

PARTIAL THICKNESS BURNS IN CHILDREN

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Over 40% of the patients admitted to a Dutch Burn centre are children. The major part of them is in the age group 0-4 years and suffers from scald burn injuries. As children have a thin skin, even a cup of tea can inflict a deep burn. Moreover, because of deepening of the burn, a partial thickness burn may converse to full thickness in the first 48 hours. An objective way to establish the depth of a burn is Doppler Laser Imaging and as the wound may deepen, this method is only reliable two days after the injury. This makes it difficult to start a proper wound therapy at the first patient visit. Application of a local antiseptic like Silversulfadiazin cream (SSD) will protect the wound against bacterial colonisation and is suitable for partial and full thickness burn wounds. However this is not the ideal wound therapy. A recent review on the treatment of partial thickness burns in children reveals that a membranous dressing* or amnion membrane is superior over SSD, with regard to epithelialisation rate, length of hospital stay and pain.

In burns of mixed depth, a part of the wound will heal within two weeks whereupon the remaining skin defects need to be closed by a split skin graft. A new development in the technique of wound excision, the application of hydrosurgery, has considerably improved the accuracy of the necrectomy. By means of the hydrosurgery** necrosis can be accurately excised, while vital dermal remnants remain spared.

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