CONSIDERATION ON BURNS

POST-BURN SCARS IN CHILDREN: A COMMON PROBLEM. THERAPEUTIC ASSESSMENT IN GENERAL*

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SUMMARY. This short paper outlines aspects of the therapeutic aspects of burn scar treatment in children. The patients and their families have to be made to realize that plastic surgery is not the only answer to their problems, and other approaches are considered.

At some point during recovery from a major burn, most patients will look earnestly at the surgeon who has been caring for them through their ordeal and ask, "When do I get plastic surgery?" In other words, the patient is saying, "When can I get rid of these ugly scars and be done with this part of my life?" (B.M. Achawer)

Scar control is probably one of the biggest problems associated with burn injuries.

Although hypertrophic scars are usually primarily related to the depth of the burn and to the patient's tendency to form scars, in children things are completely different.

Hypertrophic scars may appear in superficial burns, as also, very often, in donor areas.

Surgical reconstruction is only a part of the overall rehabilitation plan (Figs. 1-4).

In time, the patient will realize that surgery is not the only answer to his or her problem.

Good judgement means the best operation at the best time for the patient.

This entails integrating surgery with the overall rehabilitation effort and establishing priorities.

Paediatric patients have a higher incidence of poor results than adults.

What is our strategy, our scar control plan?

* Pressure therapy as soon as the burn trauma heals. Pressure therapy remains a cornerstone of scar control. Temporary garments or elastic wraps and shirts are used until custom-made garments can be

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* This paper was presented at the Twelfth Meeting of the Mediterranean Council for Burns and Fire Disasters and Sixth International Conference on Burns and Fire Disasters held in Tripoli on 18-20 October 2002.

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Fig. 1 - Hypertrophic scars in superficial scalds.

Fig. 2 - Hypertrophic scars in superficial scalds.

Fig. 3 - Full-thickness burns.

Fig. 4 - Full-thickness burns.
used.
* Constant follow-up is necessary to make sure that the garments remain in a proper state of repair and continue to fit, particularly in growing children.
* Silicon inserts can be used in problem areas together with pressure treatment.

Although the intralesional injection of steroids is commonly used for hypertrophic scar management, this is often impractical in extensive burn scars because of the magnitude of the scarring. One method of injecting larger areas is by spray, using compressed air and steroids (tri-amcinolone).

The use of a dye laser as soon as possible in immature scars has recently given very good results.

Lack of collagen degradation results in excessive deposition and hypertrophic scars.

Laser therapy gives a normal parallel position to the collagen structure.

Surgical procedure in full-thickness burns and scar formations. Our control schedule
- Pressure garments immediately after healing is complete
- Silicon sheets in areas where hypertrophic scars appear to be developing
- Laser therapy as soon as possible, if it seems that a scar is beginning to develop
- The patients always use creams and ointments to give softness and hydration to the skin
- Surgical management is prohibited in children for aesthetical reasons (Fig. 5).

We have to remind parents that the process of a post-burn scar is a long story. It means scar maturation, contractions, compression therapy, rehabilitation, and the limitations of plastic surgery (Fig. 6).

Life is short and Art is long, the occasion fleeting, experience fallacious, and judgement difficult.

The physician must be prepared not only to do what he thinks is right, but also to get the patient, the attendants, and external persons to co-operate (Hipppocrates, Aphorisms).

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**RESUME.** Les Auteurs de ce bref article considèrent certains thérapeutiques aspects du traitement en âge pédiatrique des cicatrices dues aux brûlures. Les patients et leurs familles doivent comprendre que la chirurgie plastique n’est pas la seule solution de leurs problèmes, et d’autres façons d’aborder le problème sont prises en considération.

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This paper was received on 20 October 2002.

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