SELF-INFLICTED BURNS IN SOLDIERS: THE SINGAPORE EXPERIENCE (P012)

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Introduction: Burns are one of the most devastating of injuries, resulting in various consequences such as physical impairment as well as mental effects. At the Singapore General Hospital Burns Centre, a wide variety of burn injuries is seen annually. Our study looked at a unique group of patients; analysing the characteristics and outcome of burn wounds among conscripted Singaporean soldiers admitted in 2013 to our centre.

Methods: A retrospective review of all conscripted Singaporean soldiers admitted in 2013 to our Burns Centre, which is the largest in South-East Asia. The patient demographics, cause, extent and morphology of burn, time to presentation and need for surgery were analysed.

Results: All 12 conscripted soldiers (12 men with a mean age of 18.2 years) admitted presented with a unilateral localised discrete small partial thickness burn (mean total body surface area = one percent) over the dorsum of the foot with the supposed mechanism of injury being scalding by hot water or oil. These otherwise young healthy men presented to us late - more than 1 week after injury - and all had unusually deep burns with poor healing at presentation with non-uniform healing, acute-on-chronic wound changes, and in some even rolled wound edges. The non-dominant foot was involved in 83% of the cases. All wounds were deep dermal and underwent excision and grafting.

Conclusion: Our suspicion for self-infliction of the burn in these soldiers was strong due to the atypical features identified and findings similar to those described in previous studies by Gronovich Y et al and Friedman T et al. We urge clinicians and military authorities to view dorsal foot burns in soldiers with a high index of suspicion and adopt a comprehensive approach encompassing medical and psychosocial care to achieve optimal outcomes.

References:


Figure Legends:

Figure 1: Burn wound presentation in a conscripted Singaporean soldier from our case series: always unilateral and always over the foot dorsum as a localized discrete small burn.