

How it differs from other wounds?

Sandal burns

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Abstract (600 word limits)

Introduction: Acute burn wounds requiring special medical treatment affect millions of people worldwide, with approximately 265,500 deaths annually. Uzbekistan has recently seen an increase in pediatric deep injuries. In Central Asia deep wound after burns are widespread, because the heated sandal is still used for keeping warm in winter. Characteristics of sandal burns include not only skin injuries of various depths but also injuries to underlying tissues: subcutaneous fat, fasciae, muscles, and even bones.

Methods: Over the 11-year period, 206 patients with deep burns when the skin will not regenerate and tendons, muscles and bones were not injured (full thickness burn) were treated in the RSCUMA, Samarkand, Uzbekistan. In the cases, the sandal burns caused especially deep and severe injuries of tissue because of the immediate contact with burning agent. The following features characterized the pathogenesis of wounds. First, sandal burns were caused by direct contact between skin and thermal agent. Second, in all cases, edema of the soft tissues developed during the first 24-48 h after thermal burns. To prevent this, the patients with recent burns were treated with necrotomy. Chemotherapeutic materials were placed on the wound surface to accelerate rejection of the necrotic tissues. Necrectomy was performed as early as 7 to 9 days after the burn incident if the burned surface area, did not exceed 5% to 7% of the patient's total body surface area. We normally placed skin grafts on granulation tissue, when a wound was completely ready for auto graft closure.

Results: Of all patients, 73,9 % were healed after the first autodermoplastic surgery. The second autodermoplastic surgery was performed 26,1 % of the patients because the transplanted skin dissolved in some places.

Conclusion: This effective treatment is used to accelerate the rejection of necrotic tissue, to prepare the wound for early autodermoplastic surgery, to decrease the post-burn contractures/deformities, and also to shorten hospital stay for the patients.

Biography (200 word limit)

Shakirov Babur is a Burn physician and Researcher. After graduating he has been dealing with problems of burns in surgery and plastic surgery from 1992. During the time of his appointment in clinic he showed himself as responsible burn physician and plastic surgeon. Doctor Shakirov B.M. took part in several scientific conferences and congresses where he made reports concerning plastic surgery in USA, Canada, England, Korea, Australia, Russia, India, Ukraine, Turkey and Uzbekistan. He published over 160 papers. His articles and abstracts were published in a number of journals.

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