

The use of Epiprotect®2117 in the treatment of superficial to mid dermal facial burns

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Background

Superficial and mid dermal facial burns do not necessarily require operative treatment. We treat them either stationary or in outpatient clinic. The goal of treatment is to provide an appropriate environment for wound healing, to prevent infection and to reduce pain, thus achieving a good functional as well as aesthetic outcome. In the initial care, every fresh burn wound, regardless of its depth, is cleaned and in the aseptic conditions, an absorptive compress is installed. After few days of initial care, there is a variety of new dressings currently available, such as often used hydrocolloid gels.

In our cases we used a new microbial cellulose dressing, Epiprotect®, evaluated the outcome and compared it to hydrocolloid gels.

The aim of the present retrospective study is to evaluate the outcome of 5 patients with superficial and mid dermal facial burns treated with Epiprotect® at our department.

Methods and results

In the period between October 2018 and March 2019, 5 patients, mostly male, average age 47 years, were treated with Epiprotect®. All burn wounds were superficial and mid dermal

facial burns and accounted for more than 5% of STP. All patients were hospitalized and regularly monitored. The dressing was placed under aseptic conditions after few days of initial care and left attached until it self-released from skin after the wound reepithelization. No secondary dressing was needed. Following the demarcation of Epiprotect®, the use of nourishing ointments was advised. Satisfactory aesthetic and functional outcomes were achieved for all patients (Fig. 1).

Conclusions

The new microbial cellulose dressing, Epiprotect®, appears to be a patient-friendly dressing that is easy to apply and ensures optimum conditions for the treatment of superficial and mid dermal facial burns. It could also be used after facial dermabrasion, facial skin excoriation, laser treatments etc. The microbial cellulose with its nanostructure like collagen, adheres properly, works as a biological anchoring on the proteins of soft tissues and reaches the re-epithelization processes, by our clinical experiences, faster as hydrocolloid gels.



Fig. 1: A facial burn before cleaning, with microbial cellulose dressing applied, the healed picture after few days, and the healed picture after two months.