

INTERNATIONAL ABSTRACTS

PREVALENCE OF SKIN ALLOGRAFT DISCARDS AS A RESULT OF SEROLOGICAL AND MOLECULAR MICROBIOLOGICAL SCREENING IN A REGIONAL SKIN BANK IN A REGIONAL SKIN BANK IN ITALY

Background. The post-mortem skin that is widely used in the treatment of patients with severe burns has to be screened for transmissible agents, including human immunodeficiency virus, hepatitis B and C virus, human T-cell lymphotropic virus, cytomegalovirus, and *Treponema pallidum*. *Methods.* Serological and molecular microbiological screening was performed on 461 cadaveric donors at the Siena Skin Bank between 2000 and 2004. *Results.* Using the norms prescribed by current Italian legislation, 74 of the potential donors (16.1%) were found to be ineligible. *Conclusions.* These results, besides being interesting in a local context, underline the importance of screening involving both routine serological procedures and molecular microbiological investigations. These tests have not been introduced as a standard practice in many countries and the amount of data available for the assessment of their cost-benefit ratio in the field of skin donor screening is very limited.

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EARLY BURN-RELATED GRAM POSITIVE SYSTEMIC INFECTION IN CHILDREN ADMITTED TO A PAEDIATRIC SURGICAL WARD

In view of the frequent occurrence of Gram positive infections, including toxic shock syndrome (TSS), as an early post-burn complication, especially in children, this paper from Israel set out to identify risk factors associated with early burn-related Gram positive systemic infection (EBGI) in children treated in a paediatric surgical ward. A retrospective analysis was made of the records of all EBGI patients treated from January 1995 to December 2004. EBGI patients were defined as those presenting systemic signs of infection in the first 48 h post-burn associated with clinical signs of toxic-mediated illness and/or positive blood culture of either *Staphylococcus aureus* or group A beta haemolytic *Streptococcus*. Demographic and clinical data were also collected from the charts of 150 randomly selected burn patients admitted during the study period. Thirteen cases of EBGI (2.5%) were identified among the 518 children admitted for thermal burns (mean age, 2.4 yr). Three had bacteraemia, but no rash. The other ten patients were diagnosed as having a toxin-mediated disease. *Staphylococcus aureus* was found to be growing in the burn wound in six patients. All the EBGI patients recovered after a course of antibiotic therapy. There were some significant differences between the groups as regards the percentage of burned body area (6.9% versus 3.9%) and head and face localization (64% versus 31%) in the EBGI and control groups. EBGI is not rare, even among paediatric patients with minor to moderate burns. Burns to the face or head can in some cases be a predisposing factor for this kind of infection.

Serour F., Stein M., Gorenstein A., Somekh E.
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RELIABILITY AND VALIDITY OF THE HEALTH OUTCOMES BURN QUESTIONNAIRE FOR INFANTS AND CHILDREN IN THE NETHERLANDS

This paper from the Netherlands assesses the feasibility, reliability, and validity of the Dutch version of the Health Outcomes Burn Questionnaire (HOBQ), a self-administered questionnaire monitoring post-burn outcome among children. The HOBQ was adapted to create a Dutch version and tested in a population of children aged 0-4 yr with primary hospitalization in a Dutch burn centre (period, March 2001-February 2004). The parents of 413 children filled in the questionnaire and, to assess its validity, a generic outcome instrument (the Infant Toddler Quality of Life Questionnaire - ITQOL) was also included. All the HOBQ scales showed good internal consistency (Cronbach's alpha > 0.69). In 7 out of 10 scales there were no differences in the test-retest results. In 5 out of 7 comparisons high correlations were found between the HOBQ-scales and conceptually equivalent ITQOL scales. Most of the HOBQ-scales (7 out of 10) indicated significant differences in the expected direction between children with a long versus a short length of stay. These data confirm the Dutch HOBQ's reliability and validity. The HOBQ is a useful research tool for monitoring post-burn functional outcome among children. It is recommended that further research be carried out among other sample groups in order to establish the reliability and validity of the HOBQ.

van Baar M.E., Essink-Bot M.L., Oen I. M..M.H., Dokter J., Boxma H., Hinson M.I., van Loey N.E.E., Faber A.W., van Beeck E.F.
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PREVENTION-ORIENTED EPIDEMIOLOGIC STUDY OF ACCIDENTAL BURNS IN RURAL AREAS OF ARDABIL, IRAN

Burns are one of the leading causes of injury-related deaths in Iran, where this work comes from. A study was conducted to investigate the characteristics of burns in rural areas of Ardabil Province from October 2004 to March 2005, with the aim of providing input for an effective burn prevention campaign. A longitudinal prospective methodology was used. The study population consisted of all patients presenting with burns to local health care facilities during the study period. Overall, 1179 cases were studied. Most of the patients (59.4%) were females. The victims' mean age (males/females) was 18.8 yr (females, 22.3 yr; males, 13.6 yr). The great majority of cases (91.2%) occurred in the home environment. Over two-thirds of the cases were related to hot liquids or steam. The majority of scald burns resulted from the use of heating devices such as samovars, gas stoves, oil heaters, and picnic gas stoves. The spilling of hot liquids was the commonest injury mechanism. The results of the investigation suggest that the intended burn prevention campaign should focus on children and adult women, targeting the home environment and the prevention of scald burns.

Arshi S., Sadeghi-Bazargani H., Mohammadi R., Ekman R., Hudson D., Djafarzadeh H., Delavar A., Sezavar H.
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