver through the dressing
- The nanocrystalline coating of Silver delivers antimicrobial barrier activity 30 minutes fast than other form of silver
- NUCRYST Pharmaceutical's antimicrobial technology is able to produce silver-coated polyethylene films that can release an effective concentration of silver over several days. Thus, as silver ions are consumed, additional silver is released from the dressing to provide an effective antimicrobial barrier. This technology was first applied to burn wound dressings because burns present a very severe risk of infection.

Beneficts:

- Delivers fast-acting, long-lasting antimicrobial barrier control.
- Effective barrier which may assist in preventing contamination of the wound.
- Laboratory studies show that the Acticoat\* dressing kills more than 150 pathogens micro-organisms included Pseudomonas, methicillin-resistant Staphylococcus aureus, vancomycin-resistant Enterococcus and fungi faster than conventional products such as silver sulfadiazine (1 percent cream) or silver nitrate (0.5%) solution
- Acticoat\* is versatile. The dressings can be cut to the desired shape and size to wrap around all body parts.
- The sustained release of silver also means fewer dressing changes, resulting in less exposure of the wound bed to the environment. This reduces the risk of infection

The authors have used Acticoat dressing in 38 patients with 2<sup>nd</sup> degree burns from 1/1/2003 to 31/3/2007 We have noted that it is very simple to use the Acticoat. The patients have not problem if we use this medication. The 75%of the cases have the skin's sterile packs .They present one of the more important cases that they have cured with Acticoat

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- 8 -

Abstract title: "The use of Acticoat and Versajet in pediatric Burns and Reconstructive Surgery"

Author(s): JC Lopez Gutierrez

Institutions: La Paz Children's Hospital, Pediatric Plastic Surgery  
Madrid, Spain

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Acticoat™ treatment in extensive burn wounds has confirmed its efficacy, low labor cost set up and cost effectiveness compared to conventional dressing with silver sulfadiazine. Over the last 8 years, our hospital's burn program has evolved from a totally inpatient unit that treated 192 children with silver sulfadiazine (SSD) in 1999 with an average length of stay of 10.4 days, to a program that in 2006 treated 396 patients without using SSD . There were 167 patients admitted for an average of 5.6 days and a total of 660 ambulatory burn care visits. We also used ACTICOAT\* 7 in combination with INTEGRA™ tissue replacement as a limb-salvage procedure in the management of several paediatric patients with extensive skin, bone and muscle damage. In the presence of severe limb trauma with extensive soft tissue loss, reconstructive procedures are necessary to avoid amputation. As a part of the wound healing process in these injuries, infection control is of paramount importance. We present as well additional experience with children who underwent similar approach as a part of the reconstructive surgery protocol to correct different congenital anomalies and burn sequelae. Finally, 34 patients with Steven-Johnson syndrome and Epidermolysis Bullosa founded benefit in infection control and early epithelium regeneration with the

use of Acticoat. Acticoat and Acticoat 7 were not only successful in the prevention of infection but also comfortable and cost-effective, because most patients were managed in an out-patient basis with dressing changes once or twice a week. Finally we present our experience with the use of Versajet as a new tool not only for tangencial excision but for debridement in small areas with a three dimensional structure. In children with skin graft hyperpigmentation -a common burn sequelae- cosmetic depigmentation of split or full thickness skin grafts can be successfully achieved with VERSAJET. This procedure is more comfortable than standard depigmentation procedure with faster epithelisation and a lower recurrence ratio.

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Abstract title: Acticoat™ designer-gloves  
Author(s): P. Fritsch, S. Farzi, K. Pfurtscheller, M. Trop  
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Medical University of Graz, Austria

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The antimicrobial efficacy of Acticoat® a silver-coated wound dressing (Smith & Nephew Inc.) had been shown in several in vivo, in vitro and clinical studies. Acticoat® contains a three ply-dressing, consisting of an inner rayon/polyester absorptive core, between two layers of a silver coated high density polyethylene mesh. In a moist environment the silver nanocrystals (average crystal size 15 nm) are released and improve microbial control on the wound. The produced film coating is abrasion-resistant, non-adherent to the wound and flexible. The extremely small size of the silver nanocrystals produces a very large surface area and the dressing core absorbs and accumulates moisture. The initial application is easy, it needs to be changed every three days (the anti-microbial barrier properties remain effective for a minimum of 3 days) or in a seven days cycle with Acticoat7 and moisten once or twice a day with sterile water.

It is not a big deal to put large sheets onto the trunk in adult burn patients but it requires great skill to wrap the small scalded fingers of an infant and also to fix Acticoat properly to the burned fingers of teenagers.

We therefore developed a technique to design a perfectly fitting glove.

Case 1: We used Acticoat 7® dressing and Procel® gloves (Polytetrafluoroethylen – W.L. Gore and Associates) in a nine month old girl with superficial scalds of both hands. The hands were wrapped with Acticoat7 and they healed within 11 days; the fingers protected by Procel® only needed two days longer.

Case 2: During Easter 2007 we admitted four teenagers who sustained flash burns to their faces, hands and legs (using fuel as an accelerator for a bonfire). All together we treated 5 hands with skilfully designed Acticoat® gloves. The dressings were changed regularly; the wound healing was restitutio ad integrum without any adverse events.

In our opinion burns at acral sites should be provided with a careful dressing, which sometimes can prove to be problematic, but one possibility could be the design of an individual Acticoat® glove.

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Abstract title: The evaluation of efficiency of Silvercel\* dressing in the conservative treatment of the mixed depth IIa/IIb degree burns in children.

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Aim: The most common burns in young children are the burns of the mixed depth: IIa and IIb degree. The treatment of burns in children is the great challenge for everybody who wants achieve the best outcomes and minimise the general cost of patient's hospitalisation. The best way to minimise the cost of treatment is the shortening of hospitalisation time and decrease the general number of dressing. Children's with mosaic burns, could be managed surgically or conservatively. The basic advantage of conservative treatment is protection of the potentially self-regenerating, spontaneously healing regions of the burn wound. Modern management of burn wound should include application of active dressing. The most comfortable dressing for patients and surgeons, that gives important economical advantages, should to have ability to cover safety the wound bed during 7 day at least.

Methods: The authors present results of studies on efficiency of Silvercel\* - the silver-impregnated hydroalginian dressing, in the local treatment of burns. The authors presents early results in treatment of the mosaic burns. The author's analyzed parameters of wound

healing, pain level during changing dressing procedures, the time of hospitalisation and risk of local infection, as well as patient's parents reports.

Results: Silvercel\* appeared to be easy to apply, a safe and effective dressing. Additionally is very comfortable by daily children's activity. It seems to be the first dressing comparable with Aquacel Ag®. Both dressings might be used similarly and provides important economic benefits depend of fewer dressing changes, shorter hospitalisation time, fewer procedural medications.

