THE SCALP AS A DONOR SITE FOR SKIN GRAFTING IN BURNS: RETROSPECTIVE STUDY ON COMPLICATIONS (244)

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Introduction: Split skin grafting (SSG) is the cornerstone in the treatment of deep burns and large skin defects. Frequently used donor sites are the thigh, abdomen and buttocks. The scalp is less common while considered a reliable donor site. Advantages are rapid wound healing, cosmetically favourable results, a relatively large surface area in children and multiple harvests from the same donor site. Complications include scab formation, chronic folliculitis and alopecia, but have been recorded sporadically in previous studies. This article evaluates the complication rate of the scalp donor site in the treatment of deep burns in the Beverwijk Burn Centre.¹⁻⁶

Methods: A retrospective study was performed of all patients who received a skin graft from the scalp at the Beverwijk Burn Centre between January 2004 and December 2012. Data were collected from medical files of included patients, including gender, age, type of burn (scald, flame, other) and total body surface area (TBSA) involved at time of first surgery. Post-operative variables were time of healing at the donor site and incidence of complications. During follow-up the incidence of late complications was reviewed.

Results: A total number of 105 grafts were analysed in 93 patients: 58 males (62.4%) and 35 females (37.6%), with an average age of 7.7 years. Of the patients, 30 (32.2%) had flame burns and 57 (61.3%) had scald burns. 86% of patients had a TBSA burned of less than 5%. All donor sites healed within 14 days. No alopecia or scar hypertrophy developed at the donor site. 2 patients (2.2%) developed folliculitis, 1 patient (1.1%) showed scab formation.

Conclusion: The scalp as a donor site shows excellent results in our Burn Centre with quick healing and few complications. Therefore we encourage the use of the scalp as a donor site, especially in young children.²⁻⁸

References

1. Bach C-A. The scalp or how to reduce the scarring associated with the harvesting of a split-thickness skin graft in head and neck surgery. Eu Ann ORL 2012; 129, 119-121