

## **ATTEMPTED SUICIDE WITH SELF-BURNING: APROPOS OF TWO PARALLEL ADMISSIONS AT OUR BURN WARD (P161)**

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**Introduction:** In Hungary the number of suicidal cases is continuously declining since 1988. Despite this fact the rate of suicide is still rather high (25/100000 inhabitants while the EU average is 17/100000.) Last year we admitted two cases during a weekend, who committed suicide independently by self-inflicted burns. As an apropos of these cases we analyzed the suicide attempts with self-burning during the past 20 years in our ward. Between 1994 and 2014 we treated 5892 number of burn cases at the Burn unit of the University of Debrecen. Among these patients there were 2054 patients with a burn between 20-96% of TBSA. Among these cases we had treated 13 admissions who committed suicide by either gasoline, pressurized butane gas, electricity or corrosive materials. The involved TBSA was 1-70% (with a mean area of 41 %).

**Methods:** Two cases are described. Case No 1.: 31 year old male pt. shot himself in the head with a small rifle following a family conflict. Because of the failed attempt he poured gasoline onto himself and ignited it. The projectile entered the vertebral column between spines CI-II, he also presented with a 50% TBSA 2<sup>nd</sup> to 3<sup>rd</sup> degree burn. He was admitted to our burn-ICU and received fluid resuscitation, enteral and parenteral high-caloric feeding with intensive monitoring. He had repeated necrectomies and autologous STSG transplantations. He also developed pneumonia. The consulting neurosurgeons postponed the removal of the projectile to a later time-point. He was given psychological support and successfully reconsidered his life. His burn wounds have healed and he was sent home at day 45 post burn.

Case No 2.: 49 year old male pt. had his 4<sup>th</sup> suicide attempt before admission. This time he drank gasoline and wrapped his head with a gasoline-soaked towel and ignited it. He had 20% TBSA deep burn and inhalation injuries. In his medical history there was depression, cardiac ischaemia, AMI, pulmonary embolism and chronic alcohol abuse. He had ventilation therapy for 32 days, intensive monitoring, repeated necrectomies and skin grafting. During his hospitalization he developed pneumonia and sepsis. He co-operated adequately, his burns have healed and after 40 days of hospitalization at our burn unit he was transmitted to a rehabilitation center with tracheostomy.

**Conclusion:** Suicidal burns involve usually larger areas than that of common thermic trauma patients and present as more severe burn cases. Parallel to the complex burn treatment, the psychological care of these patients is mandatory; we have to re-create the positive attitude in these individuals.