HAND BURNS IN CHILDREN AND AQUACEL® BURN GLOVES, AN ALTERNATIVE TO PROLONGED HOSPITAL STAYS (067)

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Introduction: Occlusive dressings for second-degree hand burns in children must prevent infection and promote healing [1]. For good management of analgesia, these treatments often require children to be hospitalized. Our goal was to find an alternative to conventional care protocol that would reduce the number of dressings and therefore the length of hospitalization. We report our experience with the use of Aquacel® Burn [2].

Methods: Non-randomized monocentric prospective study was conducted from 2012 to 2014. The glove was used in the operating room within 72 hours after the burn in children younger than 15 years old with isolated superficial to deep 2nd degree hand burns. Once the glove was perfectly stuck to the burn, the children could go back home. We saw them 10 to 12 days after the accident to be sure there was no indication of skin graft (Figure 1).

Results: Twenty gloves were used in 16 children aged from 16 months to 13 years. The average length of stay (ALOS) was five days to put the glove on and one day to remove it. Four hands were grafted.

Conclusion: Once we get used to the product, Aquacel® Burn gloves have reduced the ALOS before skin graft in cases of isolated hand burns in children.

References:

Figure Legends:

Figure 1

a: 5-year-old child with a second intermediate degree burn of the dorsal face of the left hand; b: implementation of the glove AQUACEL® Burn size 3 to day + 2 of the accident. The glove is well maintained in the interdigital spaces by a first strip of gauze. The fingers are then covered by a second strip of gauze; c: day + 6 we start cutting the glove. The change in the appearance of the glove can be observed in relation to the burned areas unhealed on which it adheres perfectly; d: day + 12 parts of the glove were still adherent wet balneotherapy to be removed without damaging the underlying scarred skin.