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Abstract title: www.withagirl.at?  
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A seventeen year old girl went as front passenger on Rosenmontag 2007 to meet a disco together with her boy friend, who was the driver and a sixteen year old girl friend, who sat in the rear of an AUDI. Because of over speed an oncoming car collided with them. The car came abroad and rolled over. During this, the tank was damaged at the filler, and petrol caught fire and the car started burning. The driver, who was not hurt severely, could pull out his unconscious girl friend, who was burning, out of the car. The second girl died in the flames of the burning car because of rapid progress of flames.

The patient was transported to hospital without intubation for about 40 minutes. Shock treatment was started. On arrival CT scan was performed, that did not show any traumatic lesions of bone or inner organs.

She was taken to the burn ward. Following diagnosis was established: Burn, mainly 3rd degree of TBAB 85- 90%, Inhalation injury, hypothermia, shock. Escharotomy was performed and after stabilization necrosectomy started. The primary aim to cover the main parts of the body with meek and integra assisted by keratinocytes in a two take procedure failed because of infections in the meek area. When the donor area was nearly healed, ulcerations started in the upper part of the dorsum, which was planned to be donor area a second time. Histological biopsy showed a herpetic infection of this

area. So another take was not possible within appropriate time. The girl died on day 42 under the signs of total loss of peripheral resistance due to generalized aspergillosis, where the first clinical signs were to be seen under the integra.

That case will be demonstrated and the decisions taken are to be discussed as well as the influence, diagnosis and therapy of herpetic infection in a donor area.

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- 12 -

Abstract title: Full thickness-full failure

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Zayed, an 11 year old boy from the Emirates, sustained a moderate burn injury. We saw him one year after his burn trauma with keloids covering his neck. We decided to use a preexpanded full thickness skin graft from the abdominal area...

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Abstract title: A flap too far or when to stop whilst ahead, but before the end

Author(s): A. Burd

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Title: A flap too far or when to stop whilst ahead, but before the end

Author: A. Burd

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A devastating case of a two year old boy referred from Bangladesh. The history was that at 30 days old a jealous aunt had tried to kill him by pouring acid into his mouth. He was left with dense intra-oral scarring, no lower lip and gross flexion contractures of the neck. He had a tracheostomy and had been tube fed for two years. Surgical Strategies? Release scars, create defects, grafts for intra-oral lining, flaps for the neck. Bilateral latissimus dorsi flaps, bilateral dorsal scapula artery flaps, partial flap failure, flap revision. Tracheostomy removed. Tolerating sips of water and oral continence achieved. Some vocalization. Returned to Bangladesh but very much a 'work in progress'. How could this initial stage have been better managed?

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Abstract title: Case Report: Pressure Ulcer secondary to bandage material on harvest site of skin graft

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Corresponding to the main topic of the Workshop "What Went Wrong", we had a complication in the area of the harvest site of a split skin graft: Hence the bandage material put too much pressure on the scalp, where the graft had been harvested from, the patient suffered a deep ulceration of the forehead, ending up in necrosis. The abstract reflects on the case mentioned above, in detail the following wound management necessary to salvage the tissue in order to achieve the best cosmetic result. Furthermore, we dwell on the promotive factors leading to the dramatic outcome.

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Abstract title: My worst case – A fatal opportunistic nosocomial infection

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**Setting:**

A 3 year old child sustained 40% hot water burns which was indeterminate and deep partial thickness depth. The area involved both legs, his back and perineum. He received routine management and topical silver sulphurdiazine antiseptics. He responded well to conservative therapy and early surgery and on discharge 10 days post-burn, 80% of the wounds had healed. Ambulatory care was instituted.

**Problem:**

12 days following discharge he was readmitted with infected and necrotising wounds involving both his grafted and donor site areas as well as areas that previously had healed. 70% of the wounds were infected with an acquired and resistant pseudomonas aeruginosa. Following ICU care he was left with severely infected and unhealed wounds covered with a thick and green eschar. The wounds were debrided and a colostomy was performed. Acticoat was applied. Repeated debridements and the application with Allografts on 5 occasions in 5 weeks were performed. 18 surgical procedures were

performed in total. However we failed to eradicate the pseudomonas and both the donor sites and previously grafted areas as well as the areas that had healed previously, had invasive pseudomonas infection which could not be eradicated. The pseudomonas was multi-resistant including to Chlorhexidine. The scenario of multiple debridements, pulse topical therapy and allografts were used over a 5 month period, but failed to eradicate the infection. The final event 5 months later was bilateral pneumonia.

**What went wrong**

1. Early discharge with 20% unhealed wounds that became infected with a very resistant community acquired gram negative bacillus.
2. Despite frequent debridements, topical therapy and allografts the infections could not be eradicated and the invasive infection persisted. All areas became infected.
3. We were not aggressive enough to bring the infection under control.
4. Overfeeding occurred with fatty infiltration of the liver.
5. There were elements of the refeeding syndrome in an attempt to catch up with protein and caloric deficiencies.
6. Pseudomonas is a common environmental organism in the Burns Unit and the infection could have arisen either from the community or from a breakdown in clean/sterile procedures.
7. Procurement of allografts were problematic in an environment with a very high incidence of HIV and Hep B & C amongst potential donors.

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Abstract title: Autistic boy, dermatome failure, non healing donor site  
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Institutions: Astrid Lindgren Childrens Hospital, Stockholm,  
Sweden

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Gravely autistic boy with a scald needing graft. Graft taken according to routine from the scalp. The blade of the dermatome (Zimmer) had not fallen completely into place due to unobserved damage to the dermatome. The depth therefore got too deep, and the donor site did not heal in part of its surface, thereafter long period of infection that reoccurred for a long time whatever we did. Culture of staphylococcs not resistant to antibiotics. Treated with Dalacin that can get staphs hibernating intracellularly in the macrophages, and then excised. The result so far, better but still a problem.

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Abstract title: Forearm compartment syndrom in the newborn: prognosis depends on early diagnosis; a case report

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The congenital compartment syndrom of the forearm is a very rare entity in the newborn, the etiology is unknown. The loss of function of the extremity can only be prevented with early diagnosis and treatment.

We report on a female newborn, who was referred to our institution only hours after delivery by cesarian section. She presented dermal leasions in the right forearm resembling second to third degree burns. Duplex ultrasound of the arteria radialis and ulnaris showed normal flow parameters, therefore conservative treatment was decided. Due to a clinical deterioration we performed a fasciotomy on the third day of life. Ischemia of the medial muscular compartments was encountered. Using vacuum therapy we tried to preserve as much tissue as possible. Nevertheless we had to remove successively most of medial muscles, the ulnar nerve and part of the ulnar bone.

The defect was closed using a rotation flap and we were able to preserve the hand. The hand has an ulnar deviation and has major functional deficits. At the moment an orthopedic treatment with splints is being performed to correct the ulnar deviation of the hand. Later orthopedic an plastical surgical corrections will be required.

