SOME THERAPEUTIC CONSIDERATION IN OUR EXPERIENCE TREATING SEVERE BURNED PATIENTS

Gaurav NARAD, Eniko HORDOVAN, Panche TASKOV, Mircea NEMES, Viviana NARAD, Dana CORODATI, Mirela SARANDAN, Gheorghe NODITI
PLASTIC AND RECONSTRUCTIVE SURGERY – BURN UNIT - CASA AUSTRIA
TIMISOARA, SCJUPBT

Objective: To summarize the experience of treatment in extremely severe burned patients.

Methods: The clinical data and treatment of 2 particular severe burned patients with TBSA > 80 %.

We treated in our unit 1 male and 1 female, aged 27 and 41 years respectively, with ~ 85 % and 82 % TBSA and full-thickness of ~ 65%, respectively 35 % TBSA. Both patients were lately admitted with severe shock, inhalation injury, and blast injury after 10 hours, respectively 30 hours after injuries. Both patients died after 21 days, respectively 60 days in ICU with MOF after applying enzymatic debridement in the first 7 days after admission, and covering 20% TBSA in case of the male patient, respectively 35 % for the female patient with allogeneic skin graft and autologous skin graft performed between 7 and 30 days after admission in our unit.

Results:

At admission in ICU both burned patients with vasopressor infusion ongoing were hemodynamically unstable, with acidosis, hypothermic and with inappropriate resuscitation performed.

Volemic resuscitation was guided by thermodilution catheter (Picco) and both patients had early renal support (HDF).

After 3 weeks the male patient was covered with allografts and autografts in 24% TBSA, epithelialized in 27% TBSA and necrotic tissue remained in 34 % TBSA, and in case of the female patient, it was covered with grafts in 20 %TBSA, epithelialized in 37 % TBSA, and granulation in 11 %TBSA after 2 months but they died by MOF due to septic complications and grafts lysing.

Conclusions:

Early enzymatic debridement is very useful in cases with extensive burns, especially in partial thickness burns that avoid the decompression incisions and escharectomy in critical burned patients and for fast epithelization.

Our unit has a quite rich experience in enzymatic debridement treatment with satisfactory results. But in this cases,

escharectomy was necessary for both patients and covering with allogeneic skin graft and autologous skin graft has been required although we have encountered some major deficiencies related to a skin bank.

Closing the wound as soon as possible is the key to a successful treatment and it is a decisive factor in the patient's survival.

It's imperiously necessary to have a national skin bank or a collaboration with a foreign skin bank for early covering the wounds.

Treatment strategies approached by a multidisciplinary team (plastic surgeons, trauma surgeons, ICU doctors, nephrologists) in cooperation with the department of burns are the basis to successful treatment result.