A RISK BASED ANALYSIS OF BURN INJURIES OF THE ELDERLY - AND IT'S IMPACT ON THE SURVIVAL (156)

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Introduction: 25% of patients of our burn unit are 60 years or older. Age-related comorbidities such as vascular disease, diabetes mellitus, pulmonary or renal comorbidities, and skin aging are very common. Furthermore, an increased susceptibility to infection is characterized by an increasing loss of function of B and T cells.

Although current evaluation systems of forecast of severely burned patients, as the abbreviated Burn Severity Index (ABSI) take into account the age of patients, but not the variable existing co-morbidities. Our hypothesis is that the above-described co-morbidities influence the prognosis and outcome of severe burned injured. In a retrospective analysis, therefore, we examine the co-morbidities of the patients and systemic parameters as markers of co-morbidities in relation to outcome.

Method: Retrospective data analysis including all patients over 60 years, treated in the years 2010-2014 at our burn unit.

Results: We divided our patient collective into 3 groups.

Group 1: patients with at least one risk factor and variable laboratory changes. Group 2 patients with 2 or more risk factors and variable laboratory changes. Group 3 patients with 3 risk factors from 3 organ systems.

Our preliminary data show a association of clinical and laboratory risk profiles with the cutaneous findings and mortality. Furthermore our preliminary study result will further be distinguished from a high-risk profile of the group 3. The aging process leads physiologically to a reduction of body function, accompanied by a general compromise of the immune system. Even minor burn injuries complicate the surgical and intensive medical acute treatment of this patient group.

Conclusion: Aging leads through co-morbidities and impairment of body functions to an increased risk profile with possible impact on outcome and mortality of patients. Even minor burn injuries complicate the surgical and intensive medical acute treatment of this patient group. Based on the data, specific treatment concepts adapted therapy concepts are established.