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GASTROINTESTINAL DYSFUNCTION IN BURNED PATIENTS (P070)

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Introduction: Gastrointestinal dysfunction is a common complication of severe burns and has been associated with adverse outcomes and worse prognosis. The purpose of our study is to assess the incidence of gastrointestinal dysfunction and to identify risk factors and prognosis in burn patients.

Patients and methods: A cohort study was conducted in burn patients with a diagnosis of gastrointestinal dysfunction enrolled between January 2009 and December 2014 in a 20-bed adult burn care center in Tunis. The inclusion criteria were expected hospital length of stay more than three days and suspicion of gastrointestinal dysfunction on clinical signs or symptoms: abdominal distension, bleeding, food intolerance… Diagnostic confirmation was made by one or more exams: gastric fluid aspirated from the gastric tube appeared bloody macroscopically, endoscopy, abdominal scan… Exploitation of data was performed using SPSS version 21.

Results: During study period, 2062 patients were hospitalized in our department. 20 of them met the criteria for inclusion (incidence of 0.9%). The mean age was 45 ± 23 years. There were 13 male and 7 female. The average TBSA was 33 ± 15%. The mean UBS was 63. Signs of GI dysfunction are: acute blood loss (50%), hematemesis (35%) and abdominal distension (50%). After exploration, diagnosis were: ulcer bleeding (n=10); ogilvie syndrome (n=4) mesenteric infarctus (n=2), peritonitis (n=1) and abdominal compartment syndrome (n=3). In our series, the rate of mortality was 85%.

Conclusion: The incidence of GI dysfunction in burn patients is 0.9% dominated by ulcer bleeding. So, fluid resuscitation, staged food ingestion, and administration of specific nutrients are essential strategies for preventing gastrointestinal complications and lowering the mortality in severely burned patients.