FEATURES OF HAND-BURNES: TEN YEARS OF EXPERIENCE AT OUTPATIENT SERVICE OF A BURN CENTER (014)

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Background: Hand-burns are common among burn patients. Most are treated as outpatients. This study sought to evaluate features of hand-burns which were treated at outpatient service of a burn center.

Methods: Eight-hundred and eighty hand-burns were treated at our burn-center between 2004 - 2014. The subjects of the present study were 622 patients who were treated at outpatient service in this period. Age range was 0 to 90 years. The study group was evaluated in six subgroups according to their age-related social activities: Group I (0 to 4-year-old) (n=185), Group II (5 to 12 year-old) (n=32), Group III (13 to 20-year-old) (n=43), Group IV (21 to 49 year-old) (n=250), Group V (50 to 65 year-old) (n=82) and, Group VI (66 year-old and older cases) (n=30). The data collected for each case were age; sex; place of residence; method of home-heating, environment in which the injury occurred; day-time intervals and seasons in which the injury occurred, the cause of hand-burn, extent of hand-burn; other body-sites affected; and physiotherapy requirements during and after treatment (mean ± SD, p< .05).

Results: Study group comprised 70.7 % of all hand burns. The mean age was 26.5±22.02 (min:0, max:90), male to female ratio was 1.34:1 and mean total surface area burned (TBSA) was 2.21± 2.9 % (min:0, max:5) for the whole study group. Most of the patients were urban (89.9%, n=559). Most of them lived at centrally heated homes (89.5%, n=557). The most common environment in which hand-burn injury occurred was the home (89.9%, n=559). The most common hand-burn cause was scalds (58.8%, n=355), followed by contact-burns (22%, n=137). Upper extremities, lower extremities, feet, trunk, face and neck were the other affected burn sites in 35.36% of the cases (n=220). The most common day-time interval in which injury occurred was between 12:00 and 00:00 (64%, n=398). Fifty-three percent of all cases occurred in spring-summer (n=330). There were no statistically significant differences in the distributions of place of residence, environment in which the injury occurred, day-time intervals and seasons in which the injury occurred, and requirements of physiotherapy (p> .05). But, 43% (n=153) of female patients and 37 % of male patients (n=98) were in Group IV, followed by Group I (female in group I: 24%, n=86, male in group I: 36.6%, n=97) (p

Conclusion: According to our data, hand-burns most commonly affected adults who are in 21 to 49 year-old group, followed by children who are in 0 to 4-year-old group. The most common burn cause was scalds. Hand-burns due to contact-burns most commonly affected children younger than 4. Chemical burns and flame burns were common in 21 to 49 year-old group. To prevent hand-burns, public must be alerted about the environmental risk factors with a systematic countrywide education program. Preventive measures must be checked over and special features of the hand burns in regards of age groups must be considered when developing countrywide preventive strategies.