RETROSPECTIVE ANALYSES OF CLINICAL DATA IN 319 ELDERLY PATIENTS WITH BURNS AND PRELIMINARY PREDICTION OF THE RISK FACTORS (154)

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China has entered into elderly society from 2000 with the life expectancy increasing according to the standard of aging of population. The ratio of elderly in burned patients is increasing every year. The wounds of elderly healed slowly because of physiological function decline, reduced immune function, skin atrophy, association with one or more chronic diseases before injury and staying in bed for a long time. It will result in increasing of length of hospitalization and mortality. Clinical data of 319 burned patients more than 65 years old from 2006 to 2012 was collected to analyses the risk factors affecting the mortality of these patients retrospectively. ABSI and Baux were applied to predict mortality risks in elderly patients.

319 cases were divided into death group and survival group, taking into account the age, TBSA, III°burned area, ABSI-score, Baux-score, pre-injury diseases and complications such as inhalation injury with the method of T test, chi-square test and logistic regression analysis, and preliminary apply the ABSI and Baux score to predict the mortality. It is found that the mortality was 3.1%. Single factor analysis demonstrated that there was no statistical difference of age, pre-injury diseases between the death group and the survival group, and there was significant statistically difference of TBSA, III°burned area, ABSI-score, Baux-score, inhalation injury and complications. Logistic regression analysis suggested the independent risk factors influencing prognosis of burned elderly patients were III°burned area and complications. As the ABSI and Baux score increase, the mortality is on the rising tendency.

We considered that TBSA, III°burned area, inhalation injury and complication are the risk factors that influence the mortality of the elderly patients with burns, III°burned area and complications are independent risk factors. Applying the ABSI and Baux score to predict the mortality has an accurate and reliable clinical applied value.