

# Reconstructive surgery after hand burns in children: a descriptive study from a Chilean cohort

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## INTRODUCTION

Hand burns may lead to sequelae that greatly impact function in children. After burn injuries, some children require reconstructive surgery in their hands to improve function. In Chile, there are no data describing the clinical characteristics of the children that underwent such surgery procedures in their hands. COANIQUEM is an outpatient rehabilitation center that performs ambulatory reconstructive surgery in children. Therefore, this study aims to describe a paediatric population that received surgery in our center from 2011 to 2014.



## OBJECTIVES

- To describe a pediatric population that received reconstructive surgery in an outpatient center between 2011-2014.
- To determine the association between reconstructive surgical requirement and demographic and clinical variables in patients with hand burns.

## METHODOLOGY

- Observational retrospective study.
- Demographic and clinical data of patients that underwent a reconstructive hand surgery after burns in the period 2011-2014 was retrieved.
- Data was analyzed using descriptive statistics and differences among groups were compared using the U Mann-Whitney test.

## RESULTS

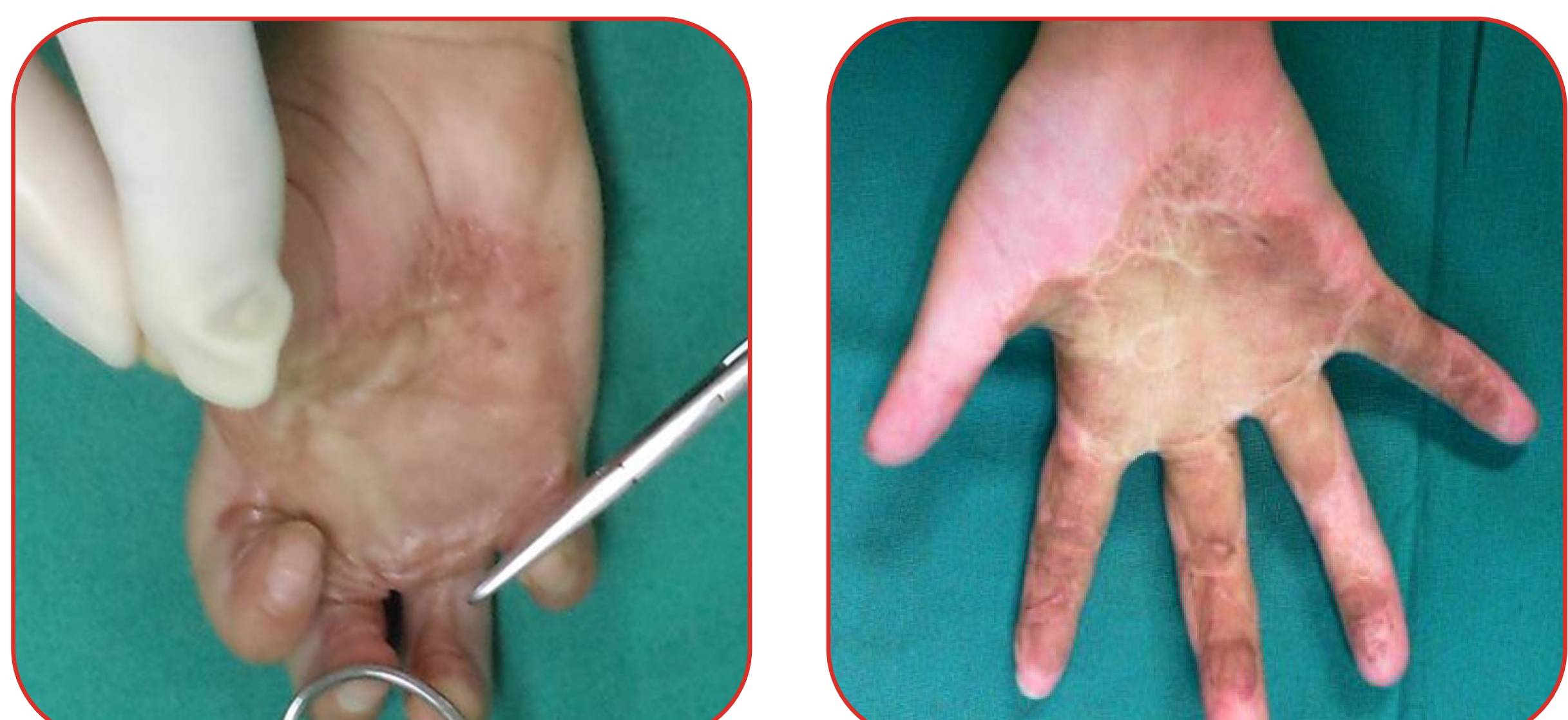
### Sociodemographic characteristics

|               | n             | %         |      |
|---------------|---------------|-----------|------|
| TOTAL         | 232           | 100       |      |
| Gender        | Female        | 96        | 41.4 |
|               | Male          | 136       | 58.6 |
| Age of Injury | ≤ 2 years     | 212       | 91.4 |
|               | > 2 years     | 20        | 8.6  |
|               | Mean ± SD     | 1.4 ± 1.3 |      |
| Agent         | Contact burns | 187       | 80.6 |
|               | Other         | 45        | 19.4 |

