

THE BURN WOUND — A CHALLENGING PUZZLE

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Effective wound care of the burned patient requires not only the use of up to date wound dressing materials, but also the simultaneous multi-faceted management of the patient's general condition. This might be deeply altered by the complex inflammatory response accompanying burns. In general, the careful and responsible use of cheap old techniques, like tull-gras, antiseptic moisturizers, semipermeable membranes and alike may still lead to successful results.

An important issue is the conversion, i.e. commonly observed deepening of the burn wound, when speed of recovery is halted. Thus burns are typical wounds where the use of silver and wide range of other antimicrobial moist dressings is justified, since they may save vital dermal structures thus restoring jeopardized cutaneous functions. Proper wound care may render a wound to heal spontaneously which would otherwise require the use of surgical techniques.

In many instances optimizing the microcirculation of a transitional burn with negative pressure devices will save the hypoxemic, reversibly damaged layer of tissue markedly improving both cosmesis and function. High quality restoration of deep injuries with full-thickness skin loss is now possible by the utilization of the wide range of dermal replacement materials and regeneration templates. Their even more widespread use is unfortunately limited by the high production cost and demanding technology.