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### EPIDEMIOLOGY OF BURN INJURIES IN LITHUANIA IN 1990-2005

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**Aim:** The objective of this paper is to overview and present to International Society the burn incidence and burn care in Lithuania. Lithuania is an eastern European country located on the coast of the Baltic Sea in the neighborhood of Poland, Latvia and Sweden. The population of Lithuania in the early 1990-ties was 3.7 million and decreased to 3.44 million in 2004.

**Methods:** In this study data from 1991-2005 year period was collected from Lithuanian Department of Statistics, Department of Fire and Rescue, Lithuanian Health Information Center, State Patient Fund, Health care institutions, burn care facilities.

**Results:** In 15 year period, average of 9459 people per year (2.6/1000 population) sustained burn injuries. 74.8% of burned patients were adults and 25.2% were children, 21.5% of all burned patients were hospitalized. Number of hospitalizations per 100000 population decreased from 65.6 to 39.5, but it is still very high and worrying number. Among all the patients admitted to hospitals, 67% were males and 33% females with male/female ratio 2:1. The length of hospitalization decreased from 16.2 to 12.7 days. Number of fire related deaths during 14 year period was 289 deaths per year. Deaths of in-patients accounted for 63.6 deaths per year, with age being an important factor in mortality rates. Though mortality for in-patients increased through last years, mortality in age group up to 14 in last years decreased to 0. Mortality rates for males and females were similar.

**Discussion:** Burn injuries remain the big problem in Lithuania. Although the total number of burns is decreasing the number of major injuries requiring the specific care in specialised institutions is constant. The means of burn prevention had a very low impact on reduction of major burn injuries.

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### THE ROLE OF INFECTION MANAGEMENT IN AVOIDING THE PREMATURE REMOVAL OF SKIN GRAFTS

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**Aim:** To demonstrate that effectively minimising the bacterial load is of primary importance when attempting to rescue a skin graft, with a very poor prognosis.

**Methods:** Day 4 post grafting, revealed a large haematoma under the graft, which could not be drained for fear of disturbing the anastomosed vessels, it was subsequently drained on day 6 & 18. The high risk of occluding newly anastomosed vessels, precluded compression. Instead the wound was washed and dressed with a primary wound contact layer followed by a nanocrystalline silver dressing, gauze, orthopaedic wool and a crepe bandage. Dressings were changed every 3 to 4 days to facilitate close monitoring of the wound. The leg was kept elevated at all times. Gutter splint was removed on day 7.

**Results:** This injury was sustained 71 yrs and had not healed despite 9 previous surgical attempts ranging from skin grafts to local flaps. A multidisciplinary team had concluded that the only option remaining was below knee amputation, if this graft failed to take. Although the graft was partially lost, a large percentage of the skin graft only appeared pink on day 25 post-operatively. Wound closure was achieved in 66 days and amputation was avoided.

**Discussion:** The delayed 'Take' of this skin graft may suggest that in the absence of infection, apparently devitalized skin grafts are possibly removed prematurely and more patience should be exercised before the decision to remove the graft is taken. It may be possible that serum imbibition sustains some skin grafts for longer than 3 to 4 days.