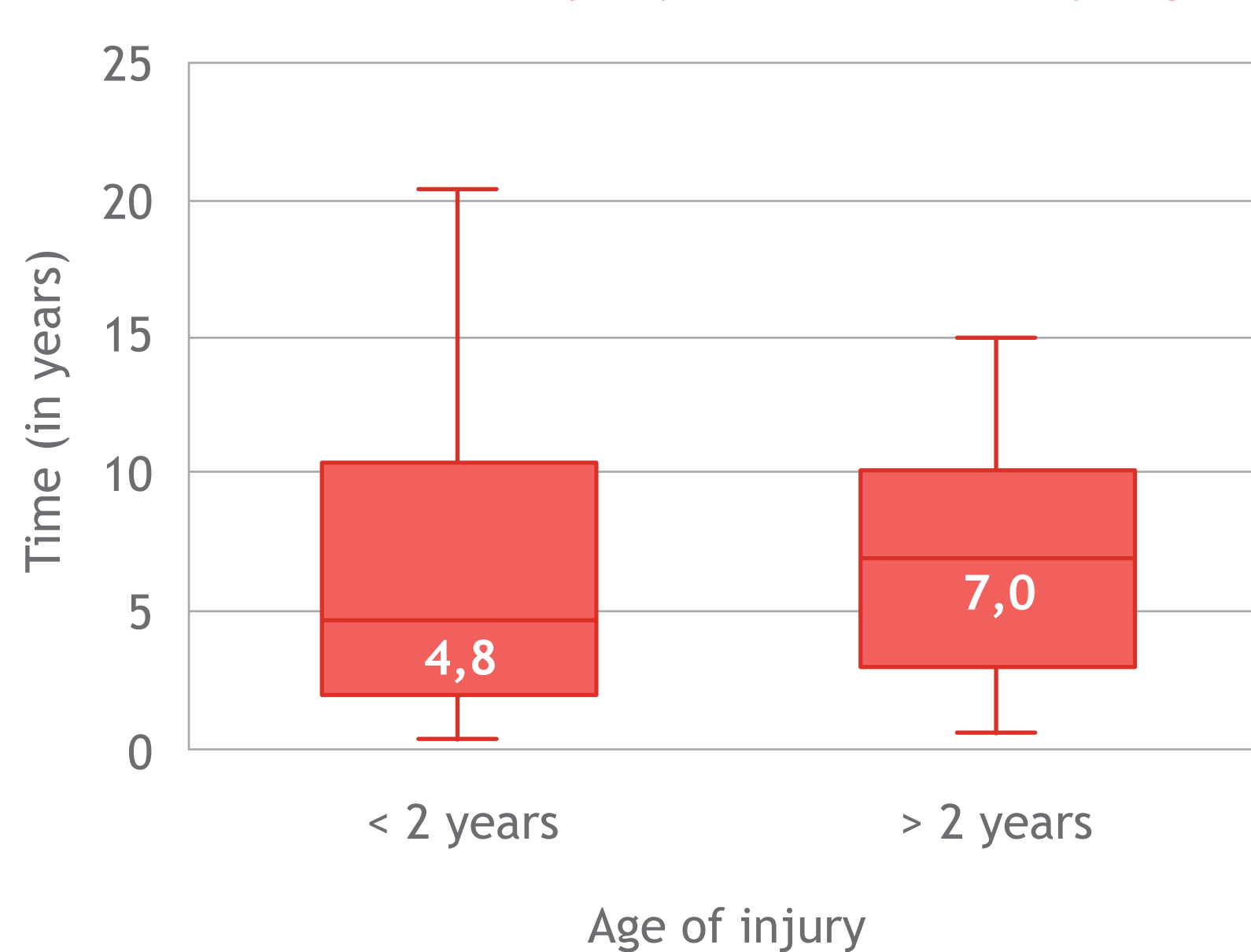
### Surgical procedure data

|  | n                          | %         |      |
|--|----------------------------|-----------|------|
| TOTAL  | 232                        | 100       |      |
| Age at the time of first RS                      | ≤ 2 years                  | 46        | 19.8 |
|  | > 2 years                  | 186       | 80.2 |
|  | Mean ± SD                  | 7.8 ± 5.1 |      |
| Surgical technique RS (n = 323 total techniques) | Flaps                      | 149       | 46.1 |
|  | Wing flaps                 | 71        | 22.0 |
|  | Contracture release + STSG | 10        | 3.1  |
|  | Contracture release + FTSG | 93        | 28.8 |
| Complications RS                                 | None                       | 218       | 94.0 |
|  | Necrosis + dehiscence      | 3         | 1.3  |
|  | Graft loss                 | 8         | 3.4  |
|  | Bleeding + hematoma        | 1         | 0.4  |
|  | Donor site                 | 2         | 0.9  |
| Time between injury and 1st RS                   | < 2 years                  | 57        | 24.6 |
|  | 2 y 4 years                | 61        | 26.3 |
|  | > 4 years                  | 114       | 49.1 |
|  | Mean ± SD                  | 6.3 ± 5.0 |      |