The reason to report on this baby is to stress on the clinical manifestations of newborn forearm compartment syndrome. At an early stage the leasions may resemble burns with redness and bleb formations. Duplex ultrasound will eventually show normal arterial flow patterns. Early suspicion an immediate fasciotomy are of paramount importance to avoid massive tissue loss, functional impairment and even loss of the extremity.

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Abstract title: Ears

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Burns involving ears in children. Two considerations:

- (1) The shape of the residual ear
- (2) The position of the residual ear.

Restoring the position is easier than restoring the shape. Perfection is an illusory goal and attempts to reconstruct ears more often end in failure than success.

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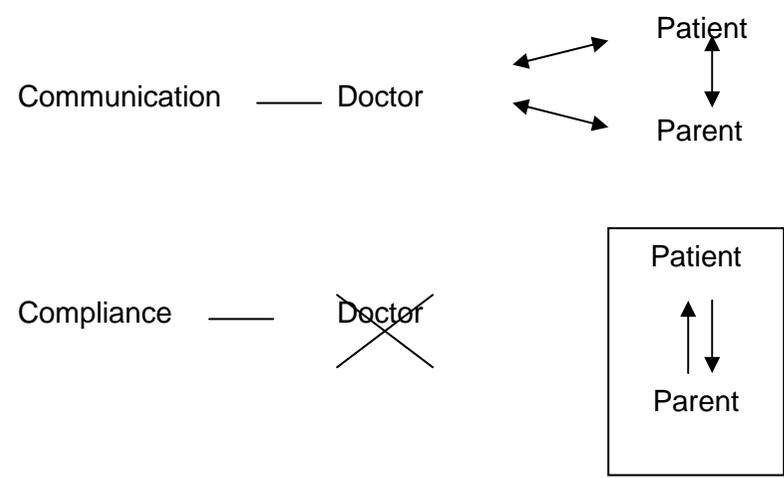
Abstract title: Yo-Yo contracture  
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We all recognize that rehabilitation is a vital part of the successful outcome of contracture release. What is perhaps not so commonly appreciated is the need for prolonged rehabilitation particularly in children. A particular problem arises when children and parents cannot be closely supervised during the weeks and months of post-operative rehabilitative need. Instructions can be given, splints provided, exercise programs outlined but without compliance, all the time, expense and efforts of surgical release are ultimately compromised and wasted.

In our published paper: Young RC, Burd A. Paediatric upper limb contracture release following burn injury. Burns 2004;30:723-728.

We describe a number of patients in whom full range of joint movement was achieved after contracture release using tissue engineered skin products. Splints were provided for night use, exercises taught for day time practice. Children were discharged for follow up six-nine months later due to visa and funding considerations. Contractures recurred. Was it a problem of communication? Of compliance? Or a combination of both?



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Abstract title: The `princess` syndrome and the problems of `no pain, no gain` in pediatric rehabilitation

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An eight year old girl and her six year old brother were referred for charity treatment. The story was that there had been a house fire two year before, due to an electricity failure candles were being used. A candle had fallen over and a fire ensued. The girl escaped unharmed but when outside the house realized her brother, then four years old, was not with her. She walked back into the flames to find her brother and carried him out. A tremendous act of self-sacrifice and courage. She sustained very deep burns of her entire lower limbs and hands. She was in hospital in Mainland China for many months and whilst she survived she developed extension contractures of both hips, flexion contraction of the left knee, extension contraction of the right knee and gross deformities of both feet and both hands. She became bed bound and totally dependant for ADL. Her father would carry her if she wanted to move. She became fierce, controlling and demanding and the interaction with her and her father when she was admitted to our hospital could be described as `Princess` and `Servant`. With little control of her body she attempted to control her

environment by shouting. Approaching staff were scolded and threatened prior to any interaction. Braking through such barriers can be difficult. Kindness compounds the problem, professional firmness is regarded as `cruelty`. But in rehabilitation `no pain, no gain` is a reality that the more junior and less experienced staff have to recognize. It does, however, require a fine balance and individual application in order to eventually gain the trust of the patient and not to irrevocably alienate them.

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Abstract title: Toxic methemoglobinemia after application of beezocaine containing cream in a 4.5-y-old boy with 44 % TBSA flame burn

Author(s): \*M. Derganc, \*Š. Grosek, \*\*K. Šarec, \*\*\*C. Testen

Institutions: University Medical Centre Ljubljana, \*Department of Pediatric Surgery and \*\*Toxicology Centre, \*\*\*Department of Plastic Surgery and Burns, Ljubljana, Slovenia

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Methemoglobinemia (MetHb) in hospitalized patients may be caused by various drugs. In children, the most common causes of methemoglobinemia have been dehydration and sepsis. In burned children, toxic MetHb has been reported after topical use of silver sulfadiazine alone or with cerium nitrate. We report on a case of a 4.5 y-old boy with 44% TBSA deep dermal and subdermal flame burn with toxic MetHb after extensive application of a »burn care cream« containing 1,2 % benzocaine.

Our patient had an uneventful course of early excision and grafting and several additional operative sessions. On the 46 th post-burn day, he had only some unhealed areas on the back. In the late morning he had a prolonged therapeutic shower after which the nurses applied the »burn care cream« over all the burned areas. Towards noon he became very tired, and looked »grey«. At 2 p.m. the consultant pediatrician was called who found that the boy was afebrile, greyish-cyanotic, agitated, tachycardial, tachypnoic, BP 99/60, peripheral O2 saturation was 85% which did not change with

O2 application. He received three boluses of saline (20 mL/kg), after which the venous blood gas was drawn, together with L, Hb, electrolytes, glucose and venous blood gas. The latter showed normal paO2, and saturation (calculated). Chest X-ray and ECG were normal. Blood was then sent to oxymetry. Due to technical problems, we only received the results 4 h later. MetHb concentration was 0,133 (approx. 10 times normal). As the boy's clinical condition slowly improved, and the repeated MetHb level showed a decrease to 0,044, it was decided not to use the antidote methylene blue. Next morning, 0,2g of benzocaine/L was found in the urine whereas the blood level of MetHb was 0,025. The pharmacy confirmed that the burn cream contained 1,2 % benzocaine. The samples of the cream were sent for further analysis. No abnormal Hb was found by Hb electrophoresis. The boy was discharged two weeks later in excellent condition.

In conclusion, MetHb must be considered in suddenly deteriorating, cyanotic young burned children after treatment with silver sulfadiazine, Flammacerium and also, after application of convalescent cream containing local anesthetic benzocaine.

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Abstract title: Deep Dermal Scald Burns in Toddlers: The Viennese Concept

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The treatment of deep dermal burns is still discussed controversially. Whereas several authors have proposed early excision and grafting with skin grafts, others have advocated the use of biological skin substitutes.

