SURGICAL TREATMENT OF BURNS IN CHILDREN

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Late twentieth, early twenty-first century, marked by a progressive decrease in infant mortality from burns, but the problem of prevention of complications of burn patients is important. We analyzed the results of treatment of 457 children aged1 month to 7 years with burns, accompanied by the development of burn disease of varying severity hospitalized in the burns unit from 1996 to 2006. The patients were divided into three groups. I (basic) research group were 159 children. Group II – 134 burn victim's children, who performed surgery in the early period after the release of burn shock. Group III – 164 burned with burn disease in which surgery was carried out after the landmark clean wounds.

The ratio of the injured boys and girls from our data is 1. 57:1. in young children is dominated by multiple lesions of various parts of the body, especially the upper body, head and hands. On admission to the hospital according to the preliminary diagnosis of the total area burned in average in Group I - 28,67 ± 1,49% (deep lesions III-IV degree - 14.83%of body surface) in the II group -29.23% of the surface body (depth -15.18% of body surface), and group III 27.95% of body surface (depth -15.37% of body surface). If the second and third groups, the results were comparable and the mean total area burned was in Group II - 25,43 ± 1,33%of body surface (depth - 13,38 ± 0,66% of body surface), and group III 25 65 ± 1,39% of body surface (depth - 11,64 ± 0,49% of body surface), the group I was a similar figure is the total area of defeat - 25,84 ± 1,45%, while the area of deep lesions was significantly lower - 3,63 ± 0,39% of body surface ($p < 0,01$). If a severe burn injury exceeds the threshold necessary to adapt, the phase exhaustion. As a result, stress damage to various organs, including the secondary changes in the burn wound.

When considering the most common risk factors that lead to complications in children distinguish: - The amount of deadtissue (the extent and depth of burn) - age and premorbid back ground - the presence of respiratory burns – localization and etiology (for children under 3 years) - the length of time before admission to hospital.

Complications of burn disease observed in15.72% (25 out of 159), fifteen of which had an unfavorable premorbid background. Clinical signs of pneumonia were diagnosed in 8 (5.03%), anemia - in 22 (13.84%), CNS disorders, including seizures - in 3 (1.89%), toxic myocarditis- in 2 (1.26 %), complications of the gastrointestinal tract - in 10 (6.29%) of which in one case, a 3 year old boy - an acute erosive bleeding, which managed to stop the conservative.

In the 2-group complications were observed in 18.96%burnt in the 3 - band in 51affected (31.09%). In 10 cases (6.29%)have suffered a burn group developed clinical sepsis. On the etiology of the pathogen dominated St. Aureus and the ratio of coccal and gram-negative coverage was 3:1. In the control group during the septic burn patients was complicated in 26 of them in group 2 y (6.7%) affected, and a 3-group, (10.4%). Of the children operated on in shock syndrome, multiple organ failure (MODS) was noted in 24 (15.09%) severely burned children in whom one or two prevalent component failure - 19 (79.2%), and only five MODS component was of 5.3 character (20.8%).

In groups 2 and 3 are dominated by multi MODS- half the increasing number of cases in comparison with the operated onin shock (54.5% and50.9%respectively in the 2nd and3rd groups) on the background of which died in group 2, four (2. 98%), and the third – 9 patients (5.49%).

The average hospital stay in group 1 was 10.33 against (12.44 and18.41 days, respectively, in 2-3groups) with severe burns vs. 20.93 (23.76 and30.89 days, respectively, in comparison groups). Ascertain that the operations are in shock substantial progress in the treatment of burns of any etiology in children of all ages.