EARLY EXCISION - GRAFTING VERSUS CONSERVATIVE TREATMENT - A BURN UNIT EXPERIENCE (266)

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Having treated 16000 cases over 27 years, our burn unit compared the results of the early excision and grafting and conservative treatment groups. Multiple parameters were assessed. The most important was survival. Other important parameters included: the hospital stay, the number of surgical procedures performed, the quality of scars and their subsequent management.

Our study aims toward finding an algorithm which would indicate more precisely the indication for surgery. Choosing between surgical and non-surgical management is one of the most important decisions which have to be made in burns treatment.

After analysing the data for such a long period, we concluded that choosing the right treatment formula should always be individualized. Taking that into consideration, we try to standardize the burns treatment so that we choose whether the surgical treatment, the non-surgical treatment or the mixed approach. This decision should be taken after considering numerous facts, such as: child’s age, burn surface, depth and severity, child’s own unique particularities.

All the time during the long treatment period the final objective is to be pursued and that is first of all survival, then rehabilitation and social reintegration.

Conclusion: Using xenografts and no prophylactic antibiotics lead to short lengths of stay despite a prescription of antibiotics to 41% of the children due to infection during the treatment course.