The Viennese Concept is mainly based on the following factors:

- (1) Exact Estimation and Determination of Burn Extent and Burn Depth.
- (2) Early tangential excision of partial and full thickness burns.
- (3) Coverage of the deep dermal wounds with cultured cryopreserved allogeneic keratinocytes or in case of a lack of keratinocytes coverage with Suprathel.

(Suprathel is a polymer based on poly-DL-lactide, poly-trimethylenecarbonate and poly-ε-caprolactone. The final product is a porous membrane and the production course guarantees a nearly symmetrical cross-section of the membrane with an interconnected structure of pores. Suprathel has been used to cover deep dermal scalds in adults and children for more than one year.)

- (4) Coverage of the full thickness wounds with skin grafts.

The aim of this abstract was to evaluate and to present our current treatment protocol. One of the main objectives was to evaluate the impact of Suprathel as a grafting material in deep dermal scald burns.

Material and Methods:

Between 2006 and 2007, 30 toddlers, who underwent surgical intervention due to deep dermal scalds (mean TBSA: 35%), were debrided and grafted according to the above mentioned treatment protocol.

Results

In 29 out of 30 patients a complete epithelisation was achieved within 14- 20 days; re- grafting was necessary only in one patient. No signs of local or systemic allergic reaction were observed in the Suprathel grafted patients. In deep dermal scalds Suprathel acts as an epidermal skin substitute until undisturbed regeneration of the damaged skin layers has taken place. Up to now the handling of Suprathel seems to be very easy, but in comparison to keratinocytes the healing time seems to be a little bit prolonged.

Discussion

Searching for the ideal grafting material that can be manufactured artificially and that has similar properties to those of human keratinocytes, but without any biological risk, the resorbable skin substitute Suprathel was developed. Suprathel enables a permanent covering of the wound until complete reepithelialization has taken place. Based on these results we think that Suprathel will be an important tool to cover deep dermal burns, especially in large burns with a consecutive lack of skin graft donor sides or in case of a lack of keratinocytes.

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Abstract title: No Mesh – No Mess  
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This presentation analyses the pros and cons of various approaches to the surgical treatment of small size deep burns (<10% TBSA) in children. It particularly focuses on a single step surgical management encompassing necrosectomy and simultaneous grafting of unmeshed split thickness skin harvested from the scalp.

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Abstract title: Securing Skin Grafts with VAC - Experiences in deep and full thickness pediatric burn patients

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Institutions: \*Dept. of Plastic Surgery, Dept. of Pediatrics – Children's Burns Unit, \*\*Dept. for Anesthesiology Medical University of Graz, Austria

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Introduction: The survival of patients with major burns goes hand in hand with early excision and the survival of skin grafts.

Methods: The application of Topical Negative Pressure has improved increased graft take especially in difficult anatomic regions.

Results :

Securing skin grafts in 18 pediatric burn patients enabled a near 100 % graft take. Perfect protection from shear forces, early mobilisation, patient comfort, nursing comfort and abandonment of splinting are major advantages concerning conventional dressings.

Conclusion: We postulate the application of VAC for securing skin grafts as an valuable tool in pediatric burns management. Widely meshed grafts and including donor sites protected by silicon dressings into the device should be evaluated critically for TNP therapy.

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Abstract title: The problems with burn wound and scar healing on the babies neck

Author(s): H. Hofman-Stefanek, Maciej A. Karolczak

Institutions: Children Surgery Clinic, Medical Academy of Warsaw, Poland

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The most of our burn patients are about one year old with second degree wounds about 10% TBSA. Such second degree wounds are caused by hot liquid like coffee, water, soup, milk placed under controll. The wound are lokalizated at face, neck, chest and shoulders. We use Fibrolan and Bactigras or Textus or AquacelAg, laser therapy. The most difficult place to heal is nec, especially near mandibular angle. One of the reason is short babies neck, "movable" place but the results are not very good. We observe prolongation of wound healing in that place, compare with face or chest. The same we observe with scar treatment in that place. We prefere contact therapy use silicon or hypafix, but the results are worse then in another parts pf body. We are very interesting about you experience.

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- 26 -

Abstract title: Delayed postburn blistering, an unresolved and ongoing problem

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Institutions: Department of Paediatric Surgery, Red Cross Children's Hospital, University of Cape Town, Rondebosch, South Africa

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Purpose

The study was performed to further evaluate the pathogenesis of persistent and recurrent post-burn blistering

Method

The blistered skin of one child was studied clinically, ultrastructurally and immunohistochemically. He sustained a 27% hotwater burn. Routine burn management was introduced. His course was complicated by multiple episodes of graft loss, significant impaired wound healing and profound liver steatosis. Final wound healing was achieved 3 months post burn. His further course was complicated by recurrent blister formation and epithelial loss of both donor and split thickness grafted areas. Skin biopsies were obtained for study.

Results:

A great variety of topical methods including allografts, hypo-allogenic dressings and antiseptics could not resolve the recurrent blister formation. Microscopy showed the presence of an eosinophil rich subepithelial inflammatory blister. Immunofluorescence for CD3, IgA,

IgG, IgM and fibrin was negative thus excluding bullous pemphigoid. Tono filaments on EM were normal in structure and number excluding epidermolysis bullosa.

Conclusion

The final diagnosis was consistent with delayed postburn blistering most Likely due to breakdown (discontinuity) of the basement membrane. There is no known treatment for this condition and it should resolve spontaneously.

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- 27 -

Abstract title: Special Indications for an Alloplastic Epithelial Substitute (Suprathel)

Author(s): Ch. Uhlig, M. Rapp, K.-K. Dittel

Institutions: Klinik für Unfallchirurgie - Zentrum für Schwerbrandverletzte Marienhospital Stuttgart, Germany

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Suprathel is licenced as medical product since 2004. It is already used in many countries. The resorbable membrane is indicated especially in skin donor sites and superficial burns. We could prove in two studies that traumatic pain was reduced significantly by Suprathel in comparison to conventional treatment.

Now we have good success also in treatment of deep dermal burns with Suprathel. We began to expand our applications after good experience with the material. We covered extended areas of so called "indeterminate-depth" wounds up to 95% TBSA with Suprathel.

More and more Suprathel is applied in hand burns after debridement. We saw a complete epithelisation also in hands with particular 3. degree lesions.

Dermal abrasion wounds are a good indication for Suprathel. Healing is improved by the permanent cover of the wound and pain is reduced considerably.

Acid burns and alkali burns may be covered with Suprathel after a careful and possibly serial debridement.

Dermal lesions in Lyell's Syndrome (toxic epidermal necrolysis) are similar to 2. degree burn. So we could expect a complete epithelisation under Suprathel also in TEN.

The dressing after medical abrasio of scars is problematic. A permanent dressing with Suprathel can help to avoid new scar formations by reducing the inflammatory reaction of the wound.

In the last months we treated succesfully some ulcers of the leg with Suprathel. The strategy of treatment is different from that of burns. But also in ulcers the reduction of inflammatory reaction is the key to success.

Additional indications for Suprathel are dicussed. All blistering dermal diseases e.g. Epidermolysis bullosa hereditaria may have an advantage by reduction of pain and protection against infection.

In the future the combination of cultured keratinocytes and Suprathel seems to be hopeful and has been tested already effectively.

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- 28 -

Abstract title: Use of Suprathel™ in two patients with toxic epidermal necrolysis (TEN)

Author(s): K. Pfurtscheller, G. Zobel, S. Roedl, M. Trop

Institutions: Children's Burns Unit - Department of Paediatrics,  
Medical University of Graz, Austria

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Introduction: Toxic epidermal necrolysis (TEN) is a severe cutaneous reaction carrying significant risks of morbidity and mortality. There are three stages of classification of the disease, with Stevens Johnson Syndrome (SJS) on one end and TEN on the other end of the spectrum. SJS includes cases with mucosal erosions and widespread purpuric macules with epidermal detachment up to 10% of total body surface area (TBSA); transitional SJS – TEN represents epidermal detachment between 10% and 30% and TEN shows skin detachment of more than 30% of TBSA.

Case reports:

We report the cases of two children, a three months old baby and a seven year old girl, who presented with rapidly expanding erythematous and vesiculo-bullous skin eruptions. Both girls had a recent history of viral infection and were transferred to our children's burns unit. The disseminated painful skin eruptions were present on the entire integument and on oral mucous membranes. The bullous desquamation of palms and soles was prominent and almost 30 % of TBSA were affected.

Fluid and electrolyte therapy was carried out according to our standard resuscitation protocol for burns, and as local treatment Suprathel™ (PolyMedics Innovations GmbH, Filderstadt, Germany) wound dressing was applied. Systemic therapy with intravenous immunoglobulin, respiratory support in the baby, close monitoring of fluid and electrolyte status, nutrition and control of pain and infection were started.

Under anaesthesia Suprathel™ and fatty gauze were applied onto the cleansed skin and both patients were totally wrapped in thick bandages. Dressing changes were performed under anaesthesia in the operating theatre on days two and six, by which time the lesions in some places had already healed.

Conclusion: In our cases Suprathel™ has been successfully used for the first time in a baby and a young girl with excessive dermal detachment by TEN:

- The wound re-epithelisation was accelerated compared to data in literature;
- The elastic-plastic properties of Suprathel™ facilitated easy application on all surfaces.
- Only a single wound covering was required with no need for dressing changes and therefore reduced wound pain.
- The bulky dressing covering the whole body, made the handling and the maintenance of asepsis, especially for the nurses, very easy and also prevented fluid and heat loss through the wounds.

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- 29 -

Abstract title: 10 Years Experience in Omiderm™ Wound Dressing in Superficial Burn Injuries in Children

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**Introduction:** A large number of our children have small, superficial scalds. For these patients it is important to have an appropriate, reliable, durable wound dressing to enable uncomplicated wound healing and avoid pain, emotional trauma and hospitalisation. In our Burn's Unit Omiderm® (produced by ITG Laboratories Inc.) is the dressing of choice in such cases.

**Methods:** Omiderm® is a polyurethane, membranous dressing, highly permeable, transparent and flexible. It is occlusive to microbial penetration, yet permeable to moisture, oxygen and water-based drugs and easy to apply. Omiderm's hydrophilic properties allow it to adhere to and fit the wound without the need for any adhesive tape. Its transparency allows easy wound examination during the healing process. The dressing can stay in place until the healing process is completed.

**Results:** From 1998 to 2007 we have treated about 600 outpatients and 200 inpatients with Omiderm®. Omiderm® was left adherent to the wound until wound healing was completed, or exchanged for another kind of wound dressing in cases of intense wound secretion, where deep dermal injury was assumed. In all patients pain was minimal or not existing during the healing process and dressing

changes. No dressing related complications were found in our patients. In one patient toxic shock syndrome (TSS) occurred. We cannot say if there is a link between local wound treatment with Omiderm® and TSS.

**Conclusion:** Omiderm® has proven to be a safe, painless wound dressing in small, superficial burns. It protects against infections and promotes wound healing. The effectiveness of Omiderm® is demonstrated by its simple application and high acceptance level by the patients as well as their parents.

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Abstract title: Hyalomatrix P.A.: biological regenerative matrix for the treatment of 2° deep degree and 3° degree burns.

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This medical purview is formed by two layers, it is sterile, flexible and adaptable to the wound, the inside layer, is a three-dimensional matrix of Hyaff, a biological material derivative from ac.jaluronic.

The ac ialuronic stimulates the tissutal reparation and exercises a partition of damaged silk The enter layer is made from adaptable and transparent lamina of silicon with controlled porosity.

This silicon's lamina has capability to transmit the steam like the silk. It avoids an excessive loss of fluids and works like a semi permeable barrier to the auter agents.

It is useful, first to apply Hyalomatrix P.A., to make:

1. a bacteriological tampon or a bacteriological biopsy on the deep wound
2. to distinct the wound with the glauconitic clorexidina and after to wash with physiology water
3. a dermoabrasion or an tagented escharectomia as far as to have a clean and building surface of the wound
4. a careful haemostasis

When the Hyaff comes into contact with haematic or sieric exudates it produces an absorbing gel. This gel covers the wound and adsorbs the exudates ineffective way. The forming of this coat, richer of acid jaluronic forms a micro ambient that makes the forming of granulation tissue, the migration of fibroblastic and a regular deposition of the components of the

extra cellular matrix, these premises to have a prefect derma. This tissue will fit for a subsequent autolog graft or a graft of cultivated cheratinocits.

The silicon's lamina prevents the loss of the fluids and protects the wound-bad from the outside.

Hyalomatrix P.A. hasn't a bactericide action and is impossible to use on infect wound It is applied , after the extirpation of necrotic tissue,with the fibrous wall on the wound. It is very important to avoid the superior position of the rims. These are fastened with metal stitch or with large stitch of suture. The dressed surface is covered with sterile gauzes and inelastic bandage. The wound is examined after the third day and after every 3-4days. Between third and fourth day, under the silicon's layer, there is a colure gel between yellow-beige and yellow-orange. This is the normal aspect of the product in stage of integration. About the thirty day, the layer of not tissue is well integrated with the lower tissue on the surface of the wound has an orange-pink colored.When there is a purulent secretion with local marks of infection it is useful:

1. to take away the layer of silicon
2. to made a bacteriological tampon
3. to wash the surface of the wound with an antibiotic or an antiseptic solution
4. it is possible an another application of Hyalomatrix P.A. after to have controlled the infection

Hyalomatrix P.A. can not to be left on the wound more 21 days. After this period it can to be replaced by a new medication or by autolog graft.

The Hyalomatrix, thanks to the collaboration with Fidia Advanced Biopolymers S.R.L.-Abano Terme (Italy), is been used into the dipartment, by 2005 on 28 patients of that 20 are been recovered in hospital and 8 are been recovered in day hospital. The authors present same cases, more indicative, of their casuistry

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Abstract title: Matriderm™ - does it make a difference?  
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Full - thickness burns to the neck and head represent some of the most challenging problems in acute wound care, subsequent rehabilitation and reconstruction. The scar contractures can seriously impair the neck's motion. The defects, not easily hidden, are causes of psychological problems, such as impaired self-image and low self-esteem. Therefore there is an urgent need to achieve therapeutic improvements in a burnt neck - if possible before various problems occur.

We report about two patients (6 and 14 years old) who sustained 40% full-thickness flame burns, including head and neck. In both cases the neck was excised and grafted last, during the second operation (day 18 and day 17 respectively) when the good donor sites were available again. In both patients Matriderm® (Dr. Suwelac Skin & Health Care AG, Billerbeck, Germany) was placed under the grafts. The take rate in both patients was almost 100%.

Results in both patients were encouraging. The skin in the grafted neck areas was supple and elastic with a minimal cervico-sternal contracture. Hypertrophic scars formed only on the edges, but these

scars led to considerable cervico-sternal contracture in one patient after two years.

Matriderm® consists of collagen and elastin. The aim of Matriderm® is to develop a dermal substitute in order to avoid excessive scarring and wound contracture, which seems to be a case in our patients.

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Abstract title: The challenge of two layers – Integra Artificial Skin® for pediatric plastic and reconstructive surgery – 10 years experience

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Introduction: Integra artificial skin® is composed of a biosynthetic matrix (dermis equivalent) and a silicone sheet (epidermal equivalent). Initially, Integra was used for wound covering following debridement of severe acute burns.

Information regarding its use in reconstructive procedures in children is scant. Here, we present our 10-year experience of using Integra for scar revision and for other indications in the field of plastic and reconstructive surgery in children.

Material and Methods: Between 1997 and 2006, Integra was applied onto freshly created skin defects in 40 children on 44 locations (extensive burn scars n=27, reconstruction after excision of congenital giant nevus n=17). The mean area was 5% TBSA (range 1-13% TBSA). The second operation with silicon sheet removal and skin grafting was between 12 – 35 days after application of Integra. Postoperatively, a strict and comprehensive rehabilitation regime was installed, targeted at optimal scar prevention.

Results: All children with a giant congenital nevus achieved full ROM after 6 months. From 17 patients with a postburn reconstruction 2 had

an improvement of ROM and 15 achieved full ROM after 6 months. Two patients needed a z-plastic in the reconstructed area (neck) 3 years later.

The cosmetic outcome compared with a full thickness skin graft was in 56% excellent, in 20% good, in 14% moderate and in 7% poor. All patients with a poor cosmetic outcome had a prolonged healing time of the STSG, in all of them we did the second operation 12 - 20 days after application of Integra.

Conclusion: Our results suggest that Integra artificial skin can be safely and successfully used to reconstruct extensive skin defects in children. All efforts to minimize the time between the application of Integra artificial skin and the second operation failed. The best predictor for an excellent or good cosmetic outcome is the healing time of the STSG.

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Abstract title: Fearsome 'keloid' in the expander donor site closure  
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We use tissue expansion to allow flap harvesting with direct closure of the flap donor site without tension. 'Without tension' in children does not necessarily mean 'without problems'. Some children seem to have a heightened and exaggerated response to secondary i.e. surgical trauma in the years after burn injury. These children need to be identified because the level of expectation for the parents must be considerably lowered in terms of outcomes of surgery and considerably heightened in terms of risks and complications. On the more positive side we can learn more about controlling aggressive scarring by observing such patients and strategies to modulate the scar can be investigated.

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Abstract title: Tissue expansion in children – associated factors and complications – a retrospective study

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Introduction: Tissue expansion is one of the most frequently used technique on burn reconstruction, which may yield partial or complete removal of burn sequellae. The technique involves the surgical placement of hollow silicone implants, connected by silicone tubing to an injection port, in a subcutaneous pocket in the periphery of the undesired scar tissue.. The expanders are then periodically distended with saline solution. After the target volume has been reached, the expanders are surgically removed, allowing for the advancement of the expanded flap and proportional removal of the scar tissue. In the literature, infection, extrusion, hematoma and estriae are common complications.

Material and Methods: This study presents the experience of one single surgeon at the Instituto Nelson Picolo, in Goiânia, Goiás, Brazil, using tissue expanders in the treatment of burn sequellae in children. Patient charts were retrospectively analyzed for the incidence of complications, number and site of the expander placement, number of expanders and number of expansions. We will

also attempt to correlate the various incidences of complications with a specific patient profile.

Results: 36 children were analyzed, receiving a total of 156 expanders, from February 2002 through March 2006. The most common anatomical site for the expanders was the anterior trunk (36.12%) followed by lower (21.93%) and upper (14.19%) extremities. 68.5% had only one expansion, 28.5% had two expansions, 2.8% had three expansions. 10% used one expander, 24% had two, 24% had three, 22% had 4 and 20% had more than 4 expanders per stage. When considering all expanders, infection occurred in 3.8%, prosthesis malfunction in 5.6% and estriae in 3.8%.

Dicussion: Although tissue expansion may be a most rewarding technique, one must make the patient and/or his family aware of the related complications, and active measures must be taken to prevent them, during expansion and after the expander is removed, including the treatment of the overlying skin with estriae preventive creams.

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- 35 -

Abstract title: Let them grow – a 3 year experience with self filling tissue expanders in children

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Introduction

Tissue expansion is often used in reconstructive surgery. Next to conventional techniques, a self-filling osmotic tissue expander with no need for external filling, is successfully used since several years.

Methods

The osmotic tissue expander consists of a central hydrogel mass surrounded by a silicone sheet. The materials used, mainly methylmethacrylate and vinylpyrrolidone, have shown to be physiologically well tolerated. Swelling of the device occurs by gradual absorption of surrounding fluid and lasts about six to eight weeks.

Between November 2004 and April 2007, 34 expanders were implanted into 20 children aged from 10 months to 17 years at the time of implantation. Indications for surgery included post burn scars, alopecia, nevus and orthopaedic foot corrections. The operating fields comprised the scalp, the face, the back and the extremities. Three different filling volumes were used: 60ml, 75ml and 130ml. All children were treated under general anaesthesia and could go home after a hospitalization period of two days. They stayed at home for

another week after which they were allowed to go to school or to nursery with the implanted expanders.

Results

The expanders reached their predicted volume within six to eight weeks. For all patients, the expander could produce enough additional skin to cover the affected area.

Major complications, which would have necessitated a premature removal, were not reported. Minor complications, which merely caused some discomfort for the patient, occurred in seven patients. Five skin perforations of less than 2 cm<sup>2</sup> were seen at the time of explantation but had no impact on the further course of the procedure. Two children showed the suspicion of a subcutaneous infection while removal. The further operations were cancelled plainly because it was an orthopaedic procedure with exposure of the bone.

Conclusions

Our results suggest that the use of the osmotic tissue expander achieves good results. The device is safe and can easily be used without excessive discomfort for the patient. It is therefore very convenient for reconstructive surgery of pediatric patients.

It must be mentioned that solely expanders up to 130ml were used, as no larger devices were needed for children.

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Abstract title: Delayed Breast Reconstruction after Burn in Child using a Collagen Based Dermal Substitute (Integra®)

Author(s): D. F. Leonardi, M. Pereima

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Introduction: Burn scars in the mammary area may cause deformities during the normal development of the child, leading to breast feed disorders, psychological and social disturbance in the female. The reconstruction is complex and the results are usually poor. An artificial dermal substitute (ADS) is becoming a new option for the treatment of burn scar sequelae.

Objective: Report a method of breast reconstruction after burn scar sequelae with artificial dermal substitute and also to analyze the advantages, disadvantages and its applicability of this procedure.

Method: Clinical case demonstrates the results and the follow up to tree years after being underwent a reconstruction procedure over breast area. The results could show an adequate development of the breast with maintenance of the shape and volume in comparison to the contra lateral normal breast in the same patient. It is emphasized both aspects functional and aesthetics.

Conclusion: The use of ADS in the reconstruction surgery has become an effective option. In children with breast scar there appears to be additional benefit attributed to the elasticity of the skin, which allows preservation of the form and volume during the development

of the child. This is fundamental once the needs of additional procedures are reduced.

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Abstract title: Delayed Full Face Reconstruction after Burn Sequelae in Child using a Collagen Dermal Substitute (Integra®)  
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Introduction: The destruction of the skin by an external agent is the characteristic of burn, a frequent pathology in children. The face is a very susceptible area for accidents, being affected in over 30% of cases. Its implication is involved with individual identification and primordial organs position. Burn scars in this area result in high morbidity, psychological and definitive skeletal deformities during the development of the child.

Artificial dermis substitute (ADS) is an important alternative for repair of burn scars sequelae that was described in the 80's. It is constituted by an artificial bilaminated membrane based on collagen and silicone layers.

Objective: To describe a full face reconstruction considering both functional and aesthetic aspects when using ADS. Evaluate its advantages, disadvantages, results and guide lines in its applicability.

Methods: Cases report and bibliographic review.

Results: AMP 14 years and BS 18 months were underwent a full face reconstruction.

The first case was looking for improvement in aesthetic aspect and she was underwent a complete scar resection on the face and immediate repair with ADS. The patient and her family agreed with

the procedure. The patient evolved with normal pos operative period and the two years of follow-up is shown.

The second case was necessary because some functions were involved such as breathing and suction. She was underwent a full face scars resection and immediate repair with ADS. The result is shown.

Conclusion: ADS is an option for the treatment of extensive burn scar sequelae in face of children. It has the advantages of good aesthetic quality, elasticity and don't interrupt a normal growth. The disadvantages is two surgical rounds and learning curve needs.

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Abstract title: Lecture: Current scenario of paediatric burns in India, a developing country (improving outcome and structuring a future)

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#### Introduction

The WHO considers India as a high-risk country for burn injuries according to a survey. The significant increase in Burn Injuries has given rise to loss of precious lives including children. The high incidences, varying pattern of epidemiology, risk of infection leading to mortality are the most worrying factors. However improved infrastructure with burn care settings, the availability of super antibiotics and the most important factor – Plastic Surgeons giving total burn care have really changed the outcome of these victims. However the large incidence of burns in a largely populated country takes its toll.

Paediatric burns are seen from neonatal period till adolescence (18 years). This paper deals with the problems in the management of Paediatric burns and its management with biological wound covers and cost effective immune-nutrition. The last vital question – Are there child abuse cases in India? The answer is “yes” and the case scenarios are discussed. Presentation is in power point – with duration of 30 minutes.

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Abstract title: Severe burns – late results reveal limits of restoring  
aesthetic qualities

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Survey of a 10-years follow up study of cases with severe burns in childhood. Late results show typical drawbacks of skin replacement in extensive burns requiring repeated skin graft procedures preventing contractures interfering with the physical development. Attention is drawn to the different qualities of early skin grafts and their relation to the final physical appearance-especially in the visible regions- face, neck and hands.

Early evaluation and preservation of skin reservoirs is indicated for late reconstruction of aesthetic deficiencies.

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Abstract title: BurNet Project: Information Technology and Management of the various aspects of burn pathology and burn disaster

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The BurNet project, a pilot project of the Eumedis initiative, today has become true. The Eumedis (EUro MEDiterranean Information Society initiative) is part of the MEDA programme of the EU to develop the Information Society in the Mediterranean area. In the health care sector, the objective of Eumedis is: the deployment of network-based solutions to interconnect - using user-friendly and affordable solutions - the actors at all levels of the “health care system” of the Euro-Mediterranean region. The BurNet project interconnects 17 Burn Centres (B.Cs), in the Mediterranean Area, through an information network both to standardize courses of action in the field of prevention, treatment, and functional and psychological rehabilitation of burn patients and to co-ordinate interactions between B.Cs and emergency rooms in peripheral hospitals using training/information activities and telemedicine to optimize first aid provided to burn patients before referral to a B.C. Shared procedure protocols for the prevention, care, and rehabilitation of patients, both at individual and mass level, will help to create an international specialized database and a Web-based teleconsultation system.

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Abstract title: Acute burn intravenous resuscitation - are we giving too much volume to our children?

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Institutions: Pronto Socorro para Queimaduras, Goiânia, Goiás, Brazil

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Most burn societies guidelines will agree that a patient sustaining a burn involving over 10% of the total body surface area will require fluid resuscitation. Among the various resuscitation formulas, the most widely recommended in our country, indicates that 4 ml of Ringer Lactate per % per kg per 24h, with half of that given in the first 8h. Urinary output should indicate to the clinician if adequate resuscitation is being offered and this is even more important in the young age group, when one is considering over resuscitation.

**Material and Methods:** We have followed prospectively 104 consecutive patients, admitted to our institution and requiring IV resuscitation during 2005, analysing the total volume that these patients received ( and eliminated ) in the initial 24h post burn, 8h post admission, 24h post admission and during the second and third 24h period after admission. All patients received Ringers Lactate, and efficacy of resuscitation was based on urinary output of 1ml/kg/hr for children under 14 or 30kg, and 30-50 ml/h for adults. Patients were

devided into 0-4y, 5-14y, 15-44, 45-60y and >60 years of age, and analysis was based in volume /TBSA and age.