RS: Reconstructive Surgery  
STSG: Split Thickness Skin Grafting  
FTSG: Full Thickness Skin Grafting

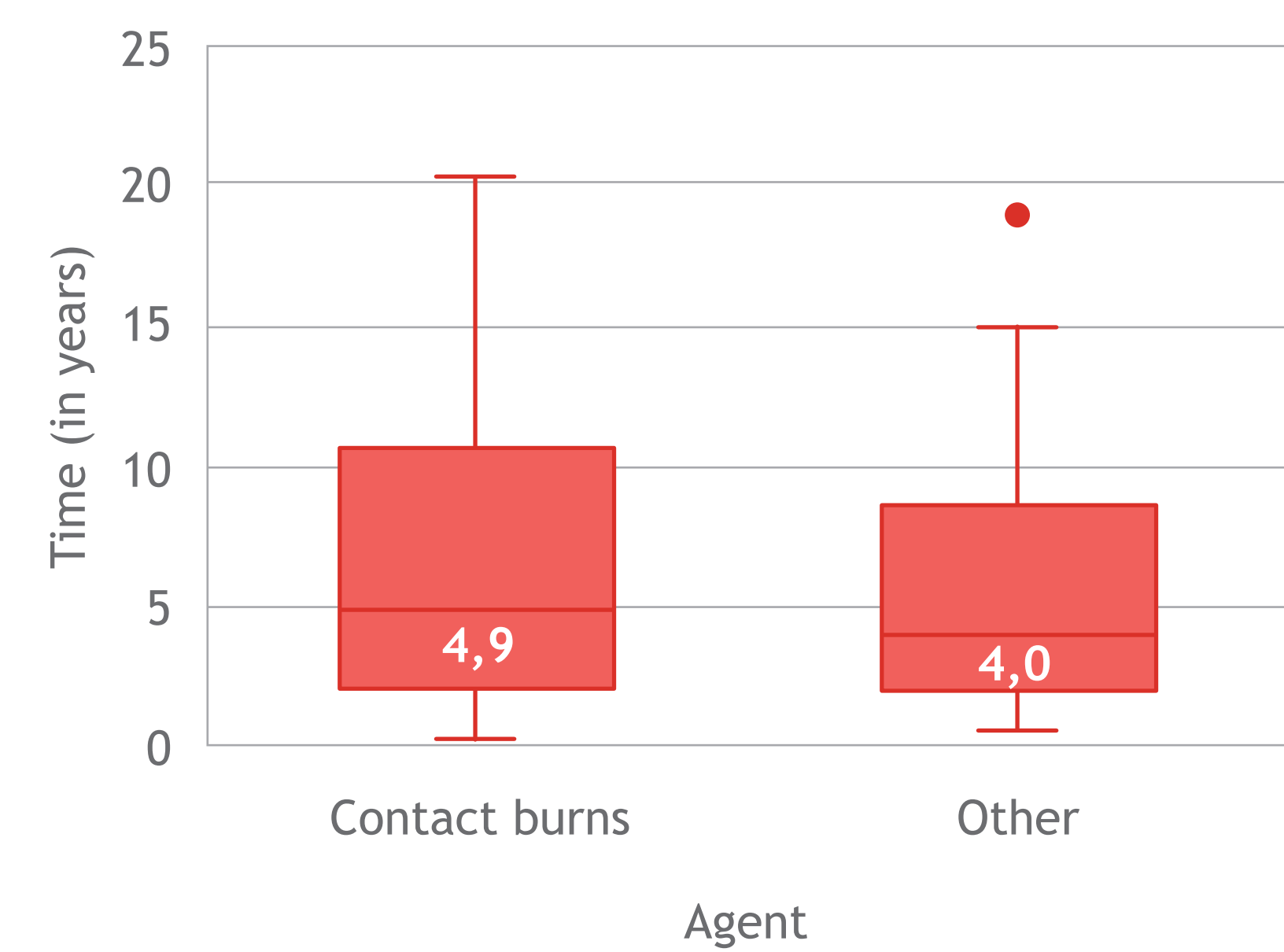


### Time between injury and 1st RS by age



p = 0.47 (U Mann-Whitney test, α = 0.05)

### Time between injury and 1st RS by agent



p = 0.24 (U Mann-Whitney test, α = 0.05)

## CONCLUSION

Reconstructive surgery in hands are more frequent in children with burns sustained before 2 years of age and with contact burns. The time between injury and the first reconstructive surgery is not influenced by the age of the injury or the burn mechanism. Prospective studies following up the evolution of hand burns in children are warranted.