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MULTIPLE ESCHAROTOMY AS AN ALTERNATIVE BETWEEN COSERVATIVE AND EARLY ESCHARECTOMY

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Abstract

Surgical treatment of severe burns is crucial in the treatment with efficacy of the severe burn patients. It is up to surgical team to select the appropriate surgical technique in concordance with many factors like thickness of burn, localization, general condition of the patient, asepsia and the modality that we have to close the wounds with grafts.

The aim of this study is to present our surgical choices which are early multiple escharotomy, late escharectomy and closure of wounds with meshed skin graft.

The authors give data regarding the hospitalization and mortality of the severe burned patients during 2008-2010. At the same time mortality is analyzed in group-ages (children, adults and aged) as well as is given data for general mortality.

According our data there is a reduction of mortality during years up to 2,7% in 2010. The mean surface area for severe burn patients more than 30% BSA has been 50±4,5%, with full-thickness burn present in 150 cases or 27% of the patients. As an average for each case we have done after the debridment two or three plastic procedures closing nearly 10% of the wound in each intervention. Length of Hospital Stay for survivors has been 28 ± 5,6 days. Multiple escharotomy create a local irrigation of the burn wound helping the surgical procedures that we can do in the future. After the stabilization of the general condition of the patient, late escharectomy in stages give us the opportunity to perform the debridment as soon as possible being active surgically. Application of meshed auto skin grafts has a good impact fastening the recovery of the patient. Although this treatment is conservative for the literature, according our data it is possible to save lives of burned patients with 60% TBSA in which full-thickness is not more than 30-40% TBSA.

Key words:

multiple escharotomy, late escharectomy, meshed autoskin graft.

Introduction

Surgical treatment of severe burns is essential for survival or efficacy of treatment for the patients with severe burns. It belongs to the surgical team to select the most appropriate surgical technique depending on many factors, important among them are the depth of burn, location, general condition of the patient, his age and above all the modalities available to medical staff both in terms of base material and environmental conditions for a more rigorous asepsis [1]. Certainly tangential excision and early escharectomy, is the best surgical method to eliminate as soon as possible the burn eschar, which would establish premises that severely burned patient undergo a clinical performance with stabilized parameters as possible while avoiding the complications of septic phase of the pathology [2,3,4].

In this paper we will present our surgical method of treating burn necrosis.It includes multiple early escharotomy combined with late escharectomy as an active act which concluded with meshed auto skin graft for closure of the wounds.

This type of surgery, unlike simple escharectomy divides the necrosis into parts, eliminates strangulative phenomena across the surface of the burn, significantly reduces edema in unburned areas and significantly improves vascular circulation in the affected areas by facilitating even the burn pain. Furthermore, escharotomy allows adequate irrigation of the burn wound where local topical agents operate more effectively since they are in direct contact with healthy tissues along the incision lines.The purpose of this paper is to present our surgical technique for the treatment of major burns through the presentation of clinical data of patients with severe burns treated at the Service of Burns and Plastic Surgery in Tirana, Albania during 2008-2010. Althought in this article we will present data on mortality and other prognostic factors of severely burned patients.