**Results:** in 2005, 13,937 patients where treated at our institution. Of these, 566 were admitted, of which 104 were analyzed (18.37%). When considering the first 24hs after admission, Pre-school children (TBSA X 26.3%) had an average volume of 7.04 ml/kg/%/24h; 5-14 yo (TBSAX 35.4%), 5.22ml/kg/%/24h; 15 - 44 yo (TBSAX 35.06%),3.44ml/kg/%/24h;45-60y (TBSAX 31.87%),2.33ml/kg/%24h and >60yo (TBSAX 38.66%), 7.26ml/kg/%/24h. Average urinary output was 2.5cc/kg/hr for both pre-school and school children (0-4 and 4-14yo), in the first 24hs post admission, and 2.16 and 2.4, respectively for hte first 24hs post the accident.

**Discussion:** When considering the various age groups there was a significant difference between the volumes given the young age group, being that proportionally they received a much larger amount of volume per percent burn, clearly demonstrated by their excessive urinary output, which calls our attention as clinicians about the necessity of a closer look into our practice and the utmost importance of more intensive monitoring of fluid intake and output, in all ages, but most importantly in the young age groups. This study brings into light the discrepancy between volumes in different age groups, and suggests that possibly our over zealous care in the resuscitation of the younger age group of burn patients could possibly also bring deleterious consequences to these young children

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Abstract title: Pattern of bacterial invasion in burned patients at P.I.M.S. Islamabad

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OBJECTIVE:

To analyze the pattern of burn wound microbial colonization in order to determine which organisms were mostly prevalent in our burned patients.

MATERIALS AND METHODS:

This study was carried out in the burned patients admitted in the department of Plastic Surgery, Pakistan Institute of Medical Sciences, Islamabad from January 2002 to December 2003. The patients were followed to discharge or death. For estimation of burned areas, the Lund and Browder was used. Only adult patients above 12 years of age were included as patients below 12 years were treated at Children' Hospital. Similarly patients receiving out patient treatment were also excluded. Patients having > 70 % TBSA were also excluded. The burn wounds of all patients were washed and debrided at least daily. 2% silver sulfadiazine was used as topical antimicrobial. Patients were also given enteral feedings. Systemic antibiotics (Ampicillin or Cephalosporin) were given to all patients admitted initially. Later antibiotics were administered accordingly to culture and sensitivity reports.

RESULTS:

Total 142 patients (77 males and 65 females) were included in this study. Mean age of the patients was 32.2 years in males and 24.4 years in females. Almost all of the patients presented within 12 hours of the injury. Average total burned surface area was 27.4 for males and 39.5 for females. The average stay of the patients was 40 days (range 6 hours to 5 months). 18% of males and 16% females died during their stay. During first 5 days of admission, swabs were taken from a clinically deep area of the burn wound. Staphylococcus aureus was the commonest microorganism (24.4%); MRSA was found in 12.8%. From day 6 onwards Pseudomonas aeruginosa (27.3%) was the most frequently cultured microorganism. MRSA was found in 11.7% cases.

CONCLUSION:

Careful surveillance of infection, good isolation techniques and procedures, and restrictive antimicrobial policy can keep antimicrobial resistance rates and infection rates low in infection-prone burn patients.

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Abstract title: Parent's involvement in the burn care  
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**Introduction:** At Astrid Lindgrens children's hospital in Stockholm, Sweden, we have for some years now invited parents come in to the OR to see their children's burn wounds while the child is under general anaesthetics.

We have found this to be a well functioning way to work. It gives the parents an opportunity to feel involved in decision taken in the OR and also results in a better understanding for the healing process and care of their child.

**Method:** We have sent a survey to all parents of burn patients that have been to the OR in 2004, 2005 and 2006, a total of 120 patients. We have up to now received 63 replies.

The survey contains 23 questions with closed answers. It is divided in to two parts, one concerning OR and one about the care in the clinic. In the two parts there is space for the parents to comment in their own words. This survey was made for quality assurance.

**Result:** The result shows that we asked 84% (53pt) of the parents if they wanted to come in to the OR and 82% (52pt) accepted. 47% (30pt) needed a skin graft. One question addressed if the parents felt involved and a part of their child's treatment, 84% thought so. 12% felt partly involved and 1,6% (1pt) didn't answer this question.

Regarding the care in the clinic we asked the parents if they liked to be in the room and hold their child in their lap while the dressing change took place. 86% felt this was positive, 8% partly positive and 1,6% (1pt) felt this was not good. 4% didn't answer this question.

In the next question we asked if the parents thought this way of working put too much responsibility on them 75% answered no it didn't. 16% felt that it partly did and 5% thought it did. 4% didn't answer this question.

**Conclusion:** Most answers show that the parents feel comfortable and like to be involved in the care of their child. They want to see the burn wounds, even in the OR. They want to be close to their children during dressing changes in the burn clinic. We feel that the parents is a resource we can use during procedures to make the burnt child feel more safe and secure with the situation. If the parents are calm the child is calm.

Some parents expressed that they feel uncomfortable to visit in the OR. We need to find these parents so we can give them better support. The general impression is that most parents are satisfied with the care we give but of course there is room for improvement.

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Abstract title: Epidemiological Profile of Admitted and Ambulatory Treated Children at the The Pronto Socorro para Queimaduras (Goiania, Brazil)  
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 Introduction: Epidemiological analysis of the burn patient population can result in several measures to improve patient care and prevention and help in determining measures to minimize deficits in reimbursement. In the last five years, we have been able to maintain a practically constant percentage of in and outpatients, as well as a relatively constant yearly patient population.

Material and Methods: All children seen each year, admitted and in the ambulatory, from January 2001 to December 2005, were analyzed in relation to agent causing the burn, age group, sex, delay for initial treatment, TBSA, city of origin and length of stay and length of treatment.

Results: During this period, our institution treated 66,121 burn patients. Of these, 12.6% were pre-school children, (0-4yo), and 15.96% were school children (5-14yo). For ambulatory children, the average burn size has varied very little over this period, and there

was a progressive decrease on the size of the admitted patient burn. (Table I)

Table I : Average TBSA

age group	2001		2002		2003		2004		2005	
	0-4y	5-14y								
inpatients:	21.7%	21.8%	21.1%	17.9%	16.6%	13.3%	17.3%	18.3%	16.8%	17.2%
outpatients:	5.5%	5.4%	5.3%	5.2%	5.2%	4%	5.3%	5.2%	5.2%	5.2%
# patients	1669	1833	1708	2188	1629	2117	1705	2295	1584	2062

Efforts to diminish the percentage of admissions have been driven by financial reasons, since most patients are government insured and reimbursed in a package like fee. However, we noticed that our population of inpatients has changed over these years, with a significantly higher proportion of sicker patients with proportionally smaller burns, being transferred from another institution or state. These facts have warranted even more aggressive preventative campaigns, a change in government policy for reimbursement of out of state patients, and suggestions to the governmental agencies for emergency burn care training courses for primary care physicians in the area where our patients come from.

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**ECPB Workshop 2007, 23.9. – 25.9.2007, Schloss Seggau, Austria